

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/26/2013
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 W GOLDEN HILLS DR PERU, IN 46970
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W000000	<p>This visit was for an extended annual recertification and state licensure survey (Client Protections).</p> <p>Dates of Survey: 12/3, 12/5, 12/18, 12/23, and 12/26/2013</p> <p>Facility number: 001049 Provider number: 15G535 AIM number: 100245300</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/13/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p>			

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>Based on record review and interview, the facility failed to ensure 2 of 4 sampled clients (Clients #1 and #3) had a legal representative to assist with medical and financial needs.</p> <p>Findings include:</p> <p>1) On 12/5/13 at 12:20 PM, a record review for Client #1 was conducted. Client #1's 5/01/13 "Capacity for Independence Worksheet" indicated Client #1 was not able to manage his own finances, to understand his resident rights, to ask for and follow directions, nor recognize safety words. The worksheet indicated Client #1 "has poor coping skills" and "has limited family support." Client #1's 5/1/13 ISP (Individual Support Plan) indicated Client #1 requires 24 hour supervision and was "emancipated."</p> <p>During an interview with the House Manager (HM) on 12/5/13 at 1:47 PM, the HM indicated Client #1 did not have a guardian. The HM stated Client #1 had a brother that "sometimes" visited him. The HM stated Client #1's brother would not be an "appropriate advocate" for Client #1. The HM indicated Client #1 would benefit from a legal guardian or legally sanctioned advocate.</p> <p>2) On 12/5/13 at 12:41 PM, a record review for Client #3 was conducted. Client #3's 5/1/13 "Capacity for Independence Worksheet" indicated Client #3 was unable to name her physician, was unable to identify her own address, phone number, or emergency phone number. The worksheet indicated Client #3 was unable to respond "appropriately to strangers", unable to manage her own finances, unable to understand resident rights, unable to walk safely</p>	W000125	QDDP was re-trained on the Capacity for Independence form (AppendixA). This form is a tool for an individual's IDT to review annually to help identify the ability for independent decision making. It also helps to identify if an individual is in need of a health care representative and/or legal guardian. Mental Health America of Greater Indianapolis has informed Bona Vista that they are not accepting new clients for Guardianship. Referred to the Arc for further resources. QDDP will follow up. Client #1 has a brother that is minimally involved with him but does not appear suitable to become legal guardian. Client #3's mother is involved with her but due to her own personal circumstances does not appear suitable to be legal guardian. No other clients were found to be affected by the deficient practice as the others all have guardians and/or involved family. Continued compliance will be monitored through the Residential Services Annual Meeting Requirements Checklist (Appendix B). This checklist requires the QDDP and IDT to review the Capacity for Independence form for each consumer annually. The checklist is reviewed by the VP of Residential Services each time an annual is completed. The QDDP was trained on the Residential Services Annual Meeting Requirements checklist.	01/25/2014			

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W000149	<p>to a destination, and was unable to recognize safety words or tell time. The worksheet indicated Client #3 had "poor coping skills" and had "a history of abuse." The worksheet indicated the facility would "work w/ (with) [Client #3] to make all decisions of informed consent." Client #3's 5/1/13 ISP (Individual Support Plan) indicated Client #3 required 24 hour supervision and indicated Client #3 was "emancipated."</p> <p>During an interview with the House Manager (HM) and Director of Residential Services (DRS) on 12/5/13 at 1:47 PM, the DRS indicated Client #3 sees her mom regularly and stated she believed "her mom is quite involved." The DRS indicated she did not think Client #3's mother was her legal guardian or her legal health representative. The HM stated Client #3 "would benefit" from "an advocate or legal health representative."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility neglected to implement its written</p>	W000149	The agency has a policy in place that prohibits the mistreatment, neglect or abuse of a client (Appendix C). The agency also	01/25/2014			

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	<p>policies and procedures to prevent neglect of the client in regard to falls.</p> <p>Findings include:</p> <p>On 12/5/13 between 6:14 AM and 7:49 AM, group home observations were conducted. Client #2 walked into the dining area from the living room and tripped on the transition floor edging between the two rooms which presented a small change in level. Client #2 did not fall, regained her balance and proceeded to walk independently to the dining area. At 6:29 AM, Client #2 was in the kitchen with DSP (Direct Support Professional) #1. Client #2 assisted with breakfast preparations. Client #2 was cutting strawberries and bananas with minimal assistance from DSP #1. At 7:03 AM, Client #2 took the bowl of fruit to the dining room table. Client #2 walked independently without prompts throughout the observation.</p> <p>On 12/5/13 between 3:39 PM and 5:30 PM, group home observations were conducted. At 3:39 PM, Client #2 was in the kitchen assisting with making a salad. At 4:28 PM, Client #2 walked out of the dining room and into the small hallway leading into the living room. The Residential Manager (RM) verbally cued Client #2 to be careful and walked behind her.</p> <p>The facility's reportable BDDS (Bureau of Developmental Disabilities Services) reports from 12/3/12 to 12/3/13 were reviewed on 12/3/13 at 4:47 PM and the facility's internal Incident/Accident (I/A) Reports from 12/3/12 to 12/3/13 were reviewed on 12/5/13 at 11:14 AM and indicated the following:</p> <p>-12/12/12 BDDS report indicated Client #2 "was attempting to walk in the door at the group home</p>		<p>has a policy in place regarding client rights (Appendix D). Staff were retrained on both policies. These policies are trained on annually. For continued monitoring, if client #2 has a fall, staff will be required to complete a fall assessment (Appendix E) that will be reviewed by the QDDP and the IDT to determine what revisions need to be made to the falling plan of the person served. Further, the agency has an Incident Report Review Committee to review BDDS incident reports on a monthly basis to monitor trends/patterns in the types of incidents reported. The committee will make recommendations to the residential department and act as another layer of oversight for any incidents in the residential program. The day program staff meet on a monthly basis with the group home QDDP's. At each monthly meeting, any falls from the previous meeting will be reviewed to determine if safety issues need to be addressed.</p>				

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	<p>and fell backward off the step hitting her head on the cement. [Client #2] was bleeding from the back of her head." The report indicated Client #2 "was examined at the ER (emergency room), xrayed, and given 3 staples in the back of her head to suture the wound." The report indicated Client #2 "will take her time when walking in and out of the group home and hold on to railing to decrease the potential risk for falling in the future."</p> <p>-2/9/13 BDDS report indicated Client #2 "was getting out of the van at the [Restaurant] and fell falling to the pavement in the parking lot landing on her [buttocks]. She attempted to get to her knees in an effort to get up and was assisted by a passerby. She was examined by staff and had slight redness on her knees, but her [buttocks] had no marks."</p> <p>-5/28/13 BDDS report indicated Client #2 "was on her way to get her medicine & (and) fell. She hit her R (right) shoulder on doorway & landed on her bottom. No visible injuries at this time. She can move every limb, but says she is sore."</p> <p>-6/19/13 I/A report indicated Client #2 "was going to bed & (and) fell backwards. She hit her head on wall. Small bump on head."</p> <p>-6/28/13 I/A report indicated Client #2 "tripped on her shoes and fell, landing on her bottom. [Client #2] then got on her knees to get up. Noted small dime sized bruise to R (right) knee cap and reddened area around it about the size of a half-dollar."</p> <p>-8/4/13 I/A report indicated Client #2 "was getting her cereal when she lost her balance and she fell to the ground in the kitchen." The report indicated Client #2 showed staff "a larger bruise</p>				

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	<p>and a lg (large) knot on left hip." A "Physician's Statement" dated 8/7/13 indicated Client #2 "fell on Sunday on her left hip." The statement indicated Client #2 sustained a "Lg (large) hematoma (bruise) over L (left) hip." Xrays were ordered and no fracture or break was noted.</p> <p>-9/4/13 BDDS report indicated Client #2 "lost her balance and fell on her bottom" in the "consumer" hallway. The report indicated Client #2 "has a bruise on left hip, no broken skin or any other injury."</p> <p>-9/8/13 I/A report indicated Client #2 "was trying to turn around to sit down on the couch and when she turned, she missed the couch landing on her bottom. No none (sic) injuries at this time."</p> <p>-9/14/13 I/A report indicated Client #2 "got up from chair & (and) was walking into kitchen and fell, landing on her bottom right side. She has a bruise on her upper right thigh, she says she is not hurting at this time."</p> <p>-9/20/13 BDDS report indicated Client #2 "fell in the consumer hallway on the way to the restroom then again on her way back to the workshop, scraped her left knee, no injury to left hip." A "Physician's Statement" dated 9/26/13 indicated Client #2 needed "evaluation for physical therapy, will be seen 2x/wk (2 times per week) x (times) 4 wks (weeks)."</p> <p>-10/9/13 I/A report indicated Client #2 "was walking to her room & (and) fell. She landed on bottom. No injuries or bruising but she did have a scrape on her left knee."</p> <p>On 12/5/13 at 1:11 PM, record review indicated Client #2's diagnoses included, but were not</p>			

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	<p>limited to, moderate intellectual disabilities, Rheumatoid Arthritis, Osteoporosis, and constipation. Record review indicated Client #2 had a "Fall Management Plan" dated 11/18/12. Client #2's fall risk plan indicated "...[Client #2] walks with a slow, awkward and unsteady gait. Arthritis and Osteoporosis makes movement stiff and increases the chance for falls. It also increases the risk of injury due to the condition of her bones and joints. [Client #2] has a history of falls and is fearful of falling or an injury from a fall which increases her risk of falling when she walks." Client #2's fall risk plan indicated "[Client #2] does not have any special orders with ambulation and may be up as tolerated." Client #2's fall risk plan indicated Client #2 "does not utilize any adaptive equipment at this time. [Client #2] needs encouragement by staff along with ongoing reminders to be careful, pay attention, and walk slowly to reduce risk of falls." Client #2's fall risk plan indicated the following "Implementations":</p> <ul style="list-style-type: none"> -remind [Client #2] to wear stable tennis shoes. -encourage [Client #2] to complete daily exercise to maintain mobility and strength. -remind [Client #2] to rise slowly from laying or sitting, and from sitting to standing due to blood pressure. -make [Client #2] aware, when in the community, of obstacles, rugs, uneven pavement, light changes, and other items that could potentially be a hazard for her. Staff may need to be within an arms' length to offer assistance. -arrange [Client #2]'s environment to minimize the risk of injury such as throw rugs, furniture against wall, clutter out of hallways, steps and 						

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	<p>hallways are adequately lit, uses handrails when maneuvering stairs and grab bars are used in bathroom showers and baths.</p> <p>-ensure [Client #2] is wearing her glasses.</p> <p>-ensure [Client #2] is taking her medication as prescribed.</p> <p>-encourage [Client #2] to not bend over so that her head is lower than her heart as this throws off her balance easily.</p> <p>-assist [Client #2], when necessary, to prevent falls.</p> <p>-contact the QDDP (Qualified Developmental Disabilities Professional) and Residential Nurse if a fall occurs.</p> <p>-assess [Client #2] for injury and care for the injury as taught in First Aid. If the fall resulted in severe injury, 911 will be called immediately and then the Residential Nurse and the QDDP.</p> <p>-if there is no severe injury present, and [Client #2] is unable to get up by herself, staff will assist [Client #2] to her feet.</p> <p>-document in daily notes and on an internal accident injury form if a fall occurs.</p> <p>-if there is an injury with the fall the QDDP will complete a BDDS (Bureau of Developmental Disabilities Services) report within 24 hours of the fall."</p> <p>Review of Client #2's current "Fall Management Plan" dated 11/18/13 indicated only one update of "Implementations" which was to "ensure that [Client #2] is completing her therapy exercises</p>			

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	<p>to ensure her safety while ambulating." No other updates to Client #2's "Fall Management Plan" between 11/18/12 and 11/18/13 were available.</p> <p>Record review indicated Client #2 received physical therapy between 9/26/13 and 10/17/13. The "Therapist Progress & (and) Discharge Summary" dated 10/17/13 indicated "prior level as of 9/26/13" Client #2 "requires contact guard assist to safely turn corners and change directions and move backwards without assistance." The report indicated prior to the start of physical therapy on 9/26/13, Client #2 "demonstrates uneven step lengths and mild scissoring gait during ambulation. [Client #2] requires contact guard assist and frequent verbal cues due to unsafe gait." The progress summary indicated as of 10/17/13, Client #2 "is modified independent to safely turn corners and change directions and move backwards without assistive device." The progress summary indicated as of 10/17/13, Client #2 "demonstrates more consistent step lengths and mild scissoring gait during ambulation." The summary indicated Client #2 continued to have balance "difficulty crossing midline without balance loss." The facility did not have documentation Client #2 had IDT (Interdisciplinary Team) meetings to address the pattern of falls.</p> <p>On 12/5/13 at 1:47 PM during an interview with the Residential Manager (RM), the facility Nurse, Director of Residential Services (DRS), and the Qualified Intellectual Disabilities Professional (QIDP), the Nurse stated she "was unsure" who updated the fall risk plans but indicated "they work together as a team." The DRS indicated Client #2 had physical therapy sessions in September 2013 and thought it was sufficient in preventing Client #2 from further falls. The Nurse indicated Client #2 had</p>						

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	<p>physical therapy exercises which the staff are to document on Client #2's MAR (Medical Administration Record) when Client #2 completes those exercises. The DRS indicated she thought Client #2's "Fall Management Plan" had been revised throughout the year as necessary but wasn't certain. The DRS indicated they did not institute other fall safeguards for Client #2 because they did not want to restrict Client #2's ability to be independent.</p> <p>During an interview via email on 12/18/13 at 1:10 PM, the DRS stated when the staff noticed Client #2 "started having frequent falls, we scheduled the PT/OT (Physical Therapy/Occupational Therapy) eval (evaluation)..." The DRS stated Client #2's "falling plan was revised during the year. The first 6 months of the year she was not having issues." The DRS indicated Client #2 had a fall on 11/13/13 but was unable to provide documentation.</p> <p>On 12/4/13 at 10:48 AM, review of the facility "Neglect, Battery, and Exploitation" policy (dated 3/08) indicated the facility prohibited the "neglect, battery, exploitation of individuals, or psychological abuse by agency staff or outside persons." The policy defined neglect as "knowingly placing an individual in a situation that may endanger his/her life or health; abandoning or cruelly confining a person, or repeated failure of a caregiver to provide basic necessities of life: food, shelter, clothing, and medical care."</p> <p>9-3-2(a)</p>						

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, interview, and record review, the facility failed to take sufficient corrective measures to prevent recurrence of falls and to ensure the safety of 1 of 4 sampled clients (#2).</p> <p>Findings include:</p> <p>On 12/5/13 between 6:14 AM and 7:49 AM, group home observations were conducted. Client #2 walked into the dining area from the living room and tripped on the transition floor edging between the two rooms which presented a small change in level. Client #2 did not fall, regained her balance and proceeded to walk independently to the dining area. At 6:29 AM, Client #2 was in the kitchen with DSP (Direct Support Professional) #1. Client #2 assisted with breakfast preparations. Client #2 was cutting strawberries and bananas with minimal assistance from DSP #1. At 7:03 AM, Client #2 took the bowl of fruit to the dining room table. Client #2 walked independently without prompts</p>	W000157	<p>In order to ensure the safety of clients and prevent thereoccurrence of falls, the agency added railings to the wall in the smallhallway coming from the dining room into the living room. This transition areahas a slight height difference, and the railing was added for safety. The group home also added railings to thewalls in the hallway leading to the bedrooms. Client#2's falling risk plan was also updated (Appendix F)to include the following measures: staffwill be within arm's length of client #2 when she is entering/exiting the van,entering/exiting the house, entering/exiting the workshop, and walking from herwork station to the restroom. Staff willalso be within arm's length of client #2 at all times when walking in thecommunity. Staff will encourage client#2 to do her daily</p>	01/25/2014
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	<p>throughout the observation.</p> <p>On 12/5/13 between 3:39 PM and 5:30 PM, group home observations were conducted. At 3:39 PM, Client #2 was in the kitchen assisting with making a salad. At 4:28 PM, Client #2 walked out of the dining room and into the small hallway leading into the living room. The Residential Manager (RM) verbally cued Client #2 to be careful and walked behind her.</p> <p>The facility's reportable BDDS (Bureau of Developmental Disabilities Services) reports from 12/3/12 to 12/3/13 were reviewed on 12/3/13 at 4:47 PM and the facility's internal Incident/Accident (I/A) Reports from 12/3/12 to 12/3/13 were reviewed on 12/5/13 at 11:14 AM and indicated the following:</p> <p>-12/12/12 BDDS report indicated Client #2 "was attempting to walk in the door at the group home and fell backward off the step hitting her head on the cement. [Client #2] was bleeding from the back of her head." The report indicated Client #2 "was examined at the ER (emergency room), xrayed, and given 3 staples in the back of her head to suture the wound." The report indicated Client #2 "will take her time when walking in and out of the group home and hold on to railing to decrease the potential risk for falling in the future."</p> <p>-2/9/13 BDDS report indicated Client #2 "was getting out of the van at the [Restaurant] and fell falling to the pavement in the parking lot landing on her [buttocks]. She attempted to get to her knees in an effort to get up and was assisted by a passerby. She was examined by staff and had slight redness on her knees, but her [buttocks] had no marks."</p>		<p>exercises to build strength and maintain mobility. Exercise will be documented on the MAR. Staff will encourage client to wear stable tennis shoes, rise slowly from a laying or sitting position, and encourage herto wear her glasses. To ensure continued compliance, staff will usethe fall assessment form (Appendix E) whenever a fall happens. This will be reviewed by the QDDP and IDT asa way to determine what factors may be contributing to the fall and to identifyif staff are implementing client #2's falling risk plan appropriately. No other clients were found to be affected asevidenced by lack of falling incidents in other residents.</p>		

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	<p>-5/28/13 BDDS report indicated Client #2 "was on her way to get her medicine & (and) fell. She hit her R (right) shoulder on doorway & landed on her bottom. No visible injuries at this time. She can move every limb, but says she is sore."</p> <p>-6/19/13 I/A report indicated Client #2 "was going to bed & (and) fell backwards. She hit her head on wall. Small bump on head."</p> <p>-6/28/13 I/A report indicated Client #2 "tripped on her shoes and fell, landing on her bottom. [Client #2] then got on her knees to get up. Noted small dime sized bruise to R (right) knee cap and reddened area around it about the size of a half-dollar."</p> <p>-8/4/13 I/A report indicated Client #2 "was getting her cereal when she lost her balance and she fell to the ground in the kitchen." The report indicated Client #2 showed staff "a larger bruise and a lg (large) knot on left hip." A "Physician's Statement" dated 8/7/13 indicated Client #2 "fell on Sunday on her left hip." The statement indicated Client #2 sustained a "Lg (large) hematoma (bruise) over L (left) hip." Xrays were ordered and no fracture or break was noted.</p> <p>-9/4/13 BDDS report indicated Client #2 "lost her balance and fell on her bottom" in the "consumer" hallway. The report indicated Client #2 "has a bruise on left hip, no broken skin or any other injury."</p> <p>-9/8/13 I/A report indicated Client #2 "was trying to turn around to sit down on the couch and when she turned, she missed the couch landing on her bottom. No none (sic) injuries at this time."</p> <p>-9/14/13 I/A report indicated Client #2 "got up</p>						

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	<p>from chair & (and) was walking into kitchen and fell, landing on her bottom right side. She has a bruise on her upper right thigh, she says she is not hurting at this time."</p> <p>-9/20/13 BDDS report indicated Client #2 "fell in the consumer hallway on the way to the restroom then again on her way back to the workshop, scraped her left knee, no injury to left hip." A "Physician's Statement" dated 9/26/13 indicated Client #2 needed "evaluation for physical therapy, will be seen 2x/wk (2 times per week) x (times) 4 wks (weeks)."</p> <p>-10/9/13 I/A report indicated Client #2 "was walking to her room & (and) fell. She landed on bottom. No injuries or bruising but she did have a scrape on her left knee."</p> <p>On 12/5/13 at 1:11 PM, record review indicated Client #2's diagnoses included, but were not limited to, moderate intellectual disabilities, Rheumatoid Arthritis, Osteoporosis, and constipation. Record review indicated Client #2 had a "Fall Management Plan" dated 11/18/12. Client #2's fall risk plan indicated "...[Client #2] walks with a slow, awkward and unsteady gait. Arthritis and Osteoporosis makes movement stiff and increases the chance for falls. It also increases the risk of injury due to the condition of her bones and joints. [Client #2] has a history of falls and is fearful of falling or an injury from a fall which increases her risk of falling when she walks." Client #2's fall risk plan indicated "[Client #2] does not have any special orders with ambulation and may be up as tolerated." Client #2's fall risk plan indicated Client #2 "does not utilize any adaptive equipment at this time. [Client #2] needs encouragement by staff along with ongoing reminders to be careful, pay attention, and walk slowly to reduce risk of</p>						

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	<p>falls." Client #2's fall risk plan indicated the following "Implementations":</p> <ul style="list-style-type: none"> -remind [Client #2] to wear stable tennis shoes. -encourage [Client #2] to complete daily exercise to maintain mobility and strength. -remind [Client #2] to rise slowly from laying or sitting, and from sitting to standing due to blood pressure. -make [Client #2] aware, when in the community, of obstacles, rugs, uneven pavement, light changes, and other items that could potentially be a hazard for her. Staff may need to be within an arms' length to offer assistance. -arrange [Client #2]'s environment to minimize the risk of injury such as throw rugs, furniture against wall, clutter out of hallways, steps and hallways are adequately lit, uses handrails when maneuvering stairs and grab bars are used in bathroom showers and baths. -ensure [Client #2] is wearing her glasses. -ensure [Client #2] is taking her medication as prescribed. -encourage [Client #2] to not bend over so that her head is lower than her heart as this throws off her balance easily. -assist [Client #2], when necessary, to prevent falls. -contact the QDDP (Qualified Developmental Disabilities Professional) and Residential Nurse if a fall occurs. 						

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	<p>-assess [Client #2] for injury and care for the injury as taught in First Aid. If the fall resulted in severe injury, 911 will be called immediately and then the Residential Nurse and the QDDP.</p> <p>-if there is no severe injury present, and [Client #2] is unable to get up by herself, staff will assist [Client #2] to her feet.</p> <p>-document in daily notes and on an internal accident injury form if a fall occurs.</p> <p>-if there is an injury with the fall the QDDP will complete a BDDS (Bureau of Developmental Disabilities Services) report within 24 hours of the fall."</p> <p>Review of Client #2's current "Fall Management Plan" dated 11/18/13 indicated only one update of "Implementations" which was to "ensure that [Client #2] is completing her therapy exercises to ensure her safety while ambulating." No other updates to Client #2's "Fall Management Plan" between 11/18/12 and 11/18/13 were available.</p> <p>Record review indicated Client #2 received physical therapy between 9/26/13 and 10/17/13. The "Therapist Progress & (and) Discharge Summary" dated 10/17/13 indicated "prior level as of 9/26/13" Client #2 "requires contact guard assist to safely turn corners and change directions and move backwards without assistance." The report indicated prior to the start of physical therapy on 9/26/13, Client #2 "demonstrates uneven step lengths and mild scissoring gait during ambulation. [Client #2] requires contact guard assist and frequent verbal cues due to unsafe gait." The progress summary indicated as of 10/17/13, Client #2 "is modified independent to safely turn corners and change directions and move backwards without assistive</p>				

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	<p>device." The progress summary indicated as of 10/17/13, Client #2 "demonstrates more consistent step lengths and mild scissoring gait during ambulation." The summary indicated Client #2 continued to have balance "difficulty crossing midline without balance loss." The facility did not have documentation Client #2 had IDT (Interdisciplinary Team) meetings to address the pattern of falls.</p> <p>On 12/5/13 at 1:47 PM during an interview with the Residential Manager (RM), the facility Nurse, Director of Residential Services (DRS), and the Qualified Intellectual Disabilities Professional (QIDP), the Nurse stated she "was unsure" who updated the fall risk plans but indicated "they work together as a team." The DRS indicated Client #2 had physical therapy sessions in September 2013 and thought it was sufficient in preventing Client #2 from further falls. The Nurse indicated Client #2 had physical therapy exercises which the staff are to document on Client #2's MAR (Medical Administration Record) when Client #2 completes those exercises. The DRS indicated she thought Client #2's "Fall Management Plan" had been revised throughout the year as necessary but wasn't certain. The DRS indicated they did not institute other fall safeguards for Client #2 because they did not want to restrict Client #2's ability to be independent.</p> <p>During an interview via email on 12/18/13 at 1:10 PM, the DRS stated when the staff noticed Client #2 "started having frequent falls, we scheduled the PT/OT (Physical Therapy/Occupational Therapy) eval (evaluation)..." The DRS stated Client #2's "falling plan was revised during the year. The first 6 months of the year she was not having issues."</p>						

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W000227	<p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#3), the client's Individual Support Plan (ISP) failed to address the client's identified behavioral need in regard to self-injurious behavior, physical aggression, and property destruction.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#3), the client's Individual Support Plan (ISP) failed to address the client's</p>	W000227	Client #3's ISP has been updated to include program goalsfor personal safety skills and abuse prevention (Appendix G). Her ISP also indicates her targeted behaviorsof self-injurious behaviors, physical aggression and property destruction. These elements are expanded upon in client#3's BSP (Appendix H) and include replacement behaviors, reactive strategies,and	01/25/2014

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	<p>identified need in regards to learning personal safety skills to prevent abuse.</p> <p>Findings include:</p> <p>1) On 12/5/13 at 12:41 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, history of depression, and history of anorexia/bulimia. Client #3's 5/1/13 ISP (Individual Support Plan) indicated Client #3 had a "formal BSP (Behavior Support Plan)." Client #3's ISP indicated Client #3 "engages in maladaptive behaviors including self-injurious behavior, physical aggression, verbal aggression."</p> <p>Review of Client #3's "Risk Management Assessment and Plan" dated 5/1/13 indicated Client #3 "has a history of self-injurious behaviors such as hitting herself. [Client #3] has been counseled about the seriousness of this. [Client #3] is not aware of the health risk involved with these behaviors." The assessment indicated Client #3 "has a history of becoming upset quickly and highly emotional leading to adverse behaviors. [Client #3] needs the assistance of direct support professionals to ensure he (sic) is following his (sic) BSP (Behavior Support Plan), (and) taking her medications as ordered." The risk assessment indicated Client #3 has a history of "becoming upset and screaming, hitting things, verbally assaulting others." The risk assessment indicated Client #3 has "a past history of being abused. [Client #3] exhibits behavioral outbursts at times, including property destruction, when she thinks about these times. [Client #3] needs the assistance of direct support professionals to ensure she is displaying behavior that is within the law and following her BSP." The risk</p>		<p>educational programming to address social safety, abuse prevention, and reporting skills. The BSP also describes medication (Zoloft 7 days per month increased to daily) change to address targeted behaviors. All staff will be trained on the BSP. No other consumers were identified as being affected. Continued compliance for all elements in the BSP will be monitored through the Residential Services Annual Meeting Requirements Checklist (Appendix B) which requires review and signature of VP of Residential Services following annual meetings. All behavior data is collected on the BPR form. For additional continued monitoring, staff will fax BPR to Residential Admin office weekly for review of behavior data. Staff also collect program data related to ISP goals on personal safety and social safety. This programming data is reviewed daily by residential house manager (Appendix I) to ensure DSP's are implementing program goals. The QDDP also reviews this information monthly when completing the monthly report.</p>				

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	<p>assessment indicated Client #3 "has a history of maladaptive behaviors including verbal aggression, property destruction, and extreme anxiety." The assessment indicated Client #3 "experiences self-injurious behavior including biting herself, hitting herself, and hitting items with hands." The assessment indicated Client #3 "can be provoking, bossy, verbally and physically threatening to others when she is upset and engage in property destruction. [Client #3] will often yell at her housemates to the point that a verbal confrontation has taken place."</p> <p>Review of Client #3's 5/1/13 Behavior Support Plan (BSP) indicated Client #3 was prescribed Risperdal (antipsychotic) 2 mg (milligrams) a day and Zoloft 50 mg daily prior to menstrual cycle. Client #3's BSP indicated "Proactive Measures" as the following: "Staff needs to watch for signs that [Client #3] is starting to have difficulty dealing with emotions. She will usually have a scowl on her face and easily display her displeasure. At this point staff should ask [Client #3] what is bothering her and if there is anything they can do to help. Spend time sitting with [Client #3] and trying to get her to explain what is bothering her. Give [Client #3] your undivided attention for a few minutes: this could stop the process of her anxious feelings. If [Client #3] does become verbally abusive or out of control, staff should direct [Client #3] to a quiet area or direct others away from [Client #3]. Give [Client #3] a timer and tell her that you will talk to her in 5 minutes when she has calmed down. When she has calmed listen to what is upsetting her and offer your support." The BSP indicated staff could redirect Client #3 to other activities to "alleviate her anxiousness." Client #3's BSP did not address physical aggression, self-injurious</p>			

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	<p>behaviors, or property destruction as indicated in Client #3's ISP (Individual Support Plan) and risk assessment as identified needs.</p> <p>Review of Client #3's ISP (dated 5/1/13) indicated a formal goal which indicated Client #3 "has history of responding poorly when she doesn't get her way. She resorts to self harm such as hitting herself, as well as, aggression in slamming doors, stomping her feet, yelling, and waving her fists." The ISP goal indicated "[Client #3] will refrain from hitting herself with two or less verbal prompts 100 % of the time for 30 sessions." The ISP goal did not indicate proactive approaches or reactive measures in regards to Client #3's self-injurious behaviors.</p> <p>On 12/5/13 at 1:47 PM during an interview with the House Manager (HM) and the Director of Residential Services (DRS), the DRS indicated Client #3's physician had increased her Zoloft 50 mg (milligrams) for seven days prior to her menstrual cycle to Zoloft 50 mg daily on 12/2/13. The DRS indicated the increase in frequency of Zoloft 50 mg to daily had not been approved by HRC (Human Rights Committee) yet and therefore, hadn't started. The HM indicated Client #3's BSP did not address all of Client #3's identified behaviors. The HM indicated Client #3's BSP had remained predominantly unchanged since her BSP dated 5/2011. The HM indicated Client #3's BSP needed to be updated to include all of Client #3's identified behaviors.</p> <p>2) On 12/5/13 at 12:41 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, history of depression, and history of anorexia/bulimia. Client #3's 5/1/13 ISP (Individual Support Plan) indicated Client #3</p>						

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	<p>had a "formal BSP (Behavior Support Plan)." Client #3's ISP indicated Client #3 "engages in maladaptive behaviors including self-injurious behavior, physical aggression, verbal aggression."</p> <p>Review of Client #3's "Risk Management Assessment and Plan" dated 5/1/13 indicated Client #3 "has a past history of various types of abuse. [Client #3] enjoys attention from others and would be vulnerable around people she does not know. [Client #3] seeks out friendships with people that do not always have the best intentions and ultimately lead her into negative situations. She needs the assistance of direct support professionals to ensure her safety around strangers." The risk assessment indicated Client #3 "has an extensive history of being abused. [Client #3] would be very vulnerable if left alone in the community for any amount of time. [Client #3] is very trusting of others and would go with anyone that presented as someone to be trusted." The risk assessment indicated Client #3's history of abuse was "an ongoing event." The assessment indicated Client #3 "would not know the appropriate people to report abuse to outside her normal day to day contacts." The risk assessment indicated Client #3 had been a victim of past "sexual abuse from her (relative). She is vulnerable to these actions." The assessment indicated Client #3 "has not always practiced safe sex. [Client #3] is not aware of the best practices to remain safe, the needs for birth control, or of disease. [Client #3] needs the assistance of direct support staff to educate safe sexual practice and continued time with psychiatrists and therapists to educate safety."</p> <p>Review of Client #3's 5/1/13 ISP (Individual Support Plan) indicated "[Client #3] is unaware of how her behavior affects others. [Client #3]</p>				

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	<p>can also be vulnerable in the community and has a history of abusive relationships." Client #3's ISP indicated a formal goal which indicated "[Client #3] will display appropriate social skills with two or less verbal prompts 75% of the time for 30 sessions." Client #3's ISP did not indicate any other training or teaching of personal safety in regards to prevention of potential abuse.</p> <p>On 12/5/13 at 1:47 PM during an interview, the Director of Residential Services (DRS) indicated Client #3's ISP did not address personal safety in regards to preventing and reporting abuse. The DRS indicated Client #3's ISP did not address safety nor did Client #3 have a high risk plan to address those identified needs.</p> <p>9-3-4(a)</p>						
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview, and record review, the facility nurse failed to update the fall risk plan as necessary to prevent recurrence of falls and to ensure the safety of 1 of 4 sampled clients (#2).</p> <p>Findings include:</p>	W000331	<p>The falling risk plan for client #2 has been revised to address identified need of consumer (Appendix F) and all staff will be trained on this plan. Part of the implementation of the plan includes notification of nurse and QDDP when a fall</p>	01/25/2014			

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	<p>On 12/5/13 between 6:14 AM and 7:49 AM, group home observations were conducted. Client #2 walked into the dining area from the living room and tripped on the transition floor edging between the two rooms which presented a small change in level. Client #2 did not fall, regained her balance and proceeded to walk independently to the dining area. At 6:29 AM, Client #2 was in the kitchen with DSP (Direct Support Professional) #1. Client #2 assisted with breakfast preparations. Client #2 was cutting strawberries and bananas with minimal assistance from DSP #1. At 7:03 AM, Client #2 took the bowl of fruit to the dining room table. Client #2 walked independently without prompts throughout the observation.</p> <p>On 12/5/13 between 3:39 PM and 5:30 PM, group home observations were conducted. At 3:39 PM, Client #2 was in the kitchen assisting with making a salad. At 4:28 PM, Client #2 walked out of the dining room and into the small hallway leading into the living room. The Residential Manager (RM) verbally cued Client #2 to be careful and walked behind her.</p> <p>The facility's reportable BDDS (Bureau of Developmental Disabilities Services) reports from 12/3/12 to 12/3/13 were reviewed on 12/3/13 at 4:47 PM and the facility's internal Incident/Accident (I/A) Reports from 12/3/12 to 12/3/13 were reviewed on 12/5/13 at 11:14 AM and indicated the following:</p> <p>-12/12/12 BDDS report indicated Client #2 "was attempting to walk in the door at the group home and fell backward off the step hitting her head on the cement. [Client #2] was bleeding from the back of her head." The report indicated Client #2 "was examined at the ER (emergency room),</p>		occurs. To monitor for continued compliance, falls will be documented on an internal accident/injury form (Appendix J) and a fall assessment form (Appendix E). Both forms will be completed prior to the end of the shift in which the fall occurs and routed to the QDDP and nurse for review within 24 hours. Upon receiving an accident/injury form and fall assessment, the QDDP and nurse will contact the IDT to discuss the fall and the circumstances surrounding. Revisions to the plan will be made based on IDT input.				

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	<p>xrayed, and given 3 staples in the back of her head to suture the wound." The report indicated Client #2 "will take her time when walking in and out of the group home and hold on to railing to decrease the potential risk for falling in the future."</p> <p>-2/9/13 BDDS report indicated Client #2 "was getting out of the van at the [Restaurant] and fell falling to the pavement in the parking lot landing on her [buttocks]. She attempted to get to her knees in an effort to get up and was assisted by a passerby. She was examined by staff and had slight redness on her knees, but her [buttocks] had no marks."</p> <p>-5/28/13 BDDS report indicated Client #2 "was on her way to get her medicine & (and) fell. She hit her R (right) shoulder on doorway & landed on her bottom. No visible injuries at this time. She can move every limb, but says she is sore."</p> <p>-6/19/13 I/A report indicated Client #2 "was going to bed & (and) fell backwards. She hit her head on wall. Small bump on head."</p> <p>-6/28/13 I/A report indicated Client #2 "tripped on her shoes and fell, landing on her bottom. [Client #2] then got on her knees to get up. Noted small dime sized bruise to R (right) knee cap and reddened area around it about the size of a half-dollar."</p> <p>-8/4/13 I/A report indicated Client #2 "was getting her cereal when she lost her balance and she fell to the ground in the kitchen." The report indicated Client #2 showed staff "a larger bruise and a lg (large) knot on left hip." A "Physician's Statement" dated 8/7/13 indicated Client #2 "fell on Sunday on her left hip." The statement indicated Client #2 sustained a "Lg (large)</p>						

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	<p>hematoma (bruise) over L (left) hip." Xrays were ordered and no fracture or break was noted.</p> <p>-9/4/13 BDDS report indicated Client #2 "lost her balance and fell on her bottom" in the "consumer" hallway. The report indicated Client #2 "has a bruise on left hip, no broken skin or any other injury."</p> <p>-9/8/13 I/A report indicated Client #2 "was trying to turn around to sit down on the couch and when she turned, she missed the couch landing on her bottom. No none (sic) injuries at this time."</p> <p>-9/14/13 I/A report indicated Client #2 "got up from chair & (and) was walking into kitchen and fell, landing on her bottom right side. She has a bruise on her upper right thigh, she says she is not hurting at this time."</p> <p>-9/20/13 BDDS report indicated Client #2 "fell in the consumer hallway on the way to the restroom then again on her way back to the workshop, scraped her left knee, no injury to left hip." A "Physician's Statement" dated 9/26/13 indicated Client #2 needed "evaluation for physical therapy, will be seen 2x/wk (2 times per week) x (times) 4 wks (weeks)."</p> <p>-10/9/13 I/A report indicated Client #2 "was walking to her room & (and) fell. She landed on bottom. No injuries or bruising but she did have a scrape on her left knee."</p> <p>On 12/5/13 at 1:11 PM, record review indicated Client #2's diagnoses included, but were not limited to, moderate intellectual disabilities, Rheumatoid Arthritis, Osteoporosis, and constipation. Record review indicated Client #2 had a "Fall Management Plan" dated 11/18/12.</p>						

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	<p>Client #2's fall risk plan indicated "...[Client #2] walks with a slow, awkward and unsteady gait. Arthritis and Osteoporosis makes movement stiff and increases the chance for falls. It also increases the risk of injury due to the condition of her bones and joints. [Client #2] has a history of falls and is fearful of falling or an injury from a fall which increases her risk of falling when she walks." Client #2's fall risk plan indicated "[Client #2] does not have any special orders with ambulation and may be up as tolerated." Client #2's fall risk plan indicated Client #2 "does not utilize any adaptive equipment at this time. [Client #2] needs encouragement by staff along with ongoing reminders to be careful, pay attention, and walk slowly to reduce risk of falls." Client #2's fall risk plan indicated the following "Implementations":</p> <p>"-remind [Client #2] to wear stable tennis shoes.</p> <p>-encourage [Client #2] to complete daily exercise to maintain mobility and strength.</p> <p>-remind [Client #2] to rise slowly from laying or sitting, and from sitting to standing due to blood pressure.</p> <p>-make [Client #2] aware, when in the community, of obstacles, rugs, uneven pavement, light changes, and other items that could potentially be a hazard for her. Staff may need to be within an arms' length to offer assistance.</p> <p>-arrange [Client #2]'s environment to minimize the risk of injury such as throw rugs, furniture against wall, clutter out of hallways, steps and hallways are adequately lit, uses handrails when maneuvering stairs and grab bars are used in bathroom showers and baths.</p>						

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	<p>-ensure [Client #2] is wearing her glasses.</p> <p>-ensure [Client #2] is taking her medication as prescribed.</p> <p>-encourage [Client #2] to not bend over so that her head is lower than her heart as this throws off her balance easily.</p> <p>-assist [Client #2], when necessary, to prevent falls.</p> <p>-contact the QDDP (Qualified Developmental Disabilities Professional) and Residential Nurse if a fall occurs.</p> <p>-assess [Client #2] for injury and care for the injury as taught in First Aid. If the fall resulted in severe injury, 911 will be called immediately and then the Residential Nurse and the QDDP.</p> <p>-if there is no severe injury present, and [Client #2] is unable to get up by herself, staff will assist [Client #2] to her feet.</p> <p>-document in daily notes and on an internal accident injury form if a fall occurs.</p> <p>-if there is an injury with the fall the QDDP will complete a BDDS (Bureau of Developmental Disabilities Services) report within 24 hours of the fall."</p> <p>Review of Client #2's current "Fall Management Plan" dated 11/18/13 indicated only one update of "Implementations" which was to "ensure that [Client #2] is completing her therapy exercises to ensure her safety while ambulating." No other updates to Client #2's "Fall Management Plan" between 11/18/12 and 11/18/13 was available.</p>						

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	<p>Record review indicated Client #2 received physical therapy between 9/26/13 and 10/17/13. The "Therapist Progress & (and) Discharge Summary" dated 10/17/13 indicated "prior level as of 9/26/13" Client #2 "requires contact guard assist to safely turn corners and change directions and move backwards without assistance." The report indicated prior to the start of physical therapy on 9/26/13, Client #2 "demonstrates uneven step lengths and mild scissoring gait during ambulation. [Client #2] requires contact guard assist and frequent verbal cues due to unsafe gait." The progress summary indicated as of 10/17/13, Client #2 "is modified independent to safely turn corners and change directions and move backwards without assistive device." The progress summary indicated as of 10/17/13, Client #2 "demonstrates more consistent step lengths and mild scissoring gait during ambulation." The summary indicated Client #2 continued to have balance "difficulty crossing midline without balance loss." The facility did not have documentation Client #2 had IDT (Interdisciplinary Team) meetings to address the pattern of falls.</p> <p>On 12/5/13 at 1:47 PM during an interview with the Residential Manager (RM), the facility Nurse, Director of Residential Services (DRS), and the Qualified Intellectual Disabilities Professional (QIDP), the Nurse stated she "was unsure" who updated the fall risk plans but indicated "they work together as a team." The DRS indicated Client #2 had physical therapy sessions in September 2013 and thought it was sufficient in preventing Client #2 from further falls. The Nurse indicated Client #2 had physical therapy exercises which the staff are to document on Client #2's MAR (Medical Administration Record) when Client #2 completes those exercises. The DRS indicated</p>						

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	<p>she thought Client #2's "Fall Management Plan" had been revised throughout the year as necessary but wasn't certain. The DRS indicated they did not institute other fall safeguards for Client #2 because they did not want to restrict Client #2's ability to be independent.</p> <p>During an interview via email on 12/18/13 at 1:10 PM, the DRS stated when the staff noticed Client #2 "started having frequent falls, we scheduled the PT/OT (Physical Therapy/Occupational Therapy) eval (evaluation)..." The DRS stated Client #2's "falling plan was not revised during the year. The first 6 months of the year she was not having issues."</p> <p>9-3-6(a)</p>						
W000436	<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, the facility failed to</p>	W000436	Client #4's ISP has been updated to correctly indicate hishearing loss (Appendix K) and to include programming goals for wearing	01/25/2014			

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	<p>ensure the client's Individual Support Plan (ISP) included how facility staff were to utilize adaptive equipment in regards to use of a hearing aid for 1 of 4 sampled clients (Client #4).</p> <p>Findings include:</p> <p>On 12/5/13 between 6:14 AM and 7:49 AM and on 12/5/13 between 3:39 PM and 5:15 PM, group home observations were conducted. During both group home observations, Client #4 was not seen wearing his hearing aid.</p> <p>On 12/5/13 at 11:45 AM, record review indicated Client #4's diagnoses included, but were not limited to, severe intellectual disabilities and Down's Syndrome. Client #4's 10/16/13 ISP (Individual Support Plan) indicated Client #4 had "no" hearing difficulties and did not identify Client #4's use of a hearing aid nor identified a schedule for Client #4's use of the hearing aid.</p> <p>Review of "Physician's Statement" on 9/18/13 indicated Client #4 saw the audiologist. The audiologist indicated Client #4's hearing aid was checked. The audiologist indicated exam "showed cerumen (earwax) impaction, bilaterally (both ears). It is recommended that patient have wax removed and then try</p>		<p>the hearing aid and for desensitization (Appendix L & M). To monitor the appropriateness of goal and ISP writing, QDDP's will complete the Residential Services Annual Checklist (Appendix B) when they develop new program goals. The checklist, along with the respective documentation will be reviewed by the VP of Residential Services. Additionally, the Social Service Coordinator completes monthly Service Reviews of client files to check for compliance. The residential house manager completes a daily review of program goals to ensure that staff are implementing goals appropriately (Appendix I). Further, the QDDP reviews daily notes weekly (Appendix N) to ensure that staff are completing desensitization goals and prompting client #4 to wear his hearing aids.</p>				

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	<p>to wear the new HA (hearing aid)."</p> <p>Review of "Physician's Statement" on 10/7/13 indicated Client #4 saw the audiologist. The audiologist indicated exam "showed moderate cerumen (ear wax) impaction, bilaterally (both ears). It looks better than last visit, but still blocking eardrum. Rec (recommend): irrigation to remove wax. (Increase) gain on HA (hearing aid) to help pt. (patient) hear better, but pt. (patient) refused to wear the HA (hearing aid) in the office. Rec (recommend): 2 wk (week) check to remove wax and encourage pt. (patient) to wear HA (hearing aid)."</p> <p>Review of "Physician's Statement" dated 10/23/13 indicated Client #4 saw the audiologist. The audiologist indicated "Pt. (patient) will not wear HA (hearing aid) in the office. Pt. (patient) c/o (complaint of) ear hurting. Tried encouraging pt. (patient) to wear HA (hearing aid), but pt. (patient) did not want to cooperate today. Rec (recommendation): 6 mos (months) check or sooner if pt. (patient) decides to start wearing aid."</p> <p>On 12/5/13 at 1:47 PM during an interview with the QIDP (Qualified Intellectual Disabilities Professional),</p>				

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	<p>the QIDP indicated Client #4 did not have a desensitization plan for use of his hearing aid. The QIDP indicated Client #4's ISP (Individual Support Plan) did not include a schedule for Client #4 to wear his hearing aid. The QIDP indicated Client #4 refused to wear his hearing aid. The QIDP stated the audiologist had considered discontinuing the use of the hearing aid "but wanted us to continue to keep trying (to encourage him to wear it) for awhile longer."</p> <p>9-3-7(a)</p>				