

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G448		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/20/2012	
NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 907 COTTAGE GROVE SOUTH BEND, IN 46628			
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W0000	<p>This visit was for the fundamental annual recertification and state licensure.</p> <p>Dates of Survey: July 17, 18, 19, and 20, 2012.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>Provider Number: 15G448 Facility Number: 000962 AIM Number: 100249360</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/1/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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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W0125	<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 and interview, for 4 of 4 sample clients (clients #1, #2, #3, and #4) and three additional clients (clients #5, #6, and #7), the facility failed to allow unimpeded access to the facility's locked temperature control for the group home.</p> <p>Findings include:</p> <p>On 7/17/12 from 3:25pm until 6:55pm, and on 7/18/12 from 5:50am until 7:59am, the group home temperature control dial was covered with a hard plastic locked box. On 7/18/12 at 5:50am, Group Home Staff (GHS) #2 and GHS #3 both indicated clients #1, #2, #3, #4, #5, #6, and #7's air temperature control box was locked and GHS #2 stated "clients do not have access to the key" to the box. GHS #2 indicated clients #1, #2, #3, #4, #5, #6, and #7 did not have behaviors associated with the temperature control box. GHS #2 stated "It's been like that since we moved in the first" week of June, 2012.</p>	W0125	<p>A hard plastic cover remains over the temperature control box but it remains unlocked. Staff and clients are able to access the temperature control dial. The temperature for the home is programmed to stay within the guidelines mandated by the Indiana State Department of Health and ICF/MR Federal Guidelines which requires the temperature to be in the normal comfort range of 68 degrees to 81 degrees Fahrenheit. In the future, items, units and similar objects such as the temperature control box will remain unlocked/never be locked in the first place so that clients have access. Regular and routine observations by the QMRP and Director of Group Living will ensure that items, units and similiar objects remain unlocked. Persons Responsible: Program Coordinator/Program Manager/QMRP Director of Group Living</p>	08/19/2012			

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	<p>On 7/18/12 at 8:50am, client #1 stated "I do not have a key" for the temperature control and client #1 indicated he would like to adjust his own room temperature.</p> <p>On 7/18/12 at 9:25am, client #3 stated he "would like to adjust" his own room temperature.</p> <p>The QMRP was interviewed on 7/19/12 at 10:10am. The QMRP indicated there was no identified need for the air temperature controls to be locked. The QMRP indicated clients #1, #2, #3, #4, #5, #6, and #7 did not have a key for the locked air temperature controls.</p> <p>9-3-2(a)</p>			

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, record review, and interview, for 3 of 7 clients (clients #1, #3, and #4) living in the group home, the facility staff failed to ensure personal privacy in the bathroom.</p> <p>Finding include:</p> <p>On 7/18/2012 from 5:50 AM until 7:59 AM, observation was completed at the group home with clients #1, #2, #3, #4, #5, #6, and #7 and Group Home Staff (GHS) #2 and #3. At 6:55 AM, client #3 was inside bathroom #1 with the door closed and bathroom #2 (which was next to bathroom #1) was unoccupied. At 7:05 AM, client #4 went to bathroom #1, knocked on the door as client #4 opened the bathroom door exposing client #3 who stood in front of the mirror. At 7:05 AM, client #4 opened his pants, stood in front of the toilet, and urinated into the toilet in front of client #3. At 7:08 AM, client #3 left bathroom #1, walked to his bedroom, and stated "That was gross." At 7:08 AM, client #3 stated he (client #3) knew client #4 "had a urine problem, there was blood in his urine, and (client #3) would like for</p>	W0130	<p>On 8/8/12 each staff at this home received training and signed off that they have been trained and understand the formal goals put in place for client #4 to refrain from going into other's rooms without permission . This includes entering into other rooms in the house such as the bathroom when it is occupied without permission. The QMRP will monitor this goal monthly and revise as necessary. Additionally, the QMRP spoke to client #4 explaining and reminding him of the importance of respecting and practicing personal privacy for not only himself as well as for others. This included examples of how he could have responded to the situation in a more private and appropriate manner. In the future the, the QMRP and Program Coordinator will make unannounced visits to ensure privacy is practiced and dignity is afforded to all during personal care times. Persons Responsible: Program Coordinator Program Manager/QMRP</p>	08/19/2012	

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	<p>[client #4] to knock but he's having problems." There was no redirection by GHS #3 who stood in the hallway at 7:05 AM.</p> <p>At 7:40 AM, client #1 was inside bathroom #1 with the door closed. At 7:40 AM, client #4 walked past GHS #2 and GHS #3 down the hallway, knocked as he opened the closed door to bathroom #1, and left the door open when he entered. Client #1 was standing in front of the mirror/basin brushing his teeth, client #4 opened his pants, and urinated into the toilet in front of client #1. At 7:40 AM, bathroom #2 was unoccupied and the door was open. At 7:40 AM, there was no redirection from GHS #2 and #3 for client #4.</p> <p>On 7/19/12 at 10:10 AM, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP indicated clients #1 and #3 should have privacy while they were inside the bathroom. The QDP indicated client #4 should have been redirected by the group home staff to teach clients personal privacy inside the bathroom.</p> <p>Client #4's record was reviewed on 7/18/12 at 12 PM. Client #4's 4/19/2012 ISP indicated a goal/objective for personal privacy for client #4 to knock</p>			

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	<p>before entering housemates bedroom. Client #4's 7/18/2011 BMP (Behavior Management Plan) indicated targeted behaviors of Invading others personal space, bullying or attempting to persuade others to do things, and refusals for following directions.</p> <p>9-3-2(a).</p>			

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W0249	<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 2 of 4 sample clients (clients #3 and #4), the facility failed to implement client #3's shaving objective and client #4's privacy objective during formal and informal opportunities when opportunities existed.</p> <p>Findings include:</p> <p>1. On 7/17/12 from 3:25 PM until 6:55 PM, and on 7/18/12 from 5:50 AM until 7:59 AM, client #3 was observed with facial whiskers.</p> <p>On 7/18/12 at 9:25 AM, client #3 was observed with facial whiskers which shadowed his face in dark hair. At 9:25 AM, client #3 indicated he did not shave on 7/17/12 and did not shave on 7/18/12. At 9:25 AM, client #3 stated "I forgot" to shave.</p> <p>On 7/18/12 at 10:45 AM, client #3's record was reviewed. Client #3's</p>	W0249	<p>On 8/8/12 staff at this home received training and reviewed and signed off they have been trained and understand the formal goal for client #3 to shave on a daily basis. Staff are reminded that if client #3 does not initiate the task, he should be prompted, and assisted, as necessary, to shave daily. On 8/8/12 each staff at this home received training and signed off that they have been trained and understand the formal goals put in place for client #4 to refrain from going into other's rooms without permission . This includes entering into other rooms in the house such as the bathroom when it is occupied without permission. Additionally, the QMRP spoke to client #4 explaining and reminding him of the importance of respecting and practicing personal privacy for not only himself as well as for others. This included examples of how he could have responded to the bathroom situation in a more private and appropriate manner. The QMRP will monitor these goals monthly and revise as necessary In the future the</p>	08/19/2012			

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	<p>2/28/2012 ISP (Individual Support Plan) indicated an objective/goal to ensure client #3's "face is clean shaven."</p> <p>On 7/19/12 at 10:10 AM, an interview with the QDP (Qualified Developmental Professional) was completed. The QDP stated the facility staff should have completed client #3's shaving objective daily to "ensure" client #3 was "clean shaven."</p> <p>2. On 7/18/2012 from 5:50 AM until 7:59 AM, observation was completed at the group home with clients #1, #2, #3, #4, #5, #6, and #7 and Group Home Staff (GHS) #2 and #3. At 6:55 AM, client #3 was inside bathroom #1 with the door closed and bathroom #2 (which was next to bathroom #1) was unoccupied. At 7:05 AM, client #4 went to bathroom #1, knocked on the door as client #4 opened the bathroom door exposing client #3 who stood in front of the mirror. At 7:05 AM, client #4 opened his pants, stood in front of the toilet, and urinated into the toilet in front of client #3. At 7:08 AM, client #3 left bathroom #1, walked to his bedroom, and stated "That was gross." At 7:08 AM, client #3 stated he (client #3) knew client #4 "had a urine problem, there was blood in his urine, and (client #3) would like for [client #4] to knock but he's having problems." There was no redirection</p>		<p>QMRP and Program Coordinator will make unannounced visits to ensure privacy is practiced and dignity is afforded to all during personal care times. Persons Responsible: Program Coordinator Program Manager/QMRP</p>				

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	<p>from GHS #3 who stood in the hallway at 7:05 AM.</p> <p>At 7:40 AM, client #1 was inside bathroom #1 with the door closed. At 7:40 AM, client #4 walked past GHS #2 and GHS #3 down the hallway, knocked as he opened the closed door to bathroom #1, and left the door open when he entered. Client #1 was standing in front of the mirror/basin brushing his teeth, client #4 opened his pants, and urinated into the toilet in front of client #1. At 7:40 AM, bathroom #2 was unoccupied and the door was open. At 7:40 AM, there was no redirection from GHS #2 and #3 for client #4.</p> <p>On 7/19/12 at 10:10 AM, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP indicated client #4 should have been redirected by the group home staff to teach clients personal privacy inside the bathroom.</p> <p>Client #4's record was reviewed on 7/18/12 at 12 PM. Client #4's 4/19/2012 ISP indicated a goal/objective for personal privacy for client #4 to knock before entering housemates bedroom. Client #4's 7/18/2011 BMP (Behavior Management Plan) indicated targeted behaviors of Invading others personal</p>						

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	<p>space, bullying or attempting to persuade others to do things, and refusals for following directions.</p> <p>9-3-4(a)</p>			

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients on behavior medication (client #4) by not having an active treatment plan to address the reason for client #4's Depakote medication.</p> <p>Findings include:</p> <p>Review on 7/18/12 at 12 PM of client #4's records was conducted. Client #4's 7/2012 MAR (Medication Administration Record), indicated client #4 was taking Depakote 1,000 milligrams (mg) at supper since 10/6/2011 for depression and behaviors. Client #4's 10/6/2011 "Psychiatric Report" indicated "1000 mg q (every) supper." Client #4's record indicated on 10/10/2011 client #4 and the HRC (Human Rights Committee) approved the use of the Depakote medication. Client #4's 7/18/2011 "Behavior Management Plan (BMP)" did not include the use of the Depakote medication.</p>	W0312	<p>Depakote was prescribed for client #4 as a medication used to decrease aggression. The medication was prescribed on 10/6/2011 and approved to be used by the IDT and the Human Rights Committee on 10/10/11. The current behavior management plan for client #4 has been revised to reflect the use of the Depakote to the client #4's medication regimen. In the future, the QMRP will ensure that behavior management plans are revised in a timely manner to reflect any changes to medication regimens. Person Responsible: Program Manager/QMRP</p>	08/19/2012	

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	<p>Interview on 7/19/12 at 10:10 AM with QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #4 was on Depakote for depression and behaviors and stated "There was no plan in place to address the use of the Depakote." The QMRP indicated client #4's BMP had not been updated to include the use of the Depakote medication.</p> <p>9-3-5(a)</p>			

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W0316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #1) who received psychotropic medications, the facility failed to evaluate client #1's status for an annual decrease or contraindication of psychotropic medication.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/18/12 at 10 AM. Client #1's 4/11/12 ISP (Individual Support Plan) included a 1/17/12 Behavior Management Program (BMP) which indicated client #1 had targeted behaviors of physical aggression, verbal aggression, and depression. Client #1's plan indicated the use of Geodon 80mg (milligrams) daily for behaviors and Trileptal 300mg twice a day for behaviors. Client #1's record indicated the continued use of Geodon 80mg daily and Trileptal 300mg medications on psychotropic medication reviews completed on 7/16/2012, 1/20/2012, 10/06/2011, 9/1/2011 and 6/2/2011. Client #1's Psychological Reviews indicated "no" changes. Client #1's record and psychotropic medication reviews did not indicate a change or contraindication of change of client #1's psychotropic medication. Client #1's record did not indicate the last psychotropic medication change or contraindication.</p> <p>On 7/19/12 at 10:10 AM, an interview with QMRP (Qualified Mental Retardation Professional) was completed. The QMRP indicated no additional information was available for review to determine if client #1's psychotropic medication was evaluated for an annual decrease</p>	W0316	The psychiatrist will review and evaluate Client #1's psychotropic medications and determine if an annual decrease is appropriate. The next scheduled appointment is 8/21/12. In the future, the LOGAN Psychiatric Form will be modified to prompt an annual evaluation and review of psychotropic medication to determine if medication should be decreased or a decrease is contraindicated. Persons responsible: Program Manager/QMRPNurse	08/19/2012			

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	<p>or if a decrease was contraindicated. The QMRP stated client #1's record indicated client #1 was "stable" for behaviors.</p> <p>9-3-5(a)</p>			

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, for 1 of 4 sampled client (client #1), the facility failed to ensure client #1's history and physical was completed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/18/12 at 10 AM. Client #1's record indicated a History and Physical completed by client #1's physician on 4/1/2011.</p> <p>On 7/18/12 at 12:30pm, an interview with the agency Licensed Practical Nurse (LPN) was conducted. The LPN stated client #1's history and physical had not been completed annually. The LPN stated client #1's history and physical was last completed by client #1's physician "on 4/1/2011."</p> <p>On 7/19/12 at 10:10 am, an interview with the QDP (Qualified Developmental Professional) was completed. The QDP indicated client #1's last history and physical was 4/1/2011 and did not have a current history and physical available for review.</p>	W0322	<p>A physical examination for client #1 was completed on 8/3/12 by his primary care physician. Completed and signed paperwork from this appointment has been filed and is available for review upon request. In the future, the QMRP and/or nurse will perform quarterly audits of individuals' medical appointments to ensure the no appointments/screenings have been missed. Persons Responsible: Program Manger/QMRP Nurse</p>	08/19/2012			

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	9-3-6(a)			

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation, record review, and interview, the facility failed to secure the medication cabinet keys for 4 of 4 sample clients (#1, #2, #3, and #4) and three additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p> <p>On 7/17/12 from 3:25pm until 6:55pm, and on 7/18/12 from 5:50am until 7:59am, the keys for the group home medication cabinet hung on a black key ring and strap on the side of the access door to the medication cabinet. During both observation periods the office door was open and the unsecured medication keys were visible. On 7/17/12 at 4:45pm, client #1 and GHS (Group Home Staff) #2 both indicated client #1 could access the medication keys and open the medication cabinet. At 4:45pm, GHS #1 stated the medication keys "always hung here on the side of the medication cabinet" and the office door was "always open." On 7/17/12 at 5pm, client #3 indicated he had overheard the conversation about the security of the medication keys and stated he "could get the keys and open the medication cabinet</p>	W0383	<p>The keys for the medication cabinet have been moved to a secure location in which clients do not have access to them. On 8/8/12 staff at this home were re-trained that medication cabinet keys must be maintained in a secure location in which they are not visible at all times to the clients. The staff were also reminded that this includes returning the key to the secure location and not leaving it hanging in the cabinet lock.</p> <p>In the future, the Program Coordinator will daily check to make sure that the medication cabinet keys are not hanging in the cabinet lock and accessible to clients. During regular and routine visits the Program Mananager and Director of Group Living will check to ensure that the medication cabinet keys are not hanging in the cabinet lock and in a secured location.</p> <p>Persons responsible: Program Coordinator Program Manager/QMRP Director of Group Living.</p>	08/19/2012			

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	<p>too."</p> <p>An interview was conducted on 7/19/12 at 10:10 AM, with the QMRP (Qualified Mental Retardation Professional) and the agency Licensed Practical Nurse (LPN). Both stated the medication keys were "stored" on a key ring on a black strap on the side of the medication cabinet. Both indicated the medication keys should be kept secured when medications were not administered. The QMRP indicated clients #1, #2, #3, #4, #5, #6, and #7 had access to the medication keys to the medication cabinet. Both indicated the facility followed "Living in the Community" for medication administration.</p> <p>On 7/19/12 at 12pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" medication cabinet keys should be kept secure.</p> <p>9-3-6(a)</p>				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 sample clients (client #2) who had prescribed eye glasses, the facility failed to teach and encourage client #2 to wear his prescribed eye glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/17/12 from 3:25pm until 6:55pm, and on 7/18/12 from 5:50am until 7:59am, and on 7/18/12 from 8:50am until 9:38am, at the agency workshop. During the three observation periods, client #2 was not wearing the client's prescribed eye glasses and was not prompted to use them.</p> <p>Client #2's record was reviewed on 7/18/12 at 11:15 AM. Client #2's 7/16/12 vision assessment indicated client #2 had prescribed eye glasses and a recommendation for "constant wear." Client #2's 2/8/12 ISP (Individual Support</p>	W0436	<p>A formal goal has been implemented to assist client #2 to wear his eyeglasses as prescribed by the doctor. Due to previous incidents of client #2 breaking and throwing away his glasses, his glasses will be kept in the house office in a place that is accessible to him. On 8/8/12, staff received training regarding the implementaion of Client #2's goal to wear his glasses. In the future, Client #2's need to wear glasses will be reviewed at scheduled eye doctor appointments and implementation of the goal for usage will be tracked through formal goals. Persons Responsible: Program Manager/QMRPP Program Coordinator</p>	08/19/2012			

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	<p>Plan) did not indicate a goal/objective to wear the client's prescribed eye glasses.</p> <p>On 7/19/12 at 10:10 AM, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP indicated client #2 had prescribed eye glasses. The QDP indicated client #2 did not have a formal goal to teach client #2 to wear eye glasses. The QDP indicated she was unaware of where client #2's prescribed eyeglasses were.</p> <p>On 7/20/12 at 10:15 AM, an interview was conducted with the QDP. The QDP stated client #2 had "broken his eyeglasses and thrown (the eyeglasses) away."</p> <p>9-3-7(a)</p>				

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on interview and record review, for 4 of 4 sample clients (clients #1, #2, #3, and #4) and for three additional clients (clients #5, #6, and #7), the facility failed to ensure evacuation drills were conducted every ninety (90) days for each shift of personnel.</p> <p>Findings include:</p> <p>The facility evacuation drills for clients #1, #2, #3, #4, #5, #6, and #7 were reviewed on 7/18/12 at 10:10 AM and indicated the following: Evacuation drills for third shift personnel- on 11/28/2011 at 4:55 AM and the next drill was 3/6/2012 at 1:05 AM. No evacuation drills were available for review from 11/28/2011 through 3/6/2012.</p> <p>On 7/19/12 at 10:10 AM, an interview with the QDP (Qualified Developmental Professional) was conducted. The QDP indicated the third shift of personnel was 10 PM until 10 AM. The QDP indicated</p>	W0440	<p>An overnight drill was completed on 8/9/12. The fire drill schedule and steps have been reviewed with staff so that fire drills are completed as scheduled and in a timely manner. For the future, there is a schedule in place at the group home and staff are assigned to run drills on specific days and shifts. If the drills are missed the staff will make up the missed drill as soon as possible. The drills are tracked by the group living administrative assistant so a report is generated in order to avoid missing drills on each shift. Additionally, the Director of Group Living will review all safety drills completed to ensure completion and accurate recording of the drills. Persons Responsible: Program Coordinator/Program Manager/QMRP Director of Group Living.</p>	08/19/2012			

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	clients #1, #2, #3, #4, #5, #6, and #7 lived in the group home and no additional exit drills were available for review. 9-3-7(a)			