

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042
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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 9, 10, 11 and 12, 2015.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/20/15 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 and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and three additional clients (#5, #6 and #7), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to</p>	W 104	<p>W104: Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility.</p>	03/14/2015

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>ensure a bathroom was maintained in good repair. The governing body to furnish/maintain dressers for clients' clothing.</p> <p>Findings include:</p> <p>Observations were conducted at the home of clients #1, #2, #3, #4, #5, #6, and #7 on the evening of 2/09/15 from 4:15 PM until 5:45 PM and on 2/10/15 from 6:10 AM until 2:15 PM. During the observations, the bath in the bedroom hallway had tape across the door and a sign that indicated it was not to be entered/used. Client #4 (admitted 10/23/14) had no dresser for his clothing. Client #2 and #6's dressers had broken/missing drawers.</p> <p>Interview with staff #1 on 2/10/15 at 11:00 AM, indicated the half bath in the facility could not be used because the toilet was in need of repair. Staff #1 indicated the toilet had been out of order since 12/07/14. The interview indicated the broken/missing dressers had been reported/requested.</p> <p>9-3-1(a)</p>		<p>Corrective action:</p> <ul style="list-style-type: none"> · Three dressers for Client's #2, #4, and #6 have been purchased through Bear's Furniture in Madison Indiana and are scheduled for delivery on March 3rd. (ATTACHMENT A) · Client's #1, #3, #5, and #7's dressers were examined and are currently in good condition. · Maintenance Personnel made all the necessary repairs to the toilet, in the bathroom located in the bedroom hallway, on 02/12/2015 and the toilet is currently in good operational condition. (ATTACHMENT B) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (ATTACHMENT C) · A work order will be completed by Residential Manager and submitted for completion. (ATTACHMENT C) · The maintenance checklist findings will be submitted to the 	

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			<p>Program Manager for assignment of work order.</p> <ul style="list-style-type: none"> · Maintenance Personnel will conduct quarterly checks of the group home and submit findings to the Program Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (ATTACHMENT C) · A work order will be completed by Residential Manager and submitted for completion. (ATTACHMENT C) · The maintenance checklist findings will be submitted to the Program Manager for assignment of work order. · The Maintenance personal will conduct quarterly checks of the group home; on going and will submit findings to the Program Manager. · Maintenance issues will be addressed with work completed within 48 hours. · Maintenance issues critical in nature will be addressed with work completed immediately. 	

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			<p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (ATTACHMENT B) · Maintenance work orders critical in nature will be signed by the maintenance personal and submitted to the Program Manager immediately upon completion of work. · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure furniture and environmental equipment is operational and in good condition. · 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. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. 	

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W 159 Bldg. 00	<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 record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), the QIDP/Qualified Intellectual Disabilities Professional failed to coordinate each client's active treatment program in regards to revising Individual Support Plan (ISP) training objectives when the clients had reached 100% criteria for at least three months. The QIDP failed to ensure the clients' surrogates gave consent for restrictive behavior programs.</p> <p>Findings include:</p>	W 159	<p>Completion Date: 3-14-2015</p> <p><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></p> <p>Corrective action:</p> <p>The Clinical Supervisor/QIDP will provide training to the QIDP designee for Client's #1, #2, #3, and #4 on coordinating each client's active treatment program in regards to revising training objectives when criteria is met. (ATTACHMENT D)</p>	03/14/2015

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	<p>1. Please refer to W255 for 3 of 4 sampled clients (#1, #2, and #3), for the QIDP's failure to revise clients' active treatment programs when they had achieved criteria for 3 months.</p> <p>2. Please refer to W263 for 2 of 4 sampled clients (clients #3 and #4), for the QIDP's failure to ensure consents were obtained from the clients' surrogates for restrictive programs.</p> <p>9-3-3(a)</p>		<ul style="list-style-type: none"> · The Clinical Supervisor/QIDP will review all clients quarterly meeting documentation to ensure training objectives are revised as needed. · The QIDP designee convened Client's #1, #2, and #3's IDT's on February 19, 2015 and Client #4's IDT held on 3/2/2015 to discuss and review training objective revisions. (ATTACHMENT E) · All staff received training of goal revisions for Client's #1, #2, and #3 on 2/23/2014 (ATTACHMENT F) · All staff are scheduled to receive training of Client #4's goal revisions on 3/3/2015. (ATTACHMENT G) · The QIDP will send Client #4's approvals for restrictive measures certified mail to ensure Client #4's surrogate consent receives approvals for signature. · Client #3's approvals for restrictive measures were located in Client #3's file with surrogate approval signature dated 9/5/20p14. (ATTACHMENT H) <p>How we will identify others:</p> <ul style="list-style-type: none"> · The Residential Manager will conduct monthly staff meetings to include reviewing goal progress. 	

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			<p>(ATTACHMENT I)</p> <ul style="list-style-type: none"> · The Residential Manager will review the meeting notes, including specifics about goal progress with the QIDP or designee. · The QIDP or designee will ensure all consent forms are mailed to the appropriate party for signatures. · The QIDP or designee will ensure all mailed consent forms not received within 2 weeks are re-sent using certified mail. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · The Residential Manager will conduct monthly staff meetings to include reviewing goal progress. (ATTACHMENT I) · The Residential Manager will review the meeting notes, including specifics about goal progress with the QIDP or designee. · The QIDP or designee will ensure all consent forms are mailed to the appropriate party for signatures. · The QIDP or designee will ensure all mailed consent forms not received within 2 weeks are re-sent using certified mail. <p>Monitoring of Corrective Action:</p>	

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			<ul style="list-style-type: none"> · Clinical Supervisor will review all clients quarterly meeting documentation to ensure training objectives are revised as needed. . (ATTACHMENT L) · Clinical Supervisor will review all clients' monthly progress reports to ensure training objectives are revised as needed. . (ATTACHMENT M) · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure goal revisions are completed as needed. · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure restrictive programs are sent to the surrogate for consent and are filed in each client's file. · 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. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be 	

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W 255 Bldg. 00	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 3 of 4 sampled clients (#1, #2, and #3), the QIDP/Qualified Intellectual Disabilities Professional failed to revise each client's active treatment program/Individual Support Plan (ISP) training objectives when the clients had reached 100% criteria for at least three months.</p> <p>Findings include:</p> <p>1. Record review for Client #1 on 2/10/15 at 9:48 AM, indicated an</p>	W 255	<p>reviewed quarterly.</p> <p>Completion Date: 3-14-2015</p> <p>W 255: Program Monitoring and Change: The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Corrective Action:</p>	03/14/2015

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	<p>ISP/Individual Support Plan dated 8/13/14. The ISP had training objectives for personal hygiene and mealtime. The associated monthly progress reports completed by Qualified Intellectual Disabilities Professional designee/QIDP-d #2 for 12/14, 11/14 and 10/14 were reviewed and it was indicated Client #1 achieved 100% criterion for three consecutive months. The objectives had not been revised.</p> <p>2. Record review for Client #2 on 2/10/15 at 9:20 AM, indicated an ISP/Individual Support Plan dated 4/12/14. The ISP had training objectives for medication, money skills, and mealtime. The associated monthly progress reports completed by Qualified Intellectual Disabilities Professional designee/QIDP-d #2 for 1/15, 12/14 and 11/14 were reviewed and it was indicated Client #2 achieved 100% criterion for three consecutive months. The objectives had not been revised.</p> <p>3. Record review for Client #3 on 2/10/15 at 8:05 AM, indicated an ISP/Individual Support Plan dated 8/14/14. The ISP had training objectives for medication, money skills, personal hygiene and personal safety. The associated monthly progress reports completed by Qualified Intellectual</p>		<ul style="list-style-type: none"> · The Clinical Supervisor/QIDP will provide training to the QIDP designee for Client's #1, #2, #3, and #4 on coordinating each client's active treatment program in regards to revising training objectives when criteria is met. (ATTACHMENT D) · The QIDP designee convened Client's #1, #2, and #3's IDT's on February 19, 2015 and Client #4's IDT held on 3/2/2015 to discuss and review training objective revisions. (ATTACHMENT E) · All staff received training of goal revisions for Client's #1, #2, and #3 on 2/23/2014 (ATTACHMENT F) · All staff are scheduled to receive training of Client #4's goal revisions on 3/3/2015. (ATTACHMENT G) <p>How we will identify others:</p> <ul style="list-style-type: none"> · The Residential Manager will conduct monthly staff meetings to include reviewing goal progress. (ATTACHMENT I) · The Residential Manager will review the meeting notes, including specifics about goal progress with the QIDP or designee. · The QIDP or designee will assess progress of goals monthly and revise programming as needed. 	

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	<p>Disabilities Professional designee/QIDP-d #3 for 1/15, 12/14, 11/14, 10/14, and 9/14 were reviewed and it was indicated Client #3 achieved 100% criterion for five consecutive months. The objectives had not been revised.</p> <p>In an interview with QIDP #1 on 2/12/15 at 11:15 AM, QIDP #1 indicated client programs should be revised when clients meet the criteria.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · The Clinical Supervisor/QIDP will review all clients quarterly meeting documentation to ensure training objectives are revised as needed. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · The Residential Manager will conduct monthly staff meetings to include reviewing goal progress. (ATTACHMENT I) · The Residential Manager will review the meeting notes, including specifics about goal progress with the QIDP or designee. · The QIDP or designee will assess progress of goals monthly and revise programming as needed. · Clinical Supervisor will review all clients quarterly meeting documentation to ensure training objectives are revised as needed. (ATTACHMENT L) · Clinical Supervisor will review all clients' monthly progress reports to ensure training objectives are revised as needed. (ATTACHMENT M) <p>Monitoring of Corrective Action:</p>	

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			<ul style="list-style-type: none"> · Clinical Supervisor will review all clients quarterly meeting documentation to ensure training objectives are revised as needed. . (ATTACHMENT L) · Clinical Supervisor will review all clients' monthly progress reports to ensure training objectives are revised as needed. . (ATTACHMENT M) · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure goal revisions are completed as needed. · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure restrictive programs are sent to the surrogate for consent and are filed in each client's file. · 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. · Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. 	

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W 263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the specially constituted committee (HRC) failed to secure consents from client surrogates for restrictive programs.</p> <p>Findings include:</p> <p>1. Record review for Client #3 on 2/10/15 at 8:05 AM, indicated a BSP/Behavior Support Plan dated 8/13/14. The BSP contained the use of behavior drugs Risperidone (antipsychotic) and Trazodone (antidepressant). The record indicated client #3's Aunt helped him make decisions regarding programming and health care. There was no consent in regards to the restrictive practices (medications) in the BSP from his Aunt in his record.</p>	W 263	<p>Completion Date: 3-14-2015</p> <p><u>W263: Program Monitoring and Change: The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</u></p> <p>Corrective action:</p> <ul style="list-style-type: none"> · The QIDP will send Client #4's approvals for restrictive measures certified mail to ensure Client #4's surrogate consent receives approvals for signature. · Client #3's approvals for restrictive measures were located in Client #3's file with surrogate approval signature dated 9/5/20p14. <p>How we will identify others:</p>	03/14/2015

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	<p>2. Record review for Client #4 on 2/10/15 at 10:45 AM, indicated an BSP/Behavior Support Plan dated 10/23/14. The BSP contained the use of behavior drugs Risperidone (antipsychotic), Zoloft (antidepressant) and Trazodone (antidepressant). The record indicated client #4's cousin was his power of attorney/POA and helped him make decisions regarding programming and health care. There was no consent in regards to the restrictive practices (medications) in the BSP from his POA.</p> <p>Interview with staff #1 on 2/10/15 at 2:00 PM indicated the consents were not in the clients' records.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · The QIDP or designee will ensure all consent forms are mailed to the appropriate party for signatures. · The QIDP or designee will ensure all mailed consent forms not received within 2 weeks are re-sent using certified mail. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · The QIDP or designee will ensure all consent forms are mailed to the appropriate party for signatures. · The QIDP or designee will ensure all mailed consent forms not received within 2 weeks are re-sent using certified mail. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure restrictive programs are sent to the surrogate for consent and are filed in each client's file. · 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 	

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
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W 369 Bldg. 00	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 2 of 36 medications observed affecting 1 of 4 sampled clients (client #4), the facility failed to ensure all medications were administered according to the physicians' orders without error.</p> <p>Findings include:</p>			W 369	<p>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>Completion Date: 3-14-2015</p> <p>ADDENDUM W369: Drug Administration: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>		03/14/2015

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	<p>Observations of the medication administrations were conducted on 2/10/15 from 6:10 AM until 7:15AM and from 9:00 AM until 9:10 AM.</p> <p>Client #4 was given his medications by staff #5 at 7:15 AM. He was given 100 mg./milligrams of docusate sodium (stool softener) and Chlorthalidone (for blood pressure and/or fluid retention) 25 mg.</p> <p>Review (2/10/15 8:00 AM) of client #4's 2/15 MAR (Medication Administration Record) indicated his medications of docusate sodium and Chlorthalidone were to be given before breakfast. Client #4's record was reviewed on 2/10/15 at 10:45 AM. The original physician's orders dated 10/22/14 indicated the docusate sodium and Chlorthalidone were to be given before breakfast.</p> <p>Interview with client #4 at 7:15 AM on 2/10/15 indicated he had eaten breakfast prior to receiving his 7:15 AM medications.</p> <p>Interview with staff #1 on 2/10/15 at 11:00 AM indicated medications were to be given according to the physician's orders.</p> <p>9-3-6(a)</p>		<p>Corrective Action:</p> <ul style="list-style-type: none"> The Nursing Coordinator will provide staff #5 with re-training of proper administration of Client #4's medication in regards to proper timing of medications and the 6 rights of medication administration. (ATTACHMENT J) Staff # 5 will have 3 medication pass observations completed after retraining noted above before passing medication independently. Client #4's physician will be consulted as to the need of timing for Client #4's administration of Client' #4's docusate sodium and Chlorthaidone. <p>How we will identify others:</p> <ul style="list-style-type: none"> 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) Daily Med Pass Observations will be performed in home to ensure that medications are administered correctly without error. Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor. 	

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			<ul style="list-style-type: none"> · The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Daily Med Pass Observations will be performed in home for a minimum of 10 days or until competency is noted to be consistent. · Daily Med Pass Observations will be performed in home to ensure that medications are administered correctly without error. · All Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor. · The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Clinical Supervisor will review all med pass observations. · Clinical Supervisor, Program 	

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			<p>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>Completion Date: 3-13-2015</p> <p>W369: Drug Administration: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Corrective Action: · The Clinical Supervisor will provide staff #5 with re-training of proper administration of Client #4's medication in regards to proper timing of medications and the 6 rights of medication administration. (ATTACHMENT J) · Staff # 5 will have 3 medication pass observations completed after retraining noted above before passing medication independently. · Client #4's</p>	

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			<p>physician will be consulted as to the need of timing for Client #4's administration of Client' #4's docusate sodium and Chlorthaidone. How we will identify others: · 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) · Daily Med Pass Observations will be performed in home to ensure that medications are administered correctly without error. · Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor. · The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. Measures to be put in place: · Daily Med Pass Observations will be performed in home for a minimum of 10 days or until competency is noted to be consistent. · Daily Med Pass Observations will be performed in home to ensure that medications are administered correctly without error. · All Med pass observations will be completed by the Nurse, Residential Manager, QIDP or designee, and Clinical Supervisor. · The Nurse, Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction,</p>	

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