

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G447	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/04/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4114 KNOLLTON RD INDIANAPOLIS, IN 46228
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W 0000  Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the investigation of complaint #IN00185533.</p> <p>Complaint #IN00185533: Substantiated, Federal and state deficiencies related to the allegations are cited at W102, W104, W149, W186, W318 and W331.</p> <p>Dates of Survey: December 16, 17, 29, 30, 31, 2015 and January 4, 2016.</p> <p>Facility Number: 000961 Provider Number: 15G447 AIM Number: 100244750</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/10/16 by #09182.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the</p>	W 0102	<b>CORRECTION:</b>	02/03/2016

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>Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H).</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility health care services:</p> <p>__ Developed and implemented a high risk plan for client A in regard to fractures.</p> <p>__ Addressed client A's recent fractures with the IDT (Interdisciplinary Team) and client A's physician in regard to testing for bone density and Calcium supplementation.</p> <p>__ Assessed and monitored client B due to skin integrity and client B's overall health concerns in regard to a slowly healing pressure wound to her coccyx and a history of skin breakdown.</p> <p>__ Developed and implemented a specific plan of care in regard to client B's impaired skin integrity, slowly healing wounds, increased risk of infection, increased nutritional needs and increased pain, to ensure the plan included how client B's wound was to be monitored and cared for by the staff, to include what and when the staff were to report to nursing services in regard to client B's wound, to ensure the staff were documenting daily descriptive notes and to ensure all staff</p>		<p><i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i></p> <p>Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast, and no less than 4 staff between 5:00 PM and 9:00 PM to facilitate evening active treatment. The level of staff required during the day will match the needs of the individuals who are in the facility at any given time based on their active treatment schedules.</p> <p>The Nurse Manager will work with the interdisciplinary team, including the physician, to develop a Comprehensive High Risk Plan for Fractures for Client A, and obtain a bone density screening for Client A and determine if there is a need for a calcium supplement. A review of facility medical records indicated that this deficient practice did not affect any additional clients.</p>	

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	<p>were trained to monitor and care for client B's pressure wound to her coccyx.</p> <p>___ Developed and implemented a specific positioning plan for client D to include how client D was to be positioned throughout the day (at home and at the day program), what alternate seating options client D could use and the supports client D required to maintain good positioning with each seating option and to ensure the staff documented client D's positioning changes.</p> <p>___ To ensure the clients were provided pre-cancerous screening tests to include a Pap test (an early screening for cervical cancer) and/or a Mammogram (an early screening for breast cancer) for clients A, B, C and D.</p> <p>___ To ensure annual vision evaluations for clients C and D.</p> <p>___ To ensure client A was provided an annual dental examination.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were thoroughly investigated for clients B, D, E, F, G and H.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to monitor, supervise and implement the clients' program plans for</p>		<p>Specifically for Client B, the Nurse Manager will develop a schedule for nursing direct assessment of potential skin breakdown as well as a slowly healing pressure wound to her coccyx. Additionally, the Nurse has developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. This training will include the need for descriptive daily documentation to assist tracking affected areas' healing process. All staff will be trained by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p>Specifically for Client D, the Nurse Manager has developed a positioning plan that includes how Client D should be positioned</p>	

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	<p>clients A, B, C and D and to prevent recurring incidents of elopement for clients A and B.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ Clients' health care needs were met in regard to fractures for client A and recurring pressure wounds for clients B and D.</p> <p>__ All staff were trained to monitor, assess and care for client B's pressure wound.</p> <p>__ Sufficient direct care staff in the home to monitor and supervise the clients and to implement the clients' program plans for clients A, B, C, D, E, F and G.</p> <p>__ All allegations of abuse and all injuries of unknown origin were thoroughly investigated for clients B, D, E, F, G and H.</p> <p>__ The clients' rights were not restricted without assessed need in regard to the use of door alarms, restricting clients from their personal belongings and restricting clients from free access to the facility coat closet for clients A, B, C, D, E, F and G.</p> <p>__ The home was maintained and in good repair. Please see W104.</p>		<p>throughout the day across environments as well as protocols for the use of alternate seating options. Staff have been trained toward implementation of this plan. A review of facility medical records indicated this deficient practice also affected Client B and a positioning plan has been developed for her as well and staff have been trained toward proper implementation.</p> <p>The facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients A – D, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 3 additional clients (E – G) and the facility will obtain the records for their annual early detection cancer screenings.</p> <p>Clients C and D will receive a visual examination. Clients #2 and #3 will also receive hearing evaluations. A review of medical records indicated this deficient practice did not affect additional clients.</p>	

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	<p>2. The governing body failed to meet the Condition of Participation: Health Care Services for clients A, B, C and D. The governing body failed to ensure nursing services:</p> <p>___ Developed and implemented a high risk plan for client A in regard to fractures.</p> <p>___ Addressed client A's recent fractures with the IDT (Interdisciplinary Team) and client A's physician in regard to testing for bone density and Calcium supplementation.</p> <p>___ Assessed and monitored client B due to skin integrity and client B's overall health concerns in regard to a slowly healing pressure wound to her coccyx and a history of skin breakdown.</p> <p>___ Developed and implemented a specific plan of care in regard to client B's impaired skin integrity, slowly healing wounds, increased risk of infection, increased nutritional needs and increased pain, to ensure the plan included how client B's wound was to be monitored and cared for by the staff, to include what and when the staff were to report to nursing services in regard to client B's wound, to ensure the staff were documenting daily descriptive notes and to ensure all staff were trained to monitor and care for client B's pressure wound to her coccyx.</p> <p>___ Developed and implemented a specific positioning plan for client D to include</p>		<p>The facility has scheduled and will obtain a dental examination for Client A. An audit of facility medical charts indicated this deficient practice did not affect any additional clients.</p> <p><b>Root Cause Analysis of why corrections implemented after the 3/27/15 survey have failed.</b></p> <p>Failure to develop care plans to address acute and chronic health issues and failure to provide direct support staff with adequate training to provide care for acute and chronic issues.</p> <ul style="list-style-type: none"> <li>The facility has experienced significant turnover in licensed nursing personnel. Specifically the home has had three different nurses in place since the 3/27/15 survey.</li> <li>Deficiencies in front line supervision led to failure to monitor direct support staff adequately and assure communication of concerns to nursing staff.</li> </ul>	

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	<p>how client D was to be positioned throughout the day (at home and at the day program), what alternate seating options client D could use and the supports client D required to maintain good positioning with each seating option and to ensure the staff documented client D's positioning changes.</p> <p>__To ensure the clients were provided pre-cancerous screening tests to include a Pap test (an early screening for cervical cancer) and/or a Mammogram (an early screening for breast cancer) for clients A, B, C and D.</p> <p>__To ensure annual vision evaluations for clients C and D.</p> <p>__To ensure client A was provided an annual dental examination. Please see W318</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-1(a)</p>		<p>Failure to provide sufficient direct support staff.</p> <ul style="list-style-type: none"> <li>Front line supervisors consistently failed to utilize the facility's budgeted staffing hours, leading to insufficient direct support coverage.</li> <li>Administrative level staff did not promptly identify the underutilization of allowed staffing hours and after identifying the issue, did not provide sufficient follow-through to address the problem.</li> </ul> <p>Failure of the Governing Body to adequately oversee the facility's operation.</p> <ul style="list-style-type: none"> <li>Administrative reorganization which limited quality assurance/risk management activities led to a reduction in recognition and resolution of crucial issues.</li> </ul> <p><b>PREVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained</p>	

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			<p>and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, visual assessments and dental examinations occur within required time frames. The Health Services Team will work with the Medical Director to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear, understandable and accurate manner. In situations where the primary care physician is unable or unwilling to perform an annual visual examination, the facility will enlist the services of an optometrist.</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The Nurse Manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. When a new facility nurse is in place, the Nurse Manager will review all facility risk plan</p>	

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			<p>modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative reviews will also include observations of active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic</p>	

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			<p>skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making</p>	

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			<p>recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Review of healthcare records and incident documentation to assure appropriate risk plans and nursing supports are in place.</li> <li>2. Routine and preventative medical assessments occur as required.</li> <li>3. Assuring staff demonstrate competency in the implementation of all Comprehensive High Risk Plans.</li> <li>4. Assuring staff secure medication per Living in the Community standards.</li> </ol> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team (comprised of the Executive Director,</p>	

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			<p>Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager). The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and Quality Assurance Coordinator will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Quality Assurance Manager on the status of investigations. Failure to</p>	

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			<p>complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>Preventative measures to be implemented based on Root Cause Analysis of why corrections implemented after the 3/27/15 survey have failed.</b></p> <p>Failure to develop care plans to address acute and chronic health issues and failure to provide direct support staff with adequate training to provide care for acute and chronic issues.</p> <ul style="list-style-type: none"> <li>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained.</li> <li>Training for the new nurse will be directed toward ongoing supervisory support to assure retention and quality care plans</li> </ul> <p>Failure to provide sufficient direct support staff.</p>	

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			<ul style="list-style-type: none"> <li>· The Governing Body has employed a new Program Manager to oversee the QIDP and front line management at the facility.</li> <li>· The Governing Body has directed the facility to increase direct support staff levels to sufficient levels to allow for appropriate protective oversight.</li> <li>· The Governing Body has hired a new Residential Manager for the facility who possesses the skill set necessary to staff the home at approved levels.</li> <li>· The Program Manager, Quality Assurance Manager and Executive Director will monitor actual worked hours at the facility and bring additional staffing resources to the facility as needed.</li> </ul> <p>Failure of the Governing Body adequately oversee the facility's operation.</p> <ul style="list-style-type: none"> <li>· Enhanced administrative presence in the home will continue as described above, until such a time as the Governing Body determines that front line supervisors are consistently meeting documentation review</li> </ul>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure: __ Clients' health care needs were met in regard to fractures for client A and recurring pressure wounds for clients B and D.</p>	W 0104	<p>expectations and that incidents are reported and investigated as required.</p> <p>The governing body has re-implemented a Quality Assurance Department to oversee incident and risk management, identify and resolve problem areas and coordinate agency-wide training activities.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b> <i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically:</i>  Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during</p>	02/03/2016

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	<p>__ All staff were trained to monitor, assess and care for client B's pressure wound.</p> <p>__ Sufficient direct care staff in the home to monitor and supervise the clients and to implement the clients' program plans for clients A, B, C, D, E, F and G.</p> <p>__ All allegations of abuse and all injuries of unknown origin were thoroughly investigated for clients B, D, E, F, G and H.</p> <p>__ The clients' rights were not restricted without assessed need in regard to the use of door alarms, restricting clients from their personal belongings and restricting clients from free access to the facility coat closet for clients A, B, C, D, E, F and G.</p> <p>__ The home was maintained and in good repair.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ There was a leather cushioned chair in the entryway of the home beside the front door. The leather of the chair had several large rips in it and the stuffing was exposed.</p> <p>__ There were two leather couches in the living room. The seat cushions on the</p>		<p>morning medication administration, morning hygiene and breakfast, and no less than 4 staff between 5:00 PM and 9:00 PM to facilitate evening active treatment. The level of staff required during the day will match the needs of the individuals who are in the facility at any given time based on their active treatment schedules.</p> <p>The Nurse Manager will work with the interdisciplinary team, including the physician, to develop a Comprehensive High Risk Plan for Fractures for Client A, and obtain a bone density screening for Client A and determine if there is a need for a calcium supplement. A review of facility medical records indicated that this deficient practice did not affect any additional clients.</p> <p>Specifically for Client B, the Nurse Manager will develop a schedule for nursing direct assessment of potential skin breakdown as well as a slowly healing pressure wound to her coccyx. Additionally, the Nurse has developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines</p>	

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	<p>couches were cracked.</p> <p>__The carpet in the living room had several large dark stains.</p> <p>During interview with the Residential Manager on 12/16/15 at 6:30 PM, the RM indicated the couch and chair were to be replaced and the carpet needed to be replaced.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP indicated the home and the furniture were to be maintained and in good repair at all times.</p> <p>2. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the clients' rights were not restricted without assessed need in regard to the use of door alarms, restricting clients from their personal belongings and restricting clients from free access to the facility coat closet for clients A, B, C, D, E, F and G. Please see W125.</p> <p>3. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure clients' health care needs were met in regard to fractures for client A and recurring pressure wounds for clients B</p>		<p>appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. This training will include the need for descriptive daily documentation to assist tracking affected areas' healing process. All staff will be trained by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p>Specifically for Client D, the Nurse Manager has developed a positioning plan that includes how Client D should be positioned throughout the day across environments as well as protocols for the use of alternate seating options. Staff have been trained toward implementation of this plan. A review of facility medical records indicated this deficient practice also affected Client B and a positioning plan has been developed for her as well and staff have been trained toward proper implementation.</p>	

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	<p>and D, to ensure all staff were trained to monitor, assess and care for client B's pressure wound to her coccyx, to ensure sufficient direct care staff to monitor and supervise the clients and to implement the clients' program plans for clients A, B, C, D, E, F and G and to ensure all allegations of abuse and all injuries of unknown origin were thoroughly investigated for clients B, D, E, F, G and H. Please see W149.</p> <p>4. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse and all injuries of unknown source were thoroughly investigated for clients B, D, E, F, G and H. Please see W154.</p> <p>5. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure sufficient direct care staff to supervise and care for the clients throughout the day to provide training and to meet the clients' basic health and safety needs for clients A, B, C, D, E, F and G. Please see W186.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-1(a)</p>		<p>The facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients A – D, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 3 additional clients (E – G) and the facility will obtain the records for their annual early detection cancer screenings.</p> <p>Clients C and D will receive a visual examination. Clients #2 and #3 will also receive hearing evaluations. A review of medical records indicated this deficient practice did not affect additional clients.</p> <p>The facility has scheduled and will obtain a dental examination for Client A. An audit of facility medical charts indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer</p>	

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			<p>works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, visual assessments and dental examinations occur within required time frames. The Health Services Team will work with the Medical Director to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear, understandable and accurate manner. In situations where the primary care physician is unable or unwilling to perform an annual visual examination, the facility will enlist the services of an optometrist.</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The Nurse Manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues</p>	

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			<p>including but not limited to needed updates to risk plans. When a new facility nurse is in place, the Nurse Manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative reviews will also include observations of active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM</p>	

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			<p>and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and</p>	

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			<p>Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>.</p> <p>Administrative support at the home will include but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Review of healthcare records and incident documentation to assure appropriate risk plans and nursing supports are in place.</li> <li>2. Routine and preventative medical assessments occur as required.</li> <li>3. Assuring staff demonstrate competency in the implementation of all Comprehensive High Risk Plans.</li> <li>4. Assuring staff secure medication per Living in the Community standards.</li> </ol> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and</p>	

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			<p>corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager). The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and Quality Assurance Coordinator will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a</p>	

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure the clients' rights were not restricted without assessed need in regard to the use of door alarms, restricting clients from their personal belongings and restricting clients from free access to the facility</p>	W 0125	<p>result of staff negligence. The Program Managers will provide weekly updates to the Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b></p> <p><i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due</i></p>	02/03/2016

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	<p>coat closet.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients A, B, C, D, E, F and G on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__An alarm box was noted on each of the four egress doors in the home and an audible alarm was heard when opening both side doors in the home.</p> <p>__The coat closet by the main entrance and client A's bedroom closet door were locked during both observation periods.</p> <p>1. Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. Client A's record indicated a Modification of Individual's Rights (MOIR) dated 12/7/15. The MOIR indicated:</p> <p>__ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."</p> <p>__ Bedroom closet door was to be locked. "Reason the modification is necessary: [Client A] will go into other consumers' closets and destroy clothing. Another consumer will go into her closet and take</p>		<p><i>process.</i> Specifically, through assessment, the team has determined that the clients whose behavior necessitated the use of door alarms and the use of locked closets to protect housemates' personal belongings no longer reside at the facility. Therefore door alarms and closet locks will be removed.</p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained.</p> <p>The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assessing clients' need for restrictive programs and their ability to give informed consent. Members of the Operations Team will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60</p>	

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	<p>her clothes off the hangers and throw her clothes on the floor."</p> <p>Client A's 12/7/15 BSP (Behavior Support Plan) indicated targeted behaviors of physical aggression, verbal aggression, non-cooperation and invading others' personal space. "Gets up close and personal and makes others feel uncomfortable." Client A's BSP indicated no targeted behaviors that required client A to be restricted from her clothing by locking her closet door.</p> <p>Client A's 12/7/15 ISP (Individual Support Plan) and/or BSP indicated no assessed need for the use of door alarms, no assessed need to restrict client A from her personal belongings and/or no assessed need to lock the coat closet.</p> <p>2. Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's 7/31/15 MOIR indicated: __ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement." __ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client B's] housemates will go into other consumers' closets and destroy</p>		<p>Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring unnecessary rights restrictions are not in place and that rights restrictions are implemented only after appropriate due process.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Operations Team</p>	

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	<p>clothing."</p> <p>Client B's 7/31/15 ISP/BSP indicated no assessed need for the use of door alarms, no assessed need to restrict client B from her personal belongings and/or no assessed need to lock the coat closet.</p> <p>3. Client C's record was reviewed on 12/29/15 at 1 PM. Client C's 12/29/15 MOIR indicated:            ___ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."            ___ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client C's] housemates will go into other consumers' closets and destroy clothing. Another consumer will go into her closet and take her clothes of the hangers and throw her clothes on the floor."</p> <p>Client C's 8/20/15 ISP/BSP indicated no assessed need for the use of door alarms, no assessed need to restrict client C from her personal belongings and/or no assessed need to lock the coat closet.</p> <p>4. Client D's record was reviewed on 12/29/15 at 2 PM. Client D's 7/3/15</p>			

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	<p>MOIR indicated:</p> <p>__ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."</p> <p>__ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client D's] housemates will go into other consumers' closets and destroy clothing. Another consumer will go into her closet and take her clothes of the hangers and throw her clothes on the floor."</p> <p>Client D's 7/3/15 ISP/BSP indicated no assessed need for the use of door alarms, no assessed need to restrict client D from her personal belongings and/or no assessed need to lock the coat closet.</p> <p>5. Client G's record was reviewed on 12/29/15 at 3 PM. Client G's 8/14/15 ISP/BSP did not include a targeted behavior of elopement and/or exiting the home unsupervised. Client G's record indicated no assessed need for the use of door alarms.</p> <p>During interview with the Residential Manager (RM) on 12/16/15 at 6:30 PM, the RM: __ Indicated client A's closet door was locked because client A would</p>			

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	<p>get into her closet and throw her clothes on the floor.</p> <p>__ Indicated client A was not restricted from her clothing and personal items in her dresser drawers and stated, "She takes her clothes out of the drawers and stacks them up on top of the dresser."</p> <p>__ Indicated there were alarms on all egress doors to alert the staff when the doors were opened.</p> <p>__ Indicated client G had a history of leaving the house without staff knowledge and getting into vehicles in the driveway.</p> <p>__ Indicated client G was to be within eyesight of staff at all times.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 3 PM, the QIDP</p> <p>__ Indicated the client that would go into each client's bedroom and take clients' clothing from their closets was no longer living in the group home.</p> <p>__ Indicated the locking of the closet doors should be reviewed and removed from all clients' records.</p> <p>__ Indicated she did not know why the facility coat closet was locked.</p> <p>__ Indicated no assessed need to restrict clients A, B, C, D, E, F and G from free access to the facility coat closet.</p> <p>__ Indicated alarms on all egress doors.</p>			

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W 0149 Bldg. 00	<p>__ Stated, "[Client G] will go outside when the staff aren't watching and get into peoples' cars and things."                      __ Indicated no alarms on any windows.                      __ Stated no documented incidents of client G exiting the home without supervision in 2015 "That I'm aware of."                      __ Indicated no assessed need to restrict clients A, B, C and D from their clothing and/or freedom of use of their items in their closets.                      __ Indicated clients A's, B's, C's, D's, E's, F's and G's MOIRs needed to be reviewed and revised.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 4 sampled clients (A, B and D) and 4 additional clients (E, F, G and H), the facility failed to implement its policy and procedures to ensure client A's, B's and D's health care needs were met in regard to client A's fractures and client B's and client D's recurring pressure wounds and to ensure staff was trained to monitor, assess and care for client B's pressure wound.</p>	W 0149	<p><b>CORRECTION:</b></p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>The Governing Body has directed the facility to modify the staffing</p>	02/03/2016

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	<p>The facility failed to implement its policy and procedures to ensure sufficient direct care staff were in the home to monitor, supervise and care for the clients, to provide the clients ongoing training and/or to meet the clients' basic health and safety needs throughout the day for clients A, B, C, D, E, F and G.</p> <p>The facility failed to implement its policy and procedures to ensure all allegations of abuse and all injuries of unknown origin were thoroughly investigated for clients B, D, E, F, G and H.</p> <p>Findings include:</p> <p>1. The facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident/Accident Reports (IARs) and investigative records were reviewed on 12/16/15 at 2 PM.</p> <p>The 6/5/15 BDDS report indicated on 6/3/15 at 8 PM client A had complained to staff her left knee hurt. The staff observed swelling of the client A's left knee and called the facility's nurse. The nurse instructed client A to be transported to a local health care clinic where X-Rays indicated client A had sustained a hairline fracture of her patella (the knee cap). The clinic physician indicated a brace or other</p>		<p>matrix to assure that there are no less than three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast, and no less than 4 staff between 5:00 PM and 9:00 PM to facilitate evening active treatment. The level of staff required during the day will match the needs of the individuals who are in the facility at any given time based on their active treatment schedules.</p> <p>The Nurse Manager will work with the interdisciplinary team, including the physician, to develop a Comprehensive High Risk Plan for Fractures for Client A, and obtain a bone density screening for Client A and determine if there is a need for a calcium supplement. A review of facility medical records indicated that this deficient practice did not affect any additional clients.</p> <p>Specifically for Client B, the Nurse Manager will develop a schedule for nursing direct assessment of potential skin breakdown as well as a slowly healing pressure wound to her coccyx. Additionally, the Nurse has</p>	

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	<p>immobilizing device was not needed. Client A was released without restrictions and given instructions to follow-up with an orthopedic specialist. The report indicated on the night of 6/4/15, after returning with A from the clinic, staff #10 submitted an IAR that indicated she had seen client A fall on the previous day. Staff #10 was suspended pending investigation for failure to immediately report the fall. The report indicated client A did not have a history of falls. The facility nurse implemented an interim risk plan pending recommendations from the orthopedic specialist and a physical therapist.</p> <p>__The 6/15/15 follow up BDDS report indicated on 6/3/15 client A was running in the living room with staff and fell. The report indicated client A had seen an orthopedic specialist and a physical therapist since the fall and no further recommendations were given. Client A was given no restrictions and returned to her normal activities.</p> <p>The 10/26/15 BDDS report indicated on 10/26/15 at 12:30 PM client A reported to staff her left ankle hurt because client G had applied pressure to her leg while getting up from the floor. Staff performed a physical assessment and noted no bruising swelling or discoloration and called the facility's nurse. The staff were</p>		<p>developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. This training will include the need for descriptive daily documentation to assist tracking affected areas' healing process. All staff will be trained by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p>Specifically for Client D, the Nurse Manager has developed a positioning plan that includes how Client D should be positioned throughout the day across environments as well as protocols for the use of alternate seating options. Staff have been trained toward implementation of this plan. A review of facility medical records indicated this deficient practice also affected Client B and a positioning plan has been developed for her as well and</p>	

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	<p>instructed to elevate client A's ankle and to administer Tylenol as needed per client A's physician's orders. The Residential Manager (RM) went to client A's home later that day and assessed client A's leg. The RM noted bruising and swelling had developed and had client A transported to the local hospital ER (Emergency Room) for evaluation. X-rays indicated client A had sustained a fracture to her left ankle. The ER physician released client A back to her home with a recommendation to follow-up with an orthopedic specialist and not to allow client A to bear any weight on her left leg. The report indicated client A did not have a history of fractures but had a comprehensive high risk plan for falls in place.</p> <p>__The 11/1/15 follow up BDDS report indicated client A was sitting on the couch when client G used her leg as a support to get off the floor. The report indicated client A saw an Orthopedic Specialist on 10/29/15 and was told client A had sustained a left bimalleolar fracture (ankle fracture) and client A would have to be in a short cast for six weeks.</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM. Client A was a small middle aged woman that</p>		<p>staff have been trained toward proper implementation.</p> <p>Operations Team, including the Program Manager and Quality Assurance Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The Quality Assurance Manager and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Program Managers will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p>	

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	<p>utilized a wheelchair for ambulation and wore a short ankle cast on her left foot. Client A used her arms and feet to move the wheelchair independently throughout the home with occasional assistance from the staff.</p> <p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM.</p> <p>Client A's record indicated client A had diagnoses of, but not limited to, Microcephaly (a birth deficit associated with incomplete brain development and a small head), Hypothyroidism (low thyroid hormones), a Heart Murmur, Acne, Scoliosis (curvature of the spine), Diabetes, Excessive Cerumen (ear wax), Nasal dryness, Eczema, Ectopic Dermatitis, Allergic Rhinitis and Anemia with a history of Pneumonia.</p> <p>Client A's 11/4/15 physician's orders indicated client A was to receive Vitamin D3 daily. Client A's record indicated client A was not receiving a daily calcium supplement and/or medications for brittle bones.</p> <p>Clint A's record indicated no high risk plan for fractures.</p> <p>Client A's record indicated the facility's</p>		<p><b>PREVENTION:</b></p> <p>The Residential Manager will submit schedule revisions to the QIDP for approval prior to implementation.</p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired.</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The Nurse Manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. When a new facility nurse is in place, the Nurse Manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will</p>	

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	<p>nurse had not addressed the option of a DEXA scan (a test of bone density) and/or a diagnosis of Osteoporosis with client A's physician due to two fractures within a 5 months period and one fracture being caused from outside pressure to the client's leg.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON:            ___ Indicated client A did not have a history of fractures prior to the fractures of June and October, 1015.            ___ Indicated after the fall in June a risk plan was implemented for falls.            ___ Indicated in June client A was running in the home and fell.            ___ Indicated the fracture in October was due to client G applying pressure to client A's leg to push herself (client G) up off of the floor.</p> <p>During email interview with the DON, the Qualified Intellectual Disabilities Professional (QIDP) and the Quality Assurance Manager on 12/30/15 at 3:42 PM, the DON:            ___ Indicated the Interdisciplinary Team did not meet to discuss client A's recent fractures of June and October in regard to a possible diagnosis of Osteoporosis.            ___ Indicated she had not discussed with the IDT the need for a DEXA scan (a test</p>		<p>conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative reviews will also include observations of active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following:            Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will</p>	

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	<p>that measures a person's spine, hip and/or total body bone density to help gauge the risk of fractures and/or to diagnose Osteoporosis.)</p> <p>__ Indicated she had not addressed the option of a DEXA scan (a bone density test) and/or a diagnosis of Osteoporosis with client A's physician.</p> <p>__ Indicated client A had not been tested for Osteoporosis (brittle bones).</p> <p>2. Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Client B was a middle aged woman that was small, thin, frail and blind.</p> <p>__ The staff provided client B hands on assistance for all ambulation during both observation periods.</p> <p>__ During both observation periods, except meal during meal time and while receiving her medications, client B sat curled up in a rocker/recliner in the living room.</p> <p>__ A foam cushion was noted beneath client B while sitting in the recliner.</p> <p>__ During both observation periods, client B went to the dining room for her meals. While in the dining room client B sat with her feet and legs curled beneath her on a hard straight chair. Client B was not provided a cushion or special padding while sitting in the dining room.</p>		<p>include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in</p>	

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	<p>__ During the AM observation period at 7:30 AM staff #2 escorted client B into the medication room for her AM medications. Client B received Calazime lotion to her buttocks. Client B was noted to have a dry scabbed wound approximately 2 cm (centimeters) in diameter with pink to reddish skin around the boundary of the wound on her coccyx (tailbone area). When staff #2 was asked to describe the wound, staff #2 stated, "I would say it's about the size of a dime, not open, scabbed over and red around the perimeters." Staff # 2 stated, "I think it started as a boil, I'm not sure. It's healing really slow. I'm not sure how long we've been treating it." Staff #2 indicated the nurse was in the home at least once a week but did not know if she assessed client B's wound or not. When asked if the staff monitored and documented client B's wound to her buttocks, staff #2 indicated the staff were to document their assessments on the Injury Flow Charts.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM.</p> <p>Client B's quarterly physician's orders dated 9/30/15 indicated: __ Skin assessment weekly on Wednesdays and faxed to the facility's nurse.</p>		<p>administrative monitoring of the facility.</p> <p>Administrative support at the home will include but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Review of healthcare records and incident documentation to assure appropriate risk plans and nursing supports are in place.</li> <li>2. Routine and preventative medical assessments occur as required.</li> <li>3. Assuring staff demonstrate competency in the implementation of all Comprehensive High Risk Plans.</li> <li>4. Assuring staff secure medication per Living in the Community standards.</li> <li>5. Assuring adequate staff are in place at all times.</li> </ol> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team (comprised of the Executive Director,</p>	

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	<p>__ Calazime skin protectant cream applied to coccyx and buttock area as needed.</p> <p>Client B's physician's Record of Visits (ROVs) forms indicated:            __ On 8/6/15 client B saw her PCP (Primary Care Physician) due to a pressure area to her buttocks. The record indicated "Results/Findings of examination: In between buttocks there is perhaps a... present for perhaps a week. Wound - reddened area on upper left buttock and reddened and round... 'pressure ulcer.' Diagnosis: Pressure ulcer on right sacral area - Stage II. Friction/pressure area- Stage II on left upper buttocks. Recommendations for treatment: Needs a protective cushion to sit on [(egg crate or a gel cushion?)] Need advice from physical therapy or at least cushion to use to decrease pressure over the area. Keflex (an antibiotic) 250 mg (milligrams) qid (four times a day) times 7 days."</p> <p>__ On 10/5/15 client B saw her PCP due to an abscess on her buttocks and due to recurring skin infection. The report indicated the facility staff first noted the abscess on the previous Saturday (10/3/15). The ROV indicated client B was referred to a surgeon for an incision and drainage of her abscess and was</p>		<p>Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager). The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and Quality Assurance Coordinator will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Quality Assurance Manager on the status of investigations. Failure to</p>	

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	<p>placed on antibiotics for the next 10 days.</p> <p>__ On 10/15/15 client B saw her PCP for a follow up of the abscess on her buttock. The record indicated "Diagnosis: Buttock abscess, sacral friction stage II ulcer [(decubitus)]. Recommendations for treatment: Keep patient off buttock/sacrum as much as possible. Apply Tegaderm over sacral ulcer and coccyx prn (as needed) or at least every seven days until healed.... Continue antibiotics for 10 more days."</p> <p>Client B's 10/7/15 skin assessment indicated "Abscess on buttocks, left side."</p> <p>Client B's 2015 Injury Flow Charts (IFC) documented by the direct care staff indicated client B had a large boil on her left buttocks that was first noted by the staff on 10/3/15. The IFCs indicated the boil was the size of a dime with a pin hole in the center and was draining. No IFCs were provided for review prior to 11/2/15. The IFCs for November and December indicated: __ 11/2/15 "[Client B] still has a dime size boil on her left buttocks. It is normal in color and has a pin hole in the center of it. It is draining slow. It is still healing." __ 11/3/15 "[Client B] still has the boil on</p>		<p>complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>her left buttocks. It is still her normal skin color and is a dime size with a pin hole in the center of it. It is still draining slow. It is still healing."</p> <p>__ 11/4/15 "[Client B] still has the dime size boil on her left buttocks it is still normal in color and it is also still slowly draining. It is still in the healing process."</p> <p>__ 11/5/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil that is normal skin color and it has went (sic) down and drained a lot. It is still draining slowly and healing."</p> <p>__ 11/6/15 "[Client B] still has a boil on her left buttocks. It is still normal skin color and also has a pin size hole in the center of it. It is still draining slow and still healing."</p> <p>__ 11/9/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil. It is still draining down and normal in color, almost healed."</p> <p>__ 11/10/15 "[Client B] has a very small boil on her left buttocks. It has drained a lot. It is almost healed."</p> <p>__ 11/11/15 "[Client B] has a very small boil on her left buttocks. It has almost drained completely out. It is healing still."</p> <p>__ 11/12/15 "[Client B] still has a very small boil on her left buttocks. It is almost healed. [Client B's] boil is still draining slowly but effectively."</p>			

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	<p>__11/13/15 "[Client B] still has a very small boil on her left buttocks. It is still healing. Still has a little more draining to do."</p> <p>__11/16/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/17/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/18/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/19/15 "[Client B] still has a very small boil on her left buttocks. It has almost completely drained out, still draining slowly."</p> <p>__11/20/15 "[Client B] still has a very small boil on her left buttocks. It has been healing very well. Still draining real slow."</p> <p>__11/21/15 "[Client B's] buttocks still healing."</p> <p>__11/23/15 "[Client B] still has a very small boil on her left buttocks. It is still draining very slowly. It is almost healed."</p> <p>__11/24/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__11/25/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__11/26/15 "[Client B] still has a very small boil on her left buttocks. It is still</p>			

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	<p>healing slowly."                      __11/27/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."                      __11/28/15 "[Client B] remain boil on left buttocks (sic)."                      __11/30/15 "[Client B] still has a boil on her left buttocks."                      __12/3/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/4/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/7/15 "[Client B] still has a very small boil on her left side of her buttocks."                      __12/8/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/9/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/10/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/12/15 "[Client B] still has a small boil on her left side of her buttocks. Still healing."                      __12/14/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __12/15/15 "[Client B] still has a very small boil on her left side of her buttocks.</p>			

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	<p>It is still healing." __12/16/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing." __12/17/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing." __12/18/15 "[Client B] has a very small boil on her left side of her buttocks. It is still healing." __12/21/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing." __12/23/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing." __12/27/15 "[Client B's] buttocks still healing." __12/28/15 "[Client B's] buttocks still healing."</p> <p>Client B's 2015 nursing notes indicated on 11/30/15 the nurse documented, "Left buttock abscess resolving slowly. Cont. (continue) Tegaderm dressing change every seven days and prn. No signs or symptoms of infection present this date."</p> <p>The 2015 monthly nursing summaries indicated: __November: Tylenol given twice for "possible pain." __October: Tylenol given 18 times for pain.</p>			

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	<p>__ September: Tylenol given 27 times for pain.</p> <p>Client B's record indicated nursing services failed to assess and monitor client B's health care needs in regard to client B's skin breakdown and overall health concerns in regard to the abscess on her buttocks. Client B's record indicated no specific plan of care in regard to client B's impaired skin integrity, increased risk of infection, nutritional needs, increased pain and/or positioning needs in regard to poor skin integrity.</p> <p>During interview with the facility's LPN on 12/17/15 at 4:30 PM, the LPN:            __ Indicated she was in client B's home at least once a week and stated, "But that doesn't mean that I looked at her (client B)."            __ Indicated she was aware client B had an abscess on her buttocks.            __ Indicated she had not staged client B's wound on her coccyx and stated, "But I know it's healing."            __ Indicated the staff were to do weekly skin assessments.            __ Indicated she was told the only nursing documentation she was to do was the quarterly and monthly assessments.            __ Indicated no further nursing notes in regard to client B's abscess other than the</p>			

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	<p>note of 11/30/15.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON:</p> <p>__ Indicated the LPN should have documented her assessments of client B on the monthly summary forms.</p> <p>__ Indicated the nurses were to make notations in the clients' records when they were in the home and assessed the clients.</p> <p>__ Indicated the staff were to conduct weekly skin assessments and were to notify nursing when issues were found.</p> <p>__ Indicated no specific staff training had been provided to the staff in regard to the care of client B's wound/abscess of her buttocks.</p> <p>__ Indicated no plan of care had been developed in regard to client B's impaired skin integrity, increased risk of infection, nutritional needs, increased pain and/or positioning needs in regard to poor skin integrity.</p> <p>__ Indicated client B was blind and was ambulatory with staff assistance and the facility had provided client B a cushion to sit on while at the home and while at the day services.</p> <p>__ Indicated the staff should be doing daily skin assessments and nursing should be doing frequent assessments and notifying the nurse of their results.</p>			

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	<p>___ Indicated a specific plan of care would be developed to address client B's current health needs in regard to skin integrity.</p> <p>3. The facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident/Accident Reports (IARs) and investigative records were reviewed on 12/16/15 at 2 PM.</p> <p>The 7/3/15 BDDS report indicated on 7/2/15 at 6 PM client D returned to the group home after a three week stay at a skilled extended health facility for rehabilitation while recovering from surgery to treat Cervical myelopathy (the compression of the cervical spinal cord as a result of spinal narrowing). When the ResCare nurse completed a re-admission physical assessment she noted two open areas on client D's rectum and noted both of client D's heels were "mushy with dark red areas that were non-blanchable (change color when pressure was applied)." Per the nurse's instructions, the staff transported client D to an immediate care clinic for an evaluation. The clinic doctor indicated client D needed to be seen at an ER where client D was diagnosed with "stage II decubitus ulcers on her rectum." Client D was treated and released with wound care instructions and recommendations for client D to wear protective heel covers to prevent the</p>			

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	<p>affected areas on client D's feet from developing decubitus.</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Client D was a large older woman who utilized a wheelchair for ambulation and required staff assistance for all transfers.</p> <p>__ During both observation periods client D was observed to sit in her wheelchair with both feet on the foot rests of the wheelchair. Occasionally client D's legs were elevated on the leg rests, at times client D's legs were bent at the knee with both feet down on the foot rests and occasionally client D sat with one leg up on the leg rest and other leg down.</p> <p>__ During both observation periods client D was not observed to be offered a different seating option other than the wheelchair.</p> <p>__ During both observation periods the staff did not reposition client D every two hours.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM.</p> <p>Client D's ISP (Individualized Support Plan) dated 7/3/15 indicated client D had utilized a walker in the past but her ambulatory abilities had deteriorated and</p>			

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	<p>now she required a wheelchair for all ambulation.</p> <p>Client D's record of visit indicated on 7/2/15 client D was seen by an ER physician for "Stage II sacral decub (a skin break down caused from pressure) [(Left buttocks)], bilateral heels red"</p> <p>Client D's high risk plan in regard to decreased mobility dated 7/3/15 indicated client D was to be turned and repositioned every two hours. The plan indicated client D's heels were to "float (to be elevated without pressure)" at all times.</p> <p>During interview with the DON on 12/17/15 at 4:45 PM, the DON:            ___ Indicated a specific positioning plan had not been developed and/or implemented for client D.            ___ Indicated client D had a high risk plan for decreased mobility and a high risk plan for skin infections.            ___ Indicated the plans indicated client D was to be repositioned every two hours and client D's feet were to be floated (elevated) at all times.            ___ Indicated both of client D's feet should be on the foot rests of her wheelchair and elevated.            ___ Indicated the staff were to conduct daily skin assessments and were to notify</p>			

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	<p>nursing with any issues.</p> <p>__ Indicated when client D was awake, client D was to be offered alternate seating options such as the couch or the recliner and her feet were to be elevated.</p> <p>4. The facility failed to implement its policy and procedures to ensure all allegations of abuse, neglect, mistreatment and/or injuries of unknown source reviewed were thoroughly investigated and documented regarding clients B, D, E, F, G and H. Please see W154.</p> <p>5. The facility failed to implement its policy and procedures to ensure sufficient direct care staff were in the home to monitor, supervise and care for the clients, to provide the clients ongoing training and/or to meet the clients' basic health and safety needs throughout the day for clients A, B, C, D, E, F and G. Please see W186.</p> <p>The facility's policies and procedures were reviewed on 12/16/15 at 2 PM. The revised 2/26/11 facility policy entitled "Abuse, Neglect, and Exploitation" indicated "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate</p>			

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W 0154  Bldg. 00	<p>authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of [name of facility], and local, state and federal guidelines." The policy indicated:</p> <p>___ "Program Intervention Neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>___ "Medical Neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide necessary medical attention, proper nutritional support or administering medications as prescribed."</p> <p>___ The policy indicated injuries of unknown origin were to be reported to the Program Coordinator and then to the Administrator.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly</p>			

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	<p>investigated.</p> <p>Based on interview and record review for 8 of 20 allegations of abuse, neglect, mistreatment and/or injuries of unknown source reviewed, the facility failed to ensure all allegations of abuse and all injuries of unknown source were thoroughly investigated for clients B, D, E, F, G and H.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident/Accident Reports (IARs) and investigative records were reviewed on 12/16/15 at 2 PM.</p> <p>The 6/12/15 BDDS report indicated on 6/11/15 at 8 AM the staff directed client F to return to her room to put her shoes on. The report indicated client F got upset and bit her left wrist. The IAR dated 6/11/15 indicated client F got upset and "I (the reporting staff) believe that while she (client F) was having her behavior she had bit herself on her left hand below her wrist." The IAR indicated the injury was not witnessed by staff.</p> <p>__The facility records indicated no investigation was conducted in regard to the injury of unknown origin for client F.</p> <p>The 7/8/15 IAR indicated on 7/8/15 at</p>	W 0154	<p><b>CORRECTION:</b></p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically: the Operations Team, including the Program Manager and Quality Assurance Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The Quality Assurance Manager and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Program Managers will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the</p>	02/03/2016			

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	<p>9:15 AM one staff and the facility nurse were in the dining room of the group home when they heard client D calling for help. Client D was found in the living room on the floor on her "butt and knees." The IAR indicated a staff and the nurse assisted client D up off of the floor. The report indicated client D had scraped both knees, her left knee was bleeding and she "might have hit her head" but no bruising was found. The report indicated client D had fallen from her wheelchair to the floor.</p> <p>__The facility records indicated no investigation was conducted in regard to client D's fall from her wheelchair.</p> <p>The 7/9/15 BDDS report indicated on 7/8/15 client H's roommate reported client H was on the floor and complaining of her head hurting. The report indicated the facility nurse was called and client H was taken to a local hospital emergency room for evaluation. Client H was treated and released with no injuries noted.</p> <p>__The facility records indicated no investigation was conducted in regard to client H's injury/fall.</p> <p>The 7/19/15 BDDS report indicated on 7/18/15 at 9:20 PM the staff went to client G's bedroom to wake client G for her PM medications and discovered</p>		<p>next 90 days.</p> <p><b>PREVENTION:</b></p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager). The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and Quality Assurance Coordinator will review each investigation to ensure that they are thorough –meeting regulatory</p>	

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	<p>blood on client G's bed sheets. The report indicated the staff did a body assessment to find where the blood was coming from and found a cut on client G's right hand that was bleeding. The report indicated the facility nurse was notified and first aid was applied. The report indicated an investigation would be conducted.</p> <p>__The facility records indicated no investigation was conducted in regard to client G's injury of unknown origin.</p> <p>The 8/25/15 BDDS report indicated on 8/24/15 at 11:40 AM client D was in her wheelchair when she tilted forward and hit her head causing an abrasion. The nurse was called and client D was taken to the local hospital emergency room for an evaluation. The report indicated an investigation would be conducted.</p> <p>__The facility records indicated no investigation was conducted in regard to client D's injury.</p> <p>The 12/2/15 BDDS report indicated on 12/1/15 at 12 PM while at the day program client G was seated next to client E when client G began pulling at client E's blouse and scratched client E leaving four scratches on client E's left side of her chest and left arm. Two of the scratches were two inches long and two were one inch long. The report indicated the clients were separated and first aid</p>		<p>and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>was administered to client E.</p> <p>__The facility records indicated no investigation was conducted in regard to the allegations of abuse for clients G and E.</p> <p>The 12/4/15 BDDS report indicated on 12/2/15 at 7:53 PM client G was "grabbing and pulling on" client D and scratched client D on the right side of her forehead. The 12/2/15 IAR indicated client G was standing over client D when client G began pulling at client D. Client D screamed and said, "My head." The staff noted a red mark on client D that was "kind of bleeding."</p> <p>__The facility records indicated no investigation was conducted in regard to the allegations of abuse for clients D and G.</p> <p>The 12/5/15 IAR indicated on 12/5/15 at 11 AM the staff noticed a small cut above client B's left eyebrow.</p> <p>__The facility records indicated no investigation was conducted in regard to client B's injury of unknown origin.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/31/15 at 10:30 AM, the QIDP:</p> <p>__Indicated all allegations of abuse and injuries of unknown origin were to be</p>			

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W 0186 Bldg. 00	<p>investigated. __ Indicated no further investigations could be located for review.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 7 of 7 clients living in the home (clients A, B, C, D, E, F and G), the facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to provide training and to meet the clients' basic health and safety needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM. During this observation period there were three direct care staff and seven clients.</p> <p>__ Client A was a middle aged female</p>	W 0186	<p><b>CORRECTION:</b> <i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast, and no less than 4 staff between 5:00 PM and 9:00 PM to facilitate evening active treatment. The level of staff required during the day will match the needs of the individuals who are in the facility at any given time based on their</i></p>	02/03/2016

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	<p>that required a wheelchair for ambulation due to a recent fracture to her left foot.</p> <p>__ Client B was a frail, thin, blind female that required staff assistance to meet all of her basic needs. Client B was non verbal was not self motivating and sat for long periods of time in a rocker/recliner. Client B was observed to self stimulate by rolling her fingers, pulling on her clothing and rocking vigorously in the rocker/recliner.</p> <p>__ Client C was a middle aged heavy set female that wore a gait belt and required a wheeled walker and hands on assistance from staff whenever ambulating. Client C did not self motivate and sat for long periods of time in a rocker/recliner.</p> <p>__ Client D was a heavy set older female that wore a gait belt at all times and required a wheelchair with staff assistance for all her ambulatory needs. Client D required one staff to one client (1:1) supervision at all times while up and out of bed due to a history of falls.</p> <p>__ Clients E and F were ambulatory but required staff assistance and redirection to meet all of their daily needs.</p> <p>__ Client G invaded her housemates' personal space and required constant supervision to ensure client G did not physically grab and/or hurt clients A, B, C, D, E and F. During both observation periods, client G grabbed this surveyor by the wrist and pulled this surveyor into her</p>		<p>active treatment schedules.</p> <p><b>PREVENTION:</b> The Residential Manager will submit schedule revisions to the QIDP for approval prior to implementation. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication</p>	

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	<p>bedroom, into other clients' bedrooms, into the kitchen and several times into the dining room to retrieve a game. Client G twice grabbed this surveyor by the head and pulled her head to this surveyor's head. Client G's grip was tight and required staff to release her pull from this surveyor.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's record indicated client B was blind. Client B's High Risk Health Plan (HRHP) for falls dated 8/10/15 indicated "Staff to provide at least standby assistance while standing, walking, transferring, showering and toileting."</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. Client B's HRHP for falls dated 8/10/15 indicated "Staff to provide at least standby assistance while standing, walking, transferring, showering and toileting."</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's Enhanced Supervision Procedure dated 3/9/15 indicated:            __ Client D was to receive 1:1 staff supervision whenever awake and out of bed.            __ Staff assigned to work 1:1 with client</p>		<p>administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring adequate direct support staff are on duty to meet the needs of all clients. The Quality Assurance Manager will perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>D was to stay within arm's reach of her at all times even when in her bedroom and out of bed, "NO EXCEPTIONS. Assigned staff will remain with [client D] until relieved by another employee.... Two staff to provide standby assistance [(with each staff keeping one hand on gait belt)] at all times [(in the bathroom, bedroom, living area, all rooms of the home)], including during toileting and showering."</p> <p>Client G's record was reviewed on 12/29/15 at 3 PM. __ Client G's High Risk Health Plan for falls dated 8/10/15 indicated "Staff to provide at least standby assistance during bathing, toileting, standing, walking, transferring and showering." __ Client G's BSP (Behavior Support Plan) dated 8/14/15 indicated "Each day staff will keep [client G] in line of sight during waking hours when she is not in her bedroom. Staff will monitor [client G] giving her time to herself when she chooses to go to her room. The staff should continue to check on [client G] every 5 minutes staying near her location to maintain [client G's] safety while allowing for personal space within the house. Staff will follow [client G] and maintain [client G's] safety throughout the house, during transportation, in the community. During times that [client G]</p>			

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	<p>is actively roaming in the house, staff should stay attentive at all times maintaining a quick intervention if [client G] begins to self injury or attempt to touch other persons or objects."</p> <p>Interview with staff #3 on 12/16/15 at 5 PM indicated client D required 1:1 staff supervision at all times. Staff #3 stated, "One of us has to be with [client D], someone has to be with [clients B and C] whenever they're up and one of us needs to be with [client G] all the time. We could use more staff. It's hard sometime."</p> <p>During interview with the Residential Manager (RM) on 12/16/15 at 6:30 PM, the RM:</p> <p>__ Indicated she tried to keep three staff in the home when the clients were awake.</p> <p>__ Indicated client A had recently had a fracture of her ankle and required a wheelchair and staff assistance for all ambulation.</p> <p>__ Indicated client B was blind and required staff assistance to meet all of her basic needs.</p> <p>__ Indicated client C utilized a walker, wore a gait belt and required staff hands on assistance whenever ambulating.</p> <p>__ Indicated client D required one to one staff supervision at all times.</p> <p>__ Indicated client G was to be within eyesight of a staff member at all times.</p>			

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W 0249 Bldg. 00	<p>__ Indicated the facility was attempting to have the hours increased in the home to add additional staffing.</p> <p>__ Indicated alarms on all egress doors to notify the staff.</p> <p>__ Indicated client G had a history of leaving the home unsupervised.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP indicated the facility was looking at increasing staffing hours.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 (A, B, C and D), the facility failed to ensure the clients were offered formal and informal training opportunities and/or</p>	W 0249	<p><b>CORRECTION:</b></p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each</i></p>	02/03/2016

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	<p>choices of leisure activities when time permitted.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Client A was a middle aged female that required a wheelchair for ambulation due to a recent fracture to her left foot.</p> <p>__ Client B was a frail, thin, blind woman that required staff assistance to meet all of her basic needs. Client B did not self motivate and sat for long periods of time in a rocker/recliner. Client B was observed to self stimulate by rolling her fingers and pulling on her clothing.</p> <p>__ Client C was a middle aged heavy set female that required staff assistance to ambulate while using a wheeled walker. Client C did not self motivate and sat for long periods of time in a rocker/recliner.</p> <p>__ Client D was a heavy set older female that required a wheelchair and staff assistance for all ambulation.</p> <p>During the PM observation period from 4:45 PM through 5:30 PM clients A, B, C and D sat in the living room without activity. The television was on but no one was paying attention to what was on. Clients A and D sat in their wheelchairs.</p>		<p><i>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.</i> Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Additionally, the Governing Body has directed the facility to modify the staffing matrix to assure that there are sufficient staff on duty to provide appropriate and continuous active treatment.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The</p>	

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	<p>Clients B and C sat in the rocker recliners dozing. At 5:30 PM the staff began assisting the clients to the dining room for their evening meal. From 5:30 PM through 6 PM the clients ate their evening meal. After eating the clients returned to the living room to the same positions they were in earlier. One of the staff sat in the living room beside client D and talked to client D while she did her evening paper work. During this time period, the staff failed to provide clients A, B, C and D training and/or choices of leisure time activities when time permitted.</p> <p>During the AM observation period from 4:45 AM through 6 AM clients A, B, C and D were gotten up, dressed, assisted to the bathroom, given their 5 AM medications and then escorted to the living room to sit until time for the morning meal. Clients A and D sat in their wheelchairs and clients B and C sat in the rocker recliners. The television on but no one was actively watching it. The clients ate their morning meal from 6 AM through 6:25 AM. After eating, the clients were returned to the living room. During this time period, the staff failed to provide clients A, B, C and D training and/or choices of leisure time activities when time permitted.</p>		<p>Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal preparation, family style dining, other domestic skills and meaningful leisure activities. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic</p>	

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	<p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. Client A's 12/7/15 Individualized Support Plan (ISP) indicated client A had the following training objectives:</p> <p>__ To brush her teeth twice a day with hand over hand assistance from the staff.</p> <p>__ To wash her hair daily.</p> <p>__ To choose one outfit to wear when given a choice of two.</p> <p>__ To identify her Depakote (used to treat seizures and mood disorders). Client A's record indicated client A did not receive Depakote.</p> <p>__ To identify a \$5.00 bill.</p> <p>__ To participate in an activity for 30 minutes.</p> <p>__ To participate in a physical activity of her choice.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's 7/31/15 ISP indicated client B had the following training objectives:</p> <p>__ To communicate her wants, needs and emotions.</p> <p>__ To use her adaptive equipment independently. The ISP did not specify the specific adaptive equipment client A was to use.</p> <p>__ To participate in a shopping trip once a week.</p> <p>__ To pick up her medication cup and put</p>		<p>skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making</p>	

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	<p>her pills in her mouth.</p> <p><input type="checkbox"/> To place her clothing in the washing machine.</p> <p><input type="checkbox"/> To wash her hands after toileting.</p> <p><input type="checkbox"/> To participate in an activity of her choice during leisure time.</p> <p><input type="checkbox"/> To perform an exercise of her choice.</p> <p><input type="checkbox"/> To brush her teeth with staff assistance.</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. Client C's 8/20/15 ISP indicated client C had the following training objectives:</p> <p><input type="checkbox"/> To perform an exercise of her choice.</p> <p><input type="checkbox"/> To close the bathroom door to provide her own privacy.</p> <p><input type="checkbox"/> To express her wants, needs and desires.</p> <p><input type="checkbox"/> To select an outfit for the day.</p> <p><input type="checkbox"/> To independently wash her entire body.</p> <p><input type="checkbox"/> To identify the correct value of a quarter.</p> <p><input type="checkbox"/> To identify her Risperdal (an antipsychotic medication).</p> <p><input type="checkbox"/> To wear her glasses when they need to be worn.</p> <p><input type="checkbox"/> To prepare a meal one time a week with hand over hand assistance from staff.</p> <p><input type="checkbox"/> To choose an activity when given a choice between two activities.</p>		<p>recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	
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	<p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's 7/31/15 ISP indicated client D had the following training objectives: ISP: 7/3/15</p> <p>Objectives:  <input type="checkbox"/> To participate in an activity of her choice.  <input type="checkbox"/> To complete all steps of an activity.  <input type="checkbox"/> To utilize her wheelchair in an appropriate manner.  <input type="checkbox"/> To request assistance whenever getting out of her wheelchair.  <input type="checkbox"/> To utilize socially acceptable gestures when approaching people.  <input type="checkbox"/> To identify her Tegretol (an antipsychotic medication).  <input type="checkbox"/> To identify the value of coins.</p> <p>During a telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP indicated the staff were to prompt and/or provide clients A, B, C and D with informal and formal training at every available opportunity. The QIDP indicated every 15 minutes the staff should be providing the clients a choice of leisure activities and/or training.</p> <p>9-3-4(a)</p>			

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W 0263  Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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 interview and record review for 1 of 4 sampled clients (C), the facility failed to obtain written informed consent from the client's guardian for the client's restrictive program.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. Client C's Behavior Support Plan (BSP) dated 8/20/15 indicated client C had targeted behaviors of verbal aggression, physical aggression and non-compliance. Client C's BSP indicated client C received daily doses of Risperdal 0.5 mg (milligrams) for IED (Intermittent Explosive Disorder) and Lexapro 10 mg for non compliance.</p> <p>Client C's 8/20/15 Individual Support Plan (ISP) indicated client C's sister served as client C's legal representative/health care representative (HCR). Client C's record indicated the facility had not obtained written informed consent from client C and/or client C's legal representative for client C's restrictive BSP.</p>	W 0263	<p><b>CORRECTION:</b></p> <p><i>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. Specifically for Clients the facility will obtain written informed consent from Client C's guardian for her restrictive programs.</i></p> <p><b>PREVENTION:</b></p> <p>Professional staff will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to</p>	02/03/2016

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W 0264 Bldg. 00	<p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 3 PM, the QIDP:</p> <p>__ Indicated client C could not give an informed consent and required assistance for all restrictive measures including medications.</p> <p>__ Indicated client C's sister represented client C as a legal representative/HCR.</p> <p>__ Indicated she had not obtained written informed consent from client C's legal representative for the client's restrictive program plans.</p> <p>__ Indicated she had mailed the information to client C's sister but had not gotten a reply.</p> <p>__ Indicated she had also tried to call client C's sister and did not get a response.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p>		<p>restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Additionally, the Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assuring prior written informed consent is obtained for all restrictive programs.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	
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	<p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility's HRC (Human Rights Committee) reviewed the approval of the facility's use of alarms on all egress doors and the facility practice of locking clients' closet doors with no assessed need for the restrictions.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients A, B, C, D, E, F and G on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM. Throughout both observation periods:</p> <p>__ An alarm box was noted on each of the four egress doors in the home and an audible alarm was heard when opening both side doors in the home. The alarm on the back door was broken and the alarm on the front door was audible but not functioning correctly.</p> <p>__ The facility coat closet by the main entrance of the home was locked.</p> <p>__ Client A's bedroom closet door was locked.</p> <p>1. Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. Client A's record indicated a Modification of Individual's Rights</p>	W 0264	<p><b>CORRECTION:</b></p> <p><i>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. Specifically through assessment, the team has determined that the clients whose behavior necessitated the use of door alarms and the use of locked closets to protect housemates' personal belongings no longer reside at the facility. Therefore door alarms and closet locks will be removed.</i></p> <p><b>PREVENTION:</b></p> <p>The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assessing clients' need for restrictive programs. Members of the Operations Team will review facility support documents and perform visual assessments of the facility no less than three</p>	02/03/2016	

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	<p>(MOIR) dated 12/7/15. The MOIR indicated:            ___ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."            ___ Bedroom closet door was to be locked. "Reason the modification is necessary: [Client A] will go into other consumers' closets and destroy clothing. Another consumer will go into her closet and take her clothes off the hangers and throw her clothes on the floor."            Client A's 12/7/15 BSP (Behavior Support Plan) indicated targeted behaviors of physical aggression, verbal aggression, non-cooperation and invading others personal space. The BSP indicated "Gets up close and personal and makes others feel uncomfortable." Client A's BSP indicated no targeted behaviors that required client A to be restricted from her personal belongings and the need to lock her bedroom closet door.            Client A's 12/7/15 ISP (Individual Support Plan) and BSP indicated no assessed need for the use of door alarms, the need to restrict client A from her personal belongings and the need to lock the facility coat closet.</p>		<p>times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring unnecessary rights restrictions are not in place and that rights restrictions are implemented only after appropriate due process.</p> <p><b>RESPONSIBLE PARTIES:</b>            QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>2. Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's 7/31/15 MOIR indicated:            ___ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."            ___ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client B's] housemates will go into other consumers' closets and destroy clothing."              Client B's 7/31/15 ISP/BSP indicated no assessed need for the use of door alarms, the need to restrict client B from her personal belongings and the need to lock the facility coat closet.</p> <p>3. Client C's record was reviewed on 12/29/15 at 1 PM. Client C's 12/29/15 MOIR indicated:            ___ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."            ___ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client C's] housemates will go</p>			

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	<p>into other consumers' closets and destroy clothing. Another consumer will go into her closet and take her clothes off the hangers and throw her clothes on the floor."</p> <p>Client C's 8/20/15 ISP/BSP indicated no assessed need for the use of door alarms, the need to restrict client C from her personal belongings or the need to lock the facility coat closet.</p> <p>4. Client D's record was reviewed on 12/29/15 at 2 PM. Client D's 7/3/15 MOIR indicated:            ___ "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."            ___ Bedroom closet door was to be locked. "Reason the modification is necessary: One of [client D's] housemates will go into other consumers' closets and destroy clothing. Another consumer will go into her closet and take her clothes off the hangers and throw her clothes on the floor."</p> <p>Client D's 7/3/15 ISP/BSP indicated no assessed need for the use of door alarms, no need to restrict client D from her personal belongings and no need to lock</p>			

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	<p>the facility coat closet.</p> <p>5. Client G's record was reviewed on 12/29/15 at 3 PM. Client G's 8/14/15 ISP/BSP indicated no targeted behavior of elopement and/or exiting the home unsupervised. Client G's record indicated no assessed need for the use of door alarms.</p> <p>During interview with the Residential Manager (RM) on 12/16/15 at 6:30 PM, the RM: __ Indicated client A's closet door was locked because client A would get into her closet and throw her clothes on the floor. __ Indicated client A was not restricted from her clothing and personal items in her dresser drawers and stated, "She takes her clothes out of the drawers and stacks them up on top of the dresser." __ Indicated there were alarms on all egress doors to alert the staff when the doors were opened. __ Indicated client G had a history of leaving the house without staff knowledge and getting into vehicles in the driveway. __ Indicated client G was to be within eyesight of staff at all times.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 3</p>			

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W 0287 Bldg. 00	<p>PM, the QIDP</p> <p>__ Stated, "There used to be a client that would go into everybody's closet and throw their things on the floor but she's been gone for awhile now."</p> <p>__ Indicated the locking of the closet doors should be reviewed and removed from all clients' records.</p> <p>__ Indicated alarms on all egress doors.</p> <p>__ Stated, "[Client G] will go outside when the staff aren't watching and get into peoples' cars and things."</p> <p>__ Stated no documented incidents of client G exiting the home without supervision in 2015 "That I'm aware of."</p> <p>__ Indicated no assessed need to restrict the clients in the home from their clothing and/or freedom of use of their personal items in their closets.</p> <p>__ Indicated clients A's, B's, C's, D's, E's, F's and G's MOIRs needed to be reviewed and revised.</p> <p>__ Indicated the facility's HRC had approved the facility practice of utilizing alarms on all egress doors and the locking of client A's, B's, C's, D's, E's, F's and G's closet doors.</p> <p>9-3-4(a)</p> <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client</p>			

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	<p>behavior must never be used for the convenience of staff.</p> <p>Based on observation, record review and interview for 4 of 4 sample clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure the use of alarms were not used in lieu of sufficient staffing in the home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM.</p> <p>__ During this observation period there were three direct care staff and seven clients.</p> <p>__ An alarm was noted on each of the four egress doors in the home.</p> <p>__ Client A was a middle aged female that required a wheelchair for ambulation due to a recent fracture to her left foot.</p> <p>__ Client B was a frail, thin, blind female that required staff assistance to meet all of her basic needs. Client B did not self motivate and sat for long periods of time in a rocker/recliner.</p> <p>__ Client C was a middle aged heavy set female that wore a gait belt and required a wheeled walker and hands on assistance from staff whenever ambulating. Client C did not self motivate and sat for long periods of time in a rocker/recliner.</p> <p>__ Client D was a heavy set older female</p>	W 0287	<p><b>CORRECTION:</b></p> <p><i>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. Specifically, through assessment, the team has determined that the client whose behavior necessitated the use of door alarms no longer resides at the facility. Therefore door alarms will be removed. Although the alarms were not in place to facilitate reduced staffing, the Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than three staff on duty between 6:00 AM and 8:00 AM to provide active treatment during morning medication administration, morning hygiene and breakfast, and no less than 4 staff between 5:00 PM and 9:00 PM to facilitate evening active treatment. The level of staff required during the day will match the needs of the individuals who are in the facility at any given time based on their active treatment schedules.</i></p> <p><b>PREVENTION:</b></p>	02/03/2016

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	<p>that wore a gait belt at all times and required a wheelchair with staff assistance for all her ambulatory needs. Client D required one staff to one client (1:1) supervision at all times while up and out of bed due to a history of falls.</p> <p>__ Clients E and F were ambulatory but required staff assistance and redirection to meet all of their daily needs.</p> <p>__ Client G invaded her housemates' personal space and required constant supervision to ensure client G did not physically grab and/or hurt clients A, B, C, D, E and F. During both observation periods, client G grabbed this surveyor by the wrist and pulled this surveyor into her bedroom, into other clients' bedrooms, into the kitchen and several times into the dining room to retrieve a game. Client G twice grabbed this surveyor by the head and pulled her head to this surveyor's head. Client G's grip was tight and required staff to release her pull from this surveyor.</p> <p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. __ Client A's Modification of Individual's Rights (MOIR) dated 12/7/15 indicated "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have</p>		<p>The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assessing clients' need for restrictive programs. Members of the Operations Team will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring unnecessary rights restrictions are not in place and that adequate staffing levels are in place at all times.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>a history of elopement."</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's record indicated client B was blind.</p> <p>__ Client B's High Risk Health Plan (HRHP) for falls dated 8/10/15 indicated "Staff to provide at least standby assistance while standing, walking, transferring, showering and toileting."</p> <p>__ Client B's 7/31/15 MOIR indicated "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM.</p> <p>__ Client B's HRHP for falls dated 8/10/15 indicated "Staff to provide at least standby assistance while standing, walking, transferring, showering and toileting."</p> <p>__ Client C's 12/29/15 MOIR indicated "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."</p>			

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	<p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's Enhanced Supervision Procedure dated 3/9/15 indicated:</p> <p>__ Client D was to receive 1:1 staff supervision whenever awake and out of bed.</p> <p>__ Staff assigned to work 1:1 with client D was to stay within arm's reach of her at all times even when in her bedroom and out of bed, "NO EXCEPTIONS. Assigned staff will remain with [client D] until relieved by another employee....</p> <p>Two staff to provide standby assistance [(with each staff keeping one hand on gait belt)] at all times [(in the bathroom, bedroom, living area, all rooms of the home)], including during toileting and showering."</p> <p>__ Client D's 7/3/15 MOIR indicated "Door alarms and window alarms are attached to each outside exit. Reason the modification is necessary: To provide safety, welfare, and health of individuals living in the home who have a history of elopement."</p> <p>Client G's record was reviewed on 12/29/15 at 3 PM.</p> <p>__ Client G's High Risk Health Plan for falls dated 8/10/15 indicated "Staff to provide at least standby assistance during bathing, toileting, standing, walking, transferring and showering."</p>			

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	<p>__ Client G's BSP (Behavior Support Plan) dated 8/14/15 indicated the staff were to keep client G within line of sight at all times when client G was awake. The BSP indicated "The staff should continue to check on her every 5 minutes staying near her location to maintain [client G's] safety while allowing for personal space with the house. Staff will follow [client G] and maintain [client G's] safety throughout the house, during transportation, in the community. During times that [client G] is actively roaming in the house, staff should stay attentive at all times maintaining a quick intervention if [client G] should begin to self injure or attempt to touch other person or objects."</p> <p>__ Client G's 8/14/15 ISP/BSP did not include a targeted behavior of elopement and/or exiting the home unsupervised.</p> <p>__ Client G's record indicated no assessed need for the use of door alarms.</p> <p>Interview with staff #3 on 12/16/15 at 5 PM indicated client D required 1:1 staff supervision at all times. Staff #3 stated, "One of us has to be with [client D], someone has to be with [clients B and C] whenever they're up and one of us needs to be with [client G] all the time. We could use more staff. It's hard sometime."</p> <p>During interview with the Residential Manager (RM) on 12/16/15 at 6:30 PM,</p>			

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	<p>the RM:</p> <p>__ Indicated she tried to keep three staff in the home when the clients were awake.</p> <p>__ Indicated client A had recently had a fracture of her ankle and required a wheelchair and staff assistance for all ambulation.</p> <p>__ Indicated client B was blind and required staff assistance to meet all of her basic needs.</p> <p>__ Indicated client C utilized a walker, wore a gait belt and required staff hands on assistance whenever ambulating.</p> <p>__ Indicated client D required one to one staff supervision at all times.</p> <p>__ Indicated client G was to be within eyesight of a staff member at all times.</p> <p>__ Indicated the facility was attempting to have the hours increased in the home to add additional staffing.</p> <p>__ Indicated alarms on all egress doors because of client G and to alert the staff that she might have exited the home.</p> <p>__ Indicated client G had a history of leaving the home unsupervised and getting into vehicles in the driveway.</p> <p>__ Indicated client G was to be within eyesight of staff at all times.</p> <p>__ When asked why the facility utilized alarms on the doors when client G was to be within eyesight of staff at all times, the RM provided no response.</p> <p>9-3-5(a)</p>			

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W 0318  Bldg. 00	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sample clients (A, B, C and D). The facility failed to ensure nursing services:</p> <p>___ Developed and implemented a high risk plan for client A in regard to fractures.</p> <p>___ Addressed client A's recent fractures with the IDT (Interdisciplinary Team) and client A's physician in regard to testing for bone density and Calcium supplementation.</p> <p>___ Assessed and monitored client B due to skin integrity and client B's overall health concerns in regard to a slowly healing pressure wound to her coccyx and a history of skin breakdown.</p> <p>___ Developed and implemented a specific plan of care in regard to client B's impaired skin integrity, slowly healing wounds, increased risk of infection, increased nutritional needs and increased pain, to ensure the plan included how client B's wound was to be monitored and cared for by the staff, to include what and</p>	W 0318	<p><b>CORRECTION:</b></p> <p><i>The facility must ensure that specific health care services requirements are met.</i></p> <p>Specifically:</p> <p>The Nurse Manager will work with the interdisciplinary team, including the physician, to develop a Comprehensive High Risk Plan for Fractures for Client A, and obtain a bone density screening for Client A and determine if there is a need for a calcium supplement. A review of facility medical records indicated that this deficient practice did not affect any additional clients.</p> <p>Specifically for Client B, the Nurse Manager will develop a schedule for nursing direct assessment of potential skin breakdown as well as a slowly healing pressure wound to her coccyx. Additionally, the Nurse has</p>	02/03/2016

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	<p>when the staff were to report to nursing services in regard to client B's wound, to ensure the staff were documenting daily descriptive notes and to ensure all staff were trained to monitor and care for client B's pressure wound to her coccyx.</p> <p>__ Developed and implemented a specific positioning plan for client D to include how client D was to be positioned throughout the day (at home and at the day program), what alternate seating options client D could use and the supports client D required to maintain good positioning with each seating option and to ensure the staff documented client D's positioning changes.</p> <p>__ To ensure the clients were provided pre-cancerous screening tests to include a Pap test (an early screening for cervical cancer) and/or a Mammogram (an early screening for breast cancer) for clients A, B, C and D.</p> <p>__ To ensure annual vision evaluations for clients C and D.</p> <p>__ To ensure client A was provided an annual dental examination.</p> <p>Findings include:</p> <p>1. The facility health care services failed to ensure the clients were provided pre-cancerous screening tests to include a Pap test (an early screening for cervical cancer) and/or a Mammogram (an early</p>		<p>developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. This training will include the need for descriptive daily documentation to assist tracking affected areas' healing process. All staff will be trained by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p>Specifically for Client D, the Nurse Manager has developed a positioning plan that includes how Client D should be positioned throughout the day across environments as well as protocols for the use of alternate seating options. Staff have been trained toward implementation of this plan. A review of facility medical records indicated this deficient practice also affected Client B and a positioning plan has been developed for her as well and</p>	

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	<p>screening for breast cancer) for clients A, B, C and D. Please see W322.</p> <p>2. The facility health care services failed to ensure annual vision evaluations for clients C and D. Please see W323.</p> <p>3. The facility health care services failed:            ___To develop and implement a high risk plan for client A in regard to fractures.            ___To address the recent fractures with the IDT (Interdisciplinary Team) and client A's physician in regard to the possible need for testing for bone density and the need for a Calcium supplement.            ___To ensure client B was assessed and monitored by nursing services due to skin breakdown and overall health concerns in regard to a slowly healing pressure wound to her coccyx and a history of skin breakdown.            ___To ensure a specific plan of care was developed and implemented in regard to client B's impaired skin integrity, slowly healing wounds, increased risk of infection, increased nutritional needs and increased pain. To ensure the plan included how client B's wound was to be monitored, cared for and documented by the staff.            ___To ensure all staff were trained to monitor, assess and care for client B's pressure wound to her coccyx and to identify client B's pain indicators in</p>		<p>staff have been trained toward proper implementation.</p> <p>The facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients A – D, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 3 additional clients (E – G) and the facility will obtain the records for their annual early detection cancer screenings.</p> <p>Clients C and D will receive a visual examination. Clients #2 and #3 will also receive hearing evaluations. A review of medical records indicated this deficient practice did not affect additional clients.</p> <p>The facility has scheduled and will obtain a dental examination for Client A. An audit of facility medical charts indicated this deficient practice did not affect any additional clients.</p>	

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	<p>regard to skin breakdown.</p> <p>__ To ensure a specific positioning plan was developed and implemented for client D to include how client D was to be positioned throughout the day (at home and at the day program), what alternate seating options were to be used and what supports were needed to maintain good positioning with each seating option and how the staff were to document the client's positioning changes. Please see W331.</p> <p>4. The facility health care services failed to ensure all staff were trained to monitor, asses and care for client B's pressure wound to her coccyx and to identify client B's specific pain indicators in regard to skin breakdown. Please see W342.</p> <p>5. The facility health care services failed to ensure client A was provided an annual dental examination. Please see W352.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-6(a)</p>		<p><b>PREVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, visual assessments and dental examinations occur within required time frames. The Health Services Team will work with the Medical Director to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear, understandable and accurate manner. In situations where the primary care physician is unable or unwilling to perform an annual visual examination, the facility will enlist the services of an optometrist.</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The Nurse Manager will review all reports of</p>	

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			<p>significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. When a new facility nurse is in place, the Nurse Manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative reviews will also include observations of active treatment sessions defined as...</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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			<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Review of healthcare records and incident documentation to assure appropriate risk plans and nursing supports are in place.</li> <li>2. Routine and preventative medical assessments occur as required.</li> <li>3. Assuring staff demonstrate competency in the implementation of all Comprehensive High Risk Plans.</li> <li>4. Assuring staff secure medication per Living in the Community standards.</li> </ol>	

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W 0322 Bldg. 00	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure the clients were provided pre-cancerous screening tests to include a Pap test (an early screening for cervical cancer) and/or a Mammogram (an early screening for breast cancer).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. __ Client A's record indicated client A was between the age of 35 and 50 years of age. __ Client A's record indicated no evidence client A was provided a Pap test.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11</p>	W 0322	<p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Health Services Team, Operations Team, Residential Manager, direct Support Staff</p> <p><b>CORRECTION:</b></p> <p>The facility must provide or obtain preventive and general medical care. Specifically, the facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients A – D, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 3 additional clients (E – G) and the facility will obtain the records for their annual early detection cancer screenings.</p> <p><b>PREVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee</p>	02/03/2016
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	<p>AM.</p> <p>__ Client B's record indicated client B was between the ages of 45 and 60 years of age.</p> <p>__ Client B's record indicated no evidence client B was provided a Pap test and/or a Mammogram.</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM.</p> <p>__ Client C's record indicated client C was between the ages of 45 and 60 years of age. __ Client C's record indicated client C had a pap test on 3/5/15 and a Mammogram on 5/13/15.</p> <p>__ Client C's record indicated no results to review of the Pap test and/or the Mammogram.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM.</p> <p>__ Client D's record indicated client D was between the ages of 45 and 60 years of age. __ Client D's record indicated no evidence client D had been provided a Pap test.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON:</p> <p>__ Indicated the facility was not always notified of the results of Mammogram and Pap smears.</p> <p>__ Indicated the facility nurse would have</p>		<p>the facility's healthcare needs directly until a new qualified nurse has been hired and trained, and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, occur within required time frames. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate medical chart reviews into a period of intensive administrative oversight at the facility –three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. At that time, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that routine medical assessments, including but not limited to early detection cancer screenings, occur as required.</p>	

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W 0323 Bldg. 00	<p>to call to get the results. __ Indicated there should be a copy of the results on the clients' records.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP: __ Indicated all results of Pap tests and Mammogram tests for clients A, B, C and D had been provided for review. __ Indicated no further results could be provided.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 2 of 4 sampled clients (C and D), the facility failed to ensure the client's vision was evaluated annually.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. Client C's record indicated a vision evaluation dated 5/15/14. The evaluation indicated client</p>	W 0323	<p><b>RESPONSIBLE PARTIES:</b></p> <p>Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, Clients C and D will receive a visual examination. Clients #2 and #3 will also receive hearing evaluations. A review of medical records</i></p>	02/03/2016
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	<p>C had Myopia (nearsightedness), Astigmatism (a vision condition that causes blurred vision) and Presbyopia (farsightedness) and required prescription eye glasses for correction.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's record indicated a vision evaluation dated January 2012. The evaluation indicated client D had Compound Myopia and Astigmatism with Presbyopia and required prescription eye glasses for correction.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON: __ Indicated client C's most recent vision evaluation was the one of 5/15/14. __ Indicated client D's most recent vision evaluation was the one of January 2012. __ Indicated no further vision evaluations for review for clients C or D.</p> <p>9-3-6(a)</p>		<p>indicated this deficient practice did not affect additional clients.</p> <p><b>PREVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained. The Health Services Team will work with the Medical Director to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear, understandable and accurate manner. In situations where the primary care physician is unable or unwilling to perform an annual visual examination, the facility will enlist the services of an optometrist. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate medical chart reviews into a period of intensive administrative oversight at the facility –three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this</p>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 3 of 4 sampled clients (A, B and D), the facility nursing services failed:</p> <p>___ To develop and implement a high risk plan for client A in regard to fractures.</p> <p>___ To address the recent fractures with the</p>	W 0331	<p>period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. At that time, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that routine medical assessments, including but not limited to examinations including but not limited to visual evaluations take place as required.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically: The facility nurse will be retrained regarding the need to develop risk plans for all</i></p>	02/03/2016

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	<p>IDT (Interdisciplinary Team) and client A's physician in regard to the possible need for testing for bone density and the need for a Calcium supplement.</p> <p>__To ensure client B was assessed and monitored by nursing services due to skin breakdown and overall health concerns in regard to a slowly healing pressure wound to her coccyx and a history of skin breakdown.</p> <p>__To ensure a specific plan of care was developed and implemented in regard to client B's impaired skin integrity, slowly healing wounds, increased risk of infection, increased nutritional needs and increased pain. To ensure the plan included how client B's wound was to be monitored, cared for and documented by the staff.</p> <p>__To ensure all staff were trained to monitor, assess and care for client B's pressure wound to her coccyx and to identify client B's pain indicators in regard to skin breakdown.</p> <p>__To ensure a specific positioning plan was developed and implemented for client D to include how client D was to be positioned throughout the day (at home and at the day program), what alternate seating options were to be used and what supports were needed to maintain good positioning with each seating option and how the staff were to document the client's positioning</p>		<p>relevant medical conditions. Specifically:</p> <p>The nurse Manager will work with the interdisciplinary team, including the physician, to develop a Comprehensive High Risk Plan for Fractures for Client A, and obtain a bone density screening for Client A and determine if there is a need for a calcium supplement. A review of facility medical records indicated that this deficient practice did not affect any additional clients.</p> <p>Specifically for Client B, the Nurse Manager will develop a schedule for nursing direct assessment of potential skin breakdown as well as a slowly healing pressure wound to her coccyx. Additionally, the Nurse has developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. This training will include the need for descriptive daily documentation to assist tracking affected areas' healing process. All staff will be trained</p>	

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	<p>changes.</p> <p>Findings include:</p> <p>1. The facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident/Accident Reports (IARs) and investigative records were reviewed on 12/16/15 at 2 PM.</p> <p>The 6/5/15 BDDS report indicated on 6/3/15 at 8 PM client A had complained to staff her left knee hurt. The staff observed swelling of the client A's left knee and called the facility's nurse. The nurse instructed client A to be transported to a local health care clinic where X-Rays indicated client A had sustained a hairline fracture of her patella (the knee cap). The clinic physician indicated a brace or other immobilizing device was not needed. Client A was released without restrictions and given instructions to follow-up with an orthopedic specialist. The report indicated on the night of 6/4/15, after returning with client A from the clinic, staff #10 submitted an IAR that indicated she had seen client A fall on the previous day. Staff #10 was suspended pending investigation for failure to immediately report the fall. The report indicated client A did not have a history of falls. The facility nurse implemented an interim risk plan pending recommendations from</p>		<p>by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p>Specifically for Client D, the Nurse Manager has developed a positioning plan that includes how Client D should be positioned throughout the day across environments as well as protocols for the use of alternate seating options. Staff have been trained toward implementation of this plan. A review of facility medical records indicated this deficient practice also affected Client B and a positioning plan has been developed for her as well and staff have been trained toward proper implementation.</p> <p><b>PERVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified</p>	

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	<p>the orthopedic specialist and a physical therapist.</p> <p>__The 6/15/15 follow up BDDS report indicated on 6/3/15 client A was running in the living room with staff and fell. The report indicated client A had seen an orthopedic specialist and a physical therapist since the fall and no further recommendations were given. Client A was given no restrictions and returned to her normal activities.</p> <p>The 10/26/15 BDDS report indicated on 10/26/15 at 12:30 PM client A reported to staff her left ankle hurt because client G had applied pressure to her leg while getting up from the floor. Staff performed a physical assessment and noted no bruising swelling or discoloration and called the facility's nurse. The staff were instructed to elevate client A's ankle and to administer Tylenol as needed per client A's physician's orders. The Residential Manager (RM) went to client A's home later that day and assessed client A's leg. The RM noted bruising and swelling had developed and had client A transported to the local hospital ER (Emergency Room) for evaluation. X-rays indicated client A had sustained a fracture to her left ankle. The ER physician released client A back to her home with a recommendation to follow-up with an orthopedic specialist and not to allow client A to bear any</p>		<p>nurse has been hired and trained. The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. When a new facility nurse is in place, the Nurse Manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate audits of support documents into visits to the facility three times weekly for the next 30 days and twice weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative</p>	

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	<p>weight on her left leg. The report indicated client A did not have a history of fractures but had a comprehensive high risk plan for falls in place.</p> <p>__The 11/1/15 follow up BDDS report indicated client A was sitting on the couch when client G used her leg as a support to get off the floor. The report indicated client A saw an Orthopedic Specialist on 10/29/15 and was told client A had sustained a left bimalleolar fracture (ankle fracture) and client A would have to be in a short cast for six weeks.</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM. Client A was a small middle aged woman that utilized a wheelchair for ambulation and wore a short ankle cast on her left foot. Client A used her arms and feet to move the wheelchair independently throughout the home with occasional assistance from the staff.</p> <p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM.</p> <p>Client A's record indicated client A had diagnoses of, but not limited to, Microcephaly (a birth deficit associated</p>		<p>monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative documentation reviews will include review of healthcare records and incident documentation to assure appropriate risk plans and nursing supports are in place.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>with incomplete brain development and a small head), Hypothyroidism (low thyroid hormones), a Heart Murmur, Acne, Scoliosis (curvature of the spine), Diabetes, Excessive Cerumen (ear wax), Nasal dryness, Eczema, Ectopic Dermatitis, Allergic Rhinitis and Anemia with a history of Pneumonia.</p> <p>Client A's 11/4/15 physician's orders indicated client A was to receive Vitamin D3 daily. Client A's record indicated client A was not receiving a daily calcium supplement and/or medications for brittle bones.</p> <p>Clint A's record indicated no high risk plan for fractures.</p> <p>Client A's record indicated the facility's nurse had not addressed the option of a DEXA scan (a test of bone density) and/or a diagnosis of Osteoporosis with client A's physician due to two fractures within a 5 months period and one fracture being caused from outside pressure to the client's leg.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON: __ Indicated client A did not have a history of fractures prior to the fractures of June and October, 2015.</p>			

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	<p>__ Indicated after the fall in June a risk plan was implemented for falls.</p> <p>__ Indicated in June client A was running in the home and fell.</p> <p>__ Indicated the fracture in October was due to client G applying pressure to client A's leg to push herself (client G) up off of the floor.</p> <p>During email interview with the Director of Nurses (DON), the Qualified Intellectual Disabilities Professional (QIDP) and the Quality Assurance Manager on 12/30/15 at 3:42 PM, the DON:</p> <p>__ Indicated the Interdisciplinary Team did not meet to discuss client A's recent fractures of June and October in regard to a possible diagnosis of Osteoporosis.</p> <p>__ Indicated she had not discussed with the IDT the need for a DEXA scan (a test that measures a person's spine, hip and/or total body bone density to help gauge the risk of fractures and/or to diagnose Osteoporosis.)</p> <p>__ Indicated she had not addressed the option of a DEXA scan (a bone density test) and/or a diagnosis of Osteoporosis with client A's physician.</p> <p>__ Indicated client A had not been tested for Osteoporosis (brittle bones).</p> <p>2. Observations were conducted at the group home on 12/16/15 between 4:45</p>			

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	<p>PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Client B was a middle aged woman that was small, thin, frail and blind.</p> <p>__ The staff provided client B hands on assistance for all ambulation during both observation periods.</p> <p>__ During both observation periods except meal time and while receiving her medications, client B sat curled up in a rocker/recliner in the living room.</p> <p>__ A foam cushion was noted beneath client B while sitting in the recliner.</p> <p>__ During both observation periods, client B went to the dining room for her meals. While in the dining room client B sat with her feet and legs curled beneath her on a hard straight chair. Client B was not provided a cushion or special padding while sitting in the dining room.</p> <p>__ During the AM observation period at 7:30 AM staff #2 escorted client B into the medication room for her AM medications. Client B received Calazime lotion to her buttocks. Client B was noted to have a dry scabbed wound approximately 2 cm (centimeters) in diameter with pink to reddish skin around the boundary of the wound on her coccyx (tailbone area). When staff #2 was asked to describe the wound, staff #2 stated, "I would say it's about the size of a dime, not open, scabbed over and red around the perimeters." Staff # 2 stated, "I think</p>			

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	<p>it started as a boil, I'm not sure. It's healing really slow. I'm not sure how long we've been treating it." Staff #2 indicated the nurse was in the home at least once a week but did not know if she assessed client B's wound or not. When asked if the staff monitored and documented client B's wound to her buttocks, staff #2 indicated the staff were to document their assessments on the Injury Flow Charts.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM.</p> <p>Client B's quarterly physician's orders dated 9/30/15 indicted:            __ Skin assessment weekly on Wednesdays and faxed to the facility's nurse.            __ Calazime skin protectant cream applied to coccyx and buttock area as needed.</p> <p>Client B's physician's Record of Visits (ROVs) forms indicated:            __ On 8/6/15 client B saw her PCP (Primary Care Physician) due to a pressure area to her buttocks. The record indicated "Results/Findings of examination: In between buttocks there is perhaps a... present for perhaps a week. Wound - reddened area on upper left buttock and reddened and round...</p>			

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	<p>'pressure ulcer.' Diagnosis: Pressure ulcer on right sacral area - Stage II. Friction/pressure area- Stage II on left upper buttocks. Recommendations for treatment: Needs a protective cushion to sit on [(egg crate or a gel cushion?)] Need advice from physical therapy or at least cushion to use to decrease pressure over the area. Keflex (an antibiotic) 250 mg (milligrams) qid (four times a day) times 7 days."</p> <p>__ On 10/5/15 client B saw her PCP due to an abscess on her buttocks and due to recurring skin infection. The report indicated the facility staff first noted the abscess on the previous Saturday (10/3/15). The ROV indicated client B was referred to a surgeon for an incision and drainage of her abscess and was placed on antibiotics for the next 10 days.</p> <p>__ On 10/15/15 client B saw her PCP for a follow up of the abscess on her buttock. The record indicated "Diagnosis: Buttock abscess, sacral friction stage II ulcer [(decubitus)]. Recommendations for treatment: Keep patient off buttock/sacrum as much as possible. Apply Tegaderm over sacral ulcer and coccyx prn (as needed) or at least every seven days until healed.... Continue antibiotics for 10 more days."</p>			

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	<p>Client B's 10/7/15 skin assessment indicated "Abscess on buttocks, left side."</p> <p>Client B's 2015 Injury Flow Charts (IFC) documented by the direct care staff indicated client B had a large boil on her left buttocks that was first noted by the staff on 10/3/15. The IFCs indicated the boil was the size of a dime with a pin hole in the center and was draining. No IFCs were provided for review prior to 11/2/15. The IFCs for November and December indicated:</p> <p>__ 11/2/15 "[Client B] still has a dime size boil on her left buttocks. It is normal in color and has a pin hole in the center of it. It is draining slow. It is still healing."</p> <p>__ 11/3/15 "[Client B] still has the boil on her left buttocks. It is still her normal skin color and is a dime size with a pin hole in the center of it. It is still draining slow. It is still healing."</p> <p>__ 11/4/15 "[Client B] still has the dime size boil on her left buttocks it is still normal in color and it is also still slowly draining. It is still in the healing process."</p> <p>__ 11/5/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil that is normal skin color and it has went (sic) down and drained a lot. It is still draining slowly and healing."</p>			

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	<p>__11/6/15 "[Client B] still has a boil on her left buttocks. It is still normal skin color and also has a pin size hole in the center of it. It is still draining slow and still healing."</p> <p>__11/9/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil. It is still draining down and normal in color, almost healed."</p> <p>__11/10/15 "[Client B] has a very small boil on her left buttocks. It has drained a lot. It is almost healed."</p> <p>__11/11/15 "[Client B] has a very small boil on her left buttocks. It has almost drained completely out. It is healing still."</p> <p>__11/12/15 "[Client B] still has a very small boil on her left buttocks. It is almost healed. [Client B's] boil is still draining slowly but effectively."</p> <p>__11/13/15 "[Client B] still has a very small boil on her left buttocks. It is still healing. Still has a little more draining to do."</p> <p>__11/16/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/17/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/18/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__11/19/15 "[Client B] still has a very</p>			

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	<p>small boil on her left buttocks. It has almost completely drained out, still draining slowly."            __ 11/20/15 "[Client B] still has a very small boil on her left buttocks. It has been healing very well. Still draining real slow."            __ 11/21/15 "[Client B's] buttocks still healing."            __ 11/23/15 "[Client B] still has a very small boil on her left buttocks. It is still draining very slowly. It is almost healed."            __ 11/24/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."            __ 11/25/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."            __ 11/26/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."            __ 11/27/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."            __ 11/28/15 "[Client B] remain boil on left buttocks (sic)."            __ 11/30/15 "[Client B] still has a boil on her left buttocks."            __ 12/3/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."            __ 12/4/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p>			

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	<p>__12/7/15 "[Client B] still has a very small boil on her left side of her buttocks."</p> <p>__12/8/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/9/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/10/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/12/15 "[Client B] still has a small boil on her left side of her buttocks. Still healing."</p> <p>__12/14/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/15/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/16/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/17/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/18/15 "[Client B] has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/21/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__12/23/15 "[Client B] still has a very</p>			

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	<p>small boil on her left side of her buttocks. It is still healing."            __12/27/15 "[Client B's] buttocks still healing."            __12/28/15 "[Client B's] buttocks still healing."</p> <p>Client B's 2015 nursing notes indicated on 11/30/15 the nurse documented, "Left buttock abscess resolving slowly. Cont. (continue) Tegaderm dressing change every seven days and prn. No signs or symptoms of infection present this date."</p> <p>The 2015 monthly nursing summaries indicated:            __November: Tylenol given twice for "possible pain."            __October: Tylenol given 18 times for pain.            __September: Tylenol given 27 times for pain.</p> <p>Client B's record indicated nursing services failed to assess and monitor client B's health care needs in regard to client B's skin breakdown and overall health concerns in regard to the abscess on her buttocks. Client B's record indicated no specific plan of care in regard to client B's impaired skin integrity, increased risk of infection, nutritional needs, increased pain and/or positioning needs in regard to poor skin</p>			

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	<p>integrity.</p> <p>During interview with the facility's LPN on 12/17/15 at 4:30 PM, the LPN:            ___ Indicated she was in client B's home at least once a week and stated, "But that doesn't mean that I looked at her (client B)."            ___ Indicated she was aware client B had an abscess on her buttocks.            ___ Indicated she had not staged client B's wound on her coccyx and stated, "But I know it's healing."            ___ Indicated the staff were to do weekly skin assessments.            ___ Indicated she was told the only nursing documentation she was to do was the quarterly and monthly assessments.            ___ Indicated no further nursing notes in regard to client B's abscess other than the note of 11/30/15.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON:            ___ Indicated the LPN should have documented her assessments of client B on the monthly summary forms.            ___ Indicated the nurses were to make notations in the clients' records when they were in the home and assessed the clients.            ___ Indicated the staff were to conduct weekly skin assessments and were to</p>			

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	<p>notify nursing when issues were found.</p> <p>__ Indicated no specific staff training had been provided to the staff in regard to the care of client B's wound/abscess of her buttocks.</p> <p>__ Indicated no plan of care had been developed in regard to client B's impaired skin integrity, increased risk of infection, nutritional needs, increased pain and/or positioning needs in regard to poor skin integrity.</p> <p>__ Indicated client B was blind and was ambulatory with staff assistance and the facility had provided client B a cushion to sit on while at the home and while at the day services.</p> <p>__ Indicated the staff should be doing daily skin assessments and nursing should be doing frequent assessments and notifying the nurse of their results.</p> <p>__ Indicated a specific plan of care would be developed to address client B's current health needs in regard to skin integrity.</p> <p>3. The facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident/Accident Reports (IARs) and investigative records were reviewed on 12/16/15 at 2 PM.</p> <p>The 7/3/15 BDDS report indicated on 7/2/15 at 6 PM client D returned to group home after a three week stay at a skilled extended health facility for rehabilitation</p>			

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	<p>while recovering from surgery to treat Cervical myelopathy (the compression of the cervical spinal cord as a result of spinal narrowing). When the ResCare nurse completed a re-admission physical assessment she noted two open areas on client D's rectum and noted both of client D's heels were "mushy with dark red areas that were non-blanchable (change color when pressure was applied)." Per the nurse's instructions, the staff transported client D to an immediate care clinic for an evaluation. The clinic doctor indicated client D needed to be seen at an ER where client D was diagnosed with "stage II decubitus ulcers on her rectum." Client D was treated and released with wound care instructions and recommendations for client D to wear protective heel covers to prevent the affected areas on client D's feet from developing decubitus.</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Client D was a large older woman who utilized a wheelchair for ambulation and required staff assistance for all transfers.</p> <p>__ During both observation periods client D was observed to sit in her wheelchair with both feet on the foot rests of the wheelchair. Occasionally client D's legs</p>			

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	<p>were elevated on the leg rests, at times client D's legs were bent at the knee with both feet down on the foot rests and occasionally client D sat with one leg up on the leg rest and the other leg down.</p> <p>__During both observation periods client D was not observed to be offered a different seating option other than the wheelchair.</p> <p>__During both observation periods the staff did not reposition client D every two hours.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM.</p> <p>Client D's ISP (Individualized Support Plan) dated 7/3/15 indicated client D had utilized a walker in the past but her ambulatory abilities had deteriorated and now she required a wheelchair for all ambulation.</p> <p>Client D's record of visit indicated on 7/2/15 client D was seen by an ER physician for "Stage II sacral decub [(Left buttocks)], bilateral heels red"</p> <p>Client D's high risk plan in regard to decreased mobility dated 7/3/15 indicated client D was to be turned and repositioned every two hours. The plan indicated client D's heels were to "float (to be elevated without pressure)" at all</p>			

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W 0342	<p>times.</p> <p>During interview with the DON on 12/17/15 at 4:45 PM, the DON:</p> <p>__ Indicated a specific positioning plan had not been developed and/or implemented for client D.</p> <p>__ Indicated client D had a high risk plan for decreased mobility and a high risk plan for skin infections.</p> <p>__ Indicated the plans indicated client D was to be repositioned every two hours and client D's feet were to be floated (elevated) at all times.</p> <p>__ Indicated both of client D's feet should be on the foot rests of her wheelchair and elevated.</p> <p>__ Indicated the staff were to conduct daily skin assessments and were to notify nursing with any issues.</p> <p>__ Indicated when client D was awake, client D was to be offered alternate seating options such as the couch or the recliner and her feet were to be elevated.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(iii)</p>			

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Bldg. 00	<p><b>NURSING SERVICES</b></p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (B), the facility nursing services failed to ensure all staff were trained to monitor and care for client B's pressure wound to her coccyx and to assess client B for pain.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM. Client B was a small, thin, frail middle aged woman that was non verbal and blind. During the AM observation period at 7:30 AM staff #2 escorted client B into the medication room for her AM medications. Client B received Calazime lotion to her buttocks. Client B was noted to have a dry scabbed wound approximately 2 cm (centimeters) in diameter with pink to reddish skin around the boundary of the wound on her coccyx (tailbone area). When staff #2 was asked to describe the wound, staff #2 stated, "I</p>	W 0342	<p><b>CORRECTION:</b></p> <p><i>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. The Nurse has developed a specific Comprehensive High Risk Plan for impaired skin integrity and breakdown which outlines appropriate daily care including but not limited to wound care and increased risk of infection, increased nutritional needs and increased pain. All staff will be trained by the nurse toward proper implementation of the care plan. A review of facility medical records indicated this deficient practice also affected Client D and a risk plan has been developed to address skin</i></p>	02/03/2016

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	<p>would say it's about the size of a dime, not open, scabbed over and red around the perimeter." Staff # 2 stated, "I think it started as a boil, I'm not sure. It's healing really slow. I'm not sure how long we've been treating it." Staff #2 stated, "I just put this cream on her buttocks a couple of times a day. Client B did not have a Tegaderm dressing covering her wound on her coccyx.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM.</p> <p>Client B's quarterly physician's orders dated 9/30/15 indicated Calazime skin protectant cream applied to coccyx and buttock area as needed.</p> <p>Client B's physician's Record of Visits (ROVs) forms indicated: _ On 8/6/15 client B saw her PCP (Primary Care Physician) due to a pressure area to her buttocks. The record indicated "Results/Findings of examination: In between buttocks there is perhaps a... present for perhaps a week. Wound - reddened area on upper left buttock and reddened and round... 'pressure ulcer.' Diagnosis: Pressure ulcer on right sacral area - Stage II. Friction/pressure area- Stage II on left upper buttocks. Recommendations for</p>		<p>integrity and wound care. Staff will also be trained toward proper implementation of Client D's plan.</p> <p><b>PREVENTION:</b></p> <p>The nurse, QIDP and Residential Manager will each conduct record reviews and face to face assessments to assure that staff display an appropriate level of competency with the implementation of Comprehensive High Risk Plans. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM</p>	

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	<p>treatment: Needs a protective cushion to sit on [(egg crate or a gel cushion?)] Need advice from physical therapy or at least cushion to use to decrease pressure over the area. Keflex (an antibiotic) 250 mg (milligrams) qid (four times a day) times 7 days."</p> <p>__ On 10/5/15 client B saw her PCP due to an abscess on her buttocks and due to recurring skin infection. The report indicated the facility staff first noted the abscess on the previous Saturday (10/3/15). The ROV indicated client B was referred to a surgeon for an incision and drainage of her abscess and was placed on antibiotics for the next 10 days.</p> <p>__ On 10/15/15 client B saw her PCP for a follow up of the abscess on her buttock. The record indicated "Diagnosis: Buttock abscess, sacral friction stage II ulcer [(decubitus)]. Recommendations for treatment: Keep patient off buttock/sacrum as much as possible. Apply Tegaderm over sacral ulcer and coccyx prn (as needed) or at least every seven days until healed.... Continue antibiotics for 10 more days."</p> <p>Client B's 10/7/15 skin assessment indicated "Abscess on buttocks, left side."</p>		<p>and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and</p>	

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	<p>Client B's 2015 Injury Flow Charts (IFC) documented by the direct care staff indicated client B had a large boil on her left buttocks that was first noted by the staff on 10/3/15. The IFCs indicated the boil was the size of a dime with a pin hole in the center and was draining. No IFCs were provided for review prior to 11/2/15. The IFCs for November and December indicated:</p> <p>__ 11/2/15 "[Client B] still has a dime size boil on her left buttocks. It is normal in color and has a pin hole in the center of it. It is draining slow. It is still healing."</p> <p>__ 11/3/15 "[Client B] still has the boil on her left buttocks. It is still her normal skin color and is a dime size with a pin hole in the center of it. It is still draining slow. It is still healing."</p> <p>__ 11/4/15 "[Client B] still has the dime size boil on her left buttocks it is still normal in color and it is also still slowly draining. It is still in the healing process."</p> <p>__ 11/5/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil that is normal skin color and it has went (sic) down and drained a lot. It is still draining slowly and healing."</p> <p>__ 11/6/15 "[Client B] still has a boil on her left buttocks. It is still normal skin color and also has a pin size hole in the center of it. It is still draining slow and</p>		<p>Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff demonstrate competency in the implementation of all Comprehensive High Risk Plans.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>still healing."</p> <p>__ 11/9/15 "[Client B] still has a boil on her left buttocks. [Client B] has a pin size hole in her boil. It is still draining down and normal in color, almost healed."</p> <p>__ 11/10/15 "[Client B] has a very small boil on her left buttocks. It has drained a lot. It is almost healed."</p> <p>__ 11/11/15 "[Client B] has a very small boil on her left buttocks. It has almost drained completely out. It is healing still."</p> <p>__ 11/12/15 "[Client B] still has a very small boil on her left buttocks. It is almost healed. [Client B's] boil is still draining slowly but effectively."</p> <p>__ 11/13/15 "[Client B] still has a very small boil on her left buttocks. It is still healing. Still has a little more draining to do."</p> <p>__ 11/16/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__ 11/17/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__ 11/18/15 "[Client B] still has a very small boil on her left buttocks. It is still healing and draining slowly."</p> <p>__ 11/19/15 "[Client B] still has a very small boil on her left buttocks. It has almost completely drained out, still draining slowly."</p> <p>__ 11/20/15 "[Client B] still has a very</p>			

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	<p>small boil on her left buttocks. It has been healing very well. Still draining real slow."</p> <p>__ 11/21/15 "[Client B's] buttocks still healing."</p> <p>__ 11/23/15 "[Client B] still has a very small boil on her left buttocks. It is still draining very slowly. It is almost healed."</p> <p>__ 11/24/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__ 11/25/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__ 11/26/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__ 11/27/15 "[Client B] still has a very small boil on her left buttocks. It is still healing slowly."</p> <p>__ 11/28/15 "[Client B] remain boil on left buttocks (sic)."</p> <p>__ 11/30/15 "[Client B] still has a boil on her left buttocks."</p> <p>__ 12/3/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__ 12/4/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."</p> <p>__ 12/7/15 "[Client B] still has a very small boil on her left side of her buttocks."</p> <p>__ 12/8/15 "[Client B] still has a very</p>			

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	<p>small boil on her left side of her buttocks. It is still healing."                      __ 12/9/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/10/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/12/15 "[Client B] still has a small boil on her left side of her buttocks. Still healing."                      __ 12/14/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/15/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/16/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/17/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/18/15 "[Client B] has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/21/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/23/15 "[Client B] still has a very small boil on her left side of her buttocks. It is still healing."                      __ 12/27/15 "[Client B's] buttocks still healing."</p>			

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W 0352 Bldg. 00	<p><u>12/28/15</u> "[Client B's] buttocks still healing."</p> <p>Client B's 2015 nursing notes indicated on 11/30/15 the nurse documented, "Left buttock abscess resolving slowly. Cont. (continue) Tegaderm dressing change every seven days and prn. No signs or symptoms of infection present this date."</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON indicated no specific staff training had been provided the staff in regard to the care of client B's wound/abscess of her buttocks and/or client B's specific pain indicators.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure client A was provided an annual dental examination.</p> <p>Findings include:</p>	W 0352	<p><b>CORRECTION:</b></p> <p><i>Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Specifically, the facility has scheduled and will obtain a dental</i></p>	02/03/2016

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	<p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. Client A's dental Record of Visit dated 12/28/15 indicated client A "had not been seen for 18 months." The record indicated "moderate to severe periodontal disease. Recommendations for treatment: See in OR (operating room) under GA (general anesthesia) for extensive treatment, xrays and possible full mouth extraction."</p> <p>The record indicated a dental summary progress note dated 3/13/14. The note indicated "Hygiene is poor with heavy accumulation of hard bacterial debris along gum line and subgingivally, significant gingival bleeding, root tip upper right. [Client D] is allowed to refuse home care which she does quite often resulting in significant periodontal disease/ongoing gingival infection and bleeding which never resolve due to lack of care. Recommend that whenever possible care (direct care) staff do brushing with Listerine as often as possible."</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON indicated dental evaluations were to be provided annually or as indicated by the specialist. The DON indicated client A was evaluated by an</p>		<p>examination for Client A. An audit of facility medical charts indicated this deficient practice did not affect any additional clients.</p> <p><b>PERVENTION:</b></p> <p>The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained, and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to dental examinations, occur within required time frames. Supervisory staff will review medical charts on an ongoing basis but no less than monthly to assure medical follow-along occurs as required. Members of the Operations Team and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that medical follow-along including but not limited to dental examinations take place as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager,</p>	

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W 0382 Bldg. 00	<p>Orthodontist on 3/13/14 and then not again until 12/28/15.</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 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure the clients' medications/treatments were secured at all times.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/17/15 between 4:45 AM and 8:15 AM. Client A's, B's, C's, D's, E's, F's and G's medications were stored in the medication room off of the living room.</p> <p>__At 5:14 AM staff #8 prepared client A's medications and then left the medication room to prompt client A to come to the medication room, leaving the medication room door unlocked and unsupervised.</p> <p>__At 5:25 AM staff #8 popped a Levothyroxine (a hormone to increase</p>	W 0382	<p>Direct Support Staff, Health Services Team, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must keep all drugs and biologicals locked except when being prepared for administration. Specifically, the nurse will facilitate retraining of all staff regarding the operation's medication administration procedures which are consistent with Core A and Core B (Living in the Community), including but not limited to keeping the medication room locked and/or the medications secured in a locked cabinet when the medications are not being prepared or administered, with specific attention to not leaving the medication room unlocked when leaving the room to prompt clients to take their medication.</i></p> <p><b>PREVENTION:</b></p>	02/03/2016

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	<p>thyroid levels) tablet from the medication card into a paper souffle cup and left the medication room to retrieve client B. Staff #8 again left the medication room unlocked and unsupervised. Client G entered the medication room and picked up and attempted to open a bottle of Ensure (a dietary supplement) that was sitting on the counter. Staff #8 returned to the medication room with client B and directed client G to return the bottle of ensure and to leave the medication room. ___At 5:28 AM staff #8 gave client B her medication. After taking her medication, staff #8 escorted client B back to her bedroom. Staff #8 left the medications room unlocked and unsupervised.</p> <p>During interview with the Director of Nursing (DON) on 12/17/15 at 4:45 PM, the DON indicated all medications were to be secured in the medication room and the medication room door was to be closed and locked when staff were not giving client medications. The DON stated, "No clients should be in the medication room without staff present."</p> <p>9-3-6(a)</p>		<p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assure staff secure medication per Living in the Community standards. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (B, C and D) with adaptive dining equipment, the facility failed to ensure the clients were provided their identified adaptive dining equipment at each meal.</p>	W 0436	<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff secure medication per Living in the Community standards.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of</i></p>	02/03/2016

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM and on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ Clients B and D were provided a divided dish for their evening and morning meals.</p> <p>__ Client B was not provided a plate guard for her evening and/or morning meals and client B was not provided a built up spoon for her morning meal.</p> <p>__ Client C was provided a regular cup to drink from during both meal observations. Client C was not provided a cup with a lid to drink from.</p> <p>__ Client D was provided one cup with a straw and one cup without for her evening meal.</p> <p>__ Client D was provided a regular cup for her morning meal.</p> <p>__ Client D was provided a built up spoon and a regular size fork and knife for her evening meal and a regular sized spoon for her morning meal.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM.</p> <p>__ Client B's 9/30/15 physician's orders indicated client B was to be provided a plate guard and a built up spoon for self</p>		<p><i>dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</i></p> <p>Specifically, the facility will review the mealtime adaptive equipment needs of all clients, purchasing replacement equipment as needed. All staff will be retrained toward assuring clients are provided with recommended mealtime adaptive equipment as well as the need to report replacement needs to supervisors.</p> <p><b>PERVENTION:</b></p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly. Additionally, the QIDP</p>				

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	<p>feeding for all meals.</p> <p>__ Client B's Adaptive Equipment Cleaning Schedule (AECS) dated 12/2015 indicated client B was to be provided a divided dish and a weighted spoon, fork and knife at meal times.</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. Client C's AECS dated 12/2015 indicated client C was to be provided a cup with a lid for liquids.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's AECS dated 12/2015 indicated client D was to be provided a divided plate, a weighted spoon, a weighted fork and a weighted knife when dining and a volume control cup for liquids.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP:            __ Indicated clients B, C and D utilized adaptive dining equipment.            __ Indicated the staff were to provide the clients' with their identified adaptive dining equipment at each meal.</p> <p>9-3-7(a)</p>		<p>will revise each Client's adaptive equipment checklist to include more detail to assist with maintaining equipment in good repair.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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W 0455  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 observation and interview for 7 of 7 clients living in the group home (clients A, B, C, D, E, F and G), the facility failed to maintain proper hygiene practices to prevent cross contamination of germs by not prompting and ensuring the clients washed their hands prior to eating their meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM. At 5:24 PM staff #3 prompted the clients to come to the dining room table for their evening meal. Staff #3 asked, "Did everyone wash their hands?" Clients A, B, C and D did not wash their hands prior to eating their evening meal. The staff did not ensure the clients washed their hands and/or offer the clients a hand sanitizer.</p> <p>Observations were conducted at the group home on 12/17/15 between 4:45 AM and 8:15 AM. During this observation period clients A, B, C, D, E, F and G did not wash their hands prior to eating their morning meal. The staff did not ensure the clients washed their hands</p>	W 0455	<p><b>CORRECTION:</b></p> <p><i>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Specifically for Client #2 and Client #3, staff will be retrained regarding the need to assure that clients wash their hands prior to eating their meals and at other appropriate intervals.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than five active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing.at appropriate intervals.</p> <p>Members of the Operations Team (comprised of the Executive</p>	02/03/2016

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	<p>and/or offer the clients a hand sanitizer.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 3 PM, the QIDP indicated the facility staff should prompt and ensure clients A, B, C, D, E, F and G washed their hands prior to eating meals to prevent the spread of germs.</p> <p>9-3-7(a)</p>		<p>Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and</p>	

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			<p>hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and</p>	

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W 0460 Bldg. 00	<p>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 (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure: __The staff followed the facility menu for clients A, B, C, D, E, F and G. __Clients A and B were offered substitutions for menu items that were refused and/or not eaten. __The staff prompted clients C and D to follow their prescribed diet of NEPs (No Extra Portions).  Findings include:</p>	W 0460	<p>informal opportunities, including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff practice universal precautions and train clients toward infection control facilitated by frequent hand washing.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b>  <i>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, all staff will be retrained regarding the need to follow the facility's menu or to provide documentation to the dietician that appropriate, nourishing substitution occurs. Additionally, the Residential Manager will assure that menued food items are available in the home to prepare as scheduled.</i></p>	02/03/2016

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	<p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM.</p> <p>__ The clients were served baked fish, a salad with cherry tomatoes and mixed vegetables, bread and milk.</p> <p>__ 5:25 PM all clients were prompted and/or assisted to the dining room for their evening meal.</p> <p>__ Client A was a small thin middle aged woman that utilized a wheelchair for mobility due to a recent fracture. Client A ate a salad with one cherry tomato. At 5:40 PM client A left the dining room table.</p> <p>__ Client B was a small thin frail middle aged woman. Client B ate three bites of baked fish and a couple of bites of mixed vegetables. At 5:48 PM client B finished her evening meal and was assisted to the living room to sit in a recliner.</p> <p>__ At 5:48 PM client E had finished her meal. Client E got up from the table, went into the kitchen and returned with an individual serving of yogurt. She ate the yogurt and then returned to the kitchen again and returned with a handful of fig bars and ate them.</p> <p>__ The staff did not provide clients A or B with a choice of alternate foods and/or encourage clients A or B to eat more of their meal.</p> <p>__ Clients A, B, C, D, E, F and G were not provided a fruit during the PM</p>		<p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff assist clients with preparing meals according to the established menus and provide appropriate substitutions when appropriate.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be</p>	

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	<p>observation period.</p> <p>Observations were conducted at the group home on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__The clients were provided a dry cereal (no choices of cereal provided), one slice of white bread/toast, juice and milk.</p> <p>__Clients C and D were provided two and three servings of cereal and toast. The clients were not prompted by the staff in regard to portion control.</p> <p>The facility's 11/9/11 menu week #1 Living Lite/NAS (No Added Salt) menu was reviewed on 12/16/15 at 5 PM. The menu indicated the clients were to have the following for their evening meal on 12/16/15:</p> <p>3 ounces of pork steak 1/2 cup of mashed potatoes 1/2 cup of broccoli 1 cup of a garden salad 1 slice of wheat bread with margarine 1/2 cup of fresh melon 8 ounces of skim milk.</p> <p>The menu indicated the clients were to have the following for their morning meal on 12/17/15:</p> <p>4 ounces of sugar free apple juice 1/2 cup of hot cereal or 3/4 cup of cold cereal 1 slice of wheat toast with 2 tablespoons</p>		<p>monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are</p>	

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	<p>of diet jelly and 1 teaspoon of margarine 8 ounces of skim milk 8 ounces of coffee.</p> <p>Client A's record was reviewed on 12/17/15 at 11 AM and on 12/29/15 at 12 PM. Client A's record indicated: __ Client A had a diagnosis of, but not limited to, Diabetes. __ Client A's 11/4/15 physician's orders indicated client A was to be offered second servings of meat at meals. __ A Comprehensive High Risk Plan dated 8/10/15 for weight to be maintained between 62 pounds and 110 pounds. The plan indicated the staff were to encourage compliance with healthy eating menu and to notify the nurse if weight fell below 62 pounds. __ Client A's 11/13/15 nutritional assessment from the dietician indicated an IBW (Ideal Body Weight) of 80 to 90 pounds.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's record indicated client B was receiving Ensure (a dietary supplement) four times a day to maintain her weight.</p> <p>Client C's record was reviewed on 12/29/15 at 1 PM. __ Client C's physician's orders dated</p>		<p>discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring the staff assists clients with preparing meals according to the established menu.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team, Dietician</p>		

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	<p>11/4/15 indicated client C was on a NEP (No Extra Portion) diet and could have seconds on non-starchy vegetables.</p> <p>__ Client C's 11/13/15 nutritional assessment from the dietician indicated client C was 64 inches tall and weighed 175 pounds. The assessment indicated client C's IBW (Ideal Body Weight) was 108 pounds to 132 pounds. The dietician indicated client C was in need of weight loss and was to have NEPs.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM.</p> <p>__ Client D's physician's orders dated 11/4/15 indicated client D was on a NEP diet and could have seconds on non-starchy vegetables.</p> <p>__ Client C's 11/13/15 nutritional assessment from the dietician indicated client D was 62 inches tall and weighed 177 pounds. The assessment indicated client D's IBW (Ideal Body Weight) was 99 pounds to 121 pounds. The dietician indicated client D was in need of weight loss and was to have NEPs.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP:</p> <p>__ Indicated the staff were to offer all of the food indicated on the menu for each meal unless the food was not available at</p>			

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W 0488 Bldg. 00	<p>which time the staff would substitute an appropriate food item for the food that was not available.</p> <p>__ Indicated the staff were to offer clients similar food substitutions for food not eaten or refused.</p> <p>__ Indicated clients C and D were in need of weight loss and the staff were to prompt and educate clients C and D to follow their recommended diets with NEPs</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure the clients were included in the meal preparation and to ensure the staff implemented the clients' Comprehensive High Risk Plans (CHRP).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/15 between 4:45 PM and 6:45 PM.</p> <p>__ At 5:24 PM clients A, B, C, D, E, F</p>	W 0488	<p><b>CORRECTION:</b></p> <p><i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities. Additionally, the facility will modify the staffing matrix to assure that there are no less than three staff on duty at meal times.</i></p>	02/03/2016

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	<p>and G were prompted and/or assisted to the dining room for their evening meal. The clients were served baked fish, a salad with cherry tomatoes, mixed vegetables, bread and milk. Client F assisted the staff in the kitchen with the meal preparation.</p> <p>__ Client B was a small, thin, frail middle aged woman that was blind. Client B was not oriented to what she was being served and/or to the position of food on her plate. Client B sat at the table with her head down close to her plate and spooned the food into her mouth. Client B was not prompted to hold her head up and/or to sit up straighter in the chair.</p> <p>__ The staff stood around the table behind the clients while the clients ate their meal.</p> <p>__ The staff did not sit down with the clients throughout the meal.</p> <p>__ Client D ate her meal at a fast pace and took large bites.</p> <p>__ Occasionally client D was prompted to count between bites.</p> <p>__ Client D was not prompted to limit her intake to single small bites of food with each bite and/or to dry swallow once between each bite of food.</p> <p>__ The staff did not check client D's mouth after eating to ensure client D did not pocket any food.</p> <p>__ Client D was not prompted to tuck her chin down while swallowing.</p>		<p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff train clients toward participating in all aspects of meal preparation and family style dining.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for the next 30 days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	
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	<p>__ Each client was not prompted to clear their individual place setting after eating.</p> <p>Observations were conducted at the group home on 12/17/15 between 4:45 AM and 8:15 AM.</p> <p>__ At 5:54 AM the clients began coming to the dining room for their morning meal.</p> <p>__ Clients A, B, C, D, E, F and G were provided a dry cereal (no choice), one slice of white bread/toast, juice and milk for their morning meal.</p> <p>__ The staff set the table with table service and served each of the clients their food and poured milk into their glasses as each client came into the dining room.</p> <p>__ Staff were in and out of the dining room while clients were seated at the dining room table, leaving the clients unsupervised for short periods of time.</p> <p>__ The staff did not sit with the clients at the table.</p> <p>__ Staff #6 fed client B her morning meal. Client B leaned forward and held her head down. Staff #6 would place a hand on client B's chin to tilt client B's head back to feed her.</p> <p>__ Client D was not prompted to limit her intake of food to single small bites with each bite and/or to dry swallow once between each bite of food.</p> <p>__ The staff did not check client D's</p>		<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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	<p>mouth after eating to ensure client D did not pocket any food.</p> <p>__ Client D was not prompted to tuck her chin down while swallowing.</p> <p>__ Each client was not prompted to clear their individual place setting after eating.</p> <p>Client B's record was reviewed on 12/17/15 at 1 PM and on 12/29/15 at 11 AM. Client B's record indicated quarterly physician's orders dated 9/30/15 for client B to use a plate guard and a built up spoon for self feeding.</p> <p>Client D's record was reviewed on 12/29/15 at 2 PM. Client D's quarterly physician's orders dated 11/4/15 and client D's CHRP (Comprehensive High Risk Plan) for choking dated 8/10/15 indicated client D:</p> <p>__ Was to have constant supervision while eating.</p> <p>__ Was to limit her intake to single small bites of food.</p> <p>__ Was to dry swallow one time after each bite.</p> <p>__ Was to tuck her chin down while swallowing.</p> <p>The CHRP and the physician's orders indicated:</p> <p>__ The staff was to check client D's mouth after meals to ensure client D was not pocketing food.</p>		<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G447	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/04/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4114 KNOLLTON RD INDIANAPOLIS, IN 46228
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	<p><input type="checkbox"/> No extra portions except non starchy vegetables.</p> <p>Client G's record was reviewed on 12/29/15 at 3 PM. Client G's CHRP dated 8/10/15 indicated:</p> <p><input type="checkbox"/> Client G was at risk of choking.</p> <p><input type="checkbox"/> Client G "Must have supervision during all food/drink intake, including snacks."</p> <p><input type="checkbox"/> Encourage client G to eat and drink slowly.</p> <p>During telephone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 12/30/15 at 10:30 AM, the QIDP:</p> <p><input type="checkbox"/> Indicated the staff were to follow and implement each client's CHRPs and physician's orders at every meal.</p> <p><input type="checkbox"/> Indicated the facility encouraged family style dining for the evening meal but was more informal with the morning meals.</p> <p><input type="checkbox"/> Indicated the clients were never to be left unsupervised while eating.</p> <p><input type="checkbox"/> Indicated the clients were to assist with every meal preparation.</p> <p><input type="checkbox"/> Indicated the clients were to serve themselves their food with staff assistance.</p> <p><input type="checkbox"/> Indicated the staff were not to be feeding client B.</p> <p><input type="checkbox"/> Indicated the clients were to be</p>			

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	assisted and prompted to remove their own individual place setting.  9-3-8(a)				