

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G364		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/19/2013	
NAME OF PROVIDER OR SUPPLIER  OCCAIO INC				STREET ADDRESS, CITY, STATE, ZIP CODE 10311 E JACKSON SELMA, IN 47383			
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W000000	<p>This visit was for a post certification revisit to the extended annual recertification and state licensure survey completed on 03/11/13.</p> <p>Dates of Survey: April 16, 17, 18 and 19, 2013</p> <p>Facility Number: 000878 Provider Number: 15G364 AIMS Number: 100249230</p> <p>Surveyor: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/26/13 by Ruth Shackelford, 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#3 and #4) and 2 additional clients (#5 and #7), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>___ Client #4's and #7's rights in regard to locking the sharps at the group home.</p> <p>___ The staff supervised and assisted clients #3, #4 and #5 who are at risk for injury due to falls and to ensure the staff reported client #5's head injury after a fall.</p> <p>___ The staff reported client #5's head injury after a fall.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure client #4's and #7's rights in regard to locking the sharps. Please see W125.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to ensure the staff supervised and assisted clients #3, #4 and #5 who are at risk for injury due to falls and to ensure the staff</p>	W000104	<p><b>W 104 Governing Body</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Sharps will be unlocked for clients #4 and #7.</li> <li>· Fall Risk Plans for clients #3, #4, and #5 will be reviewed and revised by the nurse to include level of assistance by staff.</li> <li>· Staff will be retrained regarding assessment of head injuries and proper reporting procedures by May 19, 2013.</li> <li>· An order was obtained for OT/PT evaluation for client #3.</li> <li>· IPOP's and ISP's will be updated.</li> <li>· BSP's will be updated for clients #4 and #7.</li> <li>· New Hazmat assessments</li> </ul>	05/19/2013			

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	<p>reported client #5's head injury after a fall. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility failed to ensure the staff reported client #5's head injury after a fall. Please see W9999.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>will be done.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19, 2013.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Sharps will be unlocked for all 7 clients.</li> <li>· Staff will be retrained regarding assessment of injuries and proper reporting procedures by May 19, 2013.</li> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19, 2013.</li> <li>· SM/RC will be retrained on criteria for obtaining HRC approval on May 19, 2013.</li> <li>· Q will review, monitor, and assess needs to update ISPs and BSPs as needed.</li> <li>· SM and RC will be retrained on proper procedure for</li> </ul>		

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			<p>assessing needs of clients in locking sharps by May 19, 2013.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· SM and RC will be retrained on proper procedure for assessing needs of clients in locking sharps by May 19, 2013.</li> <li>· SM and RC will be retrained on criteria for obtaining HRC approval by May 19, 2013.</li> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> <li>· Staff will be retrained regarding assessment of injuries and proper reporting procedures by May 19, 2013.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> </ul>		

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			<ul style="list-style-type: none"> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>		

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W000120	<p><b>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</b></p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 2 of 4 sampled clients attending outside services (#3 and #4) and 2 additional clients (#6 and #7), the facility failed to ensure the DP (Day Program),</p> <p>__ Provided adequate staffing levels to meet client #4's, #6's and #7's needs while at the DP.</p> <p>__ Followed client #4's, #6's and #7's dining plan.</p> <p>__ Followed client #4's BSP (Behavior Support Plan) in regard to SIB (self injurious behaviors).</p> <p>__ Provided clients #3 and #7 substitutions for foods and/or liquids not consumed during a meal.</p> <p>Findings include:</p> <p>Observations were conducted at the DP on 4/17/13 between 10:45 AM and 12:30 PM. The following was observed:</p> <p>At 10:45 AM DP staff #4 placed client #3's lunch of a hamburger with cheese, creamed corn and crushed pineapple onto a divided plate and set it on the table for client #3 to eat. Client #3 did not eat her creamed corn and/or her pineapple. Client</p>	W000120	<p>W120 Services Provided With Outside Sources</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p><b>1. What correct action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· A meeting was held on 5-6-13 with workshop service coordinator to discuss supervision needs; client #4 BSP; clients #3, #4, #6, and #7 supervision and dining needs.</li> <li>· Workshop staff will be trained on appropriate meal substitutions; client #4 BSP; client #3, #4, #6, and #7 supervision and dining needs by May 19, 2013.</li> <li>· Workshop service coordinator is re-evaluating staffing needs to address supervision concerns by May 19, 2013.</li> <li>· Workshop observations will be completed by the SM and RC</li> </ul>	05/19/2013			

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	<p>#3 did not drink any liquids with her meal. The DP staff did not offer client #3 a substitution for the food not eaten.</p> <p>At 11 AM DP staff #3 placed client #7's lunch of a meat mixture (bread, hamburger and cheese blended together), creamed corn and crushed pineapple onto a divided plate and set the plate on the table for client #7. DP staff #3 then prompted client #7 to come to the table to eat her meal. DP staff #3 sat beside client #7 and scooped food onto a spoon and handed the spoon to client #7. Client #7 did not eat. After 3 attempts DP staff #3 then left client #7 to assist other clients. Client #7 continued to sit at the table not eating, looking at her plate and other clients, her hands in her lap. At 11:20 AM DP staff #3 took client #7's plate to the kitchen area and assisted client #7 to walk to the couch and sit down. Client #7 pulled her legs up under her and curled up on the couch the remainder of the observation while the DP staff in the room assisted the other clients with their afternoon meals. The DP staff did not sit with client #7 the entire time client #7 was at the dining table. Client #7 did not eat or drink anything for her afternoon meal. The DP staff did not offer client #7 a substitution for the food not eaten.</p> <p>At 11:10 AM DP staff #1 placed a scoop</p>		<p>by 5-19-13 to assure that proper supervision and needs are met.</p> <ul style="list-style-type: none"> <li>· Monthly workshop observations will be done by the SM.</li> <li>· Food substitutions are available at workshop for clients.</li> <li>· Intake tracking will be implemented for clients #3 and #7.</li> <li>· Active treatment needs will be reviewed with workshop staff (meal prep, use of utensils, activities) by May 19, 2013.</li> </ul> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practices.</li> <li>· Workshop staff will be retrained in all client BSPs and dining plans by May 19, 2013.</li> <li>· All clients' BSPs will be followed by workshop staff.</li> <li>· All clients' dining plans will be followed by workshop staff.</li> <li>· Food substitutions will be</li> </ul>				

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	of meat mixture (hamburger and cheese blended together) onto a slice of bread and placed it on a divided plate. DP staff #1 then poured creamed corn and crushed pineapple with juice onto the divided plate and set the divided plate onto the dining room table. While DP staff #1 was filling client #4's plate, client #4 sat in a chair, alone, in another room, biting his arm/wrist and looking out the window. When prompted to come to the table, client #4, using a walker, walked with a slow unsteady gait to the table. When client #4 got to the table, client #4 struggled to pull the chair out from the table so he could sit down. Client #4, while holding onto his walker, slid sideways and sat down in a chair at the table in front of the prefilled divided plate. The DP staff did not assist client #4 to the table and/or supervise client #4 while ambulating. As soon as client #4 sat down he began eating the blended meat mixture with his fingers. Client #4 then tore the center out of his bread and ate it. Client #4 then ate some of his creamed corn with his fingers. DP staff #1 assisted other clients to set up their meals and then came back to client #4. DP staff #1 pulled client #4's disposable plastic spoon out of his creamed corn, wiped it off and handed it back to client #4 and stated, "Here, you need to use your spoon." DP staff #1 then left client #4 to assist other clients. Client		made for all clients as needed.  · Active treatment will be implemented for all clients.  3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?  · Workshop staff will be retrained in all client BSPs and dining plans by May 19, 2013.  · All clients' BSPs will be followed by workshop staff.  · All clients' dining plans will be followed by workshop staff.  · Food substitutions will be made for all clients as needed.  · Active treatment will be implemented for all clients.  4. How will the corrective action be monitored to ensure the deficient practice does not recur?  · The Site Manager will monitor on a daily basis when they are in the home.  · The RC will monitor on a				

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	<p>#4 ate a few more bites of his creamed corn and crushed pineapple with his fingers, got up from the table and took 3 steps away from his place setting when DP staff #1 stated, "You need to sit down and finish your meal." Client #4 sat back down and began eating again with his fingers. The DP SC (Service Coordinator) passed by client #4 and was asked if client #4 was supposed to be eating creamed corn and crushed pineapple with his fingers, the DP SC stated, "No" and called to DP staff #1 to come sit with client #4 and assist him to finish eating his meal. DP staff #1 returned to client #4 and stood near client #4, scooped up the last few bites of creamed corn and handed client #4 the spoon. Client #4 finished, began biting his wrist and was prompted by DP staff #3 to go sit down till everyone else got done. Client #4 walked slowly with an unsteady gait back to the sitting room, sat down and began biting his hand. Client #4 bit his hand, arm and/or wrist off and on throughout the observation. The DP staff did not redirect client #4 and/or offer client #4 a substitute activity. The DP staff did not sit with and/or supervise client #4 while eating his meal.</p> <p>At 11:15 AM DP staff #2 prepared client #6's afternoon meal, wheeled client #6 up to the dining room table and began</p>		<p>regular basis when they are in the home.</p> <p>The ARC will monitor as they complete their audits.</p> <p>5. What is the date by which the systemic changes will be completed? May 19, 2013</p>				

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	<p>feeding client #6 with a plastic disposable spoon. A large handled spoon lay on the table beside DP staff #2. At 11:30 AM DP staff #2 was asked whose large handled spoon was lying on the table. DP staff #2 stated, "Oh, that's [client #6's]."</p> <p>When asked if client #6 was supposed to be trying to feed himself with the use of the built up spoon, DP staff #2 stated, "Oh, yeah, I guess so. He just usually doesn't want to feed himself." When asked if staff had asked client #6 if he wanted to feed himself, DP staff #2 stated, "No." DP staff #2 then asked client #6 if he wanted to try to feed himself and client #6 indicated yes, he did. DP staff #2 then provided client #6 with the large handled spoon and gave client #6 hand over hand assistance to eat the rest of his meal.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM.</p> <p>__ Client #4's ISP (Individual Support Plan) of 2/7/13 indicated "[Client #4] does feed himself at times but uses his fingers to do so; occasionally he will take a few bites with his fork. Staff has to physically assist him in order for him to eat his meals with utensils; otherwise he will leave the table without eating. Staff has to monitor him eating. If left unattended he will stuff his mouth full and not chew. He is a choking risk."</p>						

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	<p>Client #4's updated IPOP (Individual Plan of Protective Oversight) of 4/16/13 indicated client #4 required "One to one" supervision while eating. "[Client #4] will feed himself finger foods and will assist putting spoon in his mouth when staff prepares it." Client #4's 4/10/13 Dining Plan indicated "[Client #4] requires hand over hand assistance from staff while eating. He is able to feed himself with his utensils (once staff have helped him to scoop up the food) when he is willing to cooperate. Staff needs to sit on his right side when they are assisting him with his meal."</p> <p>__ Client #4's BSP (Behavior Support Plan) of 4/11/13 indicated when client #4 was "chewing on wrist, arm, hand, or fingers" staff were to approach client #4 calmly and ask client #4 to stop biting while touching his arm. The BSP indicated the staff were to do this until the client stopped biting himself.</p> <p>Client #6's record was reviewed on 4/17/13 at 3:30 PM. Client #6's dining plan of 4/10/13 indicated client #6 was to use built up utensils while eating and required training in using the built up silverware. Client #6's updated IPOP of 3/20/13 indicated client #6 "could benefit from using a built up spoon and forks--he [client #6] has been working on feeding himself for years but has trouble due to</p>						

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	<p>the CP (Cerebral Palsy)." The IPOP indicated client #6 required hand over hand assistance to feed himself.</p> <p>Client #7's record was reviewed on 4/18/13 at 12 PM. Client #7's dining plan of 11/8/10 indicated the staff were to sit on client #7's right side and provide hand over hand assistance to load her spoon then client #7 would put the spoon in her mouth.</p> <p>During interview with DP staff #4 at 11:30 AM on 4/17/13, DP staff #4 stated client #3 "rarely if ever" eats all of her meal and/or drinks her water while at the DP. When asked what the DP staff were to do when client #3 did not eat her food, DP staff #4 indicated the uneaten food and/or liquids were put back into the plastic containers from the group home and placed back into the client's lunch box so the group home staff would know how much client #3 did or did not eat. DP staff #4 indicated extra food of crackers, soup and snacks were kept at the DP now for client #3 and other clients when they did not eat all of their meal. DP staff #4 indicated no substitute food was offered for the food not eaten at lunch time, but the client would be offered an afternoon snack instead.</p> <p>During interview with DP staff #3 at</p>						

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	<p>11:40 AM on 4/17/13, DP staff #3 stated client #7 sometimes would not eat her meal "like today." DP staff #3 indicated the food was discarded and client #7 was not offered a substitute for the food not eaten. Staff #3 indicated client #7 would not feed herself and the staff were to sit with her, load the spoon for her and give her the spoon. Staff #3 stated, "I tried, but she didn't want to eat." When asked if there were enough staff in the room to assist the clients and to provide supervision while eating, DP staff stated, "No, we are short staffed." DP staff stated when clients #4, #6 and/or #7 did not eat their meals, the DP staff were to fill out a "1/2 sheet" to let the group home staff know they did not eat their meal.</p> <p>Interview with the DP SC (Service Coordinator) on 4/17/13 at 12:30 PM indicated the DP was short staffed and in the process of trying to hire. The DP SC indicated the staffing ratio at the DP was 10 clients per 1 staff. The DP SC indicated a total of 25 clients and 4 staff for the this side of the DP on 4/17/13 while the clients were dining. When asked how the DP could provide one to one supervision to clients #4, #6 and #7 with a total of 25 clients and 4 staff, the DP SC stated volunteers and interns "usually" helped out. The DP SC indicated the volunteer that was supposed to work</p>			

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	<p>4/17/13 was sick and there were no extra staff to assist the clients during meal time. The DP SC indicated the DP was considering other options to accommodate the clients' dining needs. The DP SC indicated the DP was aware there was a problem providing supervision during lunch time with the increase in the number of clients attending the day program. The DP SC indicated clients #4, #6 and #7 required one to one staff supervision and assistance while eating. DP SC indicated food was kept at the DP for the clients that did not eat their meals. DP SC indicated when the clients did not eat and/or eat all of their meal the DP staff were to fill out a half sheet to inform the group home staff how much the clients did not eat. The DP staff indicated the DP staff were to supervise client #4 at all times and to redirect him when biting on his wrist, arm, hand and/or fingers. When asked how they were to supervise client #4 when he was in the sitting room by himself, the DP staff indicated the staff were to check on him off and on.</p> <p>Interview with the PS (Program Specialist) on 4/19/13 at 3 PM indicated clients' dining plans were to be followed while at the DP and the DP staff were to provide one to one supervision to clients #4, #6 and #7 while eating their meals.</p>						

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	<p>The PS indicated the DP staff were to offer the clients a substitution for the foods not eaten. The PS stated, "We just went over that. They are supposed to have food there for them." The PS indicated the DP staff were to supervise client #4 when ambulating and were to follow client #4's BSP whenever client #4 presented with self injurious behaviors of biting his arm, wrist, hand and/or fingers.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>				

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#4) and 1 additional client (#7), the facility failed to ensure the clients' rights in regards to locking the sharps.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 between 4 PM and 7:30 PM. The sharp knives were locked in a closet off of the kitchen by the rear exit door of the group home.</p> <p>Client #4's record was reviewed on 4/17/13 at 11 AM. Client #4's ISP (Individual Support Plan) of 2/7/13 indicated no need to lock sharp objects.</p> <p>Client #7's record was reviewed on 4/18/13 at 12 PM. Client #7's ISP of 2/7/13 indicated no need to lock sharp objects.</p> <p>The facility's Human Rights Committee (HRC) notes for 4/10/13 were reviewed</p>	W000125	<p><b>W125 Protection of Client Rights</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Sharps will be unlocked for clients #4 and #7.</li> <li>· IPS will be update for clients #4 and #7.</li> <li>· Staff training will be held on unlocked sharps by May 19, 2013..</li> <li>· Hazmat assessments for clients #4 and #7 will be completed.</li> </ul>	05/19/2013
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	<p>on 4/17/13 at 12:15 PM. The HRC notes indicated approval to lock the sharps within the group home from clients #4 and #7.</p> <p>Interview with staff #1 on 4/16/13 at 3:45 PM indicated the knives were locked in the closet. When asked why the knives were locked, staff #1 stated, "I'm not really sure. I think it's because they [the clients] might hurt themselves, so we just lock them up." Staff #1 indicated clients #1, #2, #3, #5 and #6 had keys to the closet. Staff #1 stated clients #1 and #2 could use their keys to open the closet with staff assistance and clients #3, #5 and #6 required the staff to open the closet for them to get the knives because clients #3, #5 and #6 "can't do it by themselves, we have to help them." Staff #1 indicated clients #4 and #7 did not have keys to the locked closet.</p> <p>During interview with the PS (Program Specialist) and the QIDP (Qualified Intellectual Disabilities Professional) on 4/18/13 at 4 PM, the PS indicated the knives were locked because clients #4 and #7 did not know how to use a knife and the facility did not want them to get hurt. When asked if the knives were locked because of a safety issue, the PS stated, "No, it is a training issue." The QIDP indicated the facility did not want the</p>		<p>· BSPs will be updated for clients #4 and #7.</p> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>· All residents have the potential to be affected by the same deficient practice.</p> <p>· Sharps will be unlocked for all 7 clients.</p> <p>· Q will review, monitor, and assess needs as needed or annually at ISP.</p> <p>· Updates will be made to ISP and BSP as needed.</p> <p>· SM and RC will be retrained on proper procedure for assessing needs of clients in locking sharps by May 19, 2013.</p> <p>· SM and RC will be retrained on criteria for obtaining HRC approval by May 19, 2013.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>				

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	<p>clients to grab the wrong end of the knife and hurt themselves. When asked if there were any incidents and/or history of clients #4 or #7 injuring themselves and/or others with sharp objects, the PC stated, "No." When asked should the knives be locked, the PS stated, "Probably not."</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> <li>· SM and RC will be retrained on proper procedure for assessing needs of clients in locking sharps by May 19, 2013.</li> <li>· SM and RC will be retrained on criteria for obtaining HRC approval by May 19, 2013.</li> <li>· Q will review, monitor, and assess needs as needed or annually at ISP.</li> <li>· Updates will be made to ISP and BSP as needed.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> May 19, 2013</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 2 of 3 sampled clients (#3 and #4) and 1 additional client (#5), the facility neglected to implement its policy and procedures to ensure the staff supervised and assisted clients #3, #4 and #5 who are at risk for injury due to falls and to ensure the staff reported client #5's head injury after a fall.</p> <p>Findings include:</p> <p>During observations at the group home on 4/16/13 between 4 PM and 7:30 PM, the following was observed:                  ___At 4 PM clients #3, #4 and #5 returned home from the day program with staff #3 in the facility van. Rain was pouring down outside. Clients #3, #4 and #5 entered the home one by one from the van by themselves while staff #3 assisted client #6 off the van. Clients #3 and #4 used rolling walkers. Clients #3, #4 and #5 walked with a slow, unsteady gait. Both of client #4's shoe strings were untied and client #5 was not wearing a gait belt.                  ___At 4:40 PM staff #3 asked client #5 where her gait belt was. Client #5 stated, "Don't know." Staff #3 assisted client #5</p>	W000149	<p><b>W149 Staff Treatment of Clients</b></p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Fall Risk Plans for clients #3, #4, and #5 will be reviewed and revised by the nurse to include level of assistance by staff.</li> <li>· IPOP's and ISP's will be updated for clients #3, #4, and #5.</li> <li>· Staff will be retrained regarding assessment of head injuries and proper reporting procedures by May 19, 2013.</li> <li>· Staff will be retrained on Fall Risk Plans by 5-19-13.</li> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> </ul>	05/19/2013			

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	<p>to find and put on her gait belt. The HM (Home Manager) arrived at the home with groceries and a birthday cake for client #3. The cake was placed on the top shelf in the kitchen with the can foods. Staff #1 stated "We have to put it out of her [client #3's] reach or she will get upset if she [client #3] can't get into it now."                  ___At 5:40 PM the HM tied client #4's shoe strings for him.                  ___At 6 PM both of client #5's shoe strings were untied. Client #5 was ambulating independently while wearing a gait belt without staff assistance and/or supervision.                  ___At 6:20 PM client #3 walked into the kitchen using her walker and got a 2 step stool out from beside the small refrigerator under the shelves in the kitchen. Client #3 then climbed up on the step stool to see her birthday cake. Staff #1 was in the kitchen within just a few feet of client #3 and did not observe client #3 climbing up onto the step stool. This surveyor told staff #1 of client #3's actions. Staff #1 turned around and saw client #3 and stated, "You aren't supposed to be on that. You're going to fall," and assisted client #3 down from the step stool. Staff #1 got client #3's walker and stated, "Here, you go." Staff #1 then went back to preparing the evening meal and client #3 walked out of the kitchen using her walker.</p>		<p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Staff will be retrained regarding assessment of injuries and proper reporting procedures by May 19, 2013.</li> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19, 2103.</li> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> <li>· IPOPs and ISPs will be updated as needs increase.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Fall Risk Plans for those clients at risk for falls will be</li> </ul>				

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	<p>At 6:30 PM staff #1 was facing the kitchen counter with client #5 standing behind her. Client #5's shoestrings remained untied. Staff #1 began putting food into a food processor when she prompted client #5 to assist her with the process. Client #5 was standing with her right side to the kitchen sink, directly behind staff #1 and client #3 was sitting in her wheeled walker seat behind client #5, near the dishwasher and refrigerator. In trying to get closer to the kitchen counter to assist staff #1, client #5 stumbled and fell backwards into client #3. Client #5 fell to her buttocks and hit her head and back on the dishwasher. Staff #1 and #3 helped client #5 up off the floor. When staff #3 was asked if she was aware client #5 hit her head on the dishwasher, staff #3 stated, "Yes, we'll check her over." Staff #1 and #3 assisted client #5 to her feet and directed client #5 to the staff office where staff #3 assessed client #5 for injury and tied her shoe strings.</p> <p>Throughout the observation, clients #3 and #5 ambulated independently with a slow unsteady gait without staff assistance and/or supervision. The staff did not assist and/or provide clients #3, #4 and #5 direct supervision while ambulating.</p>		<p>reviewed quarterly by the nurse and revised as needed.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained regarding assessment of injuries and proper reporting procedures by May 19, 2013.</li> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19, 2103.</li> <li>· IPOPs and ISPs will be updated as needs increase.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> May 19, 2013</p>				

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	<p>Client #4's record was reviewed on 4/17/13 at 10 AM. Client #4's ISP (Individual Support Plan) of 2/7/13 indicated "He [client #4] uses a walker at times but must be supervised and assisted by staff."</p> <p>The facility reportable incident reports were reviewed on 4/19/13 at 11 AM.</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report dated 6/18/12 indicated at 5:30 PM the staff reported client #4 was walking to the bathroom for his shower and fell in the bathroom. The report indicated the floor was wet at the time and client #4 obtained a "very minor" scratch to his back due to the fall.</p> <p>A General Event Report dated 4/16/13 indicated "While assisting in the kitchen [client #5] fell backwards into one of her housemates and then onto the floor. After being assisted off the floor she was taken to the bathroom and a skin check was done. She had red spots near her underarms that appeared to be from where she was assisted off the floor. Her shoe strings were untied although staff did not see her step on them." The report indicated the fall was observed by the staff. The report indicated the staff notified the Home Manager, the QIDP (Qualified Intellectual Disabilities</p>						

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	<p>Professional) and the facility nurse. The report did not indicate that the staff reported client #5 hit her head.</p> <p>The BDDS report of 4/17/13 indicated on 4/16/13 at 6:30 PM "The state surveyor observed [client #5] fall while observing at the [name of group home] and advised that an incident report be filed. [Client #5] was assisting with meal preparation in the kitchen and appeared to become unsteady on her gait and fell. When she feel she feel in to a peer that was sitting at the kitchen table (sic). There were no injuries to [client #5] or the peer that was feel in to (sic). Her shoe strings were also untied, but it did not appear that is what caused [client #5] to fall. Staff will encourage [client #5] to slow down and make sure she has her footing before she begins to walk." The report did not include the client's head injury.</p> <p>During interview with the QIDP on 4/19/13 at 11:30 AM, the QIDP indicated the staff were to supervise clients #3, #4 and #5 when ambulating and provide assistance as needed. The QIDP indicated clients #3, #4 and #5 did not need staff while ambulating. When asked if the clients were at risk for falls, the QIDP stated, "Yes." When asked why client #5 used a gait belt the QIDP stated, "So the staff can help her if she starts to lose her</p>			

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	<p>balance." When asked how that would help if the staff were not with client #5, the QIDP stated, "It wouldn't." The QIDP indicated she was not made aware client #5 had hit her head during the fall on 4/16/13. The QIDP stated the staff "should have reported" client #5 had hit her head during the fall.</p> <p>During interview with the PS (Program Specialist) on 4/19/13 at 3 PM, the PS stated the staff should keep the clients at risk for falls in "line of sight" to be able to supervise their ambulation and prevent falls. The PS indicated client #3 was not to be up on a step ladder and the staff should have been supervising client #3. The PS indicated the staff were to be aware of the clients' environment at all times, including slick/wet surfaces and if the clients' shoelaces were tied and/or untied. The PS indicated client #5's gait belt was of no use if the staff were not with client #5 to assist client #5 while ambulating.</p> <p>Review of the 1/1/11 facility policy of "Suspected Abuse, Neglect and Exploitation Reporting" on 4/19/13 at 1 PM indicated neglect to be defined as the failure to provide the proper care for a resident/consumer, in a timely manner, causing the resident/consumer undue physical or emotional stress or injury;</p>						

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	<p>unreasonable delays in providing appropriate services, including medication errors, are considered neglect when they cause the resident/consumer undue physical or emotional stress or injury.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W000210	<p><b>483.440(c)(3)</b> <b>INDIVIDUAL PROGRAM PLAN</b> Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, interview, and record review for 1 of 4 sampled clients (#4), the facility failed to ensure the Interdisciplinary Team (IDT) assessed/re-assessed client #4 in regard to biting his wrist.</p> <p>Findings include:</p> <p>During observations at the group home on 4/16/13 between 4 PM and 7:30 PM, client #4 was observed throughout the observation biting his right wrist. At 4:57 PM client #4 was standing in the hallway near the kitchen and biting his right wrist. Staff #3 passed by client #4 in the hallway and said to client #4, "What's wrong sir?" and kept on walking. At 5:30 PM the HM (Home Manager) prompted client #4 to sit and read then to walk with her around the house. Client #4 complied for a few minutes and then began biting his arm again. While eating the evening meal from 6:50 PM to 7:15 PM, the HM sat beside client #4. Client #4 bit his hand, arm and wrist while eating. The HM was heard twice to state, "[Client #4] stop" attempting to get client #4 to stop biting</p>	W000210	<p><b>W210 Individual Program Plan</b></p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· IDT will meet by May 19-2013 to discuss redirection and alternate intervention when engaging in SIB (biting hand, wrist, arm) for client #4.</li> <li>· Staff will be retrained in client #4 BSP by May 19, 2013.</li> <li>· Workshop staff will be retrained on client #4 BSP by May 19, 2013.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what</b></p>	05/19/2013			

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	<p>his arm. No other interventions were made and/or tried during the observation to redirect and/or address client #4's biting his wrist, hand, arm and or fingers. The skin over client #4's right wrist was dry and intact but red, calloused and swollen.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM.</p> <p>__ Client #4's physician's physical examination of 1/28/13 indicated client #4 had "Erythema [redness of the skin] over the dorsal [the back] (R) [right] wrist c/w [consistent with] repeated bite trauma (patient bites himself repeatedly during the exam). No open wounds evident. Good skin turgor."</p> <p>__ Client #4's updated IPOP of 4/9/13 indicated client #4 "will bite his arm, smack you and yell when in pain." The IPOP indicated "[Client #4] will bite himself. Staff need to verbally prompt him not to SIB [self injurious behavior]."</p> <p>__ Client #4's BSP (Behavior Support Plan) of 4/11/13 indicated when client #4 was "chewing on wrist, arm, hand, or fingers" staff were to approach client #4 calmly and ask client #4 to stop biting while touching his arm. The BSP indicated the staff were to do this until the client stopped biting himself.</p> <p>__ Client #4's record indicated no IDT (Interdisciplinary Team) meetings for</p>		<p><b>corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Staff will be retrained in all clients' BSPs by 5-19-13.</li> <li>· All clients BSPs will be followed by staff.</li> <li>· BSPs will be monitored by Q. As needs change, IDT will meet and make revisions as needed.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Staff will be retrained regarding all BSPs by May 19, 2013.</li> <li>· All clients BSPs will be followed by staff.</li> <li>· BSPs will be monitored by Q. As needs change, IDT will meet and make revisions as needed.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not</b></p>				

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	<p>2012/2013 in regard to client #4's continued behavior of biting his wrist, arm, hand and/or fingers.</p> <p>Interview with staff #1 on 4/16/13 at 7 PM stated client #4 "always" bites his wrist and/or arm. Staff #1 indicated client #4's behavior of biting was a daily behavior. Staff #1 stated the staff try to redirect client #4 when biting, but it didn't "usually work and he [client #4] goes right back to biting as soon as we leave him." Staff #1 stated client #4 "easily gets upset" and starts biting his wrist. When asked if the staff had talked with the QIDP and discussed other options of how to help client #4, the staff stated, "We tried, but he [the previous QIDP] never listened to us."</p> <p>Interview with the PS (Program Specialist) on 4/19/13 at 3 PM indicated the IDT had not reassessed client #4 in regard to other options and/or interventions in regard to client #4's behavior of biting his wrist, arm, hand and/or fingers.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p><b>recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>		

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W000227	<p><b>483.440(c)(4)</b> <b>INDIVIDUAL PROGRAM PLAN</b> The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the clients' ISPs (Individual Support Plans) failed to include objectives to address the clients' training needs in regard to water regulation.</p> <p>Findings include</p> <p>Client #1's record was reviewed on 4/17/13 at 12:30 PM. Client #1's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #1 needed verbal and physical prompting to regulate the water temperature safely. Client #1's ISP (Individual Support Plan) of 7/10/12 indicated no training objectives to assist client #1 with regulating the water temperature.</p> <p>Client #2's record was reviewed on 4/17/13 at 12:30 PM. Client #2's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #2 needed verbal and physical prompting to regulate the water</p>	W000227	<p><b>W227 Individual Program Plan</b></p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph ( c ) (3) of this section.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· ISPs for clients #1, #2, #3, #4, #5, #6, #7 will be revised to address ability to regulate water temp.</li> <li>· Programming will be written for regulating water temperature for clients # 1-7.</li> <li>· IPOP's will be updated for clients #1-7.</li> <li>· Staff will be retrained on clients #1-7 needs for adjusting water temperature by May 19, 2013.</li> </ul>	05/19/2013

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	<p>temperature safely. Client #2's ISP of 12/8/12 indicated no training objectives to assist client #2 with regulating the water temperature.</p> <p>Client #3's record was reviewed on 4/17/13 at 3 PM. Client #3's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #3 needed verbal and physical prompting to regulate the water temperature safely. Client #3's ISP of 4/30/12 indicated no training objectives to assist client #3 with regulating the water temperature.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM. Client #4's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #4 needed physical prompting to regulate the water temperature safely. Client #4's ISP of 2/7/13 indicated no training objectives to assist client #4 with regulating the water temperature.</p> <p>Client #5's record was reviewed on 4/18/13 at 11:30 AM. Client #5's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #5 needed verbal and physical prompting to regulate the water temperature safely. Client #5's ISP of 10/16/12 indicated no training objectives</p>		<p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· ISPs for all clients will be reviewed and revised as needed for regulation of water temperature.</li> <li>· Based on assessments, programming will be written for regulating water temperature for all clients unable to regulate the temperature independently.</li> <li>· SMs and RCs will ensure that all clients are assessed annually for their ability to regulate water temperature .</li> <li>· IPOP's will be updated for clients #1-7.</li> <li>· Staff will be retrained on clients #1-7 needs for adjusting water temperature by May 19, 2013.</li> </ul> <p><b>3. hat measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>				

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	<p>to assist client #5 with regulating the water temperature.</p> <p>Client #6's record was reviewed on 4/17/13 at 3:30 PM. Client #6's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #6 needed physical prompting to regulate the water temperature safely. Client #6's ISP of 5/31/12 indicated no training objectives to assist client #6 with regulating the water temperature.</p> <p>Client #7's record was reviewed on 4/18/13 at 12 PM. Client #7's Water Temperature Adjustment Review/Assessment of 4/1/13 indicated client #7 needed physical prompting to regulate the water temperature safely. Client #7's ISP of 2/7/13 indicated no training objectives to assist client #7 with regulating the water temperature.</p> <p>Interview with the PS (Program Specialist) and the QIDP (Qualified Intellectual Disabilities Professional) on 4/19/13 at 3 PM indicated clients #1, #2, #3, #4, #5, #6 and #7 were not independent in water regulation. The QIDP indicated client #1's, #2's, #3's, #4's, #5's, #6's and #7's ISPs did not have any training objectives in place to assist the clients with water regulation.</p>		<ul style="list-style-type: none"> <li>· RCs will ensure that ISPs are reviewed and updated as needed.</li> <li>· SMs and RCs will ensure that all clients are assessed annually for their ability to regulate water temperature.</li> <li>· RC will ensure that programming is in place for those clients, based on assessment, who are unable to independently regulate the water temperature.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>				

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	<p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 3 sampled clients (#3 and #4) and #1 additional client (#5), the clients' ISPs (Individualized Support Plans) failed to address how the staff were to supervise and assist the clients while ambulating.</p> <p>Findings include:</p> <p>During observations at the group home on 4/16/13 between 4 PM and 7:30 PM, the following was observed:                  ___At 4 PM clients #3, #4 and #5 returned home from the day program with staff #3 in the facility van. Rain was pouring down outside. Clients #3, #4 and #5 entered the home one by one from the van by themselves while staff #3 assisted client #6 off the van. Clients #3 and #4 used rolling walkers. Clients #3, #4 and #5 walked with a slow, unsteady gait. Both of client #4's shoe strings were untied and client #5 was not wearing a gait belt.                  ___At 4:40 PM staff #3 asked client #5 where her gait belt was. Client #5 stated, "Don't know." Staff #3 assisted client #5 to find and put on her gait belt. The HM (Home Manager) arrived at the home with</p>	W000240	<p><b>W240 Individual Program Plan</b></p> <p>The individual program must describe relevant interventions to support the individual toward independence.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Fall Risk Plans for clients #3, #4, and #5 will be reviewed and revised by the nurse to include level of assistance by staff.</li> <li>· IPOPs and ISPs will be updated for clients #3, #4, and #5.</li> <li>· Staff will be retrained on Fall Risk Plans by 5-19-13.</li> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> </ul>	05/19/2013			

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	<p>groceries and a birthday cake for client #3. The cake was placed on the top shelf in the kitchen with the can foods. Staff #1 stated "We have to put it out of her [client #3's] reach or she will get upset if she [client #3] can't get into it now."                  ___At 5:40 PM the HM tied client #4's shoe strings for him.                  ___At 6 PM both of client #5's shoe strings were untied. Client #5 was ambulating independently while wearing a gait belt without staff assistance and/or supervision.                  ___At 6:20 PM client #3 walked into the kitchen using her walker and got a 2 step stool out from beside the small refrigerator under the shelves in the kitchen. Client #3 then climbed up on the step stool to see her birthday cake. Staff #1 was in the kitchen within just a few feet of client #3 and did not observe client #3 climbing up onto the step stool. This surveyor told staff #1 of client #3's actions. Staff #1 turned around and saw client #3 and stated, "You aren't supposed to be on that. You're going to fall," and assisted client #3 down from the step stool. Staff #1 got client #3's walker and stated, "Here, you go." Staff #1 then went back to preparing the evening meal and client #3 walked out of the kitchen using her walker.                  ___At 6:30 PM staff #1 was facing the kitchen counter with client #5 standing</p>		<p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19. 2103.</li> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> <li>· IPOP's and ISP's will be updated as needs increase.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Fall Risk Plans for those clients at risk for falls will be reviewed quarterly by the nurse and revised as needed.</li> </ul>				

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	<p>behind her. Client #5's shoestrings remained untied. Staff #1 began putting food into a food processor when she prompted client #5 to assist her with the process. Client #5 was standing with her right side to the kitchen sink, directly behind staff #1 and client #3 was sitting in her wheeled walker seat behind client #5, near the dishwasher and refrigerator. In trying to get closer to the kitchen counter to assist staff #1, client #5 stumbled and fell backwards into client #3. Client #5 fell to her buttocks and hit her head and back on the dishwasher. Staff #1 and #3 helped client #5 up off the floor. When staff #3 was asked if she was aware client #5 hit her head on the dishwasher, staff #3 stated, "Yes, we'll check her over." Staff #1 and #3 assisted client #5 to her feet and directed client #5 to the staff office where staff #3 assessed client #5 for injury and tied her shoe strings.</p> <p>Throughout the observation, clients #3 and #5 ambulated independently with a slow unsteady gait without staff assistance and/or supervision. The staff did not assist and/or provide clients #3, #4 and #5 direct supervision while ambulating. Client #5 did not use a walker for ambulation.</p> <p>Client #3's record was reviewed on</p>		<ul style="list-style-type: none"> <li>· Staff will be retrained on Fall Risk Plans for those clients at risk for falls by May 19. 2103.</li> <li>· IPOPs and ISPs will be updated as needs increase.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>				

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	<p>4/17/13 at 3 PM.</p> <p>___ Client #3's Fall Risk (Potential for Injury) of 10/16/12 indicated "Staff are to ensure that any adaptive devices are in good repair, broken equipment should be reported to the RC [Residential Coordinator] immediately. The environment should be kept clear of hazards. Staff are to assist clients as needed with ambulation (walking)."</p> <p>___ Client #3's updated IPOP of 3/20/13 indicated client #3 uses a rolling walker for ambulation.</p> <p>___ Client #3's ISP of 4/30/12 did not indicate how the staff were to assist and/or supervise client #3 while ambulating.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM.</p> <p>___ Client #4's Health note of 3/22/13 regarding devices for gait assistance. The note indicated "I am the primary care provider for the above patient [client #4]. This patient [client #4] can walk with a rolling walker or may use a handheld assist without a walker when ambulating in at home and in the community."</p> <p>___ Client #4's Risk Plan of 3/20/13 indicated client #4 had an unsteady gait and wore a built up shoe. The risk plan</p>				

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	<p>indicated client #4 "Must be reminded to use his walker at all times."            __ Client #4's ISP of 2/7/13 indicated "He [client #4] uses a walker at times but must be supervised and assisted by staff."            Client #4's ISP did not indicate how the staff were to assist and/or supervise client #4 while ambulating.</p> <p>Client #5's record was reviewed on 4/18/13 at 11:30 AM.            __ Client #5's PT (Physical Therapy) note of 9/26/11 indicated client #5 was given a home exercise program to improve her lower extremities. The PT note indicated client #5 was to use a gait belt when ambulating to help prevent falls.            __ Client #5's Health note of 3/22/13 regarding devices for gait assistance. The note indicated "I am the primary care provider for the above patient [client #5]. This patient [client #5] requires the use of a gait belt with staff assistance when ambulating to prevent falls. This patient can walk with a rolling walker or may use a handheld assist without a walker when ambulating in at home and in the community."            __ Client #5's Fall Risk (Potential for Injury) of 1/25/12 indicated "Staff are to</p>						

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	<p>ensure that any adaptive devices are in good repair, broken equipment should be reported to the RC [Residential Coordinator] immediately. The environment should be kept clear of hazards. Staff are to assist clients as needed with ambulation (walking)." _ Client #5's ISP of 10/16/12 indicated client #5 was ambulatory "but she uses a walker and a gait belt. Staff utilize the gait belt if she becomes unsteady and begins to fall or if she needs help transferring from one seat to another and etc." Client #5's ISP indicated client #5 uses a walker to ambulate and a gait belt when client #5 is not using her walker. Client #5's ISP did not indicate how the staff were to assist and/or supervise client #5 while ambulating. Client #5's ISP did not indicate the facility addressed the directions of client #5's primary care provider in regard to staff assistance when client #5 was ambulating.</p> <p>Interview with staff #1 on 4/16/13 at 7:15 PM indicated clients #3, #4 and #5 ambulated independently without staff assistance and or supervision. Staff #1 indicated client #5 sometimes did not</p>						

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	<p>wear her gait belt. When asked why client #5 wore a gait belt, staff #1 stated client #5 wore a gait belt "In case she [client #5] started to fall or something."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 4/19/13 at 11:30 AM, the QIDP indicated the staff were to supervise clients #3, #4 and #5 when ambulating and provide assistance as needed. The QIDP indicated clients #3, #4 and #5 did not need staff assistance while ambulating. When asked if the clients were at risk for falls, the QIDP stated, "Yes." When asked why client #5 used a gait belt the QIDP stated, "So the staff can help her if she starts to lose her balance." When asked how that would help if the staff were not with client #5, the QIDP stated, "It wouldn't."</p> <p>During interview with the PS (Program Specialist) and the QIDP on 4/19/13 at 3 PM, the PS stated the staff should keep the clients at risk for falls in "line of sight" to be able to supervise their ambulation and prevent falls. The PS indicated client #3 was not to be up on a step ladder and the staff should have been supervising client #3. The PS indicated the staff were to be aware of the clients' environment at all times, including</p>						

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	<p>slick/wet surfaces and if the clients' shoelaces were tied and/or untied. The PS indicated client #5's gait belt was of no use if the staff were not with client #5 to assist client #5 while ambulating. The PS indicated clients #3's, #4's and #5's ISP did not specify the level of supervision the staff were to provide the client's while ambulating and/or specifically how the staff were to assist each client in and out of the home.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #2 and #3) and 4 additional clients (#5, #6, #7 and #8), the facility failed:</p> <p>__ To implement client #2's and #5's training objectives during formal and informal training opportunities.</p> <p>__ To follow client #4's and #5's dining plans.</p> <p>__ To follow client #4's BSP (Behavior Support Plan) in regard to client #4 biting his wrist, arm, hand and/or fingers.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/16/13 between 4 PM and 7:30 PM. Client #2 did not wear eyeglasses during the observation. The staff did not prompt client #2 to wear eyeglasses.</p> <p>Client #2's record was reviewed on 4/17/13 at 12:30 PM. Client #2's annual physical of 3/22/13 indicated client #2 was to wear eyeglasses to improve her</p>	W000249	<p><b>W249 Program Implementation</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Dining plans for clients #2, #4, #5 will be followed including supervision level.</li> <li>· Programming will be put in place for client #2 to wear glasses.</li> </ul>	05/19/2013			

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	<p>vision. Client #2's ISP (Individual Support Plan) of 12/8/12 indicated client #2 had an objective to wear and clean her eyeglasses. The ISP indicated the staff were to say to client #2 "[Client #2], is it important to wear your glasses?"</p> <p>Interview with the PS (Program Specialist) on 4/19/13 at 3 PM indicated the staff were to prompt client #2 to wear her eyeglasses.</p> <p>2. Observations were conducted at the group home on 4/16/13 between 4 PM and 7:30 PM. The following was observed:          ___At 4:20 PM client #4 sat down at the dining room table. Staff #1 popped a bag of popcorn, poured the popcorn into a bowl and set it in front of client #4. Client #4 began scooping up big handfuls of popcorn and putting it into his mouth. Client #4 ate all of his popcorn at a fast pace. Client #2 popped a bag of popcorn for herself and sat down with the popcorn beside client #4. Client #2 pulled client #4's bowl over in front of her and poured half of her popcorn into client #4's bowl and slid it over in front of client #4. Client #4 again began scooping the popcorn up by large handfuls and eating at a fast pace. The staff did not sit with client #4 while he ate the popcorn and the staff did not prompt client #4 to take small bites and/or</p>		<ul style="list-style-type: none"> <li>· BSP for client #4 will be revised.</li> <li>· Active treatment will occur, both formally and informally for clients #2 and #5.</li> <li>· Staff will be retrained on dining plans for clients #2, #4, #5 by May 19, 2013.</li> <li>· Staff will be retrained regarding active treatment, including prompting client #2 to wear glasses by May 19, 2013.</li> <li>· Programming will be put in place for clients #4 and #5 to take smaller bites.</li> <li>· Programming will be put in place for client #5 to pass food family style.</li> <li>· ISP will meet by May 19, 2013 to discuss redirection and alternate interventions for SIB or client #4.</li> <li>· Training of workshop staff on client #4 BSP will be done by May 19, 2013.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the</li> </ul>				

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	<p>to chew his food.</p> <p>__At 6:50 PM client #5 sat down at the end of the table with client #1 to her right and client #7 to her left. Client #1 was prompted to pass the food forward to client #7, not passing the food to client #5. Client #5 filled her divided dish with the bowls of pureed food that were sitting in front of her. Client #5 began to eat her meal using a toddler spoon at a fast pace and taking large bites. The staff did not assist client #5 to fill her plate with the food. The staff did not prompt client #5 to slow her pace of eating and/or to take smaller bites of food while eating.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM. Client #4's ISP of 2/7/13 indicated "[Client #4] does feed himself at times but uses his fingers to do so; occasionally he will take a few bites with his fork. Staff has to physically assist him in order for him to eat his meals with utensils; otherwise he will leave the table without eating. Staff has to monitor him eating. If left unattended he will stuff his mouth full and not chew. He is a choking risk." Client #4's updated IPOP (Individual Plan of Protective Oversight) of 4/16/13 indicated client #4 required "One to one" supervision while eating. "[Client #4] will feed himself finger foods and will assist putting spoon in his mouth when staff prepares it." Client #4's</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained on dining plans by May 19, 2013.</li> <li>· Staff will be retrained regarding active treatment, including prompting of all clients to use adaptive equipment by May 19, 2013.</li> <li>· BSPs will be monitored by Q . As needs change, IDT will meet to make revisions.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Staff will be retrained on dining plans by May 19, 2013.</li> <li>· Staff will be retrained regarding active treatment, including prompting of all clients to use adaptive equipment by May 19, 2013.</li> <li>· Staff will be retrained on all client BSPs by May 19, 2013.</li> <li>· BSPs will be monitored by Q . As needs change, IDT will meet to make revisions.</li> </ul>				

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	<p>4/10/13 Dining Plan indicated "[Client #4] requires hand over hand assistance from staff while eating. He is able to feed himself with his utensils (once staff have helped him to scoop up the food) when he is willing to cooperate. Staff needs to sit on his right side when they are assisting him with his meal."</p> <p>Client #5's record was reviewed on 4/18/13 at 11:30 AM. Client #5's updated IPOP of 4/16/13 indicated client #5 "needs verbal prompts to not overload her utensils and hand over hand assistance with getting food from serving dish to plate." Client #5's ISP indicated client #5 had an objective to pass food during mealtime. The objective indicated "given the verbal prompt "[Client #5], please pass _____. [Client #5] will pass food during mealtime."</p> <p>Interview with the PS and the QIDP (Qualified Intellectual Disabilities Professional) on 4/19/13 at 3 PM indicated the staff were to sit one to one with client #4 and prompt client #4 to take small bites whenever client #4 was eating due to client #4 being a choking risk. The PS indicated the staff were to provide client #5 training to pass food family style at every meal and/or every</p>		<p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> May 19, 2013</p>				

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	<p>opportunity and were to supervise client #5 while eating, prompting her to take small bites and to slow her pace of eating.</p> <p>3. During observations at the group home on 4/16/13 between 4 PM and 7:30 PM, client #4 was observed throughout the observation biting his right wrist. At 4:57 PM client #4 was standing in the hallway near the kitchen and biting his right wrist. Staff #3 passed by client #4 in the hallway and said to client #4, "What's wrong sir?" and kept on walking. At 5:30 PM the HM (Home Manager) prompted client #4 to sit and read then to walk with her around the house. Client #4 complied for a few minutes and then began biting his arm again. While eating the evening meal from 6:50 PM to 7:15 PM, the HM sat beside client #4. Client #4 bit his hand, arm and wrist while eating. The HM was heard twice to state, "[Client #4] stop" attempting to get client #4 to stop biting his arm. No other interventions were made and/or tried during the observation to redirect and or address client #4's biting his wrist, hand, arm and or fingers. The skin over client #4's right wrist was dry and intact but red, calloused and swollen.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM. _ Client #4's physician's physical examination of 1/28/13 indicated client</p>						

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	<p>#4 had "Erythema [redness of the skin] over the dorsal [the back] (R) [right] wrist c/w [consistent with] repeated bite trauma (patient bites himself repeatedly during the exam). No open wounds evident. Good skin turgor."            ___ Client #4's updated IPOP of 4/9/13 indicated client #4 "will bite his arm, smack you and yell when in pain." The IPOP indicated "[Client #4] will bite himself. Staff need to verbally prompt him not to SIB [self injurious behavior]."            ___ Client #4's BSP of 4/11/13 indicated when client #4 was "chewing on wrist, arm, hand, or fingers" staff were to approach client #4 calmly and ask client #4 to stop biting while touching his arm. The BSP indicated the staff were to do this until the client stopped biting himself.</p> <p>Interview with staff #1 on 4/16/13 at 7 PM stated client #4 "always" bites his wrist and/or arm. Staff #1 indicated client #4's behavior of biting was a daily behavior. Staff #1 stated the staff try to redirect client #4 when biting, but it didn't "usually work and he [client #4] goes right back to biting as soon as we leave him." Staff #1 stated client #4 "easily gets upset" and starts biting his wrist.</p> <p>Interview with the PS on 4/19/13 at 3 PM indicated the staff were to follow client #4's BSP. The PS indicated staff were to</p>			

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	<p>redirect client #4 and offer client #4 an alternate activity whenever he was biting on his wrist, arm, hand and/or fingers.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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W000264	<p>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the Specially Constituted Committee, HRC (Human Rights Committee), approved the restrictive practice within the group home of locking the knives without just reason for the need to lock the knives.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 between 4 PM and 7:30 PM. The sharp knives were locked in a closet off of the kitchen by the rear exit door of the group home. During the observation client #4 was observed using a walker and ambulating with a slow unsteady gait. Client #4 was non verbal except for yelling out sounds and stayed to himself. Client #4 required verbal and physical prompts from staff for all activities, dining, hygiene and bathing. During the observation client #7 walked</p>	W000264	<p><b>264 Program Monitoring and Change</b></p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Sharps will be unlocked for clients #1, #2, #3, #4, #5, #6, #7.</li> <li>· SM/RC will be retrained on criteria for obtaining HRC approval by May 19, 2013.</li> <li>· IPOPs and ISPs will be updated.</li> </ul>	05/19/2013			

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	<p>slowly from place to place around the home with a flat affect on her face and carrying a ring of various materials attached to a large metal ring to feel and run her fingers through. Client #7 required verbal and physical prompts from staff for all activities, dining, hygiene and bathing.</p> <p>The facility's Human Rights Committee (HRC) notes dated 4/10/13 were reviewed on 4/17/13 at 12:15 PM. The HRC notes indicated approval to lock the sharps within the group home for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Client #1's record was reviewed on 4/17/13 at 12:30 PM. Client #1's ISP (Individual Support Plan) of 7/10/12 indicated no need to lock sharp objects.</p> <p>Client #2's record was reviewed on 4/17/13 at 12:30 PM. Client #2's ISP of 12/8/12 indicated no need to lock sharp objects.</p> <p>Client #3's record was reviewed on 4/17/13 at 3 PM. Client #3's ISP of 4/30/12 indicated no need to lock sharp objects.</p> <p>Client #4's record was reviewed on 4/17/13 at 10 AM. Client #4's ISP of</p>		<p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Sharps will be unlocked for all 7 clients.</li> <li>· SM/RC will be retrained on criteria for obtaining HRC approval by May 19, 2013.</li> <li>· HRC approval will be obtained only for those clients for whom sharps pose a risk.</li> <li>· Q to review, monitor, and assess needs.</li> <li>· Updates to ISPs and BSPs will be made as needed.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>				

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	<p>2/7/13 indicated client #4 used a walker for ambulation and needed "very close monitoring and physical staff assistance with all aspects of daily living skills and supervision for safety." Client #4's updated IPOP of 4/9/13 indicated client #4 had "Very limited to no skills in doing a household tasks. Total assistance required." The ISP indicated "[Client #4's] home has the hazardous materials and sharps locked. [Client #4] cannot safely use these items."</p> <p>Client #5's record was reviewed on 4/18/13 at 11:30 AM. Client #5's ISP of 10/16/12 indicated no need to lock sharp objects.</p> <p>Client #6's record was reviewed on 4/17/13 at 3:30 PM. Client #6's ISP of 5/31/12 indicated no need to lock sharp objects.</p> <p>Client #7's record was reviewed on 4/18/13 at 12 PM. Client #7's ISP of 2/7/13 indicated no need to lock sharp objects. Client #7's ISP indicated "[Client #7's] home has the hazardous materials and sharps locked. [Client #7] cannot safely use these items." Client #7's</p>		<ul style="list-style-type: none"> <li>· Assessment for need to have locked sharps will be completed for each client as needed or annually at ISP.</li> <li>· HRC approval will be obtained only for those clients for whom sharps pose a risk.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>				

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	<p>updated IPOP of 4/16/13 client #7's IPOP indicated client #7 required total assistance with household tasks and would engage in household tasks for a very brief time with staff with hand over hand assistance but would lost interest quickly.</p> <p>Interview with staff #1 on 4/16/13 at 3:45 PM indicated the knives where locked in the closet. When asked the knives were locked, staff #1 stated, "I'm not really sure. I think it's because they [the clients] might hurt themselves, so we just lock them up."</p> <p>During interview with the PS (Program Specialist) and the QIDP (Qualified Intellectual Disabilities Professional) on 4/18/13 at 4 PM, the PS and QIDP were asked why the chemicals and knives were locked in the home, the PS indicated clients #4 and #7 would drink chemicals or would pick up something unsafe and drink it. The PS stated the knives were locked "I think" also because of clients #4 and #7. The QIDP stated "I think it's because" clients #4 and #7 did not know how to use a knife and the facility did not want them to get hurt. When asked if clients #4 and #7 were at risk for harming themselves and or others with a knife the PS indicated no. When asked if there</p>						

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	<p>were any incidents of clients #1, #2, #3, #4, #5, #6 and #7 injuring themselves and/or others with sharp objects, the PC stated, "No." When asked was did the knives need to be locked, the PS stated, "Probably not." The PS indicated the HRC had approved chemicals and sharps being locked for everyone in the home. The PS stated the home had "always been a locked home" in regard to chemicals and knives.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(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 and interview for 1 additional client (#6), the facility failed to ensure client #6's wheel chair was maintained in good repair.</p> <p>Findings include:</p> <p>During observations at the group home on 4/16/13 between 4 PM and 7:30 PM, client #6's wheels of his wheelchair had dirt and grime around the wheels and the frame of the wheelchair, the chest harness was wet from saliva, frayed and the stitching was raveling. Client #6's wheel chair seat belt was tied onto the metal clip of the seat belt with a knot.</p> <p>During interview with DP (Day Program) staff #2 and DP staff #3 on 4/17/13 at 12:15 PM, DP staff #3 indicated client #6's wheel chair was in need of cleaning. DP staff #3 stated client #6 had food on his right foot pedal that had been there for "Well over a week." DP staff #3 lifted client #6's right foot to show this surveyor the dried food on the foot pedal. The DP staff indicated the wheels of client #6's</p>	W000436	<p><b>W436 Space and Equipment</b></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><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client #6 chair will be cleaned daily as scheduled on the MAR.</li> <li>· Occazio will continue to follow up with Medicaid for approval of repairs for client #6 wheelchair.</li> <li>· A new harness will be ordered for client #6.</li> <li>· Repair assessment for</li> </ul>	05/19/2013			

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	<p>wheelchair "were dirty" and his chest harness was ripped, torn and frayed. DP staff #3 stated client #6 chewed on his chest harness "and that is why it looks so bad." DP staff #2 indicated client #6's wheel chair also would "get stuck at times and won't go forward, only in reverse." DP staff #2 and #3 indicated client #6's wheel chair had been fixed several times in the past, but continued to break down. DP staff indicated client #6's seat belt also was in need of repair and pointed out how it was tied together in a knot on one end of the seat belt.</p> <p>Interview with the PS (Program Specialist) and the QIDP (Qualified Intellectual Disabilities Professional) on 4/18/13 at 4 PM indicated client #6 had just recently had a wheel chair assessment and the results had been sent to Medicaid for review for payment as of 3/7/13 and the facility was still waiting for acknowledgement of payment to go ahead with the repairs. The QIDP indicated the staff were to clean client #6's wheel chair as needed. The QIDP indicated a cleaning schedule for client #6's wheel chair would be implemented.</p> <p>This deficiency was cited on 03/11/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>client #6 wheelchair was completed on March 7, 2013.</p> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Cleaning schedules will be implemented for adaptive equipment.</li> <li>· Repairs will be requested as needed. Occazio will pay for repairs that are not covered by Medicaid.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Cleaning schedules will be implemented for adaptive equipment.</li> <li>· Repairs will be requested as needed. Occazio will pay for repairs that are not covered by Medicaid.</li> </ul>				

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	9-3-7(a)		<p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> May 19, 2013</p>		

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W009999	<p>State Findings</p> <p>460 IAC 9-3-1(a) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division (15. A fall resulting in injury, regardless of the severity of the severity of the injury.).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview for 1 additional client (#5), the facility failed to ensure the staff reported client #5's head injury after a fall.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 between 4 PM and 7:30 PM. At 6:30 PM staff #1 was facing the kitchen counter with client #5 standing behind her. Client #5's shoestrings remained untied. Staff #1 began putting food into a food processor when she prompted client #5 to assist her with the process. Client #5 was standing with her</p>	W009999	<p><b>W9999 Final Observations</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Head injuries will be reported immediately.</li> <li>· Staff will be retrained regarding assessment of head injuries and proper reporting procedures by May 19, 2013.</li> <li>· Reasons to contact the nurse will be reviewed with SM and RC by May 19, 2013.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Staff will be retrained regarding assessment of head injuries and proper reporting procedures by May 19, 2013.</li> <li>· Head injuries will be reported immediately.</li> </ul>	05/19/2013			

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	<p>right side to the kitchen sink, directly behind staff #1 and client #3 was sitting in her wheeled walker seat behind client #5, near the dishwasher and refrigerator. In trying to get closer to the kitchen counter to assist staff #1, client #5 stumbled and fell backwards into client #3. Client #5 fell to her buttocks and hit her head and back on the dishwasher. Staff #1 and #3 helped client #5 up off the floor. When staff #3 was asked if she was aware client #5 hit her head on the dishwasher, staff #3 stated, "Yes, we'll check her over." Staff #1 and #3 assisted client #5 to her feet and directed client #5 to the staff office where staff #3 assessed client #5 for injury and tied her shoe strings.</p> <p>The facility reportable incident reports were reviewed on 4/19/13 at 11 AM.</p> <p>A General Event Report dated 4/16/13 indicated "While assisting in the kitchen [client #5] fell backwards into one of her housemates and then onto the floor. After being assisted off the floor she was taken to the bathroom and a skin check was done. She had red spots near her underarms that appeared to be from where she was assisted off the floor. Her shoe strings were untied although staff did not see her step on them." The report indicated the fall was observed by the</p>		<ul style="list-style-type: none"> <li>· Reasons to contact the nurse will be reviewed with SM and RC by May 19, 2013.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Staff will be retrained regarding assessment of head injuries and proper reporting procedures by May 19, 2013.</li> <li>· Head injuries will be reported immediately.</li> <li>· Reasons to contact the nurse will be reviewed with SM and RC by May 19, 2013.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Site Manager will monitor on a daily basis when they are in the home.</li> <li>· The RC will monitor on a regular basis when they are in the home.</li> <li>· The ARC will monitor as they complete their audits.</li> </ul>		

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	<p>staff. The report indicated the staff notified the Home Manager, the QIDP (Qualified Intellectual Disabilities Professional) and the facility nurse. The report did not indicate that the staff reported client #5 hit her head.</p> <p>The BDDS report of 4/17/13 indicated on 4/16/13 at 6:30 PM "The state surveyor observed [client #5] fall while observing at the [name of group home] and advised that an incident report be filed. [Client #5] was assisting with meal preparation in the kitchen and appeared to become unsteady on her gait and fell. When she feel she feel in to a peer that was sitting at the kitchen table (sic). There were no injuries to [client #5] or the peer that was feel in to (sic). Her shoe strings were also untied, but it did not appear that is what caused [client #5] to fall. Staff will encourage [client #5] to slow down and make sure she has her footing before she begins to walk." The report did not include the client's head injury.</p> <p>During interview with the QIDP on 4/19/13 at 11:30 AM, the QIDP indicated she was not made aware client #5 had hit her head during the fall on 4/16/13. The QIDP stated the staff "should have reported" client #5 had hit her head during the fall.</p>		<p><b>5. What is the date by which the systemic changes will be completed?</b></p> <p>May 19, 2013</p>	

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	9-3-1(b)			