

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/20/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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W 000  Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 10, 11, 12, 13 and 20, 2015.</p> <p>Facility Number: 000835 Provider Number: 15G317 AIMS Number: 100243660</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/27/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 104  Bldg. 00	<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, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy and operating direction over the facility.</p> <p>The governing body failed to ensure a specific plan of evacuation was</p>	W 104	<p><b>W104: Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility.</b></p>	03/22/2015

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

TITLE

(X6) DATE

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

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	<p>developed and implemented to meet the clients' needs once evacuated from their home and relocated into a local hotel due to water damage for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>The governing body failed to ensure clients #1, #2, #3, #4, #5, #6 and #7 had a sufficient supply of clothing (at least one week worth of clothing), to ensure the clients did not have to pay for clothing and/or to pay to have their clothing laundered after being evacuated from their home and to ensure client #1 was provided a winter coat to wear.</p> <p>The governing body failed to ensure the QIDPD (Qualified Intellectual Disabilities Professional Designee) integrated, coordinated and monitored the clients' treatment programs and services to ensure the clients' needs were met after being evacuated from their home and relocated into a local hotel on 1/20/15 for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. _The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 "When the staff and</p>		<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· An evacuation plan was developed and implemented on 2/12/15. (Attachment A)</li> <li>· Two outfits two each for Client's #1, #2, #3, #4, #5, #6 and #7 were purchased on ResCare's purchasing card on 2/11/2015. Client's #1, #2, #3, #4, #5, #6, and #7 were accompanied by staff and each made their selections of clothing. (Attachment B)</li> <li>· Reimbursement requests will be submitted for Client's #1, #2, #3, #4, #5, #6 and #7 for personal expenses incurred from completion of laundry. (Attachment C)</li> <li>· A winter coat was purchased for Client #1 on ResCare's purchasing card. (Attachment D)</li> <li>· Two additional conjoined hotel rooms, for a total of 5 hotel rooms, were reserved on 2-10-15 to provide Client's #1, #2, #3, #4, #5, #6 and #7 with each their own individual bed.</li> <li>· Residential Manager and staff will be trained to ensure sufficient clothing is taken for each client during any evacuation or relocation. (Attachment E)</li> </ul>				

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	<p>clients returned to the group home after workshop they began to enter the home and found flooding with water from the ceiling. Clients were instructed to remain on the porch and did not enter the home. Maintenance was called, arrived and determined a pipe in the fire sprinkler system had broke (sic)." The report indicated clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel for a projected 3 day stay while repairs and clean up of the home were completed. ___The follow up BDDS report dated 1/28/15 indicated the clients continued to reside at a local hotel for a projection of two more weeks while the home was being repaired.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/10/15 at 3 PM, the QIDPD indicated she was not aware of a plan of evacuation/relocation in regard to client #1's, #2's, #3's, #4's, #5's, #6's and #7's evacuation and relocation on 1/20/15.</p> <p>Email interview with the administrator of the facility on 2/16/15 at 9 AM indicated a plan of evacuation and relocation had not been developed and/or implemented by the facility when clients #1, #2, #3, #4, #5, #6 and #7 were evacuated from their home and relocated into a local</p>		<ul style="list-style-type: none"> <li>· An activity treatment schedule was developed and implemented for hotel living on 2/11/2015. (Attachment F)</li> <li>· Activity treatment scheduled trained. (Attachment G)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items</li> </ul>	

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	<p>hotel on 1/20/15. The administrator indicated the facility developed and implemented a plan of relocation for clients #1, #2, #3, #4, #5, #6 and #7 upon request from the ICF/IID (Intermediate Care Facility for the Individuals with Intellectual Disabilities) supervisor on 2/11/15.</p> <p>2. Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage on 1/20/15.</p> <p>___ The facility reserved three rooms in the hotel for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>___ Each room had a small clothing rack to hang up clothing and a dresser with three drawers for clothing for two and/or three clients to share.</p> <p>___ Clients #3 and #5 shared one room.</p> <p>___ Clients #1, #2 and #6 shared one room.</p> <p>___ Clients #7 and #4 shared one room.</p> <p>___ The outside temperatures were cold and there was snow on the ground.</p> <p>Client #1's, #2's, #3's, #4's, #5's #6's and #7's Cash On Hand (COH) ledgers for January and February 2015 were reviewed on 2/12/15 at 7 PM.</p>		<p>are provided.</p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> <li>· Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure all individual clothing needs are met.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul>		

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	<p>Client #1's COH ledgers indicated:</p> <ul style="list-style-type: none"> <li>__ 1/21/15 \$4.24 to buy underwear.</li> <li>__ 1/22/15 \$43.84 for clothing.</li> <li>__ 1/22/15 \$43.87 for clothing.</li> <li>__ 1/28/15 \$4.00 for laundry.</li> <li>__ 2/4/15 \$2.00 for laundry.</li> <li>__ 2/8/15 \$1.00 for laundry.</li> </ul> <p>Client #2's COH ledgers indicated:</p> <ul style="list-style-type: none"> <li>__ 1/21/15 \$22.31 for socks, underwear and swimsuit.</li> <li>__ 1/24/15 \$38.85 for clothing.</li> <li>__ 1/28/15 \$4.00 for laundry.</li> <li>__ 2/8/15 \$1.00 for laundry.</li> <li>__ 2/9/15 \$1.50 for laundry.</li> <li>__ 2/10/15 \$1.50 for laundry.</li> </ul> <p>Client #3's COH ledgers indicated:</p> <ul style="list-style-type: none"> <li>__ 1/21/15 \$19.14 for socks, underwear and swimsuit.</li> <li>__ 2/4/15 \$5.00 for laundry.</li> <li>__ 2/5/15 \$18.44 for socks and underwear.</li> <li>__ 2/6/15 \$1.00 for laundry.</li> <li>__ 2/8/15 \$1.00 for laundry.</li> </ul> <p>Client #4's COH ledgers indicated:</p> <ul style="list-style-type: none"> <li>__ 1/21/15 \$19.14 for socks, underwear and swimsuit.</li> <li>__ 1/24/15 \$15.83 for socks and underwear.</li> <li>__ 1/24/15 \$4.00 for laundry.</li> <li>__ 2/4/15 \$3.00 for laundry.</li> <li>__ 2/8/15 \$1.00 for laundry.</li> </ul>		<p><b>Completion Date: 3-22-2015</b></p>	

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	<p>Client #5's COH ledgers indicated:            ___ 1/21/15 \$21.28 for socks, underwear and swimsuit.            ___ 1/24/15 \$26.23 for socks, underwear and clothing.            ___ 1/28/15 \$4.00 for laundry.            ___ 2/4/15 \$1.25 for laundry.            ___ 2/5/15 \$17.06 for bras.            ___ 2/8/15 \$1.00 for laundry.</p> <p>Client #6's COH ledgers indicated:            ___ 1/21/15 \$36.22 for socks, underwear and swimsuit.            ___ 1/28/15 \$1.00 for laundry.</p> <p>Client #7's COH ledgers indicated:            ___ 1/21/15 \$28.73 for socks, underwear and swimsuit.            ___ 1/24/15 \$15.39 for socks, underwear and clothing.            ___ 1/27/15 \$2.50 for laundry.            ___ 2/4/15 \$1.00 for laundry.            ___ 2/8/15 \$1.00 for laundry.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM.            ___ Client #1 indicated the remainder of her clothing and her winter coat had been bagged up after bedbugs were discovered in the home.            ___ Client #1 stated, "I only have three shirts and three pair of pants."            ___ Client #2 stated, "I have a couple of</p>			

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	<p>outfits."</p> <p>__ Clients #1 and #2 indicated they were wearing one outfit more than one day.</p> <p>__ Clients #1 and #2 indicated they did not have a week's worth of clothing to wear.</p> <p>__ Clients #1 and #2 indicated the hotel had a washer and dryer for the clients to do their laundry.</p> <p>__ Clients #1 and #2 indicated the clients used their personal money to pay for washing their clothes so they would have clean clothing to wear the next day.</p> <p>__ Client #2 stated, "We (clients #1, #2, #3, #4, #5, #6 and #7) have to wash our clothes every night."</p> <p>__ Client #1 stated, "We have to wear the same clothes a lot."</p> <p>During interview with staff #5 on 2/10/15 at 4 PM, staff #5:</p> <p>__ Indicated the clients had been evacuated from the home due to water damage and stated, "They (the clients) only brought a few things."</p> <p>__ Indicated to ensure the clients had clean clothing to wear the clients laundered the clothing they wore nightly.</p> <p>__ Indicated the clients used their own money to wash their clothes.</p> <p>During interview with client #5 on 2/12/15 at 6:15 AM, client #5:</p> <p>__ Indicated she had three pairs of pants</p>			

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	<p>and three shirts.</p> <p>__ Indicated her shirt she was currently wearing was not clean because she didn't have any money for the washer/dryer to wash her clothes.</p> <p>During interview with client #4 on 2/12/15 at 6:30 AM, client #4: __ Indicated she has had to wear the same outfit more than once. __ Indicated her clothing had to be washed nightly so she would have clean clothing for the next day. __ Indicated she had to pay with her own money to wash her clothes.</p> <p>During interview with client #6 on 2/12/15 at 7 AM, client #6: __ Indicated she was wearing the same outfit she wore the previous day. __ Stated, "I've worn these pants for three days now." __ Indicated she only had two pair of pants. __ Stated, "Our clothes didn't get washed last night because we are out of quarters."</p> <p>During interview with client #1 on 2/12/15 at 6:45 AM, client #1: __ Indicated she was wearing the same outfit she had worn the day before. __ Indicated her laundry had not been done because she was out of quarters for the washer and dryer.</p>			

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	<p>During interview with the RM (Residential Manager) on 2/12/15 at 3 PM, the RM:</p> <p>__ Indicated bedbugs had been discovered at the clients' (clients #1, #2, #3, #4, #5, #6 and #7) home on 1/2/15.</p> <p>__ Indicated the clients were instructed to pick out 2 or 3 outfits to wear and all other clothing was bagged up in large plastic bags as instructed by the professional exterminators that came to the home to rid the home of the bedbugs.</p> <p>__ Indicated they were told to leave the clothing in the plastic bags until the extermination process was complete.</p> <p>__ Indicated the clients' clothing was still bagged up when the clients arrived home from the day program on 1/20/15 and found their home was flooded with water.</p> <p>__ Indicated the staff retrieved the clients' clothing that was not bagged up from the home as the home was not safe for the clients to go in.</p> <p>__ Indicated after the relocation to a local hotel, the staff took the clients out to buy underwear and swimsuits.</p> <p>__ Indicated a professional cleaning company was hired to clean the home after the flood and the cleaning company offered to clean the clients' clothing and stated, "I didn't think any of us (the staff) thought it would take this long to get their (the clients') clothes back."</p>			
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W 137 Bldg. 00	<p>__ Indicated the clients were using their own money to do their laundry and the facility would pay the clients back for all money spent on clothing and laundry.</p> <p>__ When asked why the clients have to use their own money for the washer and dryer, the RM stated, "I'm not really sure. But I know they will be reimbursed.</p> <p>3. The governing body failed to ensure clients #1, #2, #3, #4, #5, #6 and #7 had a sufficient supply of clothing after being relocated from the group home into a hotel due to water damage to the home and to ensure client #1 was provided a winter coat. Please see W137.</p> <p>4. The governing body failed to ensure the QIDPD (Qualified Intellectual Disabilities Professional Designee) integrated, coordinated and monitored the clients' treatment programs after the clients were evacuated from their home on 1/20/15 and relocated into a local hotel for clients #1, #2, #3, #4, #5, #6 and #7. Please see W159.</p> <p>9-3-1(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure</p>						

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	<p>that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the clients had a sufficient supply of clothing after being relocated from the group home into a hotel due to water damage to the home and to ensure client #1 was provided a winter coat.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage on 1/20/15.</p> <p>___The facility reserved three rooms in the hotel for clients #1, #2, #3, #4, #5, #6 and #7.</p>	W 137	<p><b>W137: Protection Of Clients Rights: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>-Two outfits two each for Client's #1, #2, #3, #4, #5, #6 and #7 were purchased on ResCare's purchasing card on 2/11/2015. Client's #1, #2, #3, #4, #5, #6, and #7 were accompanied by staff and each made their selections of clothing. (Attachment B)</li> <li>-A winter coat was purchased for Client #1 on ResCare's purchasing card. (Attachment D)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> </ul>	03/22/2015			

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	<p>__ Each room had a small clothing rack to hang up clothing and a dresser with three drawers for clothing for two and/or three clients to share.</p> <p>__ Clients #3 and #5 shared one room.</p> <p>__ Clients #1, #2 and #6 shared one room.</p> <p>__ Clients #7 and #4 shared one room.</p> <p>__ The outside temperatures were cold and there was snow on the ground.</p> <p>__ Client #1 was wearing a sweatshirt when returning from the day program and coming in from the outside.</p> <p>__ Client #1 did not wear a winter coat while going out for the evening meal at 5 PM.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM.</p> <p>__ Client #1 indicated she did not currently have a winter coat.</p> <p>__ Client #1 indicated the remainder of her clothing and her winter coat had been bagged up after bedbugs were discovered in the home.</p> <p>__ Client #1 stated, "I only have three shirts and three pair of pants."</p> <p>__ Client #2 stated, "I have a couple of outfits."</p> <p>__ Clients #1 and #2 indicated they were wearing one outfit more than one day.</p> <p>__ Clients #1 and #2 indicated the hotel had a washer and dryer for the clients to do their laundry.</p> <p>__ Clients #1 and #2 indicated the clients</p>		<p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> <li>Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure all individual clothing needs are met.</li> <li>Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>	

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	<p>used their personal money to pay for washing their clothes so they would have clean clothing to wear the next day.</p> <p>__ Client #2 stated, "We (clients #1, #2, #3, #4, #5, #6 and #7) have to wash our clothes every night."</p> <p>__ Client #1 stated, "We have to wear the same clothes a lot."</p> <p>__ Client #1 stated the day program supervisor had commented on client #1 wearing the same clothing "all the time and I (client #1) need to get some more clothes and I need to get a coat."</p> <p>__ Clients #1 and #2 indicated they had sufficient underwear, socks and bras but were in need of shirts and pants.</p> <p>__ Client #1 stated, "They (the staff) never brought our clothes back after they (the client's clothing) were bagged up."</p> <p>During interview with staff #5 on 2/10/15 at 4 PM, staff #5:</p> <p>__ Indicated the clients had been evacuated from the home due to water damage and stated, "They (the clients) only brought a few things."</p> <p>__ Indicated to ensure the clients had clean clothing to wear the clients laundered the clothing they wore nightly.</p> <p>During interview with DP (Day Program) staff #1 on 2/11/15 at 1:30 PM, DP staff #1:</p> <p>__ Stated she supervised clients #3 and #5</p>			

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	<p>and had noticed both clients had worn the same clothing to the DP "several days in a row."</p> <p>During interview with client #5 on 2/12/15 at 6:15 AM, client #5:            ___ Indicated she had three pairs of pants and three shirts.            ___ Indicated the shirt she was currently wearing was not clean because she didn't have any money for the washer/dryer to wash her clothes.            ___ Indicated she had sufficient underwear, socks and bras but was in need of shirts and pants.</p> <p>During interview with client #4 on 2/12/15 at 6:30 AM, client #4:            ___ Indicated she has had to wear the same outfit more than once.            ___ Indicated her clothing had to be washed nightly so she would have clean clothing for the next day.            ___ Indicated she had sufficient underwear, socks and bras but was in need of shirts and pants.</p> <p>During interview with client #6 on 2/12/15 at 7 AM, client #6:            ___ Indicated she was wearing the same outfit she wore the previous day.            ___ Stated, "I've worn these pants for three days now."            ___ Indicated she only had two pair of</p>			

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	<p>pants.</p> <p>__ Stated, "Our clothes didn't get washed last night because we are out of quarters."</p> <p>__ Indicated she had sufficient underwear, socks and bras but was in need of shirts and pants.</p> <p>During interview with client #1 on 2/12/15 at 6:45 AM, client #1:</p> <p>__ Indicated she was wearing the same outfit she had worn the day before.</p> <p>__ Indicated her laundry had not been done because she was out of quarters for the washer and dryer.</p> <p>__ Indicated the staff took her shopping on the evening of 2/10/15 and she picked out a new coat and the facility paid for it.</p> <p>During interview with the RM (Residential Manager) on 2/12/15 at 3 PM, the RM:</p> <p>__ Indicated bedbugs had been discovered at the clients' (clients #1, #2, #3, #4, #5, #6 and #7) home on 1/2/15.</p> <p>__ Indicated the clients were instructed to pick out 2 or 3 outfits to wear and all other clothing was bagged up in large plastic bags as instructed by the professional exterminators that came to the home to rid the home of the bedbugs.</p> <p>__ Indicated they were told to leave the clothing in the plastic bags until the extermination process was complete.</p> <p>__ Indicated the clients' clothing was still</p>			

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	<p>bagged up when the clients arrived home from the day program on 1/20/15 and found their home was flooded with water. ___ Indicated the staff retrieved the clients' clothing from the home as the home was not safe for the clients. ___ Indicated after the relocation to a local hotel, the staff took the clients out to buy underwear and swimsuits. ___ Indicated a professional cleaning company was hired to clean the home after the flood and had offered to clean the clients' clothing and stated, "I didn't think any of us (the staff) thought it would take this long to get their (the clients') clothes back."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/12/15 at 3 PM, the QIDPD: ___ Indicated the clients' clothing was being laundered by a professional cleaning company. ___ Indicated the clients were not to be wearing the same clothing each day and would be taken out to purchase more clothing. ___ Stated, "I think we thought the clothing would be back before now and that's why we haven't bought them (clients #1, #2, #3, #4, #5, #6 and #7) more clothing." ___ Indicated client #1 was taken out after the evening observation on 2/10/15 to</p>			

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W 159 Bldg. 00	<p>obtain a new winter coat.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the QIDPD (Qualified Intellectual Disabilities Professional Designee) failed to integrate, coordinate and monitor the clients' treatment programs after the clients were evacuated from their home on 1/20/15 and relocated into a local hotel.</p> <p>The QIDPD failed to ensure clients #1, #2, #3, #4, #5, #6 and #7 had a sufficient supply of clothing (at least a week worth) to wear and to ensure client #1 was provided a winter coat to wear.</p> <p>The QIDPD failed to ensure clients #1, #2, #4, #5, #6 and #7 were provided medication training when opportunity was available and clients #1, #2, #3, #4, #5, #6 and #7 were provided a variety of leisure time activities.</p>	W 159	<p><b><u>W159 Qualified Mental Retardation Professional: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</u></b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>-</li> <li>· An evacuation plan was developed and implemented on 2/12/15. (Attachment A)</li> <li>· Two outfits two each for Client's #1, #2, #3, #4, #5, #6 and #7 were purchased on ResCare's purchasing card on 2/11/2015. Client's #1, #2, #3, #4, #5, #6, and #7 were accompanied by staff and each made their selections of clothing. (Attachment B)</li> <li>· Reimbursement requests will be submitted for Client's #1, #2, #3, #4, #5, #6 and #7 for personal</li> </ul>	03/22/2015

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	<p>The QIDP failed to ensure all medications were locked when not being administered for clients #1, #2, #4, #5, #6 and #7 and to ensure all controlled substances were double locked for client #2.</p> <p>The QIDPD failed to ensure an active treatment schedule was developed and implemented for clients #1, #2, #3, #4, #5, #6 and #7 to reference and to ensure clients #2 and #6 were provided their own bed to sleep in while at the hotel.</p> <p>The QIDPD failed to ensure the clients were prompted to wash their hands and/or were provided hand sanitizer prior to eating their meals, to ensure the clients were provided nutritious balanced meals, to ensure the clients' dietary restrictions and recommendations were followed, to ensure the staff prompted the clients in making healthy food choices with each meal and to ensure the clients and staff were provided a facility menu to reference for meals and snacks for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>1. The QIDP failed to ensure the clients had a sufficient supply of clothing after being relocated from the group home into</p>		<p>expenses incurred from completion of laundry. (Attachment C)</p> <ul style="list-style-type: none"> <li>· A winter coat was purchased for Client #1 on ResCare's purchasing card. (Attachment D)</li> <li>· Two additional conjoined hotel rooms, for a total of 5 hotel rooms, were reserved to provide Client's #1, #2, #3, #4, #5, #6 and #7 with each their own individual bed.</li> <li>· Residential Manager and staff will be trained to ensure sufficient clothing is taken for each client during any evacuation or relocation. (Attachment E)</li> <li>· An activity treatment schedule was developed and implemented for hotel living. (Attachment F)</li> <li>· Activity treatment scheduled trained. (Attachment G)</li> <li>· Large lock box was purchased and implemented on 2/10/15 to ensure all medication are stored per standard while relocated. (Attachment M)</li> <li>· Small lock box that fits inside large lock box was purchased and implemented on 2/10/15 to ensure controlled substance medications are stored per standard while relocated. (Attachment M)</li> </ul>	

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	<p>a hotel due to water damage to the home for clients #1, #2, #3, #4, #5, #6 and #7 and to ensure client #1 was provided a winter coat. Please see W137.</p> <p>2. The QIDP failed to ensure the staff provided the clients with medication training when opportunity was available and to ensure the clients were provided choices of leisure time activities while not involved in active treatment for clients #1, #2, #3, #4, #5, #6 and #7. Please see W249.</p> <p>3. The QIDP failed to ensure an active treatment schedule was developed and implemented for the clients after being relocated from the group home into a hotel due to water damage to the clients' home for clients #1, #2, #3, #4, #5, #6 and #7. Please see W250.</p> <p>4. The QIDP failed to ensure all controlled substances were double locked for client #2. Please see W381.</p> <p>5. The QIDP failed to ensure all medications were locked until administered to clients #1, #2, #3, #4, #5, #6 and #7. Please see W382.</p> <p>6. The QIDP failed to ensure all clients were provided separate beds to sleep in after the clients were relocated to a local</p>		<p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation</li> </ul>		

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	<p>hotel due to water damage to the clients' home for clients #2 and #6. Please see W417.</p> <p>7. The QIDP failed to ensure the staff maintained proper hygiene practices to prevent cross contamination of germs by the staff not prompting the clients to wash their hands and/or provide the clients with an antibacterial hand wash prior to eating their evening meal for clients #1, #2, #3, #4, #5, #6 and #7. Please see W455.</p> <p>8. The QIDP failed to ensure the clients' dietary restrictions and recommended diets were followed after being relocated from the group home into a hotel due to water damage to the home, to ensure the clients were provided nutritious, balanced meals, to ensure the staff prompted the clients in making healthy food choices and appropriate portions for clients #1, #2, #3, #4, #5, #6 and #7. Please see W460.</p> <p>9. The QIDP failed to ensure the clients and the staff were provided a menu to reference for the clients' meals after having to relocate the clients to a local hotel due to water damage to their home for clients #1, #2, #3, #4, #5, #6 and #7. Please see W477.</p>		<p>needs and concerns.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will review personal inventory quarterly to ensure weather appropriate items are provided.</li> <li>· Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure all individual clothing needs are met.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p>-</p> <p><b>Completion date: 3-22-15</b></p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>	

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W 249 Bldg. 00	<p>9-3-3(a)</p> <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 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the staff provided the clients medication training when opportunity was available and to ensure the clients were provided choices of leisure time activities while not involved in active treatment.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p>	W 249	<p><b><u>W249 Program Implementation:</u></b> <b><u>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.</u></b></p> <p>-</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· An activity treatment schedule was developed and implemented for hotel living. (Attachment F)</li> <li>· Activity treatment scheduled trained. (Attachment G)</li> </ul>	03/22/2015
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	<p>During the observation of the medication pass in room #219 of the hotel on 2/10/15 from 3:50 PM to 4 PM the following was observed:</p> <p>__At 3:50 PM staff #2 gave client #7 Buspirone 15 mg (milligrams) for anxiety, Claritin 10 mg for allergy relief and a multivitamin.</p> <p>__At 4 PM staff #2 gave client #2 Xanax 0.25 mg for depression and anxiety.</p> <p>During the observation of the medication pass in room #219 of the hotel on 2/12/15 from 6:20 AM to 7 AM the following was observed:</p> <p>__At 6:20 AM staff #6 gave client #5 Vitamin B, Topamax 50 mg for seizures and Levothyroxine 50 mcg (micrograms) for hypothyroidism.</p> <p>__At 6:30 AM staff #6 gave client #7 Zyprexa 5 mg for behavior control, Prilosec 40 mg for heartburn and gastric reflux, Reguloid 0.52 mg two capsules (a bulk-forming fiber laxative), Lithium Carb 300 mg for manic episodes and mood swings and Buspirone 15 mg for anxiety.</p> <p>__At 6:40 AM staff #6 gave client #4 Align 4 mg and Lialda 1.2 mg for diarrhea, Letrozole 2.5 mg for post mastectomy/breast cancer, Calcium Carb 600 mg for a dietary supplement, Zyrtec 10 mg for seasonal allergies and</p>		<ul style="list-style-type: none"> <li>Residential Manager and staff will be trained to ensure med goals are trained at all opportunities as written for each client during any evacuation or relocation. (Attachment E)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Administrator will have daily contact concerning evacuation needs and concerns.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>	

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	<p>Metformin 500 mg for blood sugar control.</p> <p>__At 6:45 AM staff #6 gave client #1 Effexor 150 mg for depression.</p> <p>__At 6:50 AM staff #6 gave client #2 Xanax 0.25 mg and Celexa 20 mg for depression and anxiety.</p> <p>__At 7 AM staff #6 gave client #6 Wellbutrin XL 300 mg for depression, Zyrtec 10 mg for seasonal allergies, 15 ml of Fiber therapy in 8 ounces of water for a fiber supplement.</p> <p>During both observation periods the staff prepared the medications, handed the medications to the client and did not provide the clients with any medication training.</p> <p>Client #1's record was reviewed on 2/11/15 at 3 PM. Client #1's ISP (Individualized Support Plan) dated 6/6/14 indicated client #1 had a medication goal to point to her Loratadine.</p> <p>Client #2's record was reviewed on 2/11/15 at 3:30 PM. Client #2's ISP dated 2/7/15 indicated client #2 had a medication goal to point to her Alprazolam (for anxiety).</p> <p>Client #4's record was reviewed on 2/11/15 at 5 PM. Client #4's ISP dated</p>			

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	<p>5/28/14 indicated client #4 had a medication goal to point to her Calcium Carb.</p> <p>Client #5's record was reviewed on 2/11/15 at 6 PM. Client #5's ISP dated 9/11/14 indicated client #5 had a medication goal to state why she takes Sertraline (for depression).</p> <p>Client #6's record was reviewed on 2/11/15 at 6 PM. Client #6's ISP dated 7/25/14 indicated client #6 had a medication goal to measure her Natural Fiber Powder.</p> <p>Client #7's record was reviewed on 2/11/15 at 6 PM. Client #7's ISP dated 10/8/14 indicated client #7 had a medication goal to state why she takes her Buspirone.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/12/15 at 3 PM, the QIDPD indicated the staff were to provide the clients medication training with every medication pass.</p> <p>2. Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel in rooms #219, #221 and #223 where clients #1, #2, #3, #4, #5, #6 and #7 continued to reside after being</p>			

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	<p>evacuated from their home on 1/20/15 due to water damage. During this observation period the clients lay on their bed, watched television, took a shower or talked to each other and/or staff. The clients were not observed to participate in any leisure time activities. Books, puzzles, cards, games, writing materials and/or craft items were not observed in any of the three rooms the clients resided in. At 5:15 PM the clients prepared to go out to eat.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM, clients #1 and #2 indicated:</p> <p>__ The clients (#1, #2, #3, #4, #5, #6 and #7) were not allowed to retrieve any of their personal and leisure time items (books, puzzles, games, crafts and etc.) from the home to use and/or have while at the hotel.</p> <p>__ The clients had not been provided any items for leisure time activities and/or choices other than a television.</p> <p>__ The clients were not allowed to go to the hotel swimming pool and/or the fitness room when they wanted and had to be supervised by the staff.</p> <p>__ Client #1 stated, "We're tired of just watching TV (television) all the time."</p> <p>During interview with staff #5 on 2/10/15 at 4 PM, staff #5:</p>			

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	<p>__ Indicated the clients had been evacuated from the home due to water damage and stated, "They (the clients) only brought a few things with them.</p> <p>__ Indicated the clients were not allowed to go into the home on 1/20/15 due to safety issues.</p> <p>__ Indicated no items in regard to leisure time activities had been brought to the hotel for the clients to use since their evacuation on 1/20/15.</p> <p>__ Stated, "They (the clients) usually go downstairs and swim or go to the workout room in the evening."</p> <p>During interview with staff #1 on 2/11/15 at 3 PM, staff #1 stated, "I think we have a deck of cards. Other than that, we didn't bring much for them (clients #1, #2, #3, #4, #5, #6 and #7) to do."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/12/15 at 3 PM, the QIDPD:</p> <p>__ Indicated when clients #1, #2, #3, #4, #5, #6 and #7 were not involved in active treatment, the clients were to be provided a choice of leisure time activities to participate in.</p> <p>__ Indicated clients #1, #2, #3, #4, #5, #6 and #7 were capable of making choices of leisure time activities.</p> <p>__ Stated during "down time" (leisure</p>			

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W 250 Bldg. 00	<p>time) the clients could watch television, swim in the hotel pool or use the workout room.</p> <p>___ Indicated she was not aware the clients had not been provided with choices of leisure time items/activities while at the hotel.</p> <p>___ Indicated during the remainder of the clients' stay at the hotel, leisure time items/activities would be provided to the clients to choose from when not involved in active treatment.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure an active treatment schedule was developed and implemented for the clients after being relocated from the group home into a hotel due to water damage to their home.</p> <p>Findings include:</p>	W 250	<p><u>W250 Program Implementation:</u> <u>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</u></p> <p>Corrective action:</p> <p>An evacuation plan was</p>	03/22/2015

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	<p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM.</p> <p>__The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 "When the staff and clients returned to the group home after workshop they began to enter the home and found flooding with water from the ceiling. Clients were instructed to remain on the porch and did not enter the home. Maintenance was called, arrived and determined a pipe in the fire sprinkler system had broke (sic)." The report indicated clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel for a projected 3 day stay while repairs and clean up of the home were completed.</p> <p>__The follow up BDDS report dated 1/28/15 indicated the clients continued to reside at a local hotel for a projection of two more weeks while the home was being repaired.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage on 1/20/15. From 2:50 PM until the clients went out to eat at 5:15 PM, clients #1, #2 and #4 sat on their beds in their room</p>		<p>developed and implemented on 2/12/15. (Attachment A)</p> <ul style="list-style-type: none"> <li>· Two additional conjoined hotel rooms, for a total of 5 hotel rooms, were reserved to provide Client's #1, #2, #3, #4, #5, #6 and #7 with each their own individual bed.</li> <li>· Residential Manager and staff will be trained to ensure sufficient leisure activities are taken for each client during any evacuation or relocation. (Attachment E)</li> <li>· An activity treatment schedule was developed and implemented for hotel living. (Attachment F)</li> <li>· Activity treatment scheduled trained. (Attachment G)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs.</li> </ul>				

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	<p>talking with each other and/or staff while waiting for clients #3, #5 and #7 to return to the hotel from an appointment.</p> <p>Review of client #1's, #2's, #3's, #4's, #5's, #6's and #7's records on 2/11/15 at 3 PM indicated no active treatment schedule for the clients after being relocated to a local hotel due to water damage to their home.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM. Client #1 indicated the clients went swimming a couple of times in the hotel swimming pool and the clients had occasionally used the exercise room. Clients #1 and #2 indicated the staff would sometimes take them to a local community center where they had access to computers.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/12/15 at 3 PM, the QIDPD stated, "I think we all thought this was just going to be for a few days and instead it's turned into a few weeks." The QIDPD indicated an active treatment schedule had not been developed and/or implemented for clients #1, #2, #3, #4, #5, #6 and #7 after being relocated from the group home into the hotel. The QIDPD indicated the clients could swim and/or use the fitness room at</p>		<p>(Attachment H).</p> <ul style="list-style-type: none"> <li>Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Administrator will be notified immediately regarding need for evacuation.</li> <li>Administrator will have daily contact concerning evacuation needs and concerns.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>				

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W 331 Bldg. 00	<p>the hotel with staff supervision and the staff had taken the clients to the community center a few times.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 1 additional client (#6), the facility nursing services failed to ensure the staff dated client #6's insulin pen when first used and/or opened.</p> <p>Findings include:</p> <p>Observations of the morning medication pass were conducted on 2/12/15 between 6:15 AM and 7:10 AM at the local hotel where client #6 currently resided. At 7 AM client #6 retrieved a Humalog insulin pen from a locked box from the small refrigerator in room #219. The box contained three Humalog insulin pens. Client #6 proceeded to inject 10 units of insulin into her abdomen and then returned the insulin pen to the locked box with the other pens.</p> <p>The insulin pen client #6 had used that morning was not dated as to the date the</p>	W 331	<p><b><u>W331 Nursing Services: The facility must provide clients with nursing services in accordance with their needs.</u></b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Nurse will train staff #6 will be in-serviced on insulin pen requirements. (Attachment J)</li> <li>· Nurse will train all staff will be in-serviced on insulin pen requirements. (Attachment J)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Daily Med Pass Observations will be performed in home for a minimum of 10 days or until competency is noted to be consistent. (ATTACHMENT K)</li> <li>· Daily Med Pass Observations will be performed in home to ensure that medications are administered</li> </ul>	03/22/2015

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	<p>pen was first used and/or opened.</p> <p>Interview with staff #6 on 2/12/15 at 7:10 AM indicated all insulin pens were to be dated when opened. Staff #6 indicated the pen client #6 used that AM had not been dated when first used and she did not know when the pen was first opened or how long client #6 had been using that insulin pen.</p> <p>Email interview with the facility's LPN on 2/16/15 at 9:50 AM indicated all insulin pens were to be dated when first opened.</p> <p>9-3-6(a)</p>		<p>correctly without error.</p> <ul style="list-style-type: none"> <li>· Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor.</li> <li>· The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations.</li> <li>· Nursing coordinator will conduct a med pass observation weekly to ensure all standards are adhered to. (Attachment K)</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Daily Med Pass Observations will be performed in home for a minimum of 10 days or until competency is noted to be consistent.</li> <li>· Daily Med Pass Observations will be performed in home to ensure that medications are administered correctly without error.</li> <li>· All Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor.</li> <li>· The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer</li> </ul>	

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			<p>immediate correction, training and feedback to all staff during observations.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review all med pass observations.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>	

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W 368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (#2 and #4) and 3 additional clients (#5, #6 and #7), the facility's nursing services failed to ensure all medications were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM.</p> <p>The 12/4/14 BDDS (Bureau of Developmental Disabilities Services) report indicated the staff failed to give client #4 her 7 AM medications of Align 4 mg (milligrams) and Liaida 2.4 mg for digestion and bowel problems, Calcium Carb 600 mg (a dietary supplement), Cetirizine 10 mg for allergies, Letrozole 2.5 mg for post breast cancer treatment and Metformin 500 mg for diabetes on 12/4/14.</p> <p>The 11/8/14 BDDS report indicated the staff failed to give client #7 her 12 PM</p>	W 368	<p><b><u>W368: Drug Administration: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</u></b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>• All staff will complete Core A and Core B during orientation and training.</li> <li>○ Prior to being able to pass meds independently:</li> <li>§ All staff will show 100% proficiency during two supervised Medication Passes.</li> <li>§ Both supervised passes will be done with a Residential Manager within 14 days of completing orientation.</li> <li>§ All staff will complete 1 Medication Pass with the Nurse during training and prior to being able to pass medication independently.</li> <li>§ The third and final proficiency pass with the nurse must be completed within 14 days of the completion of orientation.</li> <li>• Residential Manager will perform</li> </ul>	03/22/2015

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	<p>dose of Buspar 15 mg for anxiety on 11/8/14.</p> <p>The 9/15/14 BDDS report indicated the staff failed to give client #2 her Celexa 20 mg for depression on 9/14/14.</p> <p>The 9/14/14 BDDS report indicated the staff failed to give client #2 did her Celexa 20 mg on 9/13/14.</p> <p>The 9/14/14 BDDS report indicated the staff failed to give client #7 her 12 PM dose of Buspar 15 mg on 9/13/14.</p> <p>The 9/8/14 BDDS report indicated the staff failed to give client #6 her 5 PM insulin of Humalog 10 units for diabetes on 9/7/14.</p> <p>The 6/10/14 BDDS report indicated client #5 was to receive Levothyroxine (a thyroid replacement hormone) 25 mg in the AM. The report indicated client #5 received her AM dose of Levothyroxine on 6/10/14 and the staff in error gave client #5 an additional dose in the PM on 6/10/14.</p> <p>The 6/10/14 BDDS report indicated client #5 was to receive 600 mg (two 300 mg tablets) of Lithium Carbonate for behavior modification at bedtime. The report indicated on 6/6/14 and 6/7/14</p>		<p>Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. (Attachment L)</p> <ul style="list-style-type: none"> <li>· Nurse will be in home weekly and perform Medication Room Weekly Checklist one (1) time weekly to ensure compliance.</li> <li>· Nurse will observe one (1) Medication pass weekly in home.</li> <li>· All staff will demonstrate MAR/ Medication Pass compliance annually.</li> </ul> <p><b>How we will identify others:</b></p> <p>§ Residential Manager will perform weekly Active Treatment Observations, including medication administration, to ensure that medications are dispensed correctly.</p> <p><b>Measures to be put in place:</b></p> <p>§ Nursing Coordinators will perform Medication Administration Active Treatment observations Bi-annually.</p> <p><b>Monitoring of Corrective Action:</b></p>				

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	<p>client #5 was given 300 mg (one tablet) of Lithium Carbonate at bedtime. The report indicated the staff failed to give client #5 her full dose of 600 mg of Lithium Carbonate at bedtime on 6/6/14 and 6/7/14.</p> <p>The 3/16/14 BDDS report indicated the staff failed to give client #6 her 12 PM insulin of Humalog 10 units on 3/15/14.</p> <p>Email interview with the facility's LPN on 2/16/14 at 9:50 AM indicated all clients were to receive their medications as ordered by the physician.</p> <p>9-3-6(a)</p>		<p>Director of Health Services will review Nursing Active Treatment observations to ensure that medications are dispensed correctly. Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</p> <p>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p><b>Completion Date: 3-22-2015</b></p>		
W 381 Bldg. 00	<p>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. Based on observation, record review and</p>	W 381			03/22/2015

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	<p>interview for 1 of 1 client receiving a controlled substance (#2), the facility failed to ensure all controlled substances were double locked.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage on 1/20/15.</p> <p>__ The clients resided in three of the rooms at the hotel.</p> <p>__ Clients #3 and #5 shared room #219.</p> <p>__ Clients #1, #2 and #6 shared room #221.</p> <p>__ Clients #7 and #4 shared room #223.</p> <p>__ All medications were stored in room #219.</p> <p>An observation of the medication pass was conducted between 3:50 PM and 4</p>		<p><b><u>W381 Drug Storage and Recordkeeping: The facility must store drugs under proper conditions of security.</u></b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Large lock box was purchased to ensure all medication are stored per standard while relocated. (Attachment M)</li> <li>· Small lock box that fits inside large lock box was purchased to ensure controlled substance medications are stored per standard while relocated. (Attachment M)</li> <li>· Two additional conjoined hotel rooms, for a total of 5 hotel rooms, were reserved to provide Client's #1, #2, #3, #4, #5, #6 and #7 with each their own individual bed.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Nursing Coordinator and Residential Manager will conduct monthly reviews to ensure all medication is stored per standard.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul>	

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	<p>PM in room #219.</p> <p>__ At 3:50 PM staff #2 unlocked a small fireproof lock box and retrieved Xanax 0.25 mg and gave it to client #2.</p> <p>__ Client #2's Xanax was stored in a single locked security box and stored in room 219 of the hotel.</p> <p>__ Staff #2 indicated client #2's Xanax was the facility's only controlled medication.</p> <p>__ Staff #2 indicated prior to today client #2's Xanax was not double locked at all times. Staff #2 indicated today the facility had purchased a large lock box to put all of the medications in as well as the narcotic box.</p> <p>Interview with the facility's LPN on 2/10/15 at 4 PM indicated all narcotics were to be double locked at all times when not in use.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/13/15 at 1 PM, the QIDPD indicated:</p> <p>__ The medications were stored in room #219 of the hotel and clients #3 and #5 shared room #219.</p> <p>__ During the daytime while the clients were at the day program no facility staff stayed at the hotel.</p> <p>__ The hotel staff entered room 219 daily to clean and change the sheets on both</p>		<p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Nursing Coordinator and Residential Manager will conduct monthly reviews to ensure all medication is stored per standard.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review</li> </ul>	

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W 382 Bldg. 00	<p>beds in the room.</p> <p>__The hotel staff were in the room alone and during that time, the narcotics were not double locked.</p> <p>__The facility had now obtained a lock box to hold all medications as well as the smaller locked box with the controlled medications to ensure the controlled medications would be double locked at all times when not being given.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure all medications were locked until administered to the clients.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services)</p>	W 382	<p>of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p><b>Completion Date: 3-22-2015</b></p> <p><b><u>W382 Drug Storage and Recordkeeping: The facility must keep all drugs and biological locked except when being prepared for administration.</u></b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Large lock box was purchased to ensure all medication is stored per standard while relocated. (Attachment M)</li> <li>· Small lock box that fits inside large lock box was purchased to</li> </ul>	03/22/2015

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	<p>report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel clients #1, #2, #3, #4, #5, #6 and #7 were currently residing in.</p> <p>__ Clients #1, #2, #3, #4, #5, #6 and #7 resided in three separate rooms in the hotel (rooms #219, #221, #223).</p> <p>__ The medications were stored in room #219 in individual open plastic boxes, one per client and the boxes were stored under the sink right inside the door of room #219.</p> <p>__ At 3 PM staff #1 brought a large plastic black box into room #219 and proceeded to place the clients' individual plastic containers into the large black box.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM.</p> <p>__ Client #1 stated the medications "have never been locked up here."</p> <p>__ Client #2 indicated all medications for clients #1, #2, #3, #4, #5, #6 and #7 were stored in room 219.</p> <p>__ Clients #1 and #2 indicated the medications were kept on the shelf under the sink directly inside of room 219 and had not been locked since the clients had</p>		<p>ensure controlled substance medications are stored per standard while relocated. (Attachment M)</p> <ul style="list-style-type: none"> <li>· Two additional conjoined hotel rooms, for a total of 5 hotel rooms, were reserved to provide Client's #1, #2, #3, #4, #5, #6 and #7 with each their own individual bed.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Nursing Coordinator and Residential Manager will conduct monthly reviews to ensure all medication is stored per standard.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Nursing Coordinator and Residential Manager will conduct monthly reviews to ensure all medication is stored per standard.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual</li> </ul>	

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	<p>been relocated to the hotel. __ Client #1 indicated clients #3 and #5 resided in room #219.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/10/15 at 3 PM, the QIDPD indicated: __ Clients #1, #2, #3, #4, #5, #6 and #7 resided in three rooms of the hotel and each room had two queen beds. __ Clients #3 and #5 slept and resided in room #219. __ All medications and client records were maintained in room #219. __ Medications had not been locked and/or secured after the clients were relocated to the hotel. __ The medications were to be secured at all times when not being given.</p> <p>During interview with the facility's LPN on 2/10/15 at 4 PM, the LPN indicated: __ The clients' medications had not been locked since the clients' relocation to the hotel on 1/20/15. __ The clients' (clients #1, #2, #3, #4, #5, #6 and #7) medications were stored in room 219. __ Clients were in and out of the rooms with staff. __ The staff were to be with the clients at all times while in room 219. __ The hotel staff were in and out of room</p>		<p>needs during evacuation and relocation. (Attachment I).</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Administrator will be notified immediately regarding need for evacuation.</li> <li>Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>	

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W 417 Bldg. 00	<p>#219 during the day with no staff and no clients in the room.</p> <p>__A large plastic box was recently purchased for the staff to secure the clients' medications in room #219.</p> <p>__The medications were to be secured at all times when not being given.</p> <p>9-3-6(a)</p> <p>483.470(b)(4)(i) CLIENT BEDROOMS</p> <p>The facility must provide each client with a separate bed of proper size and height for the convenience of the client.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#2) and 1 additional client (#6), the facility failed to ensure all clients were provided their own bed to sleep in after the clients were relocated to a local hotel due to water damage to the clients' home.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water</p>	W 417	<p><b>W 417: Client Bedrooms: The facility must provide each client with a separate bed of proper size and height for the convenience of the client.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Additional rooms were reserved to ensure each individual had their own individual beds.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to</li> </ul>	03/22/2015

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	<p>damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage that occurred on 1/20/15. Clients #1, #2, #3, #4, #5, #6 and #7 resided in three rooms of the hotel. Each room had two queen size beds.</p> <p>Interview with staff #1 on 2/10/15 at 2:50 PM indicated:          ___ All three hotel rooms had two queen beds.          ___ Clients #3 and #5 shared one room.          ___ Clients #7 and #4 shared one room.          ___ Clients #1, #2 and #6 shared one room.          ___ Clients #2 and #6 slept in the same bed.</p> <p>Clients #1 and #2 were interviewed on 2/10/15 at 3:40 PM.          ___ Clients #1 and #2 indicated clients #1, #2, #3, #4, #5, #6 and #7 had no choice about the sleeping arrangements.          ___ Client #2 indicated she shared one bed with client #6.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/10/15 at 4</p>		<p>appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>· Training provided to</li> </ul>				

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	<p>PM, the QIDPD:</p> <p>__ Indicated three hotel rooms were obtained for clients #1, #2, #3, #4, #5, #6 and #7 to reside in during the relocation due to water damage to the clients' home.</p> <p>__ Indicated clients #1, #2 and #6 shared one room with two queen beds.</p> <p>__ Indicated clients #2 and #6 shared one queen size bed.</p> <p>__ Stated, "We (the staff) didn't think that much of it (two clients sleeping in the same bed). They're (clients #1, #2, #3, #4, #5, #6 and #7) like sisters."</p> <p>9-3-7(a)</p>		<p>appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</p> <ul style="list-style-type: none"> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3-22-2015</b></p>	

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W 455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on record review, observation and interview for 7 of 7 clients living in the group home (clients #1, #2, #3, #4, #5, #6 and #7), the facility failed to maintain proper hygiene practices to prevent cross contamination of germs by not prompting the clients to wash their hands and/or provide the clients with an antibacterial hand wash prior to eating their evening meal.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 6:30 PM of clients #1, #2, #3, #4, #5, #6 and #7 starting at a local hotel and ending at a local restaurant.</p>	W 455	<p><b><u>W455: Infection Control: There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</u></b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· An activity treatment schedule was developed and implemented for hotel living. (Attachment F)</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and</li> </ul>	03/22/2015

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	<p>__ At 5 PM clients #1, #2, #3, #4, #5, #6 and #7 and staff sat in room #223 at the hotel discussing where the clients would go out to eat for their evening meal.</p> <p>__ The decision was made by staff to go to a local fast food restaurant.</p> <p>__ At 5:15 PM the staff escorted clients #1, #2, #3, #4, #5, #6 and #7 to a local restaurant.</p> <p>__ The staff and clients ordered their food and then sat down at several of the tables in the dining area of the restaurant.</p> <p>__ The staff retrieved the food and took it to each of the clients and the clients began eating.</p> <p>The clients and staff were not observed to wash their hands prior to leaving the hotel and/or to provide the clients with hand sanitizer at the restaurant prior to eating their meal.</p> <p>Interview with staff #4 on 2/10/15 at 6 PM indicated the staff had not prompted the clients to wash their hands prior to eating. Staff #4 stated, "I guess we should have. I didn't even think about it." Staff #4 indicated the clients were to wash their hands prior to eating all meals.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/12/15 at 3 PM, the QIDPD indicated clients were to</p>		<p>relocation. (Attachment I).</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025			
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	wash their hands prior to eating all meals.  9-3-7(a)		ensure that all regulations are being adhered to in accordance with state law.  · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.  <b>Completion Date: 3-22-2015</b>				
W 460  Bldg. 00	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the clients were provided nutritious, balanced meals, to ensure the staff prompted the clients in making	W 460	<b>W460: Food and Nutrition Services.</b>  <b>Corrective Action:</b>  · Menus put in place for reference to ensure compliance with standard. ( Attachment N)	03/22/2015			

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	<p>healthy food choices with appropriate portions and to ensure the clients' dietary restrictions and recommended diets were followed after the clients were relocated from the group home into a local hotel.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing after being evacuated from their home due to a broken water pipe and water damage on 1/20/15.</p> <p>At 5 PM clients #1, #2, #3, #4, #5, #6 and #7 and staff were discussing where to go for their evening meal.            __ Client #1 stated, "The staff always chooses where we go."            __ Staff #1 stated, "No, that's not true. You guys (clients #1, #2, #3, #4, #5, #6 and #7) can never agree so that's why we (the staff) have to pick."</p>		<ul style="list-style-type: none"> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will ensure a facility menu is available for reference at all times.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> </ul>	

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	<p>__ Client #7 stated, "I think I'm gaining weight. I used to weigh over 200 pounds and I don't want to be fat again."</p> <p>__ Clients #1 and #5 indicated they had gained weight since being at the hotel.</p> <p>__ The decision was made by staff to go to a local fast food restaurant that specialized in small hamburgers and deep fried food.</p> <p>__ Staff #1 indicated there were no facility menus at the hotel for the staff to reference for the clients' meals and/or snacks.</p> <p>Observations were conducted at a local fast food hamburger restaurant on 2/10/15 from 5:15 PM to 6:30 PM.</p> <p>__ Client #2 ordered two hamburgers and a medium soda.</p> <p>__ Client #4 ordered four hamburgers, a large order of french fried potatoes and a medium soda.</p> <p>__ Client #6 ordered two chicken sandwiches, a large order of french fried potatoes and a medium soda.</p> <p>__ Clients #1, #2, #3, #4, #5, #6 and #7 were not redirected by staff in portion sizes and or healthy choices while making their choices for their evening meal.</p> <p>__ Client #2 was not prompted to eat double portions and/or additional food.</p> <p>Observation of the morning meal was</p>		<ul style="list-style-type: none"> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 3-22--2015</b></p>	

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	<p>conducted on 2/12/15 between 7 AM and 7:30 AM at the local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing.</p> <p>__The hotel had a small dining area for all hotel guests and daily provided a large selection of breakfast items of hot and cold choices, fruits, juices and coffee.</p> <p>__At 7:15 AM the clients went down to the dining area of the hotel.</p> <p>__Client #4 ate a large portion of gravy and biscuits with a cinnamon roll and milk.</p> <p>__Client #6 ate a yogurt, a large portion of gravy and biscuits, eggs and milk.</p> <p>__Clients #1, #2, #3, #4, #5, #6 and #7 were not redirected by staff in portion sizes and or healthy choices while making their choices for their morning meal.</p> <p>__Client #2 was not prompted to eat double portions and/or additional food.</p> <p>Client #1's record was reviewed on 2/11/15 at 3 PM.</p> <p>__Client #1's 12/4/14 quarterly physician's orders indicated client #1 was to have a no concentrated sweets, low fat diet with portion control.</p> <p>__Client #1's 11/11/14 note from the dietician indicated client #1 was in need of weight loss and was to be encouraged portion control and to exercise.</p>						

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	<p>Client #2's record was reviewed on 2/11/15 at 3:30 PM. __ Client #2's 12/4/14 quarterly physician's orders indicated client #2 was to have seconds at meals and snacks.</p> <p>Client #3's record was reviewed on 2/11/15 at 4 PM. __ Client #3's monthly weight records for 2014/2015 indicated client #3 had lost 44.8 pounds since her admission to the facility on 9/10/14. __ Client #3's 11/11/14 note from the dietician indicated client #3's weight loss was too fast since her admission to the facility. Client #3 was to avoid significant weight loss and was to be provided seconds of favorite foods at dinner.</p> <p>Client #4's record was reviewed on 2/11/15 at 5 PM. __ Client #4's record indicated client #4 had a diagnosis of, but not limited to, diabetes Mellitus Type II. __ Client #4's 12/4/14 quarterly physician's orders indicated client #4 was to have a low fat, low cholesterol, controlled carbohydrate diet with no concentrated sweets and portion control. __ Client #4's 11/11/14 note from the dietician indicated client #4 was doing a good job with weight management and blood sugars were stable and in good</p>			

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	<p>range. The note indicated "Continue diet and exercise to see gradual wt (weight) loss 1-2 pounds per month. Monitor for GI (Gastrointestinal) distress."</p> <p>Client #5's record was reviewed on 2/11/15 at 6 PM.            __ Client #5's record indicated client #5 had a diagnosis of, but not limited to, High Cholesterol.            __ Client #5's 12/4/14 quarterly physician's orders indicated client #5 was to have a low fat diet with no concentrated sweets.</p> <p>__ Client #6's record was reviewed on 2/11/15 at 6 PM.            __ Client #6's record indicated client #6 had a diagnosis of, but not limited to, Insulin-dependent Diabetes Mellitus.            __ Client #6's 12/4/14 quarterly physician's orders indicated client #6 was to have a controlled carbohydrate diet with no concentrated sweets.            __ Client #6's 11/11/14 note from the dietician indicated client #6's blood sugar tests were up and down.</p> <p>Client #7's record was reviewed on 2/11/15 at 6 PM.            __ Client #7's record indicated client #7 had diagnoses of, but not limited to, Bulimia (an obsessive desire to lose weight, in which bouts of extreme</p>			

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	<p>overeating are followed by depression and self-induced vomiting, purging, or fasting), IBS (Irritable Bowel Syndrome - a disorder of the intestines that leads to crampy pain, gassiness, bloating and changes in bowel habits) with Diarrhea and a history of stomach ulcers and gastrointestinal problems.</p> <p>__ Client #7's 12/4/14 quarterly physician's orders indicated client #7 was to have a low fat, no concentrated sweets diet and to avoid salads and raw vegetables.</p> <p>Review of client #1's, #2's, #3's, #4's, #5's, #6's and #7's monthly weight records for 2015 on 2/13/15 at 12 PM indicated:</p> <p>__ The clients were weighed 1/5/15, 2/5/15 and again the morning of 2/13/15.</p> <p>__ Client #1 weighed 172.2 pounds in January, 177 pounds 2/5/15 and 178.4 pounds on 2/13/15. The records indicated client #1 had gained 6.2 pounds.</p> <p>__ Client #2 weighed 92.4 pounds in January, 91.8 pounds 2/5/15 and 91.2 pounds on 2/13/15. The records indicated client #2 had lost 1.2 pounds.</p> <p>__ Client #3 weighed 149 pounds in January, 144 pounds 2/5/15 and 140 pounds on 2/13/15. The records indicated client #3 had lost 8.6 pounds.</p> <p>__ Client #4 weighed 157.4 pounds in January, 162.8 pounds 2/5/15 and 164.4</p>			
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	<p>pounds on 2/13/15. The records indicated client #4 had gained 7.2 pounds.</p> <p>__ Client #5 weighed 188 pounds in January, 200 pounds 2/5/15 and 200.6 pounds on 2/13/15. The records indicated client #5 had gained 12.6 pounds.</p> <p>__ Client #6 weighed 145.4 pounds in January, 147.2 pounds 2/5/15 and 147.4 pounds on 2/13/15. The records indicated client #6 had gained 2 pounds.</p> <p>__ Client #7 weighed 132.8 pounds in January, 134.4 pounds 2/5/15 and 145.4 pounds on 2/13/15. The records indicated client #6 had gained 2.6 pounds.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/10/15 at 3 PM, the QIDPD:</p> <p>__ Indicated the facility menus were not part of the paper work the staff had included when the clients were evacuated.</p> <p>__ Indicated a menu would be developed and implemented for the clients and staff to reference while staying in the hotel.</p> <p>__ Stated, "There's not much choice in this area other than fast food."</p> <p>__ Indicated the staff had gone to a local grocery and purchased items to make sandwiches and lunches for the day program.</p> <p>__ Indicated the staff were to prompt all the clients in healthy food choices and</p>			

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W 477 Bldg. 00	<p>portion control with every meal.</p> <p>9-3-8(a)</p> <p>483.480(c)(1)(i) MENUS Menus must be prepared in advance. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the clients and staff were provided a menu to reference after having to relocate the clients to a local hotel due to water damage to their home.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/12/15 at 6 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/20/15 indicated on 1/20/15 clients #1, #2, #3, #4, #5, #6 and #7 were relocated to a local hotel due to water damage to their home.</p> <p>Observations were conducted on 2/10/15 between 2:50 PM and 5:15 PM at a local hotel where clients #1, #2, #3, #4, #5, #6 and #7 were currently residing.</p> <p>At 5 PM clients #1, #2, #3, #4, #5, #6 and</p>	W 477	<p><b>W477: Menus: Menus must be prepared in advance.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Menus put in place for reference to ensure compliance with standard. ( Attachment N)</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will ensure a facility menu is available</li> </ul>	03/22/2015
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	<p>#7 and staff were discussing where to go for their evening meal.</p> <p>__ Client #1 stated, "The staff always chooses where we go."</p> <p>__ Staff #1 stated, "No, that's not true. You guys (clients #1, #2, #3, #4, #5, #6 and #7) can never agree so that's why we (the staff) have to pick."</p> <p>__ The decision was made by staff to go to a local fast food restaurant that specialized in small hamburgers and deep fried food.</p> <p>__ Staff #1 indicated there were no facility menus at the hotel for the staff to reference for the clients' meals and/or snacks and stated, "We have to eat out almost every evening since we (staff and clients) got here."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/10/15 at 3 PM, the QIDPD:</p> <p>__ Indicated the facility menus were not part of the paper work the staff had included when the clients were evacuated.</p> <p>__ Indicated the clients ate out frequently at fast food restaurants.</p> <p>__ Indicated a menu would be developed and implemented for the clients and staff to reference while staying in the hotel.</p> <p>9-3-8(a)</p>		<p>for reference at all times.</p> <ul style="list-style-type: none"> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Administrator will be notified immediately regarding need for evacuation.</li> <li>· Administrator will have daily contact concerning evacuation needs and concerns.</li> <li>· Training provided to appropriate supervisory personnel on evacuation and relocation plan needs. (Attachment H).</li> <li>· Training provided to appropriate personnel on individual needs during evacuation and relocation. (Attachment I).</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being</li> </ul>	

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			<p>adhered to in accordance with state law.</p> <p>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p><b>Completion Date: 3-22--2015</b></p>		