

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 02/17/2016
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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 the post certification revisit (PCR) survey to the pre-determined full recertification and state licensure survey completed on 1/4/16. This visit included the PCR to the investigation of complaint #IN00185533 completed on 1/4/16.</p> <p>Complaint #IN00185533: Not corrected.</p> <p>Dates of Survey: February 8, 10, 11 and 17, 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. Quality Review of this report completed by #15068 on 2/24/16.</p>	W 0000		
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 3 additional clients (E, F</p>	W 0104	CORRECTION:	03/18/2016

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>and G), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure:</p> <p>__ Clients' health care needs were met in regard to recurring skin breakdown due to poor skin integrity and a history of decubitus ulcers for clients B and G.</p> <p>__ Sufficient direct care staff in the home to monitor, supervise and care for the clients' health care needs and to implement the clients' program plans 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 home of clients A, B, C, D, E, F and G on 2/8/16 between 3:45 PM and 7 PM. The love seat and the couch in the living room were covered in a leather material. The leather of the seat cushions on both the couch and the love seat was cracked.</p> <p>During interview with Program Manager (PM) on 2/10/16 at 2 PM, the PM indicated a new couch and loveseat were on order and should be delivered soon. The PM indicated the home and the furniture were to be maintained and in good repair at all times.</p>		<p><i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically:</i></p> <p>The damaged love seat and couch will be replaced.</p> <p><i>The Governing Body has directed the facility to modify the staffing matrix to assure that there are no less than four 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 to 5 staff between 4:00 PM and 10:00 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. The Residential Manager has been retrained regarding the need to make sure that all scheduled shifts are covered.</i></p> <p>Nursing staff, including the Nurse Manager, will perform head to toe physical assessments of Clients B and G no less than twice</p>	

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	<p>2. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure client B's and G's health care needs were met in regard to recurring skin breakdown due to poor skin integrity and a history of decubitus ulcers and to ensure sufficient direct care staff were in the home to monitor, supervise and care for the clients to provide their basic health and safety needs and to provide the clients ongoing active treatment and training for clients A, B, C, D, E, F and G. Please see W149.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-1(a)</p>		<p>weekly to assess for additional skin breakdown and to monitor the healing process as well as to ass assure the accuracy of staff reporting and documentation. A review of documentation indicated this deficient practice did not affect additional clients.</p> <p>For Clients B and G, staff will be retrained on the following:</p> <ul style="list-style-type: none"> · Repositioning techniques and proper documentation of repositioning · Appropriate descriptive documentation of observed injuries. · Parameters for contacting nursing staff regarding skin breakdown and potential skin breakdown. · Use of supportive cushion while in wheelchair to relieve pressure. · Use of foot rest extensions on Client G's wheelchair. <p>A period of intensive face to face, on-the-job training and evaluation of competencies is described below.</p>	

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			<p>PERVENTION:</p> <p>The Nurse Manager/RN will continue to oversee the facility's healthcare needs directly until a new qualified nurse has been hired, trained and demonstrated base-line competencies. 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>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 to training topics listed above. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the</p>	

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			<p>Quality Assurance Manager. 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 conduct active treatment observations at the facility three times weekly for the next 60 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 Regional Director (area manager) will determine the level of ongoing support needed at the facility. In addition to direct observation of active treatment, these observations will include review of healthcare records, incident and medical documentation to assure appropriate nursing supports are in place and that staff demonstrate competency 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. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport</p>	

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			<p>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. While providing administrative oversight, Operations Team members will provide hands on coaching and training including but not limited to the training topics listed above.</p>	

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			<p>Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</p> <p>Administrative support at the home will also include assuring adequate direct support staff are on duty to meet the needs of all clients and that all furnishings are in good repair...</p> <p>The Program Manager will review and approve all staff schedules prior to implementation and 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.</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.</p>	

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W 0149 Bldg. 00	<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 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to implement its policy and procedures to ensure client B's and G's health care needs were met in regard to recurring skin breakdown due to poor skin integrity and a history of decubitus ulcers.</p> <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 their basic health and safety needs and to provide the clients ongoing active treatment and training for clients</p>	W 0149	<p>As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>Nursing staff, including the Nurse Manager, will perform head to toe physical assessments of Clients B and G no less than twice weekly to assess for additional skin breakdown and to monitor the healing process as well as to ass assure the accuracy of staff reporting and documentation. A review of documentation</p>	03/18/2016

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	<p>A, B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. 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 their basic health and safety needs and to provide the clients ongoing active treatment and training for clients A, B, C, D, E, F and G. Please see W186.</p> <p>2. The facility failed to implement its policy and procedures to ensure client G was assessed and monitored by nursing services due to skin breakdown and overall health concerns in regard to a draining wound of her coccyx, to ensure the staff notified nursing services of a change in the status of client G's wound of her coccyx, to ensure the staff implemented and documented client B's and G's positioning plans and to ensure all staff were trained and/or retrained to monitor, assess and provide care for client B's and G's health needs in regard to skin integrity, implementing the clients' High Risk Plans and positioning needs. Please see W331.</p> <p>The facility's policies and procedures were reviewed on 2/10/16 at 2 PM. The</p>		<p>indicated this deficient practice did not affect additional clients.</p> <p>For Clients B and G, staff will be retrained on the following:</p> <ul style="list-style-type: none"> · Repositioning techniques and proper documentation of repositioning · Appropriate descriptive documentation of observed injuries. · Parameters for contacting nursing staff regarding skin breakdown and potential skin breakdown. · Use of supportive cushion while in wheelchair to relieve pressure. · Use of foot rest extensions on Client G's wheelchair. <p>For all clients 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</p>	

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	<p>revised 2/26/11 facility policy entitled "Abuse, Neglect, and Exploitation" indicated "Adept staff actively advocate for the rights and safety of all individuals." The policy indicated: ___ "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." ___ "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>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-2(a)</p>		<p>meaningful leisure activities, as well as consistent implementation of risk plans and behavior supports. Specifically for Client B, the facility will obtain a variety sensory stimulation items, based on occupational therapy recommendations, to enhance her leisure time options. 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>A period of intensive face to face, on-the-job training and evaluation of competencies is described below.</p> <p>PERVENTION:</p> <p>The Nurse Manager/RN will continue to oversee the facility's healthcare needs directly until a new qualified nurse has been hired, trained and demonstrated base-line competencies. 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.</p>	

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			<p>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>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 to training topics listed above. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager. 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 conduct active treatment observations at the facility three times weekly for the next 60 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 Regional Director (area manager) will</p>	

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			<p>determine the level of ongoing support needed at the facility. In addition to direct observation of active treatment, these observations will include review of healthcare records, incident and medical documentation to assure appropriate nursing supports are in place and that staff demonstrate competency 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. 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 hygiene skills training, leisure skills training, medication</p>	

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			<p>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. While providing administrative oversight, Operations Team members will provide hands on coaching and training including but not limited to the training topics listed above. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</p> <p>Administrative support at the home will also include assuring adequate direct support staff are on duty to meet the needs of all clients and that all furnishings are in good repair.</p> <p>The Program Manager will review and approve all staff schedules</p>		

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W 0186 Bldg. 00	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>prior to implementation and 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.</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>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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	<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, monitor 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 2/8/16 between 3:45 PM and 7 PM. During this observation period the following was observed:</p> <p>At 3:45 PM there were two staff in the kitchen putting groceries away and the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were assisting client G in the bathroom. Clients A and D opened the front door and allowed this surveyor into the home. Immediately upon entering the home, client C grabbed this surveyor by the wrist and pulled this surveyor into the bedrooms and then into the kitchen. Both staff #1 and #2 continued putting groceries away while client C continued to pull this surveyor</p>	W 0186	<p>CORRECTION:</p> <p><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 four 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 to 5 staff between 4:00 PM and 10:00 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. The Residential Manager has been retrained regarding the need to make sure that all scheduled shifts are covered.</i></p> <p>PREVENTION:</p> <p>The Residential Manager will submit schedule revisions to the</p>	03/18/2016

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	<p>into the dining room and the living room. Staff #1 and #2 continued putting the groceries away. Clients B and F were sitting in recliners in the living room unsupervised, client E was in bed and clients A and D were in and out of the living room and kitchen.</p> <p>At 4 PM staff #4 arrived in the home. Staff #1 and #2 were still putting groceries away and the RM and QIDP were still in the bathroom.</p> <p>At 4:10 PM the QIDP came out of the bathroom where she was assisting the RM with client G. When asked the number of staff that were to be working, the QIDP indicated 3 or 4 staff in the home while the clients were awake.</p> <p>At 4:25 PM staff #4 began the evening medication pass. Staff #1 and #2 continued putting groceries away and the RM was still assisting client G with her shower. The QIDP indicated she was going to call another staff in to work. At 4:45 PM staff #5 arrived in the home. Staff #5 indicated he had never worked with the clients in the home and normally worked at another home. The QIDP took staff #5 around the home and introduced him to the clients.</p> <p>At 5 PM staff #2 left the home leaving 3</p>		<p>QIDP for approval prior to implementation.</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 60 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>	

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	<p>staff, the RM and the QIDP in the home.</p> <p>Client A was a middle aged female who ambulated independently throughout the home. Throughout this observation period client A walked from room to room and spent time alone in her bedroom. Client A did not self-motivate and/or actively participate in any activities during this observation period. The staff did not prompt and/or provide client A with activities and/or training.</p> <p>Client B was a frail, thin, blind woman who required staff assistance and direction to meet all of her basic needs. At 4:10 PM the staff escorted client B to the dining room table and sat client B down in one of the dining room chairs. The QIDP picked up an open square box with plastic pieces and sat it down in front of client B. Staff #4 sat with client B. Client B did nothing with the box that was set in front of her. Staff #4 did not interact with client B. After a few minutes staff #4 escorted client B back to the recliner where she remained until time for the evening meal at 6 PM. Client B sat in the recliner bouncing her legs back and forth banging her left leg into the cushioned arm of the recliner and into her right leg. Client B was observed to self-stimulate by rolling her fingers, pulling on her clothing and moving her</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 administrative monitoring of the facility.</p>	

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	<p>legs. Client B did not self-motivate and/or actively participate in any activities during this observation period.</p> <p>Client C was a non-verbal middle aged female who wandered in and out of the rooms while holding a small stuffed animal. At 4:10 PM the QIDP prompted client C to the dining room table and placed a plastic game with plastic chips in front of client C. Client C sat for a short period and then got up and began walking around the home. Client C invaded her housemates' personal space, went into her housemates' bedrooms without asking and required constant supervision to ensure client C did not physically grab and/or hurt clients A, B, D, E, F and G. During this observation period client C grabbed this surveyor by the wrist and pulled this surveyor into her bedroom, into other clients' bedrooms, into the kitchen and into the dining room. Client C did not self-motivate and/or actively participate in any activities during this observation period.</p> <p>Client E remained in bed from 3:45 PM until time for the evening meal at 6 PM. Interview with the Residential Manager (RM) at 5 PM indicated client E routinely went to bed when returning home from the day program and did not get up until meal time. The staff did not prompt client</p>		<p>Administrative support at the home will include assuring adequate direct support staff are on duty to meet the needs of all clients.</p> <p>The Program Manager will review and approve all staff schedules prior to implementation and 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.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>E to get up and/or offer client E a choice of activities.</p> <p>Client F was a middle aged heavy set female who wore a gait belt and required a wheeled walker and staff assistance to ambulate. Client F sat slumped down in the recliner in the living room. Client F got up to go to the bathroom and to eat her evening meal. Client F did not self-motivate and/or actively participate in any activities during this observation period.</p> <p>Client G was a heavy set older female who required a wheelchair and staff assistance for ambulation. Client G required staff assistance to meet all of her basic needs. Client G lay in bed throughout this observation except to get up at 6 PM for medications and her evening meal.</p> <p>Client B's record was reviewed on 2/10/16 at 12 PM. Client B's record indicated client B was blind. Client B's High Risk Plan (HRP) for falls dated 8/10/15 indicated "Staff to provide at least standby assistance while standing, walking, transferring, showering and toileting." Client B's record indicated client B required staff assistance to meet all of her daily needs.</p>			

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	<p>Client C's record was reviewed on 2/10/16 at 1 PM.</p> <p>__ Client C'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> <p>__ Client C's BSP (Behavior Support Plan) dated 8/14/15 indicated "Each day staff will keep [client C] in line of sight during waking hours when she is not in her bedroom. Staff will monitor [client C] giving her time to herself when she chooses to go to her room. The staff should continue to check on [client C] every 5 minutes staying near her location to maintain [client C's] safety while allowing for personal space within the house. Staff will follow [client C] and maintain [client C's] safety throughout the house, during transportation, in the community. During times that [client C] is actively roaming in the house, staff should stay attentive at all times maintaining a quick intervention if [client C] begins to self injury (sic) or attempt to touch other persons or objects."</p> <p>Client G's record was reviewed on 2/10/16 at 10 AM.</p> <p>Client G's Enhanced Supervision Procedure dated 3/9/15 indicated: __ Client G was to receive 1:1 staff</p>			

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	<p>supervision whenever awake and out of bed.</p> <p>__Staff assigned to work 1:1 with client G 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 G] 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 HRP for mobility dated 8/10/15 indicated "Staff to provide at least a 2 person assistance during showering /bathing/toileting."</p> <p>Interview with staff #1 on 2/8/16 at 4:30 PM indicated client G required 1:1 staff supervision at all times. Staff #1 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 2/8/16 at 5 PM, the RM: __Indicated client B was blind and required hands on assistance from staff</p>			

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	<p>whenever ambulating.</p> <p>__ Indicated client B required staff assistance to meet all of her basic needs</p> <p>__ Indicated client C was to be within eyesight of a staff member at all times.</p> <p>__ Indicated client F utilized a walker, wore a gait belt and required staff hands on assistance whenever ambulating.</p> <p>__ Indicated client G utilized a wheelchair and staff assistance for ambulation, required one to one staff supervision due to falls and utilized a bed alarm and wheelchair alarm to alert the staff if she were to get out of bed and/or try to get out of her wheelchair.</p> <p>__ Indicated client G's health had declined recently due to a wound on her buttocks and required staff assistance to meet all of her basic needs.</p> <p>__ Indicated the facility was increasing their staffing hours to ensure four staff in the home while the clients were awake.</p> <p>__ Indicated she was in the home frequently.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-3(a)</p>			

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W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 additional client (G), the client's Individualized Support Plan (ISP) failed to include the use of a bed alarm and a wheelchair alarm, to include when the alarm was to be used and how the staff were to ensure the alarms were functioning properly.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM. At 4:25 PM the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) assisted client G into bed. Client G's bed alarm was on the floor beside client G's bed. The QIDP was asked if the bed alarm was functioning. The QIDP picked the alarm up off the floor and tested the alarm. The alarm did not activate. The QIDP removed the pad that was connected to the alarm from under client G's mattress. The alarm still did not activate. The QIDP stated the batteries for the bed alarm "Must be dead. I'll have</p>	W 0240	<p>CORRECTION: <i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically: The QIDP will incorporate the use of a wheelchair and bed alarm into Client G's support plan. Additionally, the facility will purchase new wheelchair and bed alarms for Client G and the use of these alarms will be incorporated into Client G's support plan. Due to the fact that the sensor pads on such alarms have a limited life span, the facility will purchase new alarms prior to the end of the current alarms typical obsolescence on an ongoing basis. Staff will perform and document function checks of the chair and bed alarms no less than once each shift and, documenting the results on Client G's Adaptive Equipment Checklist. All staff will be retrained regarding the need to perform the tests as well as the need to report repair needs to supervisory personnel immediately. Through observation the team determined that this deficient practice did not affect additional clients.</i></p>	03/18/2016

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	<p>to get some more." The QIDP indicated she would have to go to the store as there were no replacement batteries in the home. The QIDP was asked if the alarm was working while client G was in the wheel chair. The QIDP stated, "Yes." The QIDP inspected the wire for the alarm on the wheelchair and found the wire to the alarm on the wheelchair was broken and stated, "I'm sorry, no it's not working. The wire is broken."</p> <p>Client G's record was reviewed on 2/10/16 at 10 AM. Client G's Individualized Support Plan (ISP) dated 7/3/15 and client G's 2015 High Risk Health Plans (HRPs) did not include the use of a bed alarm and/or a chair alarm, when the alarms were to be used and/or how the staff were to monitor the alarms to ensure the alarms were functioning.</p> <p>During interview with the QIDP on 2/8/16 at 5 PM, the QIDP: ___ Indicated client G was at risk for falls and had a history of leaning forward and falling out of her wheelchair. ___ Indicated client G utilized a chair alarm and a bed alarm to alert the staff if client G was getting out of her wheelchair or getting out of her bed. ___ Indicated the alarm was to be used whenever client G was in her wheelchair and/or in her bed.</p>		<p>PREVENTION: The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment, review of incident and behavior documentation and interdisciplinary input. Members of the Operations Team and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 60 days, and no less than 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 administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening</p>	

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W 0249 Bldg. 00	<p>__ Indicated the staff were to monitor the wheelchair/bed alarm to ensure the alarm was functioning.</p> <p>__ Indicated the use of the alarm should be included in the client's treatment plans.</p> <p>9-3-4(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>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 facility. Administrative support at the home will include direct face to face assessment of clients to compare observed behaviors and needs with current support documents and making recommendations for revisions as appropriate. RESPONSIBLE PARTIES: QIDP, Residential Manager, Health Services Team, 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 failed to ensure:</p> <p>__The clients were offered formal and informal training opportunities and/or choices of leisure activities when time permitted for clients A, B, C, D, E, F and G.</p> <p>__The staff implemented the clients' ISPs (Individualized Support Plans) and High Risk Plans (HRPs) in regard dining for clients C and E.</p> <p>__The staff implemented client C's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM. During this observation period the following was observed:</p> <p>At 3:45 PM there were two staff in the kitchen putting groceries away and the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were assisting client G in the bathroom. Clients A and D opened the front door and allowed this surveyor into the home. Immediately upon entering the home, client C grabbed this surveyor by the wrist and pulled this surveyor into the bedrooms and then into</p>	W 0249	<p>CORRECTION:</p> <p><i>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. 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, as well as consistent implementation of risk plans and behavior supports. Specifically for Client B, the facility will obtain a variety sensory stimulation items, based on occupational therapy recommendations, to enhance her leisure time options. 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. A period of intensive face to face,</i></p>	03/18/2016

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	<p>the kitchen. While being pulled through the kitchen and with client C still gripping this surveyor's wrist, staff #1 and staff #2 were asked what were the staff to do when client C grabbed and pulled on someone. Staff #1 stated, "Oh, she does that." Staff #2 did not respond and both staff continued putting groceries away while client C continued to pull this surveyor into the dining room and the living room before releasing her grip on this surveyor's wrist. Staff #1 and #2 continued putting the groceries away. Client C grabbed and pulled on this surveyor multiple times throughout the observation period.</p> <p>Client A was a middle aged female who ambulated independently throughout the home. Throughout this observation period client A walked from room to room and spent time alone in her bedroom. Client A did not self-motivate and/or actively participate in any activities during this observation period.</p> <p>Client B was a frail, thin, blind woman who required staff assistance to meet all of her basic needs. At 4:10 PM the staff escorted client B to the dining room table and sat client B down in one of the dining room chairs. The QIDP picked up an open square box with plastic pieces and sat it down in front of client B. Client B</p>		<p>on-the-job training is described below.</p> <p>PREVENTION:</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 to assuring the provision of continuous active treatment. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager. 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 60 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>did nothing with the box that was set in front of her. After a few minutes the staff escorted client B back to the recliner where she remained until time for the evening meal at 6 PM. Client B sat in the recliner bouncing her legs back and forth banging her left leg into the cushioned arm of the recliner and into her right leg. Client B was observed to self-stimulate by rolling her fingers, pulling on her clothing and moving her legs. Client B did not self-motivate and/or activity participate in any activities during this observation period.</p> <p>Client C was a non-verbal middle aged female who wandered in and out of the rooms while holding a small stuffed animal. At 4:10 PM the QIDP prompted client C to the dining room table and placed a plastic game with plastic chips in front of client C. Client C sat for a short period and then got up and began walking around the home. Client C did not self-motivate and/or activity participate in any activities during this observation period.</p> <p>Client E remained in bed from 3:45 PM until time for the evening meal at 6 PM. Interview with the Residential Manager (RM) at 5 PM indicated client E routinely went to bed when returning home from the day program and did not get up until</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. While providing</p>	

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	<p>meal time. The staff did not prompt client E to get up and/or offer client E a choice of activities.</p> <p>Client F was a middle aged heavy set female who wore a gait belt and required a wheeled walker and staff assistance to ambulate. Client F sat slumped down in the recliner in the living room. Client F got up to go to the bathroom and to eat her evening meal. Client F did not self-motivate and/or activity participate in any activities during this observation period.</p> <p>Client G was a heavy set older female who required a wheelchair and staff assistance for ambulation. Client G lay in bed throughout this observation except to get up at 6 PM for medications and her evening meal.</p> <p>During this observation period, the staff failed to provide clients A, B, C, D, E, F and G training and/or choices of leisure time activities when time permitted.</p> <p>Client A's record was reviewed on 2/10/16 at 11 AM. Client A's 12/7/15 ISP indicated client A had the following training objectives: ___ To brush her teeth twice a day with hand over hand assistance from the staff. ___ To wash her hair daily.</p>		<p>administrative oversight, Operations Team members will provide hands on coaching and training including but not limited to assuring the provision of continuous active treatment. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</p> <p>The Executive Director and Regional Director (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>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p><input type="checkbox"/> To choose one outfit to wear when given a choice of two.</p> <p><input type="checkbox"/> To identify her Depakote (used to treat seizures and mood disorders). Client A's record indicated client A did not receive Depakote.</p> <p><input type="checkbox"/> To identify a \$5.00 bill.</p> <p><input type="checkbox"/> To participate in an activity for 30 minutes.</p> <p><input type="checkbox"/> To participate in a physical activity of her choice.</p> <p>Client B's record was reviewed on 2/10/16 at 12 PM. Client B's 7/31/15 ISP indicated client B had the following training objectives:</p> <p><input type="checkbox"/> To communicate her wants, needs and emotions.</p> <p><input type="checkbox"/> To use her adaptive equipment independently. The ISP did not specify the specific adaptive equipment client B was to use.</p> <p><input type="checkbox"/> To participate in a shopping trip once a week.</p> <p><input type="checkbox"/> To pick up her medication cup and put 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>			

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	<p>Client C's record was reviewed on 2/10/16 at 1 PM. Client C's 8/14/15 ISP indicated client C had the following training objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To communicate her wants and needs. <input type="checkbox"/> To walk slowly while ambulating to prevent falls. <input type="checkbox"/> To participate in an activity of her choice. <input type="checkbox"/> To bathe her entire body. <input type="checkbox"/> To remain seated on the facility van. <input type="checkbox"/> To identify one of her medications. <input type="checkbox"/> To identify a penny and a nickel. <input type="checkbox"/> To assist the staff in preparing a meal. <input type="checkbox"/> To close her bedroom and/or bathroom door for privacy while dressing, toileting and bathing. <p>Client C's BSP (Behavior Support Plan) dated 8/14/15 indicated "Each day staff will keep [client C] in line of sight during waking hours when she is not in her bedroom. Staff will monitor [client C] giving her time to herself when she chooses to go to her room. The staff should continue to check on [client C] every 5 minutes staying near her location to maintain [client C's] safety while allowing for personal space within the house. Staff will follow [client C] and maintain [client C's] safety throughout the house, during transportation, in the community. During times that [client C]</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 C] begins to self injury or attempt to touch other persons or objects."</p> <p>Client D's record was reviewed on 2/11/16 at 11 AM. Client D's 7/28/15 ISP indicated client D had the following training objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To stay focused at the task on hand. <input type="checkbox"/> To participate in a physical activity. <input type="checkbox"/> To thoroughly wash her hair. <input type="checkbox"/> To identify one of her medications. <input type="checkbox"/> To initiate a leisure time activity. <input type="checkbox"/> To independently brush her teeth. <input type="checkbox"/> To close the bedroom and/or bathroom door to provide privacy while dressing, bathing and/or toileting. <input type="checkbox"/> To clean her bedroom. <input type="checkbox"/> To take her dishes to the sink after finishing a meal/snack. <p>Client E's record was reviewed on 2/11/16 at 12:30 PM. Client E's 11/14/15 ISP indicated client E had the following training objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To communicate her wants and needs. <input type="checkbox"/> To participate in a physical activity. <input type="checkbox"/> To bathe her entire body. <input type="checkbox"/> To brush her teeth with hand over hand assistance from staff. <input type="checkbox"/> To hand the cashier money for a purchase. 			

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	<p><input type="checkbox"/> To pick up her medication cup and take her medications.</p> <p><input type="checkbox"/> To participate in an activity.</p> <p><input type="checkbox"/> To assist the staff with preparing a meal with hand over hand assistance from the staff.</p> <p><input type="checkbox"/> To set her fork/spoon down in between bites of food.</p> <p>Client F's record was reviewed on 2/11/16 at 1 PM. Client F's 8/20/15 ISP indicated client F 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>Client G's record was reviewed on</p>			

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	<p>2/10/16 at 10 AM. Client G's 7/31/15 ISP indicated client G had the following training objectives:</p> <ul style="list-style-type: none"> __ To participate in an activity of her choice. __ To complete all steps of an activity. __ To utilize her wheelchair in an appropriate manner. __ To request assistance whenever getting out of her wheelchair. __ To utilize socially acceptable gestures when approaching people. __ To identify her Tegretol (an antipsychotic medication). __ To identify the value of coins. <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/10/16 at 1 PM, the QIDP:</p> <ul style="list-style-type: none"> __ Indicated the staff were to prompt and/or provide all clients with informal and formal training at every available opportunity. __ Stated "every 15 minutes or so" the staff should be providing the clients a choice of leisure activities and/or training. __ Indicated the staff were to keep client C within eyesight and be ready to intervene if client C was to grab a house mate or someone else in the home. <p>2. Observations were conducted at the group home on 2/8/16 between 3:45 PM</p>			

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	<p>and 7 PM.</p> <p>__ During this observation period clients C and E were observed eating an evening meal of pizza, a tossed salad and a chocolate pudding cup.</p> <p>__ Client C ate at a fast pace and took large bites.</p> <p>__ Client E did not set her spoon/fork down between bites of food.</p> <p>__ The staff did not prompt clients C and E to slow their pace of food and drink intake and/or prompt client E to place her fork/spoon down between bites of food.</p> <p>Client C's record was reviewed on 2/10/16 at 1 PM.</p> <p>__ Client C's 8/14/15 ISP indicated client C had the following training objective to consume no more than one teaspoon of food at a time.</p> <p>__ Client C's HRP (no date indicated on plan) indicated client C was at risk for choking and had a diagnoses of Dysphagia (difficulty swallowing). The plan indicated client C was to be encouraged to eat and drink slowly.</p> <p>Client E's record was reviewed on 2/11/16 at 12:30 PM.</p> <p>__ Client E's 11/14/15 ISP indicated client E had the following training objective to set her fork/spoon down in between bites of food.</p>			

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W 0331 Bldg. 00	<p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/10/16 at 1 PM, the QIDP indicated the staff were to follow the clients' HRPs and ISPs.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <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 1 of 4 sampled clients (B) and 1 additional client (G), the facility nursing services failed:</p> <p>__ To ensure client G was assessed and monitored by nursing services due to skin breakdown and overall health concerns in regard to a draining wound of her coccyx.</p> <p>__ To ensure the staff notified nursing services of a change in the status of client G's wound of her coccyx.</p> <p>__ To ensure the staff implemented and documented client B's and G's positioning plans.</p> <p>__ To ensure all staff were trained and/or retrained to monitor, assess and provide</p>	W 0331	<p>CORRECTION:</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 relevant medical conditions. Specifically:</i></p> <p>Nursing staff, including the Nurse Manager, will perform head to toe physical assessments of Clients B and G no less than twice weekly to assess for additional</p>	03/18/2016

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	<p>care for client B's and G's health needs in regard to skin integrity, to implement the clients' High Risk Plans and positioning needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM.</p> <p>__ Client G was a large older woman who utilized a wheelchair for ambulation and required staff assistance for all transfers in and out of bed and her wheelchair and for all repositioning needs.</p> <p>__ Client G required staff assistance to meet all of her basic need and all health care needs.</p> <p>At 3:45 PM: __ Client G was being assisted in the bathroom by the Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) to toilet and then to shower.</p> <p>At 4:25 PM: __ The RM finished showering client G and wheeled client G through the bathroom doorway, client G bumped her feet on the bathroom door frame. While in the wheelchair client G's legs dangled without support. __ Client G was not provided the leg rests</p>		<p>skin breakdown and to monitor the healing process as well as to ass assure the accuracy of staff reporting and documentation. A review of documentation indicated this deficient practice did not affect additional clients.</p> <p>For Clients B and G, staff will be retrained on the following:</p> <ul style="list-style-type: none"> · Repositioning techniques and proper documentation of repositioning · Appropriate descriptive documentation of observed injuries. · Parameters for contacting nursing staff regarding skin breakdown and potential skin breakdown. · Use of supportive cushion while in wheelchair to relieve pressure. · Use of foot rest extensions on Client G's wheelchair. <p>A period of intensive face to face, on-the-job training and evaluation of competencies is described below.</p>	

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	<p>and foot pedals.</p> <p>__ Client G was not provided a pressure relieving cushion while in the wheelchair.</p> <p>__ Client G's wheelchair seatbelt was not buckled.</p> <p>At 4:27 PM:</p> <p>__ The QIDP returned to client G's bedroom to assist the RM in getting client G into bed. The QIDP retrieved client G's gait belt from the bathroom and placed it on client G. The RM got behind client G and lifted client G up from the wheel chair while holding the waistband of client G's sweatpants and placing one arm under client G's armpit. The QIDP supported client G with the use of the gait belt. Client G was placed into her bed with her head and shoulders in the middle of the bed, lying on her back and her legs dangling over the side of the bed. The RM stood up and stretched her back and stated, "We have to straighten her up. She's way too far down in bed." The RM got behind the head board of the bed and slid client G up in bed. Client G did not assist with the transfer.</p> <p>__ The RM stated due to client G's declining condition and increased weakness, client G "doesn't help much" with transfers at the present time. The RM stated, "She (client G) pretty much needs three people to lift her in and out of bed the way she is now." The RM was</p>		<p>PERVENTION:</p> <p>The Nurse Manager/RN will continue to oversee the facility's healthcare needs directly until a new qualified nurse has been hired, trained and demonstrated base-line competencies. 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>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 to training topics listed above.</p>	
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	<p>asked if the facility had a mechanical lift to assist and provide a safer transfer for client G while getting in and out of bed and while showering. The RM indicated the facility did not utilize a mechanical lift and stated, "But it sure would help." ___ Client G was positioned on her back. Client G was not turned to her side and/or her legs and feet were not supported with cushions and/or pillows. ___ At 6 PM prior to getting client G out of bed the RM asked client G, "Do you care if she (this surveyor) looks at the sore on your bottom?" Client G agreed. The RM removed a dressing to expose a draining wound approximately 2.4 cm (centimeters) in size and draining a serosanguineous fluid (a clear fluid with pink/red tint). The wound was surrounded with necrotic (dark) dry tissue. The area surrounding the necrotic tissue was pink/red in color. The RM stated nursing services was aware of client G's "boil" but did not know if nursing had been notified of the change in status of client G's wound. The RM indicated the staff had been placing a dressing over client G's wound since the wound was draining. ___ The QIDP, the RM and staff #5 lifted client G from her bed and placed client G into her wheelchair. Client G's wheelchair seat pad was on top of client G's dresser. The RM was asked if client</p>		<p>Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager. 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 conduct active treatment observations at the facility three times weekly for the next 60 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 Regional Director (area manager) will determine the level of ongoing support needed at the facility. In addition to direct observation of active treatment, these observations will include review of healthcare records, incident and medical documentation to assure appropriate nursing supports are in place and that staff demonstrate competency 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. Active Treatment sessions to be monitored are defined as:</p>	

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	<p>G was supposed to have the seat cushion beneath her while in the wheelchair. The RM stated, "Yes, she's supposed to use it but ever since she got this boil on her bottom she doesn't want to use it. I think it hurts her."</p> <p>__ Client G was not provided the seat cushion and/or an alternate padding prior to placing client G into the wheelchair. Client G was not provided the leg and foot rests for her wheelchair.</p> <p>__ Client G was wheeled to the medication room for her evening medications and then to the dining room for her evening meal. Client G drank some fluids and ate some pudding.</p> <p>__ At 6:40 PM client G was wheeled back to her bedroom and placed back into her bed.</p> <p>__ During this observation period, client G lay on her back while in bed. Client G's legs, feet and back were not supported with pillows and/or cushions.</p> <p>The facility's reportable and investigative records were reviewed on 2/10/16 at 9 AM.</p> <p>__ The 1/10/16 BDDS report indicated client G was an elderly female client who required a wheelchair for ambulation and staff assistance with all transfers. The report indicated "Staff was assisting [client G] with hygiene and noted three apparent decubitus ulcers on her (client</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. While providing administrative oversight, Operations Team members will</p>	

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	<p>G's) left buttock ranging in size between 1.5 cm (centimeters) and 0.5 cm. [Client G] has a history of skin breakdown and a high risk plan is in place. Staff response to the development of the injuries is under investigation. The ResCare Nurse Manager has directed the team to take additional immediate protective measure until [client G] can be evaluated by her primary care physician to develop a treatment plan. Specifically, [client G] will receive basic wound care and only use her wheelchair for ambulation and transferring. Additional, staff will assure that while in bed, she lays on her side and turns from left to right every two hours. All staff will be trained on these interim protocols. [Client G] will be seen by her primary care physician on 1/11/16 and if the PCP is unavailable, the team will access other resources to assure [client G's] injuries are evaluated and recommendations for ongoing treatment are obtained."</p> <p>Client G's record was reviewed on 2/10/16 at 10 AM.</p> <p>Client G's Record of Visit (ROV) dated 7/2/15 indicated client G was seen by an ER physician for "Stage II sacral decub [(Left buttocks)], bilateral heels red."</p> <p>Client G's ROV dated 1/15/16 indicated</p>		<p>provide hands on coaching and training including but not limited to the training topics listed above. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</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>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>"Left buttock area times one week. Starting to alternate her from lying... to left side. One cm reddened area on left lower back. Upper buttocks with small open area. Localized skin infection - likely due to skin with pore (a minute opening in the skin) blockage and not a pressure ulcer.... Keep patient from lying on area until healed."</p> <p>Client G's High Risk Health Plan (HRP) dated 8/10/15 in regard to the potential for skin breakdown indicated:</p> <p>___ "Staff will complete weekly skin assessments and forward results to the nurse every Wednesday."</p> <p>___ "Staff will monitor for, note, report and record to nurse immediately any change in skin integrity such as redness, rash, swelling, open areas, or bleeding."</p> <p>___ "Physician will be notified by the nurse of the symptoms and nurses assessment and to obtain further recommendations."</p> <p>___ "Nurse will assure routine and as needed examinations are completed with the physician and recommendations are implemented in a timely manner."</p> <p>___ "Assess wound - noting color, any open areas, warmth, tenderness, redness, drainage, size (MEASURE) and any other changes."</p> <p>___ "Apply clean bandage if ordered."</p> <p>Client G's HRP dated 8/10/15 for</p>			

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	<p>decreased mobility due to being "wheelchair bound" indicated.</p> <p>__ Client G was to be turned and repositioned every two hours.</p> <p>__ Client G's heels were to be floated (elevated without pressure) at all times.</p> <p>__ Client G was to be provided "at least" two person assist while showering, bathing and toileting.</p> <p>Client G's HRP's did not include how often the nurse was to assess and monitor client G when an issue with skin integrity and/or skin breakdown was reported by the staff.</p> <p>Client G's 2016 January/February body assessment forms conducted by the direct care staff indicated:</p> <p>1/13/16 "Flesh colored area noted to left buttock. No s/s (signs or symptoms) of infection noted. Will cont. (continue) to monitor." The form indicated the nurse signed the form on 2/5/16.</p> <p>2/3/16 "3/4 inch area noted to left buttock. Skin intact, no s/s of infection noted." The form indicated the nurse signed the form on 2/5/16.</p> <p>Client G's record indicated weekly body assessments were not being conducted.</p> <p>Client G's Injury Flow Charts (IFCs) for</p>			

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	<p>January and February 2016 indicated:</p> <p><u> </u>1/10/16 "[Client G] has a break down on her buttocks."</p> <p><u> </u>1/11/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/12/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/13/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/14/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/15/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/16/16 indicated no assessment.</p> <p><u> </u>1/17/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/18/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/19/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/20/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/21/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/22/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/23/16 indicated no assessment.</p> <p><u> </u>1/24/16 indicated no assessment.</p> <p><u> </u>1/25/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/26/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p><u> </u>1/27/16 "[Client G] still has boils on her buttocks. It is healing."</p>			

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	<p>__1/28/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__1/29/16 indicated no assessment.</p> <p>__1/30/16 indicated no assessment.</p> <p>__1/31/16 indicated no assessment.</p> <p>__2/1/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__2/2/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__2/3/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__2/4/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__2/5/16 "[Client G] still has boils on her buttocks. It is healing."</p> <p>__2/6/16 indicated no assessment.</p> <p>__2/7/16 "[Client G] was observed and noticed the boil has opened and was draining with blood. Cleaned and applied cream."</p> <p>__2/8/16 "[Client G] still has a boil on her left buttocks. Notified supervisor because it's still bleeding."</p> <p>__2/9/16 "[Client G] still has a healing boil on her left buttocks. It has burst and is bleeding. It has a hole of the size of a quarter."</p> <p>__2/10/16 documented by the Nurse Manager "[Client G] has a 1 inch by 1 inch sized open area to left buttock. Drainage is clear with scant amount of blood noted. No s/s of infection noted, no c/o (complaint of) pain voiced by [client G] at this time. Peri (perineal) care</p>			

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	<p>provided. Prescription cream applied."</p> <p>The injury flow sheets indicated: ___ The staff failed to monitor client G's buttocks daily. ___ The staff failed to include a descriptive note of client G's wound. ___ The staff failed to report a change in the status of client G's wound immediately to nursing.</p> <p>Client G's February repositioning forms indicated "Reposition at least every two hours. Repositioning also includes shower and pressure relieving measures. Must also be repositioned while in w/c (wheelchair) or on sofa. Follow schedule below and document any additional repositioning done." The forms indicated the staff failed to reposition client G and/or failed to document client G's repositioning every two hours on February 1, 2, 3, 4, 5, 6, 7 and 8, 2016.</p> <p>Client G's nursing notes for 2016 indicated: ___ 1/22/16 "Assessment of buttock completed. Two 1/4 inch sized areas noted to left mid line buttock. Explained importance of peri care to Med Coach. Consumer up in wheelchair. Explained the importance of changing position every two hours and relieving pressure to buttock. Will continue to monitor."</p>			

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	<p>__1/28/16 "Assessment of buttocks completed. Noted two 1/2 inch to 3/4/inch sized areas on left buttocks. Areas are intact. No s/s (signs or symptoms) of infection noted. No c/o (complaint of) pain voiced by consumer. Peri care provided by this Nurse. Will cont (continue) to monitor."</p> <p>__2/4/16 "Consumer lying in bed on right side. Assessed bottom. One small area pink, warm, dry, skin intact, noted to left buttocks. Area healing, no drainage noted, leaned with H2O (water), cream applied. Consumer tolerated well, no complaints noted."</p> <p>__2/5/16 "Assessment to buttock completed. Area noted to left buttock showing 1 inch area of intact skin. Prescription cream ordered for bid (twice a day) and is being used. Stressed importance of peri care when episodes of incontinence occurs. Staff are monitoring. Positioning changes per schedule and documenting on injury flow sheets and progress notes. Informed Med Coach to keep consumer out of wheelchair as much as possible to relieve pressure on buttock."</p> <p>__2/9/16 "Assessment of buttock complete. Staff report area to left buttock 'burst' open 2/7/16. No report made to this nurse. Area presents with 1 inch size circular area with serosanguineous drainage. Peri care provided by Med</p>			

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	<p>Coach at time of assessment. No c/o pain voiced by consumer. Note possible tunneling. Will schedule appt. (appointment) with wound care specialist ASAP (as soon as possible). No s/s of infection noted will cont. to monitor."</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 1 PM, the NM:</p> <p>__ Indicated client G had a high risk plan for decreased mobility and skin infections.</p> <p>__ Indicated client G was to be repositioned every two hours and client G's feet were to be floated (elevated) at all times.</p> <p>__ Indicated both of client G's feet should be on the foot rests of her wheelchair and elevated when in the wheelchair.</p> <p>__ Indicated the wheelchair seat belt was to be utilized whenever client G was in the wheelchair.</p> <p>__ Indicated the staff were to do weekly body assessments.</p> <p>__ Indicated if a wound was discovered the staff were to notify nursing immediately and then were to conduct daily wound assessments and were to notify nursing with any issues and/or changes to the wound.</p> <p>__ Indicated the staff failed to notify nursing immediately after client G's wound opened and began to drain.</p> <p>__ Indicated the staff failed to provide</p>			

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	<p>evidence of repositioning client G every two hours.</p> <p>__ Indicated she would need to retrain the staff in regard to client G's health needs in regard to positioning, re-positioning, documentation and wound assessments.</p> <p>__ Indicated client G was to be off of her buttocks as much as possible.</p> <p>__ Indicated while client G was in bed, client G was to be positioned on her sides.</p> <p>2. Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM.</p> <p>__ Client B was a middle aged small, thin, frail, blind woman who required staff assistance for all ambulation and to meet all of her basic and health needs.</p> <p>__ During this observation period client B was observed sitting curled up on her side and on her back in a recliner in the living room.</p> <p>__ While sitting in the recliner client B was provided an egg crate cushion (a pressure relieving cushion)</p> <p>__ From 4:10 PM to 4:17 PM and from 6 PM to 6:36 PM client B sat on a wooden dining room chair with her legs bent and both feet and buttocks on the seat of the chair.</p> <p>__ Client B was not provided her egg crate cushion while sitting on the wooden dining room chairs.</p>			

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	<p>__ At 5:25 PM staff #3 physically prompted and assisted client B to the bathroom. Client B had two small reddened areas to right buttocks and one small area on her coccyx. All areas were dry and intact. Client B did not have Tegaderm (a type of dressing) covering the areas on her buttocks. Staff #3 indicated client B would not leave the Tegaderm on and stated, "She keeps pulling it off."</p> <p>Client B's record was reviewed on 2/10/16 at 12 PM.</p> <p>Client B's February 2016 quarterly physician's orders indicated: __ "Skin assessment weekly on Wednesdays and faxed to the facility's nurse." __ Calazime skin protectant cream applied to coccyx and buttock area three times a day and PRN (as needed). __ "Assisted with toileting every two hours." __ "Tegaderm - cover over sacral ulcer, change as needed or at least every seven days.</p> <p>Client B's physician's Record of Visits (ROVs) forms indicated: __ On 10/5/15 client B saw her PCP due to an abscess on her buttocks and due to recurring skin infection. The report</p>			

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	<p>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 2016 Injury Flow Charts (IFCs) documented by staff indicated the original date the wound was noted was on 10/3/15.</p> <p>__ 2/1/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/2/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/3/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/4/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/5/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/6/16 indicated no assessment.</p>			

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	<p>__ 2/7/16 indicated no assessment.</p> <p>__ 2/8/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__ 2/10/16 documented by the Nurse Manager "[Client B] has two 1 inch by 1 inch sized areas noted to right upper buttock. Skin is intact and flesh colored. No drainage noted. No s/s of infection noted. Will cont. to monitor Prescription cream applied. Will d/c (discontinue) Tegaderm - Superficial."</p> <p>Client B's undated pressure ulcer HRP indicated: __ "Staff will ensure that an egg crate cushion for sitting is available and being used in the home and day services for all seating areas." __ "Staff will monitor for, note, report and record to nurse immediately any change in skin integrity such as redness, rash, swelling and/or open areas." __ Client B's HRP did not include client B's positioning needs.</p> <p>Client B's 2016 nursing notes indicated: __ 1/28/16 "Assessment of buttocks completed. 1/4 inch sized area noted to right upper buttock and two 1/4 inch sized areas noted to left and right lower buttock. Areas noted have skin intact, no s/s of infection noted by this nurse. Prescription cream ordered for bid (twice a day) and is being applied."</p>			

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	<p>__ 2/5/16 "Assessment of buttocks complete. Small 1/4 inch sized area noted to right upper buttock. Two 1/4 inch sized areas noted to both left and right lower buttock. Informed med (medication) coach of importance of positioning changes and documenting area noted on buttock. Informed the notation of the injury flow sheets state 'boil' in which areas on buttocks are not boils. Skin is intact, and flesh colored. No drainage noted. Will continue to monitor."</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 1 PM, the NM:</p> <p>__ Indicated the previous facility nurse was no longer in the home and she was now covering the clients' health care needs.</p> <p>__ Indicated client B's wounds were healing.</p> <p>__ Indicated the staff were to conduct weekly skin assessments and were to notify nursing when issues were found.</p> <p>__ Indicated the staff were to ensure client B was repositioned and not sitting on her buttocks.</p> <p>__ Indicated client B was to be provided an egg crate cushion to relieve pressure to her buttocks.</p> <p>__ Indicated the staff were to be documenting client B's positioning/repositioning every two hours</p>			

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W 0342 Bldg. 00	<p>on the forms developed to record positioning. ___ Indicated the staff failed to reposition and/or document client B's positioning. ___ Indicated the staff were not to document "boil" on the injury flow records. ___ Indicated she would need to retrain with staff on the importance of providing the pressure relief cushion to client B, to ensure client B's positioning needs were met and to ensure the staff documented descriptive notes of wounds and/or injuries in regard to client B's health needs.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00185533.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(iii) NURSING SERVICES 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</p>			

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	<p>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) and 1 additional client (G), the facility nursing services failed to ensure all staff were trained and/or retrained to monitor, assess and provide care for client B's and G's health needs in regard to skin integrity, to implement the clients' High Risk Plans and positioning needs and to ensure the staff documented descriptive assessments of the clients' wounds and/or injuries.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM.</p> <p>__ Client G was a large older woman who utilized a wheelchair for ambulation and required staff assistance for all transfers in and out of bed and her wheelchair and for all repositioning needs.</p> <p>__ Client G required staff assistance to meet all of her basic and all health care needs.</p> <p>At 3:45 PM: __ Client G was being assisted in the bathroom by the Qualified Intellectual Disabilities Professional (QIDP) and the</p>	W 0342	<p>CORRECTION:</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. Specifically for Clients B and G, staff will be retrained on the following:</i></p> <ul style="list-style-type: none"> · Repositioning techniques and proper documentation of repositioning · Appropriate descriptive documentation of observed injuries. · Parameters for contacting nursing staff regarding skin breakdown and potential skin breakdown. · Use of supportive cushion while in wheelchair to relieve pressure. · Use of foot rest extensions 	03/18/2016

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	<p>Residential Manager (RM) to toilet and then to shower.</p> <p>At 4:25 PM: ___ The RM finished showering client G and wheeled client G through the bathroom doorway, client G bumped her feet on the bathroom door frame. While in the wheelchair client G's legs dangled without support. ___ Client G was not provided the leg rests and foot pedals. ___ Client G was not provided a pressure relieving cushion while in the wheelchair. ___ Client G's wheelchair seatbelt was not buckled.</p> <p>At 4:27 PM: ___ The QIDP returned to client G's bedroom to assist the RM in getting client G into bed. The QIDP retrieved client G's gait belt from the bathroom and placed it on client G. The RM got behind client G and lifted client G up from the wheel chair while holding the waistband of client G's sweatpants and placing one arm under client G's armpit. The QIDP supported client G with the use of the gait belt. Client G was placed into her bed with her head and shoulders in the middle of the bed, lying on her back and her legs dangling over the side of the bed. The RM stood up and stretched her back and stated, "We have to straighten her up.</p>		<p>on Client G's wheelchair.</p> <p>A period of intensive face to face, on-the-job training and evaluation of competencies is described below.</p> <p>PREVENTION:</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.</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 to training topics listed above. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager,</p>	

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	<p>She's way too far down in bed." The RM got behind the head board of the bed and slid client G up in bed. Client G did not assist with the transfer.</p> <p>__The RM stated due to client G's declining condition and increased weakness, client G "doesn't help much" with transfers at the present time. The RM stated, "She (client G) pretty much needs three people to lift her in and out of bed the way she is now." The RM was asked if the facility had a mechanical lift to assist and provide a safer transfer for client G while getting in and out of bed and while showering. The RM indicated the facility did not utilize a mechanical lift and stated, "But it sure would help."</p> <p>__Client G was positioned on her back. Client G was not turned to her side and/or her legs and feet were not supported with cushions and/or pillows.</p> <p>__At 6 PM prior to getting client G out of bed the RM asked client G, "Do you care if she (this surveyor) looks at the sore on your bottom?" Client G agreed. The RM removed a dressing to expose a draining wound approximately 2.4 cm (centimeters) in size and draining a serosanguineous fluid (a clear fluid with pink/red tint). The wound was surrounded with necrotic (dark) dry tissue. The area surrounding the necrotic tissue was pink/red in color. The RM stated nursing services was aware of</p>		<p>Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct observations of active treatment sessions at the facility three times weekly for the next 60 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 Regional Director (area manager) will determine the level of ongoing support needed at the facility. In addition to direct observation of active treatment, these observations will include review of healthcare records, incident and medical documentation to assure appropriate nursing supports are in place and that staff demonstrate competency 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. 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</p>	

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	<p>client G's "boil" but did not know if nursing had been notified of the change in status of client G's wound. The RM indicated the staff had been placing a dressing over client G's wound since the wound was draining.</p> <p>__The QIDP, the RM and staff #5 lifted client G from her bed and placed client G into her wheelchair. Client G's wheelchair seat pad was on top of client G's dresser. The RM was asked if client G was supposed to have the seat cushion beneath her while in the wheelchair. The RM stated, "Yes, she's supposed to use it but ever since she got this boil on her bottom she doesn't want to use it. I think it hurts her."</p> <p>__Client G was not provided the seat cushion and/or an alternate padding prior to placing client G into the wheelchair. Client G was not provided the leg and foot rests for her wheelchair.</p> <p>__Client G was wheeled to the medication room for her evening medications and then to the dining room for her evening meal. Client G drank some fluids and ate some pudding.</p> <p>__At 6:40 PM client G was wheeled back to her bedroom and placed back into her bed.</p> <p>__During this observation period, client G lay on her back while in bed. Client G's legs, feet and back were not supported with pillows and/or cushions.</p>		<p>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>While providing administrative oversight, Operations Team members will provide hands on coaching and training including but not limited to the training topics listed above. Documentation of this training</p>	

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	<p>The facility's reportable and investigative records were reviewed on 2/10/16 at 9 AM.</p> <p>__The 1/10/16 BDDS report indicated client G was an elderly female client who required a wheelchair for ambulation and staff assistance with all transfers. The report indicated "Staff was assisting [client G] with hygiene and noted three apparent decubitus ulcers on her (client G's) left buttock ranging in size between 1.5 cm (centimeters) and 0.5 cm. [Client G] has a history of skin breakdown and a high risk plan is in place. Staff response to the development of the injuries is under investigation. The ResCare Nurse Manager has directed the team to take additional immediate protective measure until [client G] can be evaluated by her primary care physician to develop a treatment plan. Specifically, [client G] will receive basic wound care and only use her wheelchair for ambulation and transferring. Additional, staff will assure that while in bed, she lays on her side and turns from left to right every two hours. All staff will be trained on these interim protocols. [Client G] will be seen by her primary care physician on 1/11/16 and if the PCP is unavailable, the team will access other resources to assure [client G's] injuries are evaluated and recommendations for ongoing treatment</p>		<p>will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</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>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>are obtained."</p> <p>Client G's record was reviewed on 2/10/16 at 10 AM.</p> <p>Client G's Record of Visit (ROV) dated 7/2/15 indicated client G was seen by an ER physician for "Stage II sacral decub [(Left buttocks)], bilateral heels red."</p> <p>Client G's ROV dated 1/15/16 indicated "Left buttock area times one week. Starting to alternate her from lying... to left side. One cm reddened area on left lower back. Upper buttocks with small open area. Localized skin infection - likely due to skin with pore (a minute opening in the skin) blockage and not a pressure ulcer.... Keep patient from lying on area until healed."</p> <p>Client G's High Risk Health Plan (HRP) dated 8/10/15 in regard to the potential for skin breakdown indicated: ___ "Staff will complete weekly skin assessments and forward results to the nurse every Wednesday." ___ "Staff will monitor for, note, report and record to nurse immediately any change in skin integrity such as redness, rash, swelling, open areas, or bleeding." ___ "Physician will be notified by the nurse of the symptoms and nurses assessment and to obtain further recommendations."</p>			

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	<p>__ "Nurse will assure routine and as needed examinations are completed with the physician and recommendations are implemented in a timely manner."</p> <p>__ "Assess wound - noting color, any open areas, warmth, tenderness, redness, drainage, size (MEASURE) and any other changes."</p> <p>__ "Apply clean bandage if ordered."</p> <p>Client G's HRP dated 8/10/15 for decreased mobility due to being "wheelchair bound" indicated.</p> <p>__ Client G was to be turned and repositioned every two hours.</p> <p>__ Client G's heels were to be floated (elevated without pressure) at all times.</p> <p>__ Client G was to be provided "at least" two person assist while showering, bathing and toileting.</p> <p>Client G's HRPs did not include how often the nurse was to assess and monitor client G when an issue with skin integrity and/or skin breakdown was reported by the staff.</p> <p>Client G's 2016 January/February body assessment forms conducted by the direct care staff indicated: 1/13/16 "Flesh colored area noted to left buttock. No s/s (signs or symptoms) of infection noted. Will cont. (continue) to monitor."</p>			

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	<p>The form indicated the nurse signed the form on 2/5/16.</p> <p>2/3/16 "3/4 inch area noted to left buttock. Skin intact, no s/s of infection noted." The form indicated the nurse signed the form on 2/5/16.</p> <p>Client G's record indicated weekly body assessments were not being conducted.</p> <p>Client G's Injury Flow Charts (IFCs) for January and February 2016 indicated: __1/10/16 "[Client G] has a break down on her buttocks." __1/11/16 "[Client G] still has boils on her buttocks. It is healing." __1/12/16 "[Client G] still has boils on her buttocks. It is healing." __1/13/16 "[Client G] still has boils on her buttocks. It is healing." __1/14/16 "[Client G] still has boils on her buttocks. It is healing." __1/15/16 "[Client G] still has boils on her buttocks. It is healing." __1/16/16 indicated no assessment. __1/17/16 "[Client G] still has boils on her buttocks. It is healing." __1/18/16 "[Client G] still has boils on her buttocks. It is healing." __1/19/16 "[Client G] still has boils on her buttocks. It is healing." __1/20/16 "[Client G] still has boils on her buttocks. It is healing." __1/21/16 "[Client G] still has boils on</p>			

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	<p>her buttocks. It is healing." __1/22/16 "[Client G] still has boils on her buttocks. It is healing." __1/23/16 indicated no assessment. __1/24/16 indicated no assessment. __1/25/16 "[Client G] still has boils on her buttocks. It is healing." __1/26/16 "[Client G] still has boils on her buttocks. It is healing." __1/27/16 "[Client G] still has boils on her buttocks. It is healing." __1/28/16 "[Client G] still has boils on her buttocks. It is healing." __1/29/16 indicated no assessment. __1/30/16 indicated no assessment. __1/31/16 indicated no assessment. __2/1/16 "[Client G] still has boils on her buttocks. It is healing." __2/2/16 "[Client G] still has boils on her buttocks. It is healing." __2/3/16 "[Client G] still has boils on her buttocks. It is healing." __2/4/16 "[Client G] still has boils on her buttocks. It is healing." __2/5/16 "[Client G] still has boils on her buttocks. It is healing." __2/6/16 indicated no assessment. __2/7/16 "[Client G] was observed and noticed the boil has opened and was draining with blood. Cleaned and applied cream." __2/8/16 "[Client G] still has a boil on her left buttocks. Notified supervisor because it's still bleeding."</p>			

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	<p>__2/9/16 "[Client G] still has a healing boil on her left buttocks. It has burst and is bleeding. It has a hole of the size of a quarter."</p> <p>__2/10/16 documented by the Nurse Manager "[Client G] has a 1 inch by 1 inch sized open area to left buttock. Drainage is clear with scant amount of blood noted. No s/s of infection noted, no c/o (complaint of) pain voiced by [client G] at this time. Peri (perineal) care provided. Prescription cream applied."</p> <p>The injury flow sheets indicated: __The staff failed to monitor client G's buttocks daily. __The staff failed to include a descriptive note of client G's wound. __The staff failed to report a change in the status of client G's wound immediately to nursing.</p> <p>Client G's February repositioning forms indicated "Reposition at least every two hours. Repositioning also includes shower and pressure relieving measures. Must also be repositioned while in w/c (wheelchair) or on sofa. Follow schedule below and document any additional repositioning done." The forms indicated the staff failed to reposition client G and/or failed to document client G's repositioning every two hours on February 1, 2, 3, 4, 5, 6, 7 and 8, 2016.</p>			

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	<p>Client G's nursing notes for 2016 indicated:</p> <p>__2/5/16 "Assessment to buttock completed. Area noted to left buttock showing 1 inch area of intact skin. Prescription cream ordered for bid (twice a day) and is being used. Stressed importance of peri care when episodes of incontinence occurs. Staff are monitoring. Positioning changes per schedule and documenting on injury flow sheets and progress notes. Informed Med Coach to keep consumer out of wheelchair as much as possible to relive pressure on buttock."</p> <p>__2/9/16 "Assessment of buttock complete. Staff report area to left buttock 'burst' open 2/7/16. No report made to this nurse. Area presents with 1 inch size circular area with serosanguineous drainage. Peri care provided by Med Coach at time of assessment. No c/o pain voiced by consumer. Note possible tunneling. Will schedule appt. (appointment) with wound care specialist ASAP (as soon as possible)."</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 1 PM, the NM:</p> <p>__ Indicated client G had a high risk plan for decreased mobility and skin infections.</p> <p>__ Indicated client G was to be</p>			
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	<p>repositioned every two hours and client G's feet were to be floated (elevated) at all times.</p> <p>__ Indicated both of client G's feet should be on the foot rests of her wheelchair and elevated when in the wheelchair.</p> <p>__ Indicated the wheelchair seat belt was to be utilized whenever client G was in the wheelchair.</p> <p>__ Indicated the staff were to do weekly body assessments.</p> <p>__ Indicated if a wound was discovered the staff were to notify nursing immediately and then were to conduct daily wound assessments and were to notify nursing with any issues and/or changes to the wound.</p> <p>__ Indicated the staff failed to notify nursing immediately after client G's wound opened and began to drain.</p> <p>__ Indicated the staff failed to provide evidence of repositioning client G every two hours.</p> <p>__ Indicated she would need to retrain the staff in regard to client G's health needs in regard to positioning, re-positioning, documentation and wound assessments.</p> <p>__ Indicated client G was to be off of her buttocks as much as possible.</p> <p>__ Indicated while client G was in bed, client G was to be positioned on her sides.</p> <p>2. Observations were conducted at the</p>			

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	<p>group home on 2/8/16 between 3:45 PM and 7 PM.</p> <p>__ Client B was a middle aged small, thin, frail, blind woman who required staff assistance for all ambulation and to meet all of her basic and health needs.</p> <p>__ During this observation period client B was observed sitting curled up on her side and on her back in a recliner in the living room.</p> <p>__ While sitting in the recliner client B was provided an egg crate cushion (a pressure relieving cushion)</p> <p>__ From 4:10 PM to 4:17 PM and from 6 PM to 6:36 PM client B sat on a wooden dining room chair with her legs bent and both feet and buttocks on the seat of the chair.</p> <p>__ Client B was not provided her egg crate cushion while sitting on the wooden dining room chairs.</p> <p>__ At 5:25 PM staff #3 physically prompted and assisted client B to the bathroom. Client B had two small reddened areas to right buttocks and one small area on her coccyx. All areas were dry and intact. Client B did not have Tegaderm (a type of dressing) covering the areas on her buttocks. Staff #3 indicated client B would not leave the Tegaderm on and stated, "She keeps pulling it off."</p> <p>Client B's record was reviewed on</p>			

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	<p>2/10/16 at 12 PM.</p> <p>Client B's February 2016 quarterly physician's orders indicated: ___ "Skin assessment weekly on Wednesdays and faxed to the facility's nurse." ___ Calazime skin protectant cream applied to coccyx and buttock area three times a day and PRN (as needed). ___ "Assisted with toileting every two hours." ___ "Tegaderm - cover over sacral ulcer, change as needed or at least every seven days.</p> <p>Client B's physician's Record of Visits (ROVs) forms indicated: ___ 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. ___ 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.</p>			

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	<p>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 2016 Injury Flow Charts (IFCs) documented by staff indicated the original date the wound was noted was on 10/3/15.</p> <p>__2/1/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/2/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/3/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/4/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/5/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/6/16 indicated no assessment.</p> <p>__2/7/16 indicated no assessment.</p> <p>__2/8/16 "[Client B] still has boil on her left buttocks. It is healing."</p> <p>__2/10/16 documented by the Nurse Manager "[Client B] has two 1 inch by 1 inch sized areas noted to right upper buttock. Skin is intact and flesh colored. No drainage noted. No s/s of infection noted. Will cont. to monitor Prescription cream applied. Will d/c (discontinue) Tegaderm - Superficial."</p> <p>Client B's undated pressure ulcer HRP indicated:</p>			

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	<p>__ "Staff will ensure that an egg crate cushion for sitting is available and being used in the home and day services for all seating areas."</p> <p>__ "Staff will monitor for, note, report and record to nurse immediately any change in skin integrity such as redness, rash, swelling and/or open areas."</p> <p>Client B's 2016 nursing notes indicated: __ 1/28/16 "Assessment of buttocks completed. 1/4 inch sized area noted to right upper buttock and two 1/4 inch sized areas noted to left and right lower buttock. Areas noted have skin intact, no s/s of infection noted by this nurse. Prescription cream ordered for bid (twice a day) and is being applied." __ 2/5/16 "Assessment of buttocks complete. Small 1/4 inch sized area noted to right upper buttock. Two 1/4 inch sized areas noted to both left and right lower buttock. Informed med (medication) coach of importance of positioning changes and documenting area noted on buttock. Informed the notation of the injury flow sheets state 'boil' in which areas on buttocks are not boils. Skin is intact, and flesh colored. No drainage noted. Will continue to monitor."</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 1 PM, the NM:</p>			

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	<p>__ Indicated the staff were to conduct weekly skin assessments and were to notify nursing when issues were found.</p> <p>__ Indicated the staff were to ensure client B was repositioned and not sitting on her buttocks.</p> <p>__ Indicated client B was to be provided an egg crate cushion to relieve pressure to her buttocks.</p> <p>__ Indicated the staff were to be documenting client B's positioning/repositioning every two hours on the forms developed to record positioning.</p> <p>__ Indicated the staff failed to reposition and/or document client B's positioning.</p> <p>__ Indicated the staff were not to document "boil" on the injury flow records.</p> <p>__ Indicated she would need to retrain with staff on the importance of providing the pressure relief cushion to client B, to ensure client B's positioning needs were met and to ensure the staff documented descriptive notes of wounds and/or injuries in regard to client B's health needs.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			

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W 0382 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>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 2/8/16 between 3:45 PM and 7 PM.</p> <p>Client A's, B's, C's, D's, E's, F's and G's medications were stored in a room off of the living room.</p> <p>__At 5:45 PM staff #4 exited the medication room leaving the medication room door unlocked and the medication cabinets inside the room unlocked and unsupervised. Clients A, B, C and D were in the living room a few feet away from the medication room.</p> <p>__At 5:47 PM staff #4 returned to the medication room. Staff #4 indicated he had left the medication room to prompt the staff to get client G up for her PM medications. Staff #4 indicated the</p>	W 0382	<p>CORRECTION:</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>PREVENTION:</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</p>	03/11/2016

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	<p>medication room door was to be locked at all times unless medications were being given.</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 11:15 AM, the NM indicated all medications were to be secured in the medication room and the medication room door was to be closed and locked whenever staff were not giving client medications.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>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 60 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</p>	

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			<p>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 Director of Operations/Regional Manager (area manager) will review documentation of</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 1 of 4 sampled clients (B) and one additional client (G) with adaptive equipment, the facility failed to ensure clients B and G were provided</p>	W 0436	<p>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. Staff found to have failed to comply with this expectation will be receive progressive written corrective action up to and including termination of employment.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed</i></p>	03/18/2016

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	<p>their pressure relieving cushions and client G was provided the leg and foot rests to her wheelchair.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM. Client B was a small, thin, frail middle aged woman. During this observation period client B was observed sitting curled up on her side in a recliner in the living room. While sitting in the recliner client B was provided a pressure relieving cushion. From 4:10 PM to 4:17 PM and from 6 PM to 6:36 PM client B sat on a wooden dining room chair. Client B sat with her legs bent and both feet and buttocks on the seat of the chair. Client B was not provided her pressure relieving cushion while sitting in the dining room chair.</p> <p>Client B's record was reviewed on 2/10/16 at 12 PM. Client B's High Risk Plan (date unknown) indicated client B was at risk for "potential pressure ulcers secondary to decreased mobility and sacral friction." The plan indicated the staff were to ensure client B was provided an "egg crate cushion for sitting" and the cushion was available and being used "for all seating areas."</p>		<p><i>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.</i></p> <p>Specifically, the facility will purchase new wheelchair and bed alarms for Client G and the use of these alarms will be incorporated into Client G's support plan. Due to the fact that the sensor pads on such alarms have a limited life span, the facility will purchase new alarms prior to the end of the current alarms typical obsolescence on an ongoing basis. Staff will perform and document function checks of the chair and bed alarms no less than once each shift and, documenting the results on Client G's Adaptive Equipment Checklist. All staff will be retrained regarding the need to perform the tests as well as the need to report repair needs to supervisory personnel immediately.</p> <p>Through observation the team determined that this deficient practice did not affect additional clients.</p> <p>PERVENTION:</p>				

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	<p>During interview with the Nurse Manager (NM) on 2/10/16 at 11:15 AM, the NM indicated client B had a history of skin breakdown and the staff were to ensure client B was provided her "egg crate cushion" to sit on at all times.</p> <p>2. Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM. Client G was a large older woman who utilized a wheelchair and staff assistance for ambulation. Client G's leg rests and foot pedals for her wheelchair were on the floor in the living room behind the recliner.</p> <p>At 4:25 PM client G was wheeled out of the bathroom by the Residential Manager (RM) and escorted to her bedroom. Client G bumped her feet on the door frame while being escorted in her wheelchair out of the bathroom. ___ The leg rests and foot pedals were not on the wheelchair and client G's legs and feet dangled without support. ___ There was no pad in the wheelchair for client G to sit on.</p> <p>At 6 PM client G was lifted out of her bed and placed into her wheelchair and escorted to the dining room for her evening meal. Client G's legs and feet dangled without support. Client G's wheelchair seat pad was on top of client</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 Monthly. Additionally, the QIDP will revise each Client's adaptive equipment checklist to include more detail to assist with maintaining equipment in good repair.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>G's dresser.</p> <p>__ Client G was not provided her wheelchair seat pad and/or an alternate padding prior to placing client G into the wheelchair.</p> <p>__ Client G was not provided the leg rests and foot pedals for her wheelchair.</p> <p>Client G's record was reviewed on 2/10/16 at 10 AM.</p> <p>Client G's ISP (Individualized Support Plan) dated 7/3/15 indicated client G had utilized a walker in the past but her ambulatory abilities had deteriorated and now client G required a wheelchair for all ambulation.</p> <p>Client G's high risk plan in regard to decreased mobility dated 7/3/15 indicated client G's heels were to "float (to be elevated without pressure)" at all times.</p> <p>During interview with the RM on 2/8/16 at 6:10 PM, the RM:</p> <p>__ Indicated client G was supposed to utilize a padded cushion while in the wheelchair.</p> <p>__ Stated, "Yes, she's supposed to use it (the seat cushion) but ever since she got this boil on her bottom she doesn't want to use it. I think it hurts her."</p> <p>__ Indicated client G was to be provided the leg and foot rests for her wheelchair</p>			

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W 0455 Bldg. 00	<p>while using the wheelchair.</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 11:15 AM, the NM: ___ Indicated client G had a history of skin breakdown. ___ Indicated client G's feet and legs were to be elevated while in the wheelchair.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p> <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. 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 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 2/8/16 between 3:45 PM and 7 PM.</p>	W 0455	<p>CORRECTION:</p> <p><i>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Specifically for Clients A – G, 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>A period of intensive face to face,</p>	03/18/2016
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	<p>At 6 PM:</p> <p>__ The clients were prompted to wash their hands and come to the dining room table for their evening meal.</p> <p>__ Clients B and F were sitting in recliners in the living room and were escorted to the dining room by staff. Client F required and held onto a walker while ambulating. Clients B and F were not assisted to wash their hands prior to going to the dining room.</p> <p>__ Clients C and D independently walked to the dining room table and sat down. Clients C and D did not wash their hands prior to going to the dining room.</p> <p>__ Client E was in her bed when prompted by staff to come to the dining room for her evening meal. Client E got out of bed, walked to the kitchen, picked up a divided plate that had pureed pizza in it. Client E carried the plate to the dining room, poured her liquid into the plate and began eating. Client E did not wash her hands prior to going to the dining room.</p> <p>__ Client G was in bed and assisted up into a wheelchair and escorted to the dining room. Client G did not wash her hands prior to going to the dining room.</p> <p>__ A plastic container of disinfecting kitchen wipes was sitting on the dining room table.</p>		<p>on-the-job training and evaluation of competencies is described below.</p> <p>PREVENTION:</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>Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</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 60 days, and no less than twice weekly for an additional 60</p>	

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	<p>__At 6:05 PM staff #5 picked up the disinfecting wipes, pulled two wipes from the container and gave them to client D. Client D used the wipes to wipe her hands off.</p> <p>__At 6:15 PM client A independently ambulated to the dining room table, sat down and began eating the pizza that was on the plate in front of her. Client A did not wash her hands prior to going to the dining room.</p> <p>__At 6:22 PM the Residential Manager (RM) was asked the purpose for the disinfecting kitchen wipes that were sitting on the dining room table. The RM indicated the wipes were for the clients to wipe their hands and their faces and for the staff to clean the dining room table prior to and after the clients ate their meals.</p> <p>__The staff did not ensure all clients washed their hands prior to eating their evening meal.</p> <p>__The staff did not offer the clients a hand sanitizer and/or antibacterial hand wipes.</p> <p>During interview with the Nurse Manager (NM) on 2/10/16 at 11:15 AM, the NM:</p> <p>__Indicated to prevent the spread of germs, the facility staff should prompt clients A, B, C, D, E, F and G to wash their hands prior to eating every meal and/or snack.</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. 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 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</p>	

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	<p>__ Indicated if the clients refused to wash their hands with soap and water, the staff should provide the clients with hand sanitizer and/or antibacterial hand wipes.</p> <p>__ Indicated the staff should not utilize the disinfecting wipes on the clients' hands or face.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>		<p>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 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. Documentation of this training will be provided to</p>	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE 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:</p> <p>___The staff provided training in family style dining when formal and informal training opportunities existed for clients A, B, C, D, E, F and G.</p> <p>___The staff implemented the clients' dining plans for clients C and E.</p> <p>___The clients ate in a manner consistent with their developmental levels in regard to the use of appropriate eating utensils and the use a napkin for clients B, C and F.</p> <p>___The staff provided client B with hand over hand assistance and training during mealtime.</p>	W 0488	<p>the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</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> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening</p>	03/18/2016	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 2/8/16 between 3:45 PM and 7 PM.</p> <p>During this observation period clients A, B, C, D, E and F were observed eating their evening meal of pizza, a tossed salad and pudding.</p> <p>__ At 6:05 PM staff #5 placed two pieces of pizza on client F's plate and one slice of pizza on client A's plate. Client A was not in the dining room at the time the pizza was placed on her plate.</p> <p>__ The staff poured drinks for clients A, B and G.</p> <p>__ The Residential Manager cut up client F's salad for her.</p> <p>__ The staff stood around the table as the food was being served to the clients.</p> <p>__ The staff did not sit with the clients at the table. Staff #3, #4 and #5 and the previous Residential Manager stood around the table and behind the clients while they ate their meal.</p> <p>Client B was a thin frail female who sat with her legs bent and her feet and buttocks on the seat of the wooden straight chair. A divided plate with a plate guard was placed in front of client B. Client B made no attempt to feed herself. Staff #1 placed a clothing protector on client B and began feeding</p>		<p>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. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</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>client B with a large handled adaptive spoon. After feeding client B, the staff removed the clothing protector and wiped client B's mouth with the clothing protector.</p> <p>__Staff #1 did not prompt client B to feed herself and/or provide client B with hand over hand assistance or training while feeding client B.</p> <p>__Staff #1 did not prompt client B to sit appropriately in the chair while at the dining room table.</p> <p>__Staff #1 did not prompt or assist client B to wipe her mouth while eating and/or after eating.</p> <p>Client C ate at a fast pace, took large bites of food and ate a portion of her meal, the salad covered in salad dressing, with her fingers. Client C spilled food on the table, down her shirt and onto the floor. After finishing her meal, client C got up from the table and walked toward her bedroom. Client C had food on and around her mouth when leaving the dining room.</p> <p>__The staff did not prompt client C to use her utensils when using her fingers to eat her salad.</p> <p>__The staff did not prompt client C to slow her rate of food intake, to take small bites.</p> <p>__The staff did not prompt or assist client C to wipe her mouth while eating and/or</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>after eating.</p> <p>Client E did not set her spoon/fork down between bites of food while eating and ate at a fast pace. ___ The staff did not prompt client E to slow her pace of food intake. ___ The staff did not prompt client E to put her fork/spoon down between bites of food.</p> <p>Client F ate her salad with salad dressing with her fingers. ___ The staff did not prompt client F to use her utensils when using her fingers to eat her salad.</p> <p>Client B's record was reviewed on 2/10/16 at 12 PM. ___ Client B's February, 2016 quarterly physician's orders indicated client B was to use a plate guard and a built up spoon for self-feeding.</p> <p>Client C's record was reviewed on 2/10/16 at 1 PM. ___ Client C's 8/14/15 ISP (Individualized Support Plan) indicated client C had a training objective to consume no more than one teaspoon of food at a time. ___ Client C's High Risk Plan (no date was indicated on plan) indicated client C was at risk for choking and had a diagnoses of Dysphagia (difficulty swallowing). The</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. Documentation of this training will be provided to the QIDP on a weekly basis and reviewed by the Quality Assurance Manager.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTIONS COMPLETED BY: 3/18/16</p>	

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	<p>plan indicated client C was to be encouraged to eat and drink slowly.</p> <p>Client E's record was reviewed on 2/11/16 at 12:30 PM.</p> <p>__ Client E's 11/14/15 ISP indicated client E had a training objective to set her fork/spoon down between bites of food.</p> <p>During interview with the Residential Manager (RM) on 2/8/16 at 6:30 PM, the RM:</p> <p>__ Indicated the staff were to provide the clients with verbal prompting and hand over hand assistance to serve and feed themselves for all meals and stated, "But the staff usually feed [client B] because sometimes she won't eat."</p> <p>__ Indicated the staff were to provide family style dining when possible.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/10/16 at 1 PM, the QIDP indicated the staff were to follow the clients High Risk Plans for choking and to provide the clients with training at every available opportunity.</p> <p>This deficiency was cited on 1/4/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p>			

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