

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/17/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 E 116TH ST CARMEL, IN 46032
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W 0000  Bldg. 00	<p>This visit was for the post certification revisit to a full annual recertification and state licensure survey completed on October 19, 2015.</p> <p>Dates of Survey: December 9, 10, 11, 16 and 17, 2015.</p> <p>Facility number: 001174 Provider number: 15G625 AIM number: 100235590</p> <p>The following federal deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review of this report completed on 12/28/15 by #09182.</p>	W 0000		
W 0120  Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based upon record review, interview and observation, for 1 additional client (client #8), the outside services failed to ensure his updated ISP (Individual Support Plan) was available for staff to implement.</p> <p>Findings include:</p> <p>During observations at day services on 12/10/15 from 9:45 AM until 10:31 AM, client #8 sat in a chair in a corner.</p>	W 0120	<p>The QIDP will forward copies of all consumers ISP, RMAP and BSP to all appropriate service providers.</p> <p>The QIDP will receive retraining to review the need to ensure that once consumers ISP, RMAP and/or BSPs are created or updated that they are forwarded to consumers' individual Day Service programs as needed.</p> <p>Ongoing, when completed or received, the QIDP will forward copies of updated ISP, RMAP</p>	01/16/2016

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

TITLE

(X6) DATE

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

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	<p>Day services staff #1 was interviewed on 12/10/15 at 9:50 AM and indicated she did not have an updated ISP for client #8. She indicated the Planning Coordinator may have an updated copy of his plan, but it was not available for her to use.</p> <p>Day services staff #1 provided a copy of client #8's ISP available for staff at the workshop dated 10/22/14 which was reviewed on 12/10/15 at 10:00 AM.</p> <p>The Planning Coordinator indicated on 12/11/15 at 9:56 AM, he had been provided an updated copy of client #8's current ISP, but had not made it available yet.</p> <p>Client #8's updated ISP dated 10/22/15 was reviewed on 12/11/15 at 10:00 AM and indicated he was to be supervised during meal time to prevent choking. The ISP indicated he had a behavior support plan (BSP) which included targeted behaviors of stealing food and temper outbursts. Client #8 was to be offered a choice of beverages during meals, choose a quarter, thoroughly brush his teeth and wash his arms using soap and water.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>		<p>and BSP to consumers appropriate service providers. When sending out, the QIDP will cc the Area Director so the Area Director can track that the updated ISPs are going to all appropriate parties. The Area Director will communicate with day service providers a minimum of quarterly to review if updated copies of any paperwork have not been received.</p> <p><i>Addendum</i> <i>Ongoing, the QIDP will complete observations at Day Services a minimum of monthly to ensure that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</i></p> <p>Responsible staff: QIDP, Area Director</p>		

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W 0159 Bldg. 00	<p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon record review, observation and interview, the facility's Qualified Intellectual Disabilities Professional (QIDP) failed for 2 additional clients (clients #6 and #8), to ensure plans were developed to address clients' needs and failed to coordinate and effectively monitor program implementation across settings.</p> <p>Findings include:</p> <p>During observations at day services on 12/10/15 from 9:45 AM until 10:31 AM, client #8 sat in a chair in a corner.</p>	W 0159	<p>1. The QIDP will forward copies of all consumers ISP, RMAP and BSP to all appropriate service providers.</p> <p>The QIDP will receive retraining to review the need to ensure that once consumers ISP, RMAP and/or BSPs are created or updated that they are forwarded to consumers' individual Day Service programs as needed.</p> <p>Ongoing, when completed or received, the QIDP will forward</p>	01/16/2016

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	<p>Day services staff #1 was interviewed on 12/10/15 at 9:50 AM and indicated she did not have an updated ISP (Individual Support Plan) for client #8. She indicated the Planning Coordinator may have an updated copy of his plan, but it was not available for her to use. When asked about QIDP visits to the day services, she stated, "Who is that?" Day services staff #1 indicated the day services staff had worked together to develop a plan to address client #8's rapid eating and food stealing behavior by providing an empty plate in front of him and dishing small amounts of food at a time to the empty plate in front of him. She indicated client #6's day services staff were considering a similar dining plan for client #6.</p> <p>Day services staff #2 was interviewed on 12/10/15 at 10:02 AM. When asked about QIDP visits to the day service, she stated, "I don't know who she is." Day services staff #2 indicated staff had been working with client #6 to address his stealing food behavior and staff sit next to him during meals.</p> <p>Day services staff #1 provided a copy of client #8's ISP available for staff at the workshop dated 10/22/14 which was reviewed on 12/10/15 at 10:00 AM. There was no evidence of a dining plan</p>		<p>copies of updated ISP, RMAP and BSP to consumers appropriate service providers. When sending out, the QIDP will cc the Area Director so the Area Director can track that the updated ISPs are going to all appropriate parties. The Area Director will communicate with day service providers a minimum of quarterly to review if updated copies of any paperwork have not been received.</p> <p>2. QIDP will schedule a meeting with Client #8 Day Service staff, Program Nurse and behavior consultant to discuss the technique of placing small amounts of food on Client #8 plate. Once the meeting is held, the QIDP will ensure that documentation of the meeting is completed that includes any interventions the team agrees upon to address Client #8 targeted behaviors. If the team agrees to continue the practice of placing small amounts of food on Client #8 plate, the QIDP, Program Nurse and Behavior Consultant will ensure that the dining plan, ISP and BSP reflect the changes.</p> <p>QIDP will receive retraining on ensuring that regular meetings are held with Day Service Providers to ensure that all interventions used to address</p>				

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	<p>involving placing small amounts of food on his plate. She indicated there had been a problem with client #8 eating food too fast and of taking other's food during meals, so he ate by himself at the workshop. She indicated the plan had been successful in addressing client #8's food stealing behavior and of eating food too quickly.</p> <p>Client #8's records were reviewed on 12/10/15 at 11:44 AM. Client #8's ISP dated 10/22/15 indicated a dining plan (undated) "Staff to be present during meals to assist as needed, assess for dining/eating problems, remind him to eat slowly, chew food thoroughly, avoid stuffing his mouth, assist with cutting food into bite sized pieces, and assist as needed." There was no evidence in the plan of placing small amounts of food on client #8's plate.</p> <p>The QIDP Monthly Day Support Service Reviews for client #6's day services were reviewed on 12/10/15 at 12:30 PM and indicated she had visited day services on 9/22/15 and 10/19/15 to attend an IDT (interdisciplinary team) meetings and on 11/16/15 to attend an IDT meeting. The 9/22/15 review indicated day services staff were "complaining about [client #6] trying to vacate and being agitated because he wants to walk. The staff are</p>		<p>consumers targeted behaviors are documented in consumers Behavior Support Plans, Individual Service Plans, dining plans etc. as needed.</p> <p>3. QIDP will schedule a follow up meeting with Client #6 IST including Behavior Specialist and Day Services staff to address the behavior concerns. Once the meeting is held, the QIDP will ensure that documentation of the meeting is completed that includes any interventions the team agrees upon to address Client #6 targeted behaviors.</p> <p>QIDP will receive retraining on ensuring that regular meetings are held with Day Service Providers to ensure that all interventions used to address consumers targeted behaviors are documented in consumers Behavior Support Plans, Individual Service Plans, dining plans etc. as needed.</p> <p>Ongoing, QIDP will ensure that meetings are held with day service providers a minimum of monthly to review how consumers are doing and note any issues that come up and the action plan to address any day program concerns.</p> <p><i>Addendum</i> <i>Ongoing, the QIDP will complete observations at Day Services a minimum of monthly to ensure</i></p>				

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	<p>often wanting to send [client #6] home because they can't deal with him." The form indicated there were issues and concerns to be addressed, but there was no evidence of action taken to address the concerns with client #6 at day services on the form. The 10/19/15 review indicated client #6's "Behavior at Day Program trying to vacate Agitation (sic)" were listed as issues with a notation "yes" next to the sentence "Are there any issues or concerns to be addressed?" There was no evidence of action taken to address the concerns on the form. The 11/16/15 review indicated client #6's behaviors had improved at day services and "Staff working better w/(with) [client #6]. Getting approval for (PECs) (Picture Exchange Communication System) and chewing device." There was no evidence client #6's behavior of stealing food had been addressed in the visits to day services.</p> <p>Client #8's QIDP Monthly Day Support Service Reviews at day services dated 9/22/15, 10/19/15 and 11/16/15 were reviewed on 12/17/15 at 12:37 PM and indicated there were no issues or concerns.</p> <p>The QIDP was interviewed on 12/10/15 at 12:00 PM and indicated she was unaware of the dining plan being</p>		<p><i>that Day Services are following all consumers ISP, BSP and program goals. Documentation will be completed for each visit and will be available for review.</i></p> <p>Responsible Party: QIDP</p>				

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	<p>implemented at day services involving client #8 being provided small amounts of food at a time.</p> <p>Client #6's Behavior Support Plan (BSP) dated November, 2015 was reviewed on 12/17/15 at 12:40 PM and indicated a targeted objective for taking other's belongings without permission (food). The plan indicated client #6 was to be offered small amounts of food on a regular basis, he should be verbally redirected if he should attempt to take others' food and removed from the area where others are eating when he has finished his meal.</p> <p>Client #8's BSP dated November, 2015 was reviewed on 12/17/15 at 12:35 PM and indicated a targeted objective for taking other's belongings without permission (food). The plan indicated he was to be blocked from taking others' food, allow him to obtain food from serving bowls and offer activity when he is done eating to prevent him from being in close proximity to others' food. The plan did not include placing small amounts of food on a plate.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>						

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W 0214 Bldg. 00	<p>9-3-3(a)</p> <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #1), to assess his needs for wheelchair positioning.</p> <p>Findings include:</p> <p>Observations were conducted on 12/9/15 from 5:05 PM until 6:45 PM and again on 12/10/15 from 6:36 AM until 7:45 AM. Client #1 sat in a wheelchair during the observations with the toes of his feet pointing down on the foot rests.</p> <p>Client #1's record was reviewed on 12/9/15 at 6:30 PM and failed to indicate a wheelchair assessment to evaluate his needs for positioning in his wheelchair.</p> <p>The Area Director was interviewed on 12/17/15 at 2:55 PM and indicated there was no evidence of a wheelchair evaluation for client #1.</p>	W 0214	<p>Program Coordinator will contact the company that Client #1 wheelchair came from to obtain a copy of the wheelchair evaluation. If the evaluation cannot be located a new wheelchair evaluation will be scheduled.</p> <p>QIDP and Program Coordinator will receive retraining that includes the need to ensure that all consumers receive appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed.</p> <p>The Area Director will review the next 3 ISPs submitted by this QIDP to ensure that all necessary assessments have been completed and/or scheduled to evaluate each client's abilities as needed.</p> <p>Ongoing, the QIDP will ensure that all consumers receive</p>	01/16/2016

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W 0227 Bldg. 00	<p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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 upon record review, observation and interview, the facility failed for 2 additional clients (clients #6 and #8). to ensure plans were developed to address clients' needs in dining while at day services.</p> <p>Findings include:</p> <p>During observations at day services on 12/10/15 from 9:45 AM until 10:31 AM, client #8 sat in a chair in a corner.</p> <p>Day services staff #1 was interviewed on 12/10/15 at 9:50 AM and indicated she did not have an updated ISP (Individual</p>	W 0227	<p>appropriate assessments to evaluate the need for any adaptive equipment and/or modifications as needed.</p> <p>Responsible Staff: Program Coordinator, QIDP, Area Director</p> <p>1. The QIDP will forward copies of all consumers ISP, RMAP and BSP to all appropriate service providers.</p> <p>The QIDP will receive retraining to review the need to ensure that once consumers ISP, RMAP and/or BSPs are created or updated that they are forwarded to consumers' individual Day Service programs as needed.</p> <p>Ongoing, when completed or received, the QIDP will forward copies of updated ISP, RMAP and BSP to consumers</p>	01/16/2016

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	<p>Support Plan) for client #8. She indicated the Planning Coordinator may have an updated copy of his plan, but it was not available for her to use. When asked about QIDP (Qualified Intellectual Disabilities Professional) visits to the day services, she stated, "Who is that?" Day services staff #1 indicated the day services staff had worked together to develop a plan to address client #8's rapid eating and food stealing behavior by providing an empty plate in front of him and dishing small amounts of food at a time to the empty plate in front of him. She indicated client #6's day services staff were considering a similar dining plan for client #6.</p> <p>Day services staff #2 was interviewed on 12/10/15 at 10:02 AM. When asked about QIDP visits to the day service, she stated, "I don't know who she is." Day services staff #2 indicated staff had been working with client #6 to address his stealing food behavior and staff sit next to him during meals.</p> <p>Day services staff #1 provided a copy of client #8's ISP available for staff at the workshop dated 10/22/14 which was reviewed on 12/10/15 at 10:00 AM. There was no evidence of a dining plan involving placing small amounts of food on his plate. She indicated there had been</p>		<p>appropriate service providers. When sending out, the QIDP will cc the Area Director so the Area Director can track that the updated ISPs are going to all appropriate parties. The Area Director will communicate with day service providers a minimum of quarterly to review if updated copies of any paperwork have not been received.</p> <p>2. QIDP will schedule a meeting with Client #8 Day Service staff, Program Nurse and behavior consultant to discuss the technique of placing small amounts of food on Client #8 plate. Once the meeting is held, the QIDP will ensure that documentation of the meeting is completed that includes any interventions the team agrees upon to address Client #8 targeted behaviors. If the team agrees to continue the practice of placing small amounts of food on Client #8 plate, the QIDP, Program Nurse and Behavior Consultant will ensure that the dining plan, ISP and BSP reflect the changes.</p> <p>QIDP will receive retraining on ensuring that regular meetings are held with Day Service Providers to ensure that all interventions used to address consumers targeted behaviors are documented in consumers</p>				

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	<p>a problem with client #8 eating food too fast and of taking other's food during meals, so he ate by himself at the workshop. She indicated the plan had been successful in addressing client #8's food stealing behavior and of eating food too quickly.</p> <p>Client #8's records were reviewed on 12/10/15 at 11:44 AM. Client #8's ISP dated 10/22/15 indicated a dining plan (undated) "Staff to be present during meals to assist as needed, assess for dining/eating problems, remind him to eat slowly, chew food thoroughly, avoid stuffing his mouth, assist with cutting food into bite sized pieces, and assist as needed." There was no evidence in the plan of placing small amounts of food on client #8's plate.</p> <p>The QIDP Monthly Day Support Service Review for client #6's day services were reviewed on 12/10/15 at 12:30 PM and indicated she had visited day services on 9/22/15, 10/19/15 to attend an IDT (interdisciplinary team) meeting and on 11/16/15 to attend an IDT meeting. The 9/22/15 review indicated day services staff were "complaining about [client #6] trying to vacate and being agitated because he wants to walk. The staff are often wanting to send [client #6] home because they can't deal with him." The</p>		<p>Behavior Support Plans, Individual Service Plans, dining plans etc. as needed.</p> <p>3. QIDP will schedule a follow up meeting with Client #6 IST including Behavior Specialist and Day Services staff to address the behavior concerns. Once the meeting is held, the QIDP will ensure that documentation of the meeting is completed that includes any interventions the team agrees upon to address Client #6 targeted behaviors.</p> <p>QIDP will receive retraining on ensuring that regular meetings are held with Day Service Providers to ensure that all interventions used to address consumers targeted behaviors are documented in consumers Behavior Support Plans, Individual Service Plans, dining plans etc. as needed.</p> <p>Ongoing, QIDP will ensure that meetings are held with day service providers a minimum of monthly to review how consumers are doing and note any issues that come up and the action plan to address any day program concerns.</p> <p>Responsible Party: QIDP</p>		

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	<p>form indicated there were issues and concerns to be addressed, but there was no evidence of action taken to address the concerns with client #6 at day services on the form. The 10/19/15 review indicated client #6's "Behavior at Day Program trying to vacate Agitation (sic)" were listed as issues with a notation "yes" next to the sentence "Are there any issues or concerns to be addressed?" There was no evidence of action taken to address the concerns on the form. The 11/16/15 review indicated client #6's behaviors had improved at day services and "Staff working better w/(with) [client #6]. Getting approval for (PECs) (Picture Exchange Communication System) and chewing device." There was no evidence client #6's behavior of stealing food had been addressed in the visits to day services.</p> <p>Client #6's dining plan (undated) was reviewed on 12/10/15 at 11:48 AM and failed to address his stealing behavior. The plan indicated staff were to prompt him to eat slowly and to eat one bite of food at a time.</p> <p>The QIDP was interviewed on 12/10/15 at 12:00 PM and indicated she was unaware of the dining plan being implemented at day services involving client #8 being provided small amounts</p>			

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W 0248 Bldg. 00	<p>of food at a time.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based upon record review, interview and observation, for 1 additional client (client #8), the facility failed to ensure his updated ISP (Individual Support Plan) was available for staff to implement.</p> <p>Findings include:</p> <p>During observations at day services on 12/10/15 from 9:45 AM until 10:31 AM, client #8 sat in a chair in a corner.</p> <p>Day services staff #1 was interviewed on</p>	W 0248	<p>The QIDP will forward copies of all consumers ISP, RMAP and BSP to all appropriate service providers.</p> <p>The QIDP will receive retraining to review the need to ensure that once consumers ISP, RMAP and/or BSPs are created or updated that they are forwarded to consumers' individual Day Service programs as needed.</p> <p>Ongoing, when completed or received, the QIDP will forward copies of updated ISP, RMAP and BSP to consumers</p>	01/16/2016			

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	<p>12/10/15 at 9:50 AM and indicated she did not have an updated ISP for client #8. She indicated the Planning Coordinator may have an updated copy of his plan, but it was not available for her to use.</p> <p>Day services staff #1 provided a copy of client #8's ISP available for staff at the workshop dated 10/22/14 which was reviewed on 12/10/15 at 10:00 AM.</p> <p>The Planning Coordinator indicated on 12/11/15 at 9:56 AM, he had been provided an updated copy of client #8's current ISP, but had not made it available yet to staff.</p> <p>Client #8's updated ISP dated 10/22/15 provided by the Planning Coordinator was reviewed on 12/16/15 at 6:41 PM and indicated he was to be supervised during meal time to prevent choking. The ISP indicated he had a behavior support plan (BSP) which included targeted behaviors of stealing food and temper outbursts. Client #8 was to be offered a choice of beverages during meals, choose a quarter, thoroughly brush his teeth and wash his arms using soap and water.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>		<p>appropriate service providers. When sending out, the QIDP will cc the Area Director so the Area Director can track that the updated ISPs are going to all appropriate parties. The Area Director will communicate with day service providers a minimum of quarterly to review if updated copies of any paperwork have not been received.</p> <p>Responsible staff: QIDP, Area Director</p>		

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W 0331 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed to provide nursing services in accordance with the needs of 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/9/15 at 6:20 PM. A nutritional assessment completed by the dietitian dated 12/4/15 indicated client #2 had a BMI (body mass index) of 20.7. Client #2 was to receive a fortified cereal for breakfast and was to receive a nutritional supplement twice daily for "weight maintenance and monitor...Recommend monthly weights obtained and recorded. Aug, Sept and Oct, 2015 are not recorded." There was no evidence of weights recorded as indicated in the nutritional assessment.</p> <p>The group home nurse was interviewed on 12/10/15 at 12:25 PM and indicated</p>	W 0331	<p>All Direct Care staff will receive training to include ensuring that weights are recorded for all consumers a minimum of weekly or more often as directed by PCP, dietician or Program Nurse.</p> <p>Program Nurse will receive retraining to include ensuring that all recommendations for follow up from any medical appointments or dietician reports are reviewed, scheduled and/or completed as needed as soon as possible after the medical appointment.</p> <p>Program Coordinator, QIDP and/or Program Nurse will complete reviews of Medication Administration Records a minimum of weekly to ensure that all medical orders, including regular weights are being recorded as directed. If weights are not being completed, Program Coordinator or QIDP will address with staff to ensure weights are being completed as directed.</p>	01/16/2016

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W 0460  Bldg. 00	<p>weights should be recorded to monitor clients' weights.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed to provide 1 of 4 sampled clients (client #4), modified and specially prescribed diets.</p> <p>Findings include:</p> <p>Observations were conducted on 12/10/15 from 6:36 AM until 7:45 AM. Client #4 was provided instant oatmeal prepared in the microwave with lumps for breakfast.</p> <p>Client #4's record was reviewed on 12/10/15 at 12:05 PM. An undated</p>			W 0460	<p>Ongoing, the Program Nurse will review all consumers medical appointment forms or dietician reports within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Program Coordinator and/or QIDP to ensure that appointments are scheduled, medications are ordered, etc.</p> <p>Responsible Party: Program Nurse, QIDP, Program Coordinator</p> <p>All direct care will receive additional retraining on every consumer's specific dining plan including each consumers specified diet orders. Retraining will include ensuring that staff are following all consumers diet orders including if consumers have modified diets such as mechanical soft and pureed.</p> <p>Staff will also receive additional retraining on how to prepare the specialized diets prescribed for each consumer. Training will also include ensuring that all staff working in the home are trained on all consumers specified dining</p>		01/16/2016

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	<p>diet/aspiration protocol indicated client #4 was to receive a pureed diet "Pureed foods should be smooth and cohesive, but not sticky...All foods are to be pureed using a blender...."</p> <p>The group home nurse was interviewed on 12/10/15 at 12:25 PM and indicated client #4's oatmeal texture should be smooth without lumps.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>		<p>plans.</p> <p>The Program Coordinator and/or QIDP will complete mealtime observations at least five times weekly for 4 weeks to ensure that staff are following all consumers prescribed diet orders and are preparing meals as directed by the specialized diets. Observations will also include ensuring that staff are following all aspects of consumers specified dining plans.</p> <p>After the initial 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations at least three times weekly for 4 additional weeks to ensure that staff are following all consumers prescribed diet orders and are preparing meals as directed by the specialized diets. Observations will also include ensuring that staff are following all aspects of consumers specified dining plans</p> <p>Ongoing after the 8 weeks the Program Coordinator and/or QIDP will complete mealtime observations at least twice weekly to ensure that staff are following all consumers prescribed diet orders and are preparing meals as directed by the specialized diets. Observations will also include ensuring that staff are following all aspects of consumers specified dining plans</p>	

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W 0475 Bldg. 00	<p>483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils.</p> <p>Based on observation, record review and interview, the facility failed to utilize appropriate tableware and/or adaptive dining equipment at all opportunities for 1 additional client (client #7), to enable them to eat as independently as possibly.</p> <p>Findings include:</p> <p>Observations were conducted on 12/9/15 from 5:05 PM until 6:45 PM. Client #7 had a spoon with weighted handle, but did not have a knife or a fork with built up handle during his meal.</p> <p>Staff #1 was interviewed on 12/9/15 at 6:10 PM and indicated client #7 did not have a fork or a knife with a built up handle.</p> <p>Observations were conducted on 12/10/15 from 6:36 AM until 7:45 AM. Client #7 had a fork and a spoon with a built up handle, but did not have a knife with a built up handle available during his meal.</p>	W 0475	<p>Responsible Party: Program Coordinator, QIDP</p> <p>All direct care staff will receive retraining to include ensuring that all consumers are offered regular table service including a fork, spoon and knife unless they are prescribed the use of adaptive equipment during all meals. A weighted fork and knife have been purchased for Client #7 for use during mealtimes.</p> <p>Program Coordinator and QIDP will receive retraining to include ensuring that all adaptive equipment that is ordered for consumers is present in the home and available for consumers to use as directed.</p> <p>The Program Coordinator and/or QIDP will complete mealtime observations at least 5 times weekly for 4 weeks to ensure that consumers are offered regular table service including a fork, spoon and knife unless they are prescribed the use of adaptive equipment during all meals. Observations will also include that if adaptive equipment is prescribed for a specific consumer that it is present in the home and offered to the consumers as needed.</p>	01/16/2016

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W 0488  Bldg. 00	<p>The Program Coordinator/House Manager was interviewed on 12/10/15 at 7:31 AM and indicated client #7 did not have a knife with built up handle as yet.</p> <p>Client #7's record was reviewed on 12/17/15 at 12:45 PM and indicated client #7 was to use an adapted spoon.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the facility failed to encourage 4 of 4</p>			W 0488	<p>After the 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations at least three times weekly to ensure that consumers are being offered regular table service including a fork, spoon and knife unless they are prescribed the use of adaptive equipment during all meals. Observations will also include that if adaptive equipment is prescribed for a specific consumer that it is present in the home and offered to the consumers as needed.</p> <p>Ongoing after the 8 weeks the Program Coordinator and/or QIDP will complete mealtime observations at least two times weekly to ensure that consumers are being offered regular table service including a fork, spoon and knife unless they are prescribed the use of adaptive equipment during all meals. Observations will also include that if adaptive equipment is prescribed for a specific consumer that it is present in the home and offered to the consumers as needed.</p> <p>Responsible Party: Program Coordinator, QIDP</p> <p>All Direct Support staff will receive additional retraining on</p>		01/16/2016

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	<p>sampled clients (clients #1, #2, #3 and #4), and 4 additional clients (clients #5, #6, #7 and #8), to participate in preparing their food.</p> <p>Findings include:</p> <p>Observations were conducted on 12/10/15 from 6:36 AM until 7:45 AM. Staff #3 prepared instant oatmeal and toast for clients #1, #2, #3, #4, #5, #6, #7 and #8 without prompting them to participate in preparing their own food.</p> <p>The Area Director was interviewed on 12/17/15 at 2:55 PM and indicated clients should assist in preparing their own food.</p> <p>This deficiency was cited on October 19, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>		<p>ensuring that active treatment opportunities are being provided to clients, especially at mealtime, based on their developmental levels. Training will include ensuring that consumers are offered opportunities to assist with meal preparation and serve themselves their meals based on their developmental disability.</p> <p>The Program Coordinator, Program Nurse and/or QIDP will complete mealtime observations at least five times weekly for 4 weeks to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities.</p> <p>After the first 4 weeks the Program Coordinator, Program Nurse and/or QIDP will complete mealtime observations at least three times weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities. Ongoing after the first 8 weeks the Program Coordinator, Program Nurse and/or QIDP will complete mealtime observations at least two times weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities</p> <p>Responsible Party: Program</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			Coordinator, QIDP, Program Nurse		