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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G742 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/17/2015 |
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| NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 369 W WASHINGTON ST MORGANTOWN, IN 46160 |
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| W 000 Bldg. 00 | <p>This visit was for a recertification and state licensure survey. This visit resulted in an extended survey.</p> <p>Survey Dates: March 6, 12, 13, 16 and 17, 2015</p> <p>Facility Number: 005659 Provider Number: 15G742 AIM Number: 100244210</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/19/15 by Ruth Shackelford, QIDP.</p> | W 000 | | |
| W 104 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 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the governing body failed to</p> | W 104 | Client #1 received a new manual wheelchair while her electric wheelchair was repaired. Client #1's electric wheelchair will be in the home for her use by 4/16/15. | 04/16/2015 |

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

TITLE

(X6) DATE

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

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| | <p>exercise operating direction over the facility by failing to ensure: 1) there was a system in place to assess the clients' wheelchairs on a regular basis, 2) the staff had keys to lock the group home's doors and 3) the group home van's instruments were operational, there was a sufficient amount of wheelchair straps to secure two wheelchairs and a non-functioning seatbelt was repaired in the van.</p> <p>Findings include:</p> <p>1) On 3/12/15 from 5:58 AM to 8:37 AM, an observation was conducted at the group home. On 3/12/15 at 7:52 AM, client #1 indicated she was using a manual wheelchair due to her electric wheelchair not working. Client #1's manual wheelchair (the wheelchair she was using during the observation) did not have padding on the armrests. Client #1 indicated the brakes did not work. Client #1 locked her brakes and showed the surveyor her wheelchair still moved when the brakes were engaged. On 3/12/15 at 7:56 AM, client #1 indicated her brakes did not hold her wheelchair when she was in the van. Client #1 stated, "Bad in the van" and "wheelchair moves around." On 3/12/15 at 12:28 PM, client #1 stated "brakes don't hold" and arm rests "don't work. Both of them." On 3/12/15 at</p> | | <p>The group home van has new wheelchair straps in the appropriate amount to secure all wheelchairs during transport. The van also received maintenance to ensure the instrument panel is operating as required for safety. The exterior of the van is being repaired. The van will not be in use until the repairs are completed and the van is approved for use.</p> <p>A checklist has been developed and will be completed at least weekly to ensure that the needs identified for the home are monitored and corrected as required on an ongoing basis.</p> <p>Staff in the home were trained on 3/18/15 on completing the weekly checklist to monitor adaptive equipment, vehicle maintenance, locking group home when leaving, location of spare key and code to access spare key and reporting any home/vehicle concerns to appropriate supervisor and how to follow up if not resolved.</p> <p>The Program Director will review and follow up with Home Manager to ensure concerns are addressed timely and that the home and vehicle are safe and comfortable for all clients.</p> <p>This checklist will be reviewed with the Area Director at least monthly at the Program Director / Area Director monthly meeting.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | |

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| | <p>12:28 PM, client #1 used her left hand to propel the wheelchair to the railing on the wall. Client #1 pulled herself from the dining room to the living room. The railing ended at the entrance to the living room. Client #1 used her left hand to move the left wheel. Client #1 used her left hand to reach across her body and through a hole on the right side of the wheelchair to move the right wheel to straighten her chair out. Client #1 had to repeat the process over and over to keep her wheelchair moving in the direction of her bedroom.</p> <p>On 3/12/15 at 7:52 AM, the Program Director (PD) indicated there was a recall on her electric wheelchair for the electronic controller. The PD indicated client #1's electric wheelchair was scheduled to be repaired on 3/31/15. The PD indicated a new manual wheelchair was ordered. The PD indicated the business where the new manual wheelchair was ordered from did not stock manual wheelchairs with the larger rear wheels. On 3/12/15 at 7:56 AM, the PD indicated the facility did not have an order form or a receipt for the new manual wheelchair. The PD indicated client #1's manual wheelchair was secured in the van using straps. The PD stated it "doesn't matter if brakes were on or not."</p> | | | |

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| | <p>On 3/12/15 at 7:56 AM, staff #5 indicated client #1's straps to secure the wheelchair in the van were secured to the frame of the wheelchair and not the wheels.</p> <p>On 3/12/15 at 8:30 AM, staff #6 indicated client #1 had not informed staff of her brakes not working and her wheelchair moving around in the van. Staff #6 indicated client #1 had not informed staff she was not comfortable in the van due to her brakes not working.</p> <p>On 3/12/15 at 12:28 PM, staff #6 indicated client #1's electric wheelchair had not worked since February 2015. Staff #6 indicated the electric wheelchair would not hold a charge.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan, dated 10/20/14, indicated client #1 required assistance to care for her adaptive equipment. There was no documentation in client #1's record indicating the facility assessed her wheelchairs on a regular basis. Client #1's 10/20/14 Risk Management Assessment and Plan indicated, "[Client #1] has an electric wheelchair. She needs physical assistance to transfer from her chair to the bed and to the shower chair. She also</p> | | | |

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| | <p>has a manual wheelchair that she can move independently throughout the house."</p> <p>On 3/13/15 at 11:27 AM, the Area Director (AD) indicated client #1's wheelchairs needed to be repaired. The AD indicated there was no system in place for the facility to assess the clients' adaptive equipment on a regular basis to ensure the equipment was in good repair. The AD indicated the facility needed to ensure there was a sufficient number of straps in the van. The AD indicated there were two clients who used wheelchairs at the group home (clients #1 and #7) and 6 straps in the van. The AD indicated there should be a total of 8 straps in the van (4 for each wheelchair). The AD indicated the staff needed to be trained to strap down the wheelchairs with the correct amount of straps.</p> <p>On 3/13/15 at 11:27 AM, the Program Director (PD) indicated client #1 had been using her manual wheelchair for at least one month. The PD indicated she was not aware client #1's brakes were not functioning properly. The PD indicated client #1 did not inform the PD she was uncomfortable riding in the van due to her wheelchair moving around. The PD indicated there was no system in place for the facility to assess the clients' adaptive</p> | | | |

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| | <p>equipment on a regular basis to ensure the equipment was in good repair. The PD indicated the facility needed a system to ensure the clients' wheelchairs were in good repair.</p> <p>On 3/13/15 at 11:27 AM, the Registered Nurse (RN) indicated she was not aware client #1's brakes were not functioning properly. The RN indicated client #1 did not inform the RN she was uncomfortable riding in the van due to her wheelchair moving around. The RN stated it "might" be a good thing for the night shift staff to assess the wheelchairs during their shift.</p> <p>On 3/13/15 at 11:27 AM, the Area Director (AD) indicated the group home did not have a system in place to assess the clients' wheelchairs. The AD indicated the facility needed a system to ensure the clients' wheelchairs were in good repair. The AD indicated the staff reported to him on 3/12/15 that client #1 felt unsafe in the van due to her wheelchair moving around.</p> <p>2) On 3/12/15 at 11:37 AM while the surveyor was sitting in front of the group home waiting for the clients and staff to return from the museum, a delivery driver pulled up, walked up to the door, knocked, opened the door, yelled "hello,"</p> | | | |

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| | <p>and then walked into the group home. At the time, there were no staff or clients home. The delivery driver was in the house 1-2 minutes and then left the house. The delivery driver did not take anything in or out of the home. The driver did not use a key to access the home. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 3/12/15 at 11:59 AM, staff #6 indicated the staff did not lock the group home doors and never lock the doors. Staff #6 indicated none of the staff have keys to access the group home if the doors were locked.</p> <p>On 3/12/15 at 12:50 PM, staff #4 indicated the staff did not lock the group home doors and never lock the doors. Staff #4 indicated none of the staff have keys to access the group home if the doors were locked.</p> <p>On 3/13/15 at 11:19 AM, the Area Director (AD) indicated the staff should lock the group home when leaving and have keys to access the house. The AD indicated the maintenance staff installed a box on the door with a key code access so staff could lock the house and have a key to open the door. The AD indicated the maintenance staff told him the maintenance staff gave the former Home</p> | | | |

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| | <p>Manager two sets of keys in the fall of 2014.</p> <p>3) On 3/13/15 at 11:19 AM, the AD indicated he had the PD take the van out on 3/12/15 due to a report from staff the instrument gauges were not working (speedometer and gas gauge). The AD indicated the staff reported their concerns to the former Home Manager however the issue was not resolved. The AD indicated the staff also reported one seat belt did not work and there were 6 instead of 8 wheelchair straps to secure the clients' wheelchairs. The AD indicated each wheelchair should be secured with 4 straps on the frame of the wheelchair. The AD indicated the van was going into the repair shop on 3/17/15 for repairs. The AD indicated the damage to the rear of the van needed to be repaired as well. The AD indicated the van's gauges and seatbelt should have been repaired when the staff noticed there was an issue. The AD indicated the staff needed to report when there was not a sufficient number of straps to secure the wheelchairs. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan, dated 10/20/14, indicated client #1 required</p> | | | |

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| W 122 | <p>assistance to care for her adaptive equipment. There was no documentation in client #1's record indicating the facility assessed her wheelchairs on a regular basis. Client #1's 10/20/14 Risk Management Assessment and Plan (RMAP) indicated, "[Client #1] has an electric wheelchair. She needs physical assistance to transfer from her chair to the bed and to the shower chair. She also has a manual wheelchair that she can move independently throughout the house." The RMAP indicated, "Needs staff assistance to secure her wheelchair in the van for transports. Staff should provide physical assistance to secure [client #1's] wheelchair in the van before any transport and make sure her seatbelt on her wheelchair is secure."</p> <p>On 3/13/15 at 11:22 AM, the PD indicated prior to 3/12/15 the staff had not reported to her the instruments did not work. The PD indicated she spoke to two staff. One staff reported the gauges worked and the other staff indicated the gauges worked intermittently.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS</p> | | | | |

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| Bldg. 00 | <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview for 7 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6 and #8), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement its policies and procedures to provide appropriate supervision to the clients and training to the staff in regard to the facility-operated day program and ensure client #1's electric and manual wheelchairs remained in good condition.</p> <p>Findings include:</p> <p>Please refer to W149. For 7 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6 and #8), the facility neglected to implement its policies and procedures to provide appropriate supervision to the clients and training to the staff in regard to the facility-operated day program and ensure client #1's electric and manual wheelchairs remained in good condition.</p> <p>9-3-2(a)</p> | W 122 | <p>Staff in the home were trained on 3/18/15 by the Day Program Program Director on supervision of clients during day programming activities and following a weekly activity schedule for the clients to ensure participation in facility operated day program activities. Observations by supervisory staff will be completed at least weekly for one month and then monthly ongoing, to monitor that the supervision of clients and the activity schedule is implemented appropriately.</p> <p>Client #1 received a new manual wheelchair while her electric wheelchair was repaired. Client #1's electric wheelchair will be in the home for her use by 4/16/15. A checklist has been developed and will be completed at least weekly to ensure that client needs identified for the home are monitored and corrected as required on an ongoing basis.</p> <p>Staff in the home were trained on 3/18/15 on completing the weekly checklist to monitor adaptive equipment and reporting any adaptive equipment concerns to appropriate supervisor and how to follow up if not resolved.</p> <p>The Program Director will review and follow up with Home Manager to ensure concerns are addressed timely and that the home and vehicle are safe and comfortable for</p> | 04/16/2015 |

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| W 149 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 7 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6 and #8), the facility neglected to implement its policies and procedures to provide appropriate supervision to the clients and training to the staff in regard to the facility-operated day program and ensure client #1's electric and manual wheelchairs remained in good condition.</p> <p>Findings include:</p> <p>1) On 3/12/15 from 5:58 AM to 8:37 AM and 11:57 AM to 1:08 PM, observations were conducted at the group home. From 5:58 AM to 8:08 AM, there were three staff working at the group home. At 8:08 AM, staff #5 left the group home leaving two staff (staff #4 and #6) with 7 clients. At 8:21 AM, client #3 went into the bathroom and attempted to drink water out of the toilet.</p> | W 149 | <p>all clients. This checklist will be reviewed with the Area Director at least monthly at the Program Director / Area Director monthly meeting. Responsible Party: Home Manager, Program Director, Area Director</p> <p>Staff in the home were trained on 3/18/15 by the Day Program Program Director on supervision of clients during day programming activities and following a weekly activity schedule for the clients to ensure participation in facility operated day program activities. Observations by supervisory staff will be completed at least weekly for one month and then monthly ongoing, to monitor that the supervision of clients and the activity schedule is implemented appropriately. Client #1 received a new manual wheelchair while her electric wheelchair was repaired. Client #1's electric wheelchair will be in the home for her use by 4/16/15. A checklist has been developed and will be completed at least weekly to ensure that client needs identified for the home are monitored and corrected as required on an ongoing basis. Staff in the home were trained on</p> | 04/16/2015 |

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| | <p>Staff #4 redirected client #3. Client #3 went into the kitchen and the other clients alerted staff client #3 went into the kitchen. At 8:23 AM, client #3 removed a safety knob cover on the bathroom door. When staff replaced the cover, client #3 went to the other bathroom to try to drink water out of the sink. From 8:08 AM until the clients and staff left the group home at 8:37 AM, client #3 was being staffed one on one to redirect his attempts to drink water either from the sinks or toilets. The facility staffed client #3 one on one leaving the other staff responsible for 6 clients (#1, #2, #4, #5, #6 and #8 - #7 was on a home visit during the observations).</p> <p>On 3/12/15 at 8:23 AM, the clients were prompted to get their items together for a trip to another city to visit a museum. At 3/12/15 at 10:29 AM, the surveyor arrived to the museum to observe the group in the community. The group could not be located in the museum. The group was located in the street getting ready to leave. Staff #4 and #6 indicated client #4 was having a difficult time due to the amount of children in the museum so the staff decided to leave. Staff #6 indicated client #4 was covering his face, scratching himself and hand wringing so they left the museum. Staff #6 indicated client #4 had a plan to not be around</p> | | <p>3/18/15 on completing the weekly checklist to monitor adaptive equipment and reporting any adaptive equipment concerns to appropriate supervisor and how to follow up if not resolved. The Program Director will review and follow up with Home Manager to ensure concerns are addressed timely and that the home and vehicle are safe and comfortable for all clients. This checklist will be reviewed with the Area Director at least monthly at the Program Director / Area Director monthly meeting. Responsible Party: Home Manager, Program Director, Area Director</p> | |

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| | <p>children so they decided to leave the museum due to the amount of children present.</p> <p>On 3/12/15 at 12:57 PM, a review of client #4's 6/5/14 Risk Management Assessment and Plan indicated, in part, "History of temper outbursts, inappropriate touching of self, and collecting of or looking at pictures of young children, especially boys. Staff should monitor [client #4] during any interactions with people, especially children, whom he has just met and verbally redirect him if needed to a different activity or conversation topic. Requires 1:1 supervision when young children are present and staff supervision while in the community."</p> <p>On 3/12/15 at 12:15 PM, staff #4 and #6 indicated client #3 received one on one staffing. Both staff indicated they were unsure if there was a plan addressing one on one. Both staff indicated client #3 received one on one staffing to address water seeking behavior.</p> <p>A confidential informant (CI) indicated staffing was an issue at the group home during day program hours (8:00 AM to 2:00 PM). The CI indicated there were 2 staff working during these hours which was not enough staff to provide sufficient</p> | | | |

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| | <p>supervision to the clients. The CI stated client #3's water seeking had "increased dramatically" since January 1, 2015 when the other clients stopped attending the former day program and stayed home instead of going to a day program. The CI indicated client #3 was one on one at the group home.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan (ISP), dated 10/20/14, indicated she needed 24 hour supervision. Client #1's ISP indicated, "Assessment of ability to perform household tasks: Requires some assistance due to limited mobility. Assessment of ability/limitations to care for personal hygiene: Requires some assistance due to limited mobility. Assessment of ability/limitations to groom self: Requires some assistance due to limited mobility. Assessment of ability/limitations in food preparation: Requires some assistance due to limited mobility."</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's ISP, dated 11/12/14, indicated he needed 24 hour supervision. Client #2's ISP indicated, "Due to past vacating behaviors, alarms are located on the back doors of the home and may be activated</p> | | | |

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| | <p>if or when [client #2] displays all of the following signs of vacating: refusing meds, no interactions with housemates AND refusal of staff prompts with well known staff." The plan indicated, "Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times."</p> <p>On 3/13/15 at 1:53 PM, a review of client #3's ISP, dated 6/5/14, indicated he required 24 hour supervision. Client #3's ISP indicated, in part, "Assessment of dining skills: Requires assistance; has a potential for choking due to rapid eating; staff to monitor [client #3] while eating and provide verbal and physical prompting as needed; staff also to assist [client #3] to cut his food into small portions as needed." The ISP indicated, "What makes him/her happy: one-on-one with staff, familiar people." The ISP indicated, "List target behaviors and definition addressed in Behavior Support Plan: Pica, Excessive Drinking, Inappropriate Sexual Behavior." The plan indicated, "Assessment of his/her supervision needs: Requires 24-hour supervision in the community."</p> | | | |

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| | <p>On 3/13/15 at 1:56 PM, a review of client #4's ISP, dated 6/5/14, indicated he required 24 hour supervision. The plan indicated, "List target behaviors and definition addressed in Behavior Support Plan: Temper Outburst, Inappropriate Sexual Behavior, Mood Stability, Collecting Pictures of Children." The plan indicated, "Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times." The plan indicated, "24-hour supervision in the community."</p> <p>On 3/13/15 at 1:02 PM, a review of client #5's record was conducted. Client #5's ISP, dated 11/12/14, indicated she needed 24 hour supervision. The plan indicated, "Assessment of ability to perform household tasks: [Client #5] requires verbal prompting for household tasks. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times, but will</p> | | | |

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| | <p>inform staff of wants. Assessment of his/her supervision needs: 24 hour supervision in the community."</p> <p>On 3/13/15 at 1:59 PM, a review of client #6's ISP, dated 11/12/14, indicated he required 24 hour supervision. The plan indicated, "Assessment of dining skills: [client #6] requires assistance with portion control and eating a well balanced diet and eating at a slow pace and not eat too fast. Assessment of ability to monitor and supervise own nutrition: Requires assistance at times." The plan indicated client #6's targeted maladaptive behaviors to reduce included physical assault, verbal abuse, bossing and manipulative behavior. The plan indicated, "List any adaptive equipment used: VNS (Vagus Nerve Stimulator for seizure disorder), helmet, glasses and safety rail on his bed to assist with preventing him from falling out of his bed." The plan indicated, "Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times."</p> | | | |

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| | <p>On 3/13/15 at 1:25 PM, a review of client #8's record was conducted. Client #8's ISP, dated 6/5/14, indicated he needed 24 hour supervision. The ISP indicated, "Assessment of dining skills: Requires prompting at times to slow down when eating. Assessment of ability to monitor and supervise own nutrition: Requires assistance at times. List target behaviors and definition addressed in Behavior Support Plan: Type 1 & 2 Resistance, Incontinence, Psychosomatic Complaints, Excessive Drinking, Stealing, and Depressive Signs. Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times."</p> <p>On 3/13/15 at 12:06 PM, the Registered Nurse indicated two staff were not sufficient to supervise the clients during the day program.</p> <p>On 3/13/15 at 12:16 PM, the Program Director (PD) indicated the group home should have one overnight staff, two day program staff and three staff during the evening shift. The PD indicated the ratio</p> | | | |

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| | <p>of clients to staff was 4 clients to 1 staff. The PD indicated two staff were sufficient during the day program. The PD indicated there were no clients who received one on one staffing according to their plans.</p> <p>On 3/13/15 at 12:01 PM, the Area Director (AD) initially indicated two staff were sufficient during the day program. At 12:06 PM, the AD stated, "I agree 2 staff were not sufficient."</p> <p>2) On 3/12/15 at 6:09 AM, the Program Director (PD) indicated the clients would be attending a new day program within weeks. The PD indicated the clients would attend the new day program once modifications were completed at the day program including taking down walls and moving administrative offices to provide more room for the day program. The PD indicated day program services started at the group home on 1/1/15 when the former day program clients #1, #2, #3, #4, #5, #6 and #8 attended closed.</p> <p>On 3/12/15 at 11:59 AM, staff #6 stated, "We try to get out the best we know how." Staff #6 indicated she was not trained to provide day program services.</p> <p>On 3/13/15 at 11:38 AM, the Area Director stated the group home staff were</p> | | | |

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| | <p>not trained "specifically" for providing day program services.</p> <p>On 3/13/15 at 11:38 AM, the Program Director (PD) indicated she answered a lot of questions the group home staff had about providing day program services. The PD indicated she instructed staff to teach the clients life skills, budgeting and shopping. The PD indicated there was confusion initially when the group home staff had to provide day program services. The PD indicated she did not document training the staff.</p> <p>On 3/13/15 at 11:48 AM, the Day Services Manager (DSM) indicated she took materials to the group home for the clients to use during the day program hours. The DSM indicated she did not train the staff on what day program services consisted of. The DSM indicated she told the staff how to document their timesheets and logs.</p> <p>During the survey, the facility did not provide documentation the group home staff who provided day program services (staff #4 and #6) received training.</p> <p>3) On 3/12/15 from 5:58 AM to 8:37 AM, an observation was conducted at the group home. On 3/12/15 at 7:52 AM, client #1 indicated she was using a</p> | | | |

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| | <p>manual wheelchair due to her electric wheelchair not working. Client #1's manual wheelchair (the wheelchair she was using during the observation) did not have padding on the armrests. Client #1 indicated the brakes did not work. Client #1 locked her brakes and showed the surveyor her wheelchair still moved when the brakes were engaged. On 3/12/15 at 7:56 AM, client #1 indicated her brakes did not hold her wheelchair when she was in the van. Client #1 stated, "Bad in the van" and "wheelchair moves around." On 3/12/15 at 12:28 PM, client #1 stated "brakes don't hold" and arm rests "don't work. Both of them." On 3/12/15 at 12:28 PM, client #1 used her left hand to propel the wheelchair to the railing on the wall. Client #1 pulled herself from the dining room to the living room. The railing ended at the entrance to the living room. Client #1 used her left hand to move the left wheel. Client #1 used her left hand to reach across her body and through a hole on the right side of the wheelchair to move the right wheel to straighten her chair out. Client #1 had to repeat the process over and over to keep her wheelchair moving in the right direction of her bedroom.</p> <p>On 3/12/15 at 7:52 AM, the Program Director (PD) indicated there was a recall on her electric wheelchair for the</p> | | | |

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| | <p>electronic controller. The PD indicated client #1's electric wheelchair was scheduled to be repaired on 3/31/15. The PD indicated a new manual wheelchair was ordered. The PD indicated the business where the new manual wheelchair was ordered from did not stock manual wheelchairs with the larger rear wheels. On 3/12/15 at 7:56 AM, the PD indicated the facility did not have an order form or a receipt for the new manual wheelchair. The PD indicated client #1's manual wheelchair was secured in the van using straps. The PD stated it "doesn't matter if brakes were on or not."</p> <p>On 3/12/15 at 7:56 AM, staff #5 indicated client #1's straps to secure the wheelchair in the van were secured to the frame of the wheelchair and not the wheels.</p> <p>On 3/12/15 at 8:30 AM, staff #6 indicated client #1 had not informed staff of her brakes not working and her wheelchair moving around in the van. Staff #6 indicated client #1 had not informed staff she was not comfortable in the van due to her brakes not working.</p> <p>On 3/12/15 at 12:28 PM, staff #6 indicated client #1's electric wheelchair had not worked since February 2015. Staff #6 indicated the wheelchair would</p> | | | |

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| | <p>not hold a charge.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan, dated 10/20/14, indicated client #1 required assistance to care for her adaptive equipment.</p> <p>On 3/13/15 at 11:27 AM, the Area Director (AD) indicated client #1's wheelchairs needed to be repaired. The AD indicated there was no system in place for the facility to assess the clients' adaptive equipment on a regular basis to ensure the equipment was in good repair. The AD indicated the facility needed to ensure there was a sufficient number of straps in the van. The AD indicated there were two clients who used wheelchairs at the group home (clients #1 and #7) and 6 straps in the van. The AD indicated there should be a total of 8 straps in the van (4 for each wheelchair). The AD indicated the staff needed to be trained to strap down the wheelchairs with the correct amount of straps.</p> <p>On 3/13/15 at 11:27 AM, the Program Director (PD) indicated client #1 had been using her manual wheelchair for at least one month. The PD indicated she was not aware client #1's brakes were not functioning properly. The PD indicated</p> | | | |

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| | <p>client #1 did not inform the PD she was uncomfortable riding in the van due to her wheelchair moving around. The PD indicated there was no system in place for the facility to assess the clients' adaptive equipment on a regular basis to ensure the equipment was in good repair.</p> <p>On 3/13/15 at 11:27 AM, the Registered Nurse (RN) indicated she was not aware client #1's brakes were not functioning properly. The RN indicated client #1 did not inform the RN she was uncomfortable riding in the van due to her wheelchair moving around. The RN stated it "might" be a good thing for the night shift staff to assess the wheelchairs during their shift.</p> <p>The facility's policy and procedures related to abuse and neglect were reviewed on 3/6/15 at 11:47 AM. The facility's Quality and Risk Management policy dated April 2011 indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed." The policy defined neglect as, "e. Failure to</p> | | | |

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| W 186 Bldg. 00 | <p>provide appropriate supervision, care or training; f. Failure to provide a safe, clean and sanitary environment; g. Failure to provide food and medical services as needed; h. Failure to provide medical supplies or safety equipment as indicated in the ISP." The Human Rights policy, dated April 2011, indicated, in part, "The following actions are prohibited by employees of Indiana MENTOR: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights."</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, interview and record review for 7 of 7 clients observed to receive day program services (#1, #2, #3, #4, #5, #6 and #8), the facility failed to ensure there was sufficient staff to implement the clients' program plans.</p> | W 186 | Staff in the home were trained on 3/18/15 by the Day Program Program Director on supervision of clients during day programming activities and following a weekly activity schedule for the clients to ensure participation in facility operated day program activities. | 04/16/2015 |

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| | <p>Findings include:</p> <p>On 3/12/15 from 5:58 AM to 8:37 AM and 11:57 AM to 1:08 PM, observations were conducted at the group home. From 5:58 AM to 8:08 AM, there were three staff working at the group home. At 8:08 AM, staff #5 left the group home leaving two staff (staff #4 and #6) with 7 clients. At 8:21 AM, client #3 went into the bathroom and attempted to drink water out of the toilet. Staff #4 redirected client #3. Client #3 went into the kitchen and the other clients alerted staff client #3 went into the kitchen. At 8:23 AM, client #3 removed a safety knob cover on the bathroom door. When staff replaced the cover, client #3 went to the other bathroom to try to drink water out of the sink. From 8:08 AM until the clients and staff left the group home at 8:37 AM, client #3 was being staffed one on one to redirect his attempts to drink water either from the sinks or toilets. The facility staffed client #3 one on one leaving the other staff responsible for 6 clients (#1, #2, #4, #5, #6 and #8 - #7 was on a home visit during the observations).</p> <p>On 3/12/15 at 8:23 AM, the clients were prompted to get their items together for a trip to another city to visit a museum. At 3/12/15 at 10:29 AM, the surveyor</p> | | <p>Observations by supervisory staff will be completed at least weekly for one month and then monthly ongoing, to monitor that the supervision of clients and the activity schedule is implemented appropriately.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | |
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| | <p>arrived to the museum to observe the group in the community. The group could not be located in the museum. The group was located in the street getting ready to leave. Staff #4 and #6 indicated client #4 was having a difficult time due to the amount of children in the museum so the staff decided to leave. Staff #6 indicated client #4 was covering his face, scratching himself and hand wringing so they left the museum. Staff #6 indicated client #4 had a plan to not be around children so they decided to leave the museum due to the amount of children present.</p> <p>On 3/12/15 at 12:57 PM, a review of client #4's 6/5/14 Risk Management Assessment and Plan indicated, in part, "History of temper outbursts, inappropriate touching of self, and collecting of or looking at pictures of young children, especially boys. Staff should monitor [client #4] during any interactions with people, especially children, whom he has just met and verbally redirect him if needed to a different activity or conversation topic. Requires 1:1 supervision when young children are present and staff supervision while in the community."</p> <p>On 3/12/15 at 12:15 PM, staff #4 and #6 indicated client #3 received one on one</p> | | | |

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| | <p>staffing. Both staff indicated they were unsure if there was a plan addressing one on one. Both staff indicated client #3 received one on one staffing to address water seeking behavior.</p> <p>A confidential informant (CI) indicated staffing was an issue at the group home during day program hours (8:00 AM to 2:00 PM). The CI indicated there were 2 staff working during these hours which was not enough staff to provide sufficient supervision to the clients. The CI stated client #3's water seeking had "increased dramatically" since January 1, 2015 when the other clients stopped attending the former day program and stayed home instead of going to a day program. The CI indicated client #3 was one on one at the group home.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan (ISP), dated 10/20/14, indicated she needed 24 hour supervision. Client #1's ISP indicated, "Assessment of ability to perform household tasks: Requires some assistance due to limited mobility. Assessment of ability/limitations to care for personal hygiene: Requires some assistance due to limited mobility. Assessment of ability/limitations to groom self: Requires some assistance</p> | | | | |

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| | <p>due to limited mobility. Assessment of ability/limitations in food preparation: Requires some assistance due to limited mobility."</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's ISP, dated 11/12/14, indicated he needed 24 hour supervision. Client #2's ISP indicated, "Due to past vacating behaviors, alarms are located on the back doors of the home and may be activated if or when [client #2] displays all of the following signs of vacating: refusing meds, no interactions with housemates AND refusal of staff prompts with well known staff." The plan indicated, "Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times."</p> <p>On 3/13/15 at 1:53 PM, a review of client #3's ISP, dated 6/5/14, indicated he required 24 hour supervision. Client #3's ISP indicated, in part, "Assessment of dining skills: Requires assistance; has a potential for choking due to rapid eating; staff to monitor [client #3] while eating and provide verbal and physical prompting as needed; staff also to assist</p> | | | |

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| | <p>[client #3] to cut his food into small portions as needed." The ISP indicated, "What makes him/her happy: one-on-one with staff, familiar people." The ISP indicated, "List target behaviors and definition addressed in Behavior Support Plan: Pica, Excessive Drinking, Inappropriate Sexual Behavior." The plan indicated, "Assessment of his/her supervision needs: Requires 24-hour supervision in the community."</p> <p>On 3/13/15 at 1:56 PM, a review of client #4's ISP, dated 6/5/14, indicated he required 24 hour supervision. The plan indicated, "List target behaviors and definition addressed in Behavior Support Plan: Temper Outburst, Inappropriate Sexual Behavior, Mood Stability, Collecting Pictures of Children." The plan indicated, "Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times." The plan indicated, "24-hour supervision in the community."</p> <p>On 3/13/15 at 1:02 PM, a review of client #5's record was conducted. Client #5's</p> | | | |

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| | <p>ISP, dated 11/12/14, indicated she needed 24 hour supervision. The plan indicated, "Assessment of ability to perform household tasks: [Client #5] requires verbal prompting for household tasks. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times, but will inform staff of wants. Assessment of his/her supervision needs: 24 hour supervision in the community."</p> <p>On 3/13/15 at 1:59 PM, a review of client #6's ISP, dated 11/12/14, indicated he required 24 hour supervision. The plan indicated, "Assessment of dining skills: [client #6] requires assistance with portion control and eating a well balanced diet and eating at a slow pace and not eat too fast. Assessment of ability to monitor and supervise own nutrition: Requires assistance at times." The plan indicated client #6's targeted maladaptive behaviors to reduce included physical assault, verbal abuse, bossing and manipulative behavior. The plan indicated, "List any adaptive equipment used: VNS (Vagus Nerve Stimulator for seizure disorder), helmet, glasses and safety rail on his bed to assist with</p> | | | |

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| | <p>preventing him from falling out of his bed." The plan indicated, "Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at times."</p> <p>On 3/13/15 at 1:25 PM, a review of client #8's record was conducted. Client #8's ISP, dated 6/5/14, indicated he needed 24 hour supervision. The ISP indicated, "Assessment of dining skills: Requires prompting at times to slow down when eating. Assessment of ability to monitor and supervise own nutrition: Requires assistance at times. List target behaviors and definition addressed in Behavior Support Plan: Type 1 & 2 Resistance, Incontinence, Psychosomatic Complaints, Excessive Drinking, Stealing, and Depressive Signs. Assessment of ability to perform household tasks: Requires assistance at times. Assessment of ability/limitations to care for personal hygiene: Requires assistance at times. Assessment of ability/limitations to groom self: Requires assistance at times. Assessment of ability/limitations in food preparation: Requires assistance at</p> | | | |

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| W 189 Bldg. 00 | <p>times."</p> <p>On 3/13/15 at 12:06 PM, the Registered Nurse indicated two staff were not sufficient to supervise the clients during the day program.</p> <p>On 3/13/15 at 12:16 PM, the Program Director (PD) indicated the group home should have one overnight staff, two day program staff and three staff during the evening shift. The PD indicated the ratio of clients to staff was 4 clients to 1 staff. The PD indicated two staff were sufficient during the day program. The PD indicated there were no clients who received one on one staffing according to their plans.</p> <p>On 3/13/15 at 12:01 PM, the Area Director (AD) initially indicated two staff were sufficient during the day program. At 12:06 PM, the AD stated, "I agree 2 staff were not sufficient."</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> | | | | | | |

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| | <p>Based on interview and record review for 4 of 4 clients in the sample (#1, #2, #5 and #8) and three additional clients (#3, #4 and #6), the facility failed to ensure staff received training to implement day program services to the clients.</p> <p>Findings include:</p> <p>On 3/12/15 at 6:09 AM, the Program Director (PD) indicated the clients would be attending a new day program within weeks. The PD indicated the clients would attend the new day program once modifications were completed at the day program including taking down walls and moving administrative offices to provide more room for the day program. The PD indicated day program services started at the group home on 1/1/15 when the former day program clients #1, #2, #3, #4, #5, #6 and #8 attended closed.</p> <p>On 3/12/15 at 11:59 AM, staff #6 stated, "We try to get out the best we know how." Staff #6 indicated she was not trained to provide day program services.</p> <p>On 3/13/15 at 11:38 AM, the Area Director stated the group home staff were not trained "specifically" for providing day program services.</p> <p>On 3/13/15 at 11:38 AM, the Program</p> | W 189 | <p>Staff in the home were trained on 3/18/15 by the Day Program Program Director on supervision of clients during day programming activities and following a weekly activity schedule for the clients to ensure participation in facility operated day program activities. Observations by supervisory staff will be completed at least weekly for one month and then monthly ongoing, to monitor that the supervision of clients and the activity schedule is implemented appropriately.</p> <p>All client Active Treatment Schedules have been updated and staff were trained on the changes to the schedules on 3/18/15. Active Treatment Schedules will be reviewed and revised, if needed, at least annually or as changes occur. Responsible Party: Home Manager, Program Director, Area Director</p> | 04/16/2015 |

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| W 249 Bldg. 00 | <p>Director (PD) indicated she answered a lot of questions the group home staff had about providing day program services. The PD indicated she instructed staff to teach the clients life skills, budgeting and shopping. The PD indicated there was confusion initially when the group home staff had to provide day program services. The PD indicated she did not document training the staff.</p> <p>On 3/13/15 at 11:48 AM, the Day Services Manager (DSM) indicated she took materials to the group home for the clients to use during the day program hours. The DSM indicated she did not train the staff on what day program services consisted of. The DSM indicated she told the staff how to document their timesheets and logs.</p> <p>During the survey, the facility did not provide documentation the group home staff who provided day program services (staff #4 and #6) received training.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active</p> | | | |
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| | <p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 clients in the sample (#2), the facility failed to ensure staff implemented client #2's program plan as written for dressing suitably for weather conditions.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/12/15 from 5:58 AM to 8:37 AM. At 8:30 AM when client #2 was initially asked to get ready to leave to go to a museum, client #2 refused to leave. Client #2 got up and went out to the van. Client #2 was wearing a short sleeve shirt and shorts. There was no redirection or prompting from staff to get client #2 to wear weather appropriate clothing. At the time client #2 walked out of the house, it was 29 degrees Fahrenheit. Once client #2 was on the van, the Program Director asked staff to take client #2's coat with them.</p> <p>On 3/12/15 at 10:34 AM in the street in front of the museum, staff #4 and #6 indicated they were leaving due to another client's anxiety related to the number of children at the museum. Staff</p> | W 249 | <p>Staff in the home were trained on 3/18/15 on ensuring that all clients are dressed appropriately for the weather prior to leaving the home each day.</p> <p>Observations by supervisory staff will be completed at least weekly for one month and then monthly ongoing. Staff will monitor that if clients leave for an activity, they are dressed appropriately for the current weather prior to leaving the home.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | 04/16/2015 |

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| W 250 Bldg. 00 | <p>#6 indicated the group was supposed to go to a park to eat their lunches but due to client #2 wearing short sleeves and shorts, they were unable to go to the park.</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's Risk Management Assessment and Plan, dated 11/12/14, indicated in the dresses suitably for weather conditions section, "[Client #2] sometimes needs assistance with wearing weather appropriate clothing. Staff will ensure that [client #2] has appropriate clothing for all seasons and provides suitable choices in selecting appropriately for the weather conditions."</p> <p>On 3/13/15 at 12:35 PM, the Program Director (PD) indicated the staff should have encouraged client #2 to wear weather appropriate clothing. The PD indicated his risk plan should have been implemented as written.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> | | | |

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| | <p>Based on observation, record review and interview for 4 of 4 clients in the sample (#1, #2, #5 and #8), the facility failed to revise the clients' active treatment programs when the former day program closed.</p> <p>Findings include:</p> <p>On 3/12/15 from 5:58 AM to 8:37 AM, an observation was conducted at the group home. At 6:09 AM, the Program Director (PD) indicated the clients would be attending a new day program within weeks. The PD indicated the clients would attend the new day program once modifications were completed at the day program including taking down walls and moving administrative offices to provide more room for the day program. The PD indicated the day program also needed to hire additional staff. On 3/12/15 at 7:56 AM, the PD indicated she could not locate a day program schedule for the clients. The PD indicated the clients' Active Treatment Schedules were not updated since the former day program closed at the end of December 2014. On 3/12/15 at 8:23 AM, the clients were prompted to get their items together for a trip to another city to visit a museum. At 3/12/15 at 10:29 AM, the surveyor arrived to the museum to observe the group in the community. The group</p> | W 250 | <p>All client Active Treatment Schedules have been updated. Staff were trained on the changes to the schedules and where to locate these schedules on 3/18/15.</p> <p>Active Treatment Schedules will be reviewed and revised, if needed, at least annually or as changes occur.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | 04/16/2015 | |

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| | <p>could not be located in the museum. The group was located in the street getting ready to leave. Staff #4 and #6 indicated one of the clients was having a difficult time due to the amount of children in the museum so the staff decided to leave. When asked where they were going, staff #4 and #6 indicated they were going back to the group home. The surveyor arrived at the group home at 11:17 AM. The group returned to the group home at 11:57 AM. Staff #4 and #6 indicated they took the scenic route back to the group home. At 11:59 AM, staff #6 indicated there was no Active Treatment Schedule to implement for the clients at the group home. Staff #6 stated, "We try to get out the best we know how."</p> <p>On 3/12/15 at 7:56 AM, direct care staff #4 indicated she had not received a day program schedule to implement for the clients.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's current Active Treatment Schedule (ATS), dated 10/20/14, was not updated or revised since 1/1/15 to reflect the changes in her day program provider. The 10/20/14 ATS indicated client #1 was to attend the former day program Monday through Friday from 8:00 AM to 4:00 PM. The ATS was not updated or</p> | | | |

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| | <p>revised to reflect the change in the day program services.</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's current ATS, dated 11/12/14, was not updated or revised since 1/1/15 to reflect the changes in his day program provider. The 11/12/14 ATS indicated client #2 was to attend the former day program Monday through Friday from 8:00 AM to 4:00 PM. The ATS was not updated or revised to reflect the change in the day program services.</p> <p>On 3/13/15 at 1:02 PM, a review of client #5's record was conducted. Client #5's current ATS, dated 11/12/14, was not updated or revised since 1/1/15 to reflect the changes in her day program provider. The 11/12/14 ATS indicated client #5 was to attend the former day program Monday through Friday from 8:00 AM to 4:00 PM. The ATS was not updated or revised to reflect the change in the day program services.</p> <p>On 3/13/15 at 1:25 PM, a review of client #8's record was conducted. Client #8's current ATS, dated 6/5/14, was not updated or revised since 1/1/15 to reflect the changes in his day program provider. The 6/5/14 ATS indicated client #8 was to attend the former day program Monday</p> | | | |

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| W 263 Bldg. 00 | <p>through Friday from 8:00 AM to 4:00 PM. The ATS was not updated or revised to reflect the change in the day program services.</p> <p>On 3/13/15 at 11:38 AM, the Area Director (AD) indicated the clients' former day program closed as of 12/31/14. The AD indicated the clients were now receiving day program services at their home until the end of this month when the clients would attend the day program provided by the facility. The AD indicated the clients' active treatment schedules should have been updated and revised to reflect the changes in the clients' day programming.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 4 clients in the sample (#2 and #5), the facility's specially constituted committee (Human Rights Committee - HRC) failed to ensure written informed consent was obtained for the implementation of the clients' restrictive</p> | W 263 | <p>The Program Director was retrained on 3/19/15 on obtaining client/parent/guardian consent for restrictive plans prior to obtaining HRC approvals.</p> <p>The Program Director will continue to monitor the HRC process for all clients on an ongoing basis. HRC</p> | 04/16/2015 |

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| | <p>behavior plans.</p> <p>Findings include:</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's Individual Support Plan (ISP), dated 11/12/14, indicated client #2 had a guardian. Client #2's Behavior Support Plan (BSP), dated 11/21/13, had written informed consent from client #2's guardian dated 11/21/13. The plan was reviewed on 11/20/14 and the documentation indicated the guardian was on the phone during the review however there was no documentation the facility obtained written informed consent from client #2's guardian after the phone call on 11/20/14. The BSP included the use of four psychotropic medications. The facility failed to obtain written informed consent from client #2's guardian following the review held on 11/20/14.</p> <p>On 3/13/15 at 1:02 PM, a review of client #5's record was conducted. Client #5's ISP, dated 11/12/14, indicated client #5 was emancipated. Client #5's BSP, dated 3/10/15, included the use of one psychotropic medication. There was no documentation in client #5's record indicating the facility obtained written informed consent from client #5 for the</p> | | <p>committee will ensure that clients and/or guardians have been notified prior to signing off on HRC approvals. Program Director and Area Director will meet monthly to review request for HRC and approvals of HRC.</p> <p>Responsible Party: Program Director, Area Director</p> | | | | |

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| W 323 Bldg. 00 | <p>implementation of her restrictive BSP.</p> <p>On 3/13/15 at 1:23 PM, the Program Director indicated she should have obtained written informed consent from client #2's guardian and from client #5 for their BSPs.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (#2), the facility failed to ensure client #2's vision follow-up appointment was held as recommended.</p> <p>Findings include:</p> <p>On 3/13/15 at 12:40 PM a review of client #2's record was conducted. Client #2's most recent vision exam, dated 9/9/13, indicated, "IOP (intraocular pressure) unchanged; Pachymetry (test for glaucoma) performed for corneal thickness; risk of glaucoma lower due to (increased) thickness. RTC (return to clinic) 9 M (months) for full eye ex</p> | W 323 | <p>The Nurse will be retrained by Area Director by 4/3/15 on ensuring completion of required evaluations at least annually and completion of all follow up appointments.</p> <p>The Program Director will review the Nursing Monthlies each month to review all completed appointments and follow up with the Nurse or group home staff with appointments that require at least annual evaluations to ensure if follow up appointments are required.</p> <p>Responsible Party: Home Manager, Program Director, Nurse</p> | 04/16/2015 |

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| W 331 Bldg. 00 | <p>(exam)." There was no documentation client #2 had a full eye exam as recommended.</p> <p>On 3/13/15 at 1:52 PM, the Registered Nurse (RN) indicated client #2 should have had a 9 month follow-up appointment following his 9/9/13 appointment. The RN indicated she could not locate documentation the follow-up appointment was held as recommended.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 clients in the sample (#2), the facility's nursing services failed to ensure the staff who prepared client #2's medications for administration observed the administration of his medications.</p> <p>Findings include:</p> <p>On 3/12/15 at 7:19 AM, client #2 exited the medication room with a cup containing medications. Client #2 took the cup to his bedroom. The Program</p> | W 331 | <p>Staff in the home were trained on 3/18/15 on following correct medication administration procedures and procedures for monitoring clients taking medications if they leave med area during med pass.</p> <p>Observations by supervisory staff will be completed at least twice a week for two weeks and then weekly for two weeks and then monthly ongoing, to monitor that medication administration procedures are followed correctly.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | 04/16/2015 | | | |

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| | <p>Director informed staff #5 she was going to observe client #2 take his medications. On 3/12/15 at 7:21 AM, the Program Director informed staff #5 (the staff who prepared client #2's medications for administration) client #2 took 5 pills. Staff #5 documented the administration of the medications with her initials on client #2's March 2015 Medication Administration Record (MAR).</p> <p>On 3/13/15 at 12:40 PM, a review of client #2's record was conducted. Client #2's ISP, dated 11/12/14, indicated "[Client #2] occasionally refuses to go to the Med Room in order to take his meds. Staff will continue to prompt and encourage [client #2] to go to the Med Room for Med pass. When [client #2] continues to refuse, staff will encourage [client #2] to go to a private area in the home in order to take his meds."</p> <p>On 3/13/15 at 11:18 AM, the Registered Nurse (RN) indicated the staff who prepared client #2's medications should be the one who observed the medications being taken. The RN indicated the client should not leave the medication room with the medications. On 3/13/15 at 12:35 PM, the RN indicated the staff who prepared client #2's medications for administration should have been the staff who observed client #2 take his</p> | | | |

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| W 436 Bldg. 00 | <p>medications. The RN indicated the staff who prepared the medications should have circled the spaces on the Medication Administration Record for the medications and documented on the back the client left the medication area and the Program Director observed the client take his medications.</p> <p>On 3/16/15 at 11:30 AM, the Program Director indicated she did not document on the MAR when she observed client #2 take his medications. The PD indicated she informed staff #5 that client #2 took five medications.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 2 clients in the sample with adaptive equipment (#1), the facility failed to ensure client #1's wheelchairs (both manual and electric) were maintained in good repair.</p> | W 436 | <p>Client #1 received a new manual wheelchair while her electric wheelchair was repaired. Client #1's electric wheelchair will be in the home for her use by 4/16/15. A checklist has been developed and will be completed at least weekly to ensure that client needs identified</p> | 04/16/2015 |

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| | <p>Findings include:</p> <p>On 3/12/15 from 5:58 AM to 8:37 AM, an observation was conducted at the group home. On 3/12/15 at 7:52 AM, client #1 indicated she was using a manual wheelchair due to her electric wheelchair not working. Client #1's manual wheelchair (the wheelchair she was using during the observation) did not have padding on the armrests. Client #1 indicated the brakes did not work. Client #1 locked her brakes and showed the surveyor her wheelchair still moved when the brakes were engaged. On 3/12/15 at 7:56 AM, client #1 indicated her brakes did not hold her wheelchair when she was in the van. Client #1 stated, "Bad in the van" and "wheelchair moves around." On 3/12/15 at 12:28 PM, client #1 stated "brakes don't hold" and arm rests "don't work. Both of them." On 3/12/15 at 12:28 PM, client #1 used her left hand to propel the wheelchair to the railing on the wall. Client #1 pulled herself from the dining room to the living room. The railing ended at the entrance to the living room. Client #1 used her left hand to move the left wheel. Client #1 used her left hand to reach across her body and through a hole on the right side of the wheelchair to move the right wheel to straighten her chair out. Client #1 had to repeat the process over and over to keep</p> | | <p>for the home are monitored and corrected as required on an ongoing basis.</p> <p>Staff in the home were trained on 3/18/15 on completing the weekly checklist to monitor adaptive equipment and reporting any adaptive equipment concerns to appropriate supervisor and how to follow up if not resolved.</p> <p>The Program Director will review and follow up with Home Manager to ensure concerns are addressed timely and that the home and vehicle are safe and comfortable for all clients.</p> <p>This checklist will be reviewed with the Area Director at least monthly at the Program Director / Area Director monthly meeting.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p> | |

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| | <p>her wheelchair moving in the right direction of her bedroom.</p> <p>On 3/12/15 at 7:52 AM, the Program Director (PD) indicated there was a recall on her electric wheelchair for the electronic controller. The PD indicated client #1's electric wheelchair was scheduled to be repaired on 3/31/15. The PD indicated a new manual wheelchair was ordered. The PD indicated the business where the new manual wheelchair was ordered from did not stock manual wheelchairs with the larger rear wheels. On 3/12/15 at 7:56 AM, the PD indicated the facility did not have an order form or a receipt for the new manual wheelchair. The PD indicated client #1's manual wheelchair was secured in the van using straps. The PD stated it "doesn't matter if brakes were on or not."</p> <p>On 3/12/15 at 7:56 AM, staff #5 indicated client #1's straps to secure the wheelchair in the van were secured to the frame of the wheelchair and not the wheels.</p> <p>On 3/12/15 at 8:30 AM, staff #6 indicated client #1 had not informed staff of her brakes not working and her wheelchair moving around in the van. Staff #6 indicated client #1 had not</p> | | | |

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| | <p>informed staff she was not comfortable in the van due to her brakes not working. On 3/12/15 at 12:28 PM, staff #6 indicated client #1's electric wheelchair had not worked since February 2015. Staff #6 indicated the wheelchair would not hold a charge.</p> <p>On 3/13/15 at 11:05 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan, dated 10/20/14, indicated client #1 required assistance to care for her adaptive equipment. There was no documentation in client #1's record indicating the facility assessed her wheelchairs on a regular basis. Client #1's 10/20/14 Risk Management Assessment and Plan indicated, "[Client #1] has an electric wheelchair. She needs physical assistance to transfer from her chair to the bed and to the shower chair. She also has a manual wheelchair that she can move independently throughout the house."</p> <p>On 3/13/15 at 11:27 AM, the Area Director (AD) indicated client #1's wheelchairs needed to be repaired. The AD indicated there was no system in place for the facility to assess the clients' adaptive equipment on a regular basis to ensure the equipment was in good repair. The AD indicated the facility needed to</p> | | | |

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| | <p>ensure there was a sufficient number of straps in the van. The AD indicated there were two clients who used wheelchairs at the group home (clients #1 and #7) and 6 straps in the van. The AD indicated there should be a total of 8 straps in the van (4 for each wheelchair). The AD indicated the staff needed to be trained to strap down the wheelchairs with the correct amount of straps.</p> <p>On 3/13/15 at 11:27 AM, the Program Director (PD) indicated client #1 had been using her manual wheelchair for at least one month. The PD indicated she was not aware client #1's brakes were not functioning properly. The PD indicated client #1 did not inform the PD she was uncomfortable riding in the van due to her wheelchair moving around. The PD indicated there was no system in place for the facility to assess the clients' adaptive equipment on a regular basis to ensure the equipment was in good repair. The PD indicated the facility needed a system to ensure the clients' wheelchairs were in good repair.</p> <p>On 3/13/15 at 11:27 AM, the Registered Nurse (RN) indicated she was not aware client #1's brakes were not functioning properly. The RN indicated client #1 did not inform the RN she was uncomfortable riding in the van due to</p> | | | |

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| | her wheelchair moving around. The RN stated it "might" be a good thing for the night shift staff to assess the wheelchairs during their shift. 9-3-7(a) | | | | |