

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G495	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6338 GRAHAM RD INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00159314.</p> <p>Complaint #IN00159314: SUBSTANTIATED, Federal and State deficiencies related to the allegations were cited at W149, W154, and W331.</p> <p>Dates of Survey: 1/28, 1/29, 1/30, 2/2, 2/3, and 2/4/2015.</p> <p>Provider Number: 15G495 AIM Number: 100244970 Facility Number: 001009</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/12/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review, and</p>	W000104	Indiana Mentor has hired an outside	03/06/2015

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

TITLE

(X6) DATE

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

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	<p>interview, for 4 of 4 sampled clients (clients A, B, C, and D) and 4 additional clients (clients E, F, G, and H), the governing body failed to exercise operating direction over the facility to complete maintenance and repairs for client A, B, C, D, E, F, G, and H's group home.</p> <p>The governing body failed to ensure clients C and F's bedroom closets were accessible for clients C and F.</p> <p>The governing body failed to exercise operating direction over the facility to ensure clients A, B, C, D, E, F, G, and H were not charged for services the facility was to provide.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted and clients A, B, C, D, E, F, G, and H walked and accessed each room throughout the group home independently. During both observation periods clients A, B, C, D, E, F, G, and H used the hallway bathroom which had one of two (1 of 2) sinks without a stopper and had standing water in the sink. 		<p>contractor to complete the remodel of the hallway bathroom in this group home. The remodel was started on February 9, 2015 and is expected to be completed on March 6, 2015.</p> <p>During the bathroom remodel, the bedroom to the west was also partially remodeled to assist with better accommodating the two residences. With this completion, each client is able to access his/her closet and is enough personal space to accommodate their needs.</p> <p>The Home Manager and Program Director will be retrained on ensuring that all maintenance issues are addressed in a timely manner and followed up on, if remaining incomplete.</p> <p>Ongoing, the Program Director will complete a monthly walk thru of the group home to ensure that no issues are noted.</p> <p>Ongoing, the Area Director will ensure that a quarterly walk-thru is completed to ensure that all maintenance issues are taken care of in a timely matter and do not remain incomplete.</p> <p>The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client is not paying for items that Indiana MENTOR should provide on a daily basis.</p> <p>Ongoing, Indiana MENTOR will provide meals for each client, even when going out in the community in a group setting.</p>	

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	<p>During both observation periods the following maintenance items were observed with Residential Manager (RM):</p> <ul style="list-style-type: none"> -The hallway bathroom had one of two (1 of 2) sinks missing the hot and cold control fixtures to turn on and off the water. -The hallway bathroom had two of eight (2 of 8) missing light bulbs from the bathroom light over the sink. -The hallway bathroom had six of six (6 of 6) light bulbs over the sink which did not provide light inside the tub/shower. -The RM indicated the hallway bathroom had two of two (2 of 2) mirrors on the wall above the sink with worn finish and each mirror had damage which did not provide a clear visual reflection. -On 1/28/15 at 4:00pm, the RM and the QIDP (Qualified Intellectual Disabilities Professional) both stated "the bathroom is going to be remodeled." The RM and QIDP both stated the hallway bathroom floor tile had an area "four feet wide by fifteen feet long (4' by 15')" that had "stains, discolorations, and was worn" from use. -The QIDP stated the hallway bathroom tub had a two feet area at the rim of the tub connecting to the wall that had "gaps" which exposed the inside wall to moisture. -The hallway bathroom had a cabinet 		<p>All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month.</p> <p>Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that are over resources, so that the Area Director can follow up on the plan of correction.</p> <p>Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly.</p> <p>Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>	

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	<p>inside the room with missing handles to open the doors, the finish was worn, and the QIDP indicated the cabinet needed to be replaced.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the hallway bathroom was scheduled to be remodeled in the future.</p> <p>2. On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted. Clients C and F's bedroom closet doors were not able to be opened. During both observation periods clients C and F were encouraged by the facility staff to ensure their beds were pushed into each corner of the room which blocked client C and F from accessing their individual closets. On 1/29/15 at 5:45am, client C got up out of bed. Client C, with the assistance of GHS (Group Home Staff) #6, pulled his bed from the wall and closet, made his bed, then both GHS #6 and client C pushed his bed back against the wall and closet. At 5:45am, GHS #6 stated "the room is small, so we have to have the beds against the walls and closets" so there was room to walk. Client F used his roller walker to navigate between client C's bed and the doorway to leave</p>			

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	<p>the room. At 5:45am, client F indicated he could not open his closet and could not move his bed. At 5:45am, client C indicated he could move his bed a few inches, which he did, and client C was able to open his closet door. GHS #6 stated the door opened "approximately two inches."</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated clients C and F could not independently open their individual closets at the group home because client C and F's beds took up room inside their shared bedroom. The QIDP stated "the bedroom measured thirteen feet long by nine and one half feet wide (13' by 9 1/2)" which indicated one hundred twenty-three and one half square feet for two clients. The QIDP indicated the bedroom was small for two clients with oversized beds.</p> <p>3. On 1/28/15 from 3:50pm until 5:50pm, clients A, B, C, D, E, F, G, and H were at the group home. At 4:55pm, the Residential Manager (RM) indicated he had clients A, B, C, D, E, F, G, and H's money counted out for the outing. At 5:50pm, clients A, B, C, D, E, F, G, and H were assisted to get on the van to leave for an outing to go out to eat and the</p>						

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	<p>Residential Manager (RM) had clients A, B, C, D, E, F, G, and H's money from each client's personal funds for supper. At 5:50pm, GHS (Group Home Staff) #1 indicated the group home was not going to cook supper tonight and the clients and the staff were going to a restaurant for supper.</p> <p>On 1/29/15 at 1:15pm, clients A, B, C, D, E, F, G, and H's receipts from their 1/28/15 supper outing were reviewed with the RM (Residential Manager). The RM indicated the group home did not provide a supper meal at the group home on 1/28/15 and clients A, B, C, D, E, F, G, and H went out to eat supper with the facility staff. The RM provided the following receipts and expenditures from clients A, B, C, D, E, F, G, and H's personal funds. The review indicated: For client A \$6.30 and \$1.70. For client B \$6.84 and \$1.16. For client C no receipt and the RM indicated staff paid for client C's supper because he did not have funds available. For client D \$6.30 and \$1.70. For client E \$7.72 and \$1.28. For client F \$6.30 and \$1.70. For client G no receipt and the RM indicated client G carried her own money to pay for her supper. For client H \$6.30 and \$1.45.</p> <p>On 1/29/15 at 1:15pm, clients A, B, C, and D's "Cash on Hand Record(S)"</p>			

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	<p>indicated the following expenses from clients A, B, C, and D's personal funds entrusted to the facility and the RM (Residential Manager) indicated the clients from the group home purchased their meal and the facility did not provide a meal at the group home:</p> <p>-The 12/2014 dining out receipts indicated the following: Client A on 12/23/14 was \$8.92 and on 12/5/14 was \$6.30, client B on 12/5/14 was \$4.35 and \$1.95 and was not at the group home on 12/23/14, client C on 12/23/14 was \$8.92 and on 12/5/14 was \$4.35 and \$1.95, client D on 12/23/14 was \$8.16 and on 12/5/14 was \$6.30, and client F on 12/23/14 was \$8.16 and on 12/5/14 was \$4.35 and \$1.95.</p> <p>-The 11/2014 dining out receipts indicated the following: Client A on 11/8/14 was \$8.06 and on 11/15/14 was \$7.62, client B on 11/15/14 was \$7.62, client C on 11/8/14 was \$8.06 and on 11/15/14 was \$7.62, client D on 11/15/14 was \$7.62.</p> <p>On 1/29/15 at 9:55am, the facility's 12/2007 policy and procedure "Managing an Individual's Funds" indicated the purpose for safeguarding a client's funds was "protecting individual's money from being misused by others...." The policy</p>			

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W000125	<p>and procedure indicated "the misuse of property and/or resources...Buying groceries...using an individuals money...Prohibited practices include the following...Requiring an individual served by the company to purchase items for which the company is eligible for reimbursement." The policy indicated the client pays for room and board from social security funds and the facility rate was all inclusive which included meals.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients A, B, C, D, E, F, G, and H went out to eat monthly and each client paid for their individual dinner meal. The QIDP indicated clients A, B, C, D, E, F, G, and H should not pay for services the facility should provide.</p> <p>9-3-1(a)</p> <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. Based on observation, record review, and</p>	W000125	The snacks in the garage were not	03/06/2015

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	<p>interview, for 4 of 4 sampled clients (clients A, B, C, and D) and 4 additional clients (clients E, F, G, and H) who lived in the group home, the facility failed to ensure unimpeded access to the secured snack foods for clients A, B, C, D, E, F, G, and H who did not have documented assessments for the restricted access to the secured food items.</p> <p>Findings include:</p> <p>On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted and clients A, B, C, D, E, F, G, and H walked and accessed each room throughout the group home independently. On 1/28/15 at 4:15pm, GHS (Group Home Staff) #6 asked clients A, B, C, D, E, and F if they wanted a snack. At 4:15pm, GHS #6 walked to the connecting garage, moved a stack of empty large boxes, opened a large box on the bottom of the stack of boxes, and retrieved a box of wheat snack crackers from the box. GHS #6 then closed the box, replaced the empty large boxes on top of the bottom box, and carried the single box of wheat snack crackers inside the group home. At 4:15pm, GHS #6 indicated the snacks were kept outside the group home in the connecting garage because clients A and</p>		<p>locked and clients were not restricted from accessing them at any point.</p> <p>In order to ensure that the clients were not restricted, the snacks were relocated to an unlocked closet in the house.</p> <p>The Home Manager and staff will all be retrained on restrictions and client rights.</p> <p>Ongoing, the Program Director will complete a monthly walk thru of the group home to ensure that no restrictions are in place.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>	

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	<p>C would eat them if the snack food items were kept inside the group home. GHS #6 stated "they aren't locked." At 4:25pm, GHS #6 passed out wheat snack crackers to clients A, B, C, D, E, F, G, and H inside the group home. During both observation periods the group home had snacks stored inside a large box underneath a stack of empty large boxes inside the garage.</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's 8/18/14 ISP (Individual Support Plan) and 8/2014 CFA (Comprehensive Functional Assessment) did not indicate an identified need to secure snacks and food items. Client A's record did not indicate consent for secured food items.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. Client B's 4/7/14 ISP and 4/2014 CFA did not indicate an identified need to secure snacks and food items. Client B's record did not indicate consent for secured food items.</p> <p>On 1/30/15 at 12:20pm, client C's record was reviewed. Client C's 6/7/14 ISP and 6/2014 CFA did not indicate an identified need to secure snacks and food items. Client C's record did not indicate consent for secured food items.</p>			

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W000130	<p>On 1/30/15 at 11:15am, client D's record was reviewed. Client D's 10/16/14 ISP and 10/2014 CFA did not indicate an identified need to secure snacks and food items. Client D's record did not indicate consent for secured food items.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client A, B, C, D, E, F, G, and H's secured snacks and food items were kept secured inside the garage, inside a box, and under a stack of empty boxes at the group home. The QIDP indicated clients A, B, C, D, E, F, G, and H did not have unimpeded access the items, and did not have goals or a plan to decrease the restrictions of the secured items. The QIDP indicated clients A, B, C, D, E, F, G, and H had not given consent for the items to be secured. The QIDP indicated no assessments were completed for clients A, B, C, D, E, F, G, and H.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>			

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	<p>Based on observation and interview, for 1 of 4 sampled clients (client C) and 1 additional client (client H), the facility failed to encourage and teach personal privacy when opportunities existed.</p> <p>Findings include:</p> <p>On 1/29/15 at 6:15am, GHS #4 stood at the doorway to the hallway bathroom watching client C brush his teeth over the sink which had standing water and no sink stopper. Client H was wearing only boxer shorts as he walked by GHS #4, entered the bathroom, lowered his boxers, exposed his nude lower body, and sat down on the toilet. GHS #4 did not encourage client H to give client C his privacy during toothbrushing. GHS #4 did not redirect client H and did not close the door for client H's personal privacy. Client C exited the bathroom walking by client H sitting on the toilet through the connecting bedroom door and client C did not complete brushing his teeth. No privacy was taught or encouraged by GHS #4.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the group home had male and female clients living there. The QIDP indicated clients C and H should</p>	W000130	<p>All staff will be retrained on client rights, including their right to privacy.</p> <p>In order to assist with privacy, the door between the bedroom and the bathroom was removed and replaced with a solid wall.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all clients are guaranteed privacy and no rights are restricted.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>	03/06/2015			

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W000137	<p>have been redirected during formal and informal opportunities to teach and encourage personal privacy.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, interview, and record review for 1 of 4 sampled clients (client A), the facility failed to ensure client A had access to his personal items.</p> <p>Findings include:</p> <p>On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted. During observations client A walked and accessed each room throughout the group home independently and did not throw items. On 1/28/15 at 5:25pm, Group Home Staff (GHS) #1 administered client A his medications. At 5:25pm, GHS #1 asked client A to stand from the chair inside the medication room, GHS #1 began reaching into client A's two coat pockets without interacting with client A first. GHS #1 began emptying client A's</p>	W000137	<p>All staff will be retrained on client rights. This training will include but is not limited to ensuring that no client possessions are removed or stored where a client does not have access to them. Client possessions should never be locked unless the client has a key with access, or if the team has agreed to the restriction for a health and safety reason.</p> <p>All personal possessions were removed from both the filing cabinet and the locked medication cabinet and placed back into the client's room.</p> <p>The Interdisciplinary team will meet regarding client A's Behavior Support Plan and address the targeted behavior of hoarding. The team will specifically address how the staff will respond to Client A's hoarding socks and/or other items.</p>	02/06/2015

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	<p>jean pockets and coat pockets. GHS #1 pulled out client A's personal items from client A's pockets then secured the items within GHS #1's reach. Client A began to speak loudly that he wanted his items back. GHS #1 removed rolled up multiple plastic shopping bags and two pairs of tube socks from client A's pockets. GHS #1 took the items and stated to client A "You have one bag with your toys in it and you have one pair of socks on. That's all you get to keep." GHS #1 took client A's plastic bags and put them on top of the medication cabinet out of client A's reach. GHS #1 took the two pairs of tube socks and put them inside the washer which was in operation at the time. Client A continued to verbally request his items be returned to him and GHS #1 prompted client A from the medication room and for him to get ready to go on the outing. At 5:25pm, GHS #1 indicated client A was to have one bag and 2 pairs of socks to carry. GHS #1 stated if client A did not have his one extra pair of socks "he would take everyone else's." From 5:25pm until 5:35pm, client A continued to request his plastic bags and socks GHS #1 had taken from him.</p> <p>On 1/29/15 from 5:30am until 7:55am, client A was observed at the group home. At 6:10am, client A exited his bedroom,</p>		<p>Once the Behavior Support Plan is updated, the staff will be retrained on all of the changes the team made.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all clients are not restricted with any of their rights.</p> <p>The team met on February 16, 2015 to discuss client A's refusal to wear a belt. Client A's mother agreed to purchase him new pants due to a recent weight loss. Mother stated that Client A has always refused to wear a belt and she doesn't think a desensitization plan will help. Staff #4 will be given a corrective action for leaving the medication cabinet unlocked and leaving the keys unsecured.</p> <p>All staff will be retrained on medication administration, including ensuring that medications are secured at all times.</p> <p>For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that</p>	

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	<p>held his pants up with both his hands, and did not wear a belt. At 6:15am, client A exited his bedroom a second time, held a different pair of pants up with his hands, and did not wear a belt. At 6:15am, GHS #5 asked client A to assist him. GHS #5 exited client A's bedroom, walked to the office area, and retrieved a belt from a filing cabinet. GHS #5 indicated client A's belt was kept secured by the staff each day inside the locked filing cabinet. GHS #5 opened the filing cabinet drawers which held client A's sock supply along with client A's belt. GHS #5 indicated client A's socks were kept secured by the facility staff. From 7:05am until 7:55am, GHS #4 administered morning medications. GHS #4 left the medication keys and the medication cabinet doors unlocked and open. At 7:30am, the staff walked away from the unsecured medication area and client A walked into the medication area searching inside the medication cabinet, on top of the medication cabinet, and located his plastic bags without staff present. Client A placed the items inside his coat pockets and left the medication room.</p> <p>On 1/29/15 at 10:45am, client A's record review was conducted. Client A's 8/18/14 Individual Support Plan (ISP), 8/18/14 Risk assessment, and 8/18/14</p>		<p>there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>				

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W000149	<p>BSP (Behavior Support Plan) indicated client A had the identified targeted behavior of Hoarding. Client A's BSP indicated "To prevent [client A] from hoarding/throwing items: Explain to [client A] that he will be allowed to hold 1 pair of his own socks and take them with him as long as he does not throw the items. Each morning review with [client A] that he can take 1 pair of socks with him but if he throws them he will not be able to have them back for the rest of the day...." Client A's record did not include staff taking items away from client A, staff searching client A's person for items, and staff withholding client A's personal possessions in a secured location.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP stated client A's ISP and BSP did not indicate he needed staff to search his person and take away his personal possessions. The QIDP indicated client A's plans did not include limiting client A's access to his socks, belt, and plastic bags.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p>			

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	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, for 6 of 14 BDDS (Bureau of Developmental Disabilities Services) reports for an injury of unknown origin, and physical aggression (for client A), the facility neglected to implement their Abuse/Neglect/Mistreatment policy to complete thorough investigations, implement sufficient corrective actions, and seek licensed medical care after client A was bitten.</p> <p>Findings include:</p> <p>1. On 1/28/15 at 1:42pm, on 1/28/15 at 3:00pm, on 1/29/15 at 9:30am, and on 1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following:</p> <p>For client A: -A 11/10/14 BDDS report for an incident on 11/10/14 at 11:10am at the Day Services and filed by the Day Service Provider indicated client A "was standing at the kitchen door awaiting his lunch when another client walked by and bit him on the left arm just below his elbow.</p>	W000149	<p>The Program Director will receive a Corrective Action for incomplete investigations.</p> <p>The Home Manager and Program Director will be retrained on ensuring that the nurse is notified of all medical incidents, even the incidents that occur at day program. The team for Client A met on February 16, 2015 to discuss the client's placement at his current day program. It was decided that due to ongoing concerns of client health and safety, and an increase in his behaviors, that he would transition to a new day program that is more suitable to his needs.</p> <p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation.</p> <p>The Program Director will also be retrained on concerns that are brought up during an interview/investigation and ensuring that they are addressed appropriately. Any concerns should and will be brought to the entire team to discuss if any changes are needed or need to be addressed. To ensure that all investigations are completed accurately and</p>	03/06/2015

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	<p>The bite broke the skin. Staff washed the bite and applied antibiotic spray." No investigation with witness statements, no incident report, no written description of the human bite, no corrective action, no licensed medical professional provided medical follow up, and no documented evidence was available for review regarding client A's human bite which broke the skin.</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's record indicated his last Tetanus vaccination was on 9/2010. Client A's record did not include medical intervention after the 11/10/14 human bite incident at the Day Services. Client A's 12/12/14 Nursing Quarterly Assessment did not include the incident on 11/10/14 when client A had been bitten on his left arm. Client A's 12/2014 and 11/2014 nursing monthly assessments did not include client A's 11/10/14 incident of a human bite on his left arm. Client A's 3/2014 nursing monthly assessment indicated on 3/10/14 client A was bitten on his right hand and seen at the medical clinic and recommended to complete "Hot Soaks" twice a day for ten days. Client A's 2/2014 nursing monthly assessment indicated on 2/10/14 client A was bitten on his left hand by another client while at the day program. "The bite broke the</p>		<p>thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly.</p> <p>Responsible Party: Program Director and Area Director and Quality Assurance Specialist.</p>	

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	<p>skin. He asked what recommendations I (the nurse) had. I told him to transport [client A] to either immediate care or ER (Emergency Room) for evaluation and treatment. 2/10/14 at 2:30pm, client been at med check for human bite left hand (sic). Recommends treatment with Clindamycin 300mg (milligrams) TID (2 times) x 7 (for seven) days and Septra 800-160mg BID (twice a day) x 7 days. Last tetanus was 9/21/2010. No labs were ordered...Keep hand elevated x 24 (for twenty-four) hrs (hours) include keeping area clean with soap and (water) and dry. Apply bandages as necessary...monitor for s/s (signs/symptoms) of infection including redness, swelling, red streaks going up the arm, foul smelling drainage, pain, swollen lymph nodes, fever > (greater) 100.4 degrees."</p> <p>On 1/30/15 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) was conducted. The RM called the agency nurse by telephone to inquire regarding medical interventions for client A after the human bite incident on 11/10/14. No further information was available for review.</p> <p>On 1/30/15 at 2:00pm, an interview was</p>						

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	<p>conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the facility followed the BDDS reporting and investigating policy and procedure. The QIDP indicated no investigation was available for review for client A's human bite incident on 11/10/14. The QIDP indicated no documented medical intervention and follow up, nursing measures, and completed corrective action were available for review. The QIDP indicated the incident occurred at the Day Services and he was unsure of what was done after client A had been bitten by another client.</p> <p>2. On 1/28/15 at 1:42pm, on 1/28/15 at 3:00pm, on 1/29/15 at 9:30am, and on 1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and indicated the following injuries of unknown origin and continued client to client physical aggression:</p> <p>For client A: -A 1/20/15 BDDS report for an incident on 1/20/15 at 9:15am indicated client A arrived at the Day Services and had unknown scratches on his right side of the neck. A 1/26/15 follow up BDDS</p>			

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	<p>report indicated client A's scratches himself with his nails.</p> <p>-A 1/20/15 through 1/27/15 "Investigation" into the 1/20/15 incident indicated no medical treatment was needed. The investigation indicated an interview with the Day Service provider who reported the unknown injury, one facility staff, and the Residential Manager (RM). The investigation indicated client A had "three small scratches on the right side of his neck" reported. The results of the investigation indicated "Injury is unknown origin is the result of this investigation (sic)." No witness statement documented client A's activity before the injury was discovered at day service, no physical assessment review of client A's skin and nails was documented, no injury description included the color, size, and location on right side of client A's neck was included, and no corrective action was documented.</p> <p>-A 12/23/14 BDDS report for an incident on 12/23/14 at 12:30pm at the Day Services indicated "While staff was trying to verbally redirect [client A] to another area, he kicked another client and a staff member in the leg. Plan to resolve: When [client A] is being verbally redirected in the future, staff will</p>			

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	<p>verbally redirect other clients out of the area." No investigation with narrative witness statements, and behavioral documents were available for review. The investigation indicated no documents were reviewed to determine if the continued client to client physical aggression was identified as a pattern and no corrective measures were documented.</p> <p>-A 12/23/14 BDDS report for an incident on 12/23/14 at 12:00pm at the Day Services indicated client A "kicked another client after being asked to sit down to complete a task rather than walking to another room." No investigation was available for review.</p> <p>-A 12/2/14 BDDS report for an incident on 12/2/14 at 9:40am indicated client A walked through the activity area and hit another client. No investigation was available for review.</p> <p>-A 11/5/14 BDDS report for an incident on 11/4/14 at 1:20pm at the Day Services indicated client A "was slapped on the left cheek by another client who was aggravated. [Client A's] cheek was red." The report indicated "Staff will try to move clients out of the area when other client is upset." No investigation was available for review.</p>			

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	<p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the facility followed the BDDS reporting and investigating policy and procedure. The QIDP indicated no investigation was available for review for client A's client to client physical aggression toward other people and for client A as the victim of the aggression. The QIDP indicated client A continued to be bitten by other clients at the day services. The QIDP indicated no skin assessments to monitor client A's skin for potential injuries, no documented corrective action, and no evidence of follow up at the Day Services were available for review. The QIDP indicated no Day Services observation completed by the QIDP was available for review.</p> <p>On 1/28/15 at 2:00pm, a record review was conducted of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>On 1/28/15 at 2:00pm, a record review was conducted of the facility's 1/1/2011 policy and procedure "Suspected Abuse, Neglect, & Exploitation Reporting" was reviewed. The policy and procedure indicated the agency prohibited abuse,</p>			

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W000154	<p>neglect, and/or mistreatment and all employees are responsible to immediately report incidents of abuse, neglect, and/or mistreatment. The policy and procedure indicated "Neglect: the failure to provide the proper care for a resident/consumer, in a timely manner, causing the resident/consumer undue physical or emotional stress or injury; unreasonable delays in providing appropriate services...."</p> <p>This federal tag relates to complaint #IN00159314.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, for 6 of 14 BDDS (Bureau of Developmental Disabilities Services) reports for an injury of unknown origin, and physical aggression (for client A), the facility failed to complete thorough investigations.</p> <p>Findings include:</p> <p>1. On 1/28/15 at 1:42pm, on 1/28/15 at</p>	W000154	<p>The Program Director will receive a Corrective Action for incomplete investigations.</p> <p>The Home Manager and Program Director will be retrained on ensuring that the nurse is notified of all medical incidents, even the incidents that occur at day program.</p> <p>The team for Client A met on February 16, 2015 to discuss the client's placement at his current day program. It was decided that due to ongoing concerns of client health</p>	03/06/2015

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	<p>3:00pm, on 1/29/15 at 9:30am, and on 1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following:</p> <p>For client A: -A 11/10/14 BDDS report for an incident on 11/10/14 at 11:10am at the Day Services and filed by the Day Service Provider indicated client A "was standing at the kitchen door awaiting his lunch when another client walked by and bit him on the left arm just below his elbow. The bite broke the skin. Staff washed the bite and applied antibiotic spray." No investigation with narrative witness statements, no incident report, no written description of the human bite, no corrective action, no licensed medical professional provided medical follow up, and no documented evidence was available for review regarding client A's human bite which broke the skin.</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's record indicated his last Tetanus vaccination was on 9/2010. Client A's record did not include medical intervention after the 11/10/14 human bite incident at the Day Services. Client A's 12/12/14 Nursing</p>		<p>and safety, and an increase in his behaviors, that he would transition to a new day program that is more suitable to his needs.</p> <p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation.</p> <p>The Program Director will also be retrained on concerns that are brought up during an interview/investigation and ensuring that they are addressed appropriately. Any concerns should and will be brought to the entire team to discuss if any changes are needed or need to be addressed.</p> <p>To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations.</p> <p>Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly.</p> <p>Responsible Party: Program Director and Area Director and Quality Assurance Specialist.</p>	

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	<p>Quarterly Assessment did not include the incident on 11/10/14 when client A had been bitten on his left arm. Client A's 12/2014 and 11/2014 nursing monthly assessments did not include client A's 11/10/14 incident of a human bite on his left arm. Client A's 3/2014 nursing monthly assessment indicated on 3/10/14 client A was bitten on his right hand and seen at the medical clinic and recommended to complete "Hot Soaks" twice a day for ten days. Client A's 2/2014 nursing monthly assessment indicated on 2/10/14 client A was bitten on his left hand by another client while at the day program. "The bite broke the skin. He asked what recommendations I (the nurse) had. I told him to transport [client A] to either immediate care or ER (Emergency Room) for evaluation and treatment. 2/10/14 at 2:30pm, client been at med check for human bite left hand (sic). Recommends treatment with Clindamycin 300mg (milligrams) TID (2 times) x 7 (for seven) days and Septra 800-160mg BID (twice a day) x 7 days. Last tetanus was 9/21/2010. No labs were ordered...Keep hand elevated x 24 (for twenty-four) hrs (hours) include keeping area clean with soap and (water) and dry. Apply bandages as necessary...monitor for s/s (signs/symptoms) of infection including redness, swelling, red streaks going up</p>			

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	<p>the arm, foul smelling drainage, pain, swollen lymph nodes, fever > (greater) 100.4 degrees."</p> <p>On 1/30/15 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) was conducted. The RM called the agency nurse by telephone to inquire regarding medical interventions for client A after the human bite incident on 11/10/14. No further information was available for review.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the facility followed the BDDS investigating policy and procedure. The QIDP indicated no investigation was available for review for client A's human bite incident on 11/10/14. The QIDP indicated no documented medical intervention and follow up, nursing measures, and completed corrective action were available for review. The QIDP indicated the incident occurred at the Day Services and he was unsure of what was done after client A had been bitten by another client.</p> <p>2. On 1/28/15 at 1:42pm, on 1/28/15 at 3:00pm, on 1/29/15 at 9:30am, and on</p>			

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	<p>1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and indicated the following injuries of unknown origin and continued client to client physical aggression:</p> <p>For client A: -A 1/20/15 BDDS report for an incident on 1/20/15 at 9:15am indicated client A arrived at the Day Services and had unknown scratches on his right side of the neck. A 1/26/15 follow up BDDS report indicated client A's scratches himself with his nails.</p> <p>-A 1/20/15 through 1/27/15 "Investigation" into the 1/20/15 incident indicated no medical treatment was needed. The investigation indicated an interview with the Day Service provider who reported the unknown injury, one facility staff, and the Residential Manager (RM). The investigation indicated client A had "three small scratches on the right side of his neck" reported. The results of the investigation indicated "Injury is unknown origin is the result of this investigation (sic)." No narrative witness statement documented client A's activity before the injury was discovered at day service, no physical</p>			

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	<p>assessment review of client A's skin and nails were documented, no injury description included the color, size, and specific location on right side of client A's neck was included, and no corrective action was documented.</p> <p>-A 12/23/14 BDDS report for an incident on 12/23/14 at 12:30pm at the Day Services indicated "While staff was trying to verbally redirect [client A] to another area, he kicked another client and a staff member in the leg. Plan to resolve: When [client A] is being verbally redirected in the future, staff will verbally redirect other clients out of the area." No investigation with narrative witness statements and behavioral documents were available for review. The investigation did not indicate documents were reviewed to determine if the continued client to client physical aggression was identified as a pattern.</p> <p>-A 12/23/14 BDDS report for an incident on 12/23/14 at 12:00pm at the Day Services indicated client A "kicked another client after being asked to sit down to complete a task rather than walking to another room." No investigation was available for review.</p> <p>-A 12/2/14 BDDS report for an incident on 12/2/14 at 9:40am indicated client A</p>			

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	<p>walked through the activity area and hit another client. No investigation was available for review.</p> <p>-A 11/5/14 BDDS report for an incident on 11/4/14 at 1:20pm at the Day Services indicated client A "was slapped on the left cheek by another client who was aggravated. [Client A's] cheek was red." The report indicated "Staff will try to move clients out of the area when other client is upset." No investigation was available for review.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the facility followed the BDDS investigating policy and procedure. The QIDP indicated no investigation was available for review for client A's client to client physical aggression toward other people and for client A as the victim of the aggression. The QIDP indicated client A continued to be bitten by other clients at the day services. The QIDP indicated no skin assessments to monitor client A's skin for potential injuries, no documented corrective action, and no evidence of follow up at the Day Services were available for review. The QIDP indicated no Day Services observation completed by the QIDP was available for review.</p>			

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W000157	<p>This federal tag relates to complaint #IN00159314.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 4 of 14 BDDS (Bureau of Developmental Services) reports for physical aggression (for client A), the facility failed to implement sufficient corrective actions.</p> <p>Findings include:</p> <p>On 1/28/15 at 1:42pm, on 1/28/15 at 3:00pm, on 1/29/15 at 9:30am, and on 1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and included the following continued client to client physical aggression:</p> <p>For client A: -A 12/23/14 BDDS report for an incident on 12/23/14 at 12:30pm at the Day Services indicated "While staff was trying to verbally redirect [client A] to</p>	W000157	<p>The Program Director will receive a Corrective Action for incomplete investigations.</p> <p>The Home Manager and Program Director will be retrained on ensuring that the nurse is notified of all medical incidents, even the incidents that occur at day program.</p> <p>The team for Client A met on February 16, 2015 to discuss the client's placement at his current day program. It was decided that due to ongoing concerns of client health and safety, and an increase in his behaviors, that he would transition to a new day program that is more suitable to his needs.</p> <p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation.</p> <p>The Program Director will also be retrained on concerns that are</p>	03/06/2015

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	<p>another area, he kicked another client and a staff member in the leg. Plan to resolve: When [client A] is being verbally redirected in the future, staff will verbally redirect other clients out of the area." The investigation failed to indicate the documents reviewed to determine if the continued client to client physical aggression was identified as a pattern and no corrective measures were documented.</p> <p>-A 12/23/14 BDDS report for an incident on 12/23/14 at 12:00pm at the Day Services indicated client A "kicked another client after being asked to sit down to complete a task rather than walking to another room." No corrective measures were available for review.</p> <p>-A 12/2/14 BDDS report for an incident on 12/2/14 at 9:40am indicated client A walked through the activity area and hit another client. No corrective measures were available for review.</p> <p>-A 11/5/14 BDDS report for an incident on 11/4/14 at 1:20pm at the Day Services indicated client A "was slapped on the left cheek by another client who was aggravated. [Client A's] cheek was red." The report indicated "Staff will try to move clients out of the area when other client is upset." No corrective measures were available for review.</p>		<p>brought up during an interview/investigation and ensuring that they are addressed appropriately. Any concerns should and will be brought to the entire team to discuss if any changes are needed or need to be addressed. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by both the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed and that the investigation is completed thoroughly. Responsible Party: Program Director and Area Director and Quality Assurance Specialist.</p>	

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W000159	<p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated no corrective action was documented and no evidence of follow up at the Day Services was available for review regarding client A's continued aggression. The QIDP indicated no Day Services observation completed by the QIDP was available for review.</p> <p>9-3-2(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 on observation, record review, and interview, for 4 of 4 sampled clients (clients A, B, C, and D) and 4 additional clients (clients E, F, G, and H), the Qualified Intellectual Disabilities Professional (QIDP) failed to integrate, coordinate, and monitor clients A, B, C, D, E, F, G, and H's active treatment plans, failed to ensure access to each client record by the outside day services, failed to ensure implementation and monitoring of Individual Support Plans</p>	W000159	<p>The Program Director will receive a Corrective Action for not completing the monthlies on a consistent basis. The Program Director will be retrained on completing and submitting the monthlies and/or quarterlies for the previous month no later than the 10th of the following month, to the Area Director, for review. Ongoing, all monthlies will be reviewed by the Area Director to ensure that the goals are reviewed and all behavior data is tracked</p>	02/06/2015

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	<p>(ISPs), and failed to complete clients D and F's assessments of their identified needs.</p> <p>Findings include:</p> <p>1. On 1/29/15 at 10:45am, client A's record was reviewed. No QIDP reviews for client A's goals/objectives were available for review.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. No QIDP reviews for client B's goals/objectives were available for review.</p> <p>On 1/30/15 at 12:20pm, client C's record was reviewed. No QIDP reviews for client C's goals/objectives were available for review.</p> <p>On 1/30/15 at 11:15am, client D's record was reviewed. No QIDP reviews for client D's goals/objectives were available for review.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client A, B, C, D, E, F, G, and H's QIDP reviews of program goals and objectives were not available for review. The QIDP indicated he had been working on catching up the QIDP</p>		<p>appropriately.</p> <p><i>Please refer to W218</i></p> <p>The Program Director, Program Nurse, and/or Home Manager will work with client D's interdisciplinary team to get a sensorimotor assessment scheduled and completed.</p> <p>Once the results of the assessment are available, the staff will be retrained on how to best provide active treatment and the completion of ADL's for client D.</p> <p>Before the assessment is completed, the Home Manager, Program Director, Behavior Specialist, and/or Program Nurse will complete a retraining with the staff on how to verbally assist client D with active treatment and the completion of ADL's.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks.</p> <p>Ongoing, the Home Manager or Program Director will complete no less than one Active Treatment observation per week to ensure that staff are appropriately assisting client D.</p> <p>Ongoing, the Program Nurse will review other client's needs and ensure that all assessments are completed where needed.</p> <p>Responsible Party: Home Manager, Program Director, Program Nurse, and/or Behavior Specialist</p> <p><i>Please refer to W227</i></p>	

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	<p>review documentation for clients A, B, C, and D and stated client A, B, C, and D "now had two (2) quarterly reviews." When asked if these QIDP reviews were available for review, the QIDP stated, "The QIDP reviews were not" available.</p> <p>2. Please refer to W218. The QIDP failed for 1 of 4 sampled client (client D) who was visually impaired to ensure the facility assessed client D's functional ability related to his blindness.</p> <p>3. Please refer to W227. The QIDP failed for 1 of 4 sampled clients (client D) and 1 additional client (client F) to ensure the facility developed an active treatment program to address client D and F's identified incontinence needs.</p> <p>4. Please refer to W240. The QIDP failed for 1 additional client (client F) with adaptive equipment, to ensure the facility developed a plan for when client F should use his walker.</p> <p>5. Please refer to W248. The QIDP failed for 3 of 4 sampled clients (clients B, C, and D) and 1 additional client (client F) who attended outside day services to ensure the day services had access to clients B, C, D, and F's current ISPs (Individual Support Plans).</p>		<p>The Program Director in conjunction with the Interdisciplinary teams will create an objective to assist Clients D and F with ongoing incontinence. The Program Director in conjunction with the Interdisciplinary teams will create a toileting schedule to assist Clients D and F with ongoing incontinence.</p> <p>The staff, both at the group home and the workshop will be retrained on the toileting schedule and the objectives put into place to assist clients D and F with their incontinence.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks.</p> <p>Ongoing, the Home Manager or Program Director will complete no less than one Active Treatment observation per week to ensure that staff are appropriately running goals and following all active treatment schedules for each client.</p> <p>Ongoing, the Program Director will review other client's needs and ensure that all assessments and objectives are in place and completed where needed.</p> <p>Responsible Parties: Home Manager, Program Director, and Program Nurse</p> <p><i>Please refer to W240</i></p> <p>The Program Director will update client F's Individualized Support Plan to address the use of his walker while ambulating throughout the</p>	

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	<p>6. Please refer to W249. The QIDP failed for 3 of 4 sampled clients (clients A, B, and D) and 4 additional clients (clients E, F, G, and H) to ensure the facility used formal and informal opportunities to implement client A, B, D, E, F, G, and H's ISPs (Individual Support Plans) and risk plan when opportunities existed.</p> <p>9-3-3(a)</p>		<p>group home.</p> <p>Staff will continue to encourage and assist client F to use his walker while out in the community and when at the group home.</p> <p>The Program Director will review each client's use of adaptive equipment and ensure that all adaptive equipment is listed in the ISP.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all clients are continuing to utilize adaptive equipment appropriately.</p> <p>Responsible Parties: Home Manager, Program Director, and Program Nurse</p> <p><i>Please refer to W248</i></p> <p>The Program Director will send all Day Placements the current ISPs and BSPs for the common clients.</p> <p>The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times.</p> <p>Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable.</p> <p>Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that all have current information,</p>	

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			<p>including, but not limited to ISPs and BSPs for common clients.</p> <p>Responsible Party: Home Manager and/or Program Director <i>Please refer to W249</i></p> <p>The Direct Support Professionals will be retrained on completing and documenting formal and informal training goals for each client.</p> <p>The Program Director, in conjunction with the IDTs, will create an appropriate medication administration goal for clients A, D, E, G, and H.</p> <p>After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal.</p> <p>The Direct Care Staff will be</p>	

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, for 1 of 4 sampled clients (client D) who was visually impaired, the facility failed to assess client D's functional ability related to his blindness.</p> <p>Findings include:</p>	W000218	<p>retrained on all dining plans to ensure that they are appropriately being followed. The Direct Care Staff will be retrained on appropriately conducting meal times, including but not limited to, ensuring the proper supervision is completed for each client according to their individualized dining plans. The Direct Care Staff will be retrained on each client's individualized dining plan. The Program Director and/or Home Manager will complete 2 weekly meal time observations for 4 weeks, and then 1 per week afterwards to ensure that all dining plans are being followed as written, and to ensure that staff are appropriately assisting the clients based on their individual needs. Ongoing, staff will assist each client appropriately and provide the proper supervision for each client. Responsible Party: Program Director and Home Manager</p> <p>The Program Director, Program Nurse, and/or Home Manager will work with client D's interdisciplinary team to get a sensorimotor assessment scheduled and completed. Once the results of the assessment are available, the staff will be</p>	03/06/2015

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	<p>On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted at the group home. During the observation periods client D was assisted by GHS (Group Home Staff) #1, GHS #3, GHS #6, the RM (Residential Manager), and the QIDP (Qualified Intellectual Disabilities Professional). On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, GHS #1, GHS #3, GHS #6, and the RM assisted client D to walk. Each staff stood behind client D, held client D's left and/or right arms from behind, and the staff pushed client D forward in the back with their free hand from behind client D. Client D walked by shuffling his feet forward. No verbal instruction was provided. On 1/29/15 from 6:55am until 7:55am, client D sat at the dining room table with his head downward. GHS #4 and GHS #5 custodially prepared client D's cereal. Both staff asked client D to choose a cold cereal from a choice of two containers and no verbal description was provided. GHS #4 and GHS #5 custodially prepared client D's breakfast of cold cereal, milk, orange juice, and toast. GHS #5 did not verbally describe the food and the location of client D's food in front of him.</p>		<p>retrained on how to best provide active treatment and the completion of ADL's for client D. Before the assessment is completed, the Home Manager, Program Director, Behavior Specialist, and/or Program Nurse will complete a retraining with the staff on how to verbally assist client D with active treatment and the completion of ADL's. The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks. Ongoing, the Home Manager or Program Director will complete no less than one Active Treatment observation per week to ensure that staff are appropriately assisting client D. Ongoing, the Program Nurse will review other client's needs and ensure that all assessments are completed where needed. Responsible Party: Home Manager, Program Director, Program Nurse, and/or Behavior Specialist</p>	

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	<p>On 1/30/15 from 8:45am until 9:45am, observation and interview were conducted at client D's day services. From 8:45am until 9:45am, GHS #2 assisted client D to walk from the facility van into the day service. GHS #2 held client D's left arm from behind and pushed client D forward to walk into the day services. Client D was assisted by WKS (Workshop Staff) #1 and WKS #2 to walk from the entrance into the room, bathroom, and music room by holding client D's arm from behind and pushing client D forward with the staff's free hand. No verbal instruction was provided.</p> <p>On 1/30/15 at 11:15am, client D's record review was conducted. Client D's 10/16/14 ISP (Individual Support Plan) indicated he was blind. Client D's 10/2014 CFA (Comprehensive Functional Assessment) and 10/2014 BSP (Behavior Support Plan) did not indicate client D was blind. Client D's 1/6/15 "Physician's Order" indicated a diagnosis of "Blindness." Client D's 3/10/14 Vision evaluation indicated client D was blind. Review of the record did not indicate a sensorimotor assessment for client D's functional blindness. Client D's record did not indicate what or how staff were to assist client D to function in his environment</p>			

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W000227	<p>related to his blindness.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client D was blind and no sensorimotor assessment was available for review for client D's functional blindness.</p> <p>9-3-4(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. Based on observation, record review, and interview, for 1 of 4 sampled clients (client D) and 1 additional client (client F), the facility failed to develop an active treatment program to address clients D and F's identified incontinence needs.</p> <p>Findings include:</p> <p>On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted in the group home. During observations clients D and F were assisted by GHS (Group Home Staff) #1, GHS #3, GHS</p>	W000227	<p>The Program Director in conjunction with the Interdisciplinary teams will create an objective to assist Clients D and F with ongoing incontinence. The Program Director in conjunction with the Interdisciplinary teams will create a toileting schedule to assist Clients D and F with ongoing incontinence. The staff, both at the group home and the workshop will be retrained on the toileting schedule and the objectives put into place to assist clients D and F with their incontinence. The Home Manager or Program Director will complete random</p>	03/06/2015

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	<p>#6, the RM (Residential Manager), and the QIDP (Qualified Intellectual Disabilities Professional) to use the restroom and both wore adult incontinent briefs. On 1/29/15 at 5:30am, GHS #5 indicated clients D and F were incontinent, both wore adult briefs, and neither client had a goal/objective for when each client was to use the bathroom.</p> <p>On 1/30/15 from 8:45am until 9:45am, observation and interview were conducted at client D's day services. Clients D and F were assisted by WKS (Workshop Staff) #1 and WKS #2 to walk from the entrance into the room and into the bathroom of the day services. At 9:45am, WKS #1 indicated clients D and F were incontinent, wore adult briefs, and had to be assisted by staff to the bathroom. WKS #1 indicated clients D and F did not have objectives/programs for when they were to be assisted to the bathroom.</p> <p>On 1/30/15 at 11:15am, client D's record review was conducted. Client D's 10/16/14 ISP (Individual Support Plan) did not include an objective to address his incontinence of bowel or bladder. Client D's ISP did not indicate he was incontinent and wore adult briefs. Client D's record did not indicate evidence of</p>		<p>Active Treatment observations three times per week for the first four weeks.</p> <p>Ongoing, the Home Manager or Program Director will complete no less than one Active Treatment observation per week to ensure that staff are appropriately running goals and following all active treatment schedules for each client.</p> <p>Ongoing, the Program Director will review other client's needs and ensure that all assessments and objectives are in place and completed where needed.</p> <p>Responsible Parties: Home Manager, Program Director, and Program Nurse</p>	

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W000240	<p>training to address client D's incontinence.</p> <p>On 1/30/15 at 1:45pm, client F's record review was conducted. Client F's 8/29/14 ISP did not include an objective to address his incontinence of bowel or bladder. Client F's ISP did not indicate he was incontinent and wore adult briefs. Client F's record did not indicate evidence of training to address client F's incontinence.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients D and F were incontinent and wore adult briefs. The QIDP indicated client D and F's identified incontinence needs had not been addressed or objectives developed. The QIDP indicated no further information was available for review.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review, and interview, for 1 additional client (client</p>	W000240	The Program Director will update client F's Individualized Support Plan to address the use of his walker	03/06/2015

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	<p>F) with adaptive equipment, the facility failed to develop guidelines for when client F should use his walker.</p> <p>Findings include:</p> <p>On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted at the group home. During the observation periods client F used a walker to move throughout the group home assisted by GHS (Group Home Staff) #1, GHS #3, GHS #6, the RM (Residential Manager), and the QIDP (Qualified Intellectual Disabilities Professional). During both observations client F did not use his walker to walk around inside client F's bedroom and bathroom.</p> <p>On 1/30/15 at 1:45pm, client F's record review was conducted. Client F's 8/29/14 ISP (Individual Support Plan) did not indicate client F used a walker to ambulate throughout the group home. Client F's ISP indicated he was at risk for falls because he was unsteady on his feet. Client F's record indicated a 9/23/14 PT (Physical Therapy) assessment which indicated he was at risk for falls and needed to use a walker to ambulate. Client F's ISP did not include guidelines for the use of his walker.</p>		<p>while ambulating throughout the group home.</p> <p>Staff will continue to encourage and assist client F to use his walker while out in the community and when at the group home.</p> <p>The Program Director will review each client's use of adaptive equipment and ensure that all adaptive equipment is listed in the ISP.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all clients are continuing to utilize adaptive equipment appropriately.</p> <p>Responsible Parties: Home Manager, Program Director, and Program Nurse</p>	

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W000248	<p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client F should use his walker when walking because he was at risk to fall. The QIDP indicated client F's ISP did not contain guidelines for the use of his roller walker. The QIDP indicated no further information was available for review.</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 on observation, record review, and interview, for 3 of 4 sampled clients (clients B, C, and D) and 1 additional client (client F) who attended day services, the facility failed to ensure the day services had access to clients B, C, D, and F's ISPs (Individual Support Plans) and client F's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>On 1/30/15 from 8:45am until 9:45am, clients D and F were observed at Day Service site #2 with WKS (Workshop</p>	W000248	<p>The Program Director will send all Day Placements the current ISPs and BSPs for the common clients. The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times. Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable. Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that</p>	03/06/2015

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	<p>Staff #1 and WKS #2. At 8:45am, WKS #1 indicated client D's ISP was 10/2013 and no current BSP (Behavior Support Plan) was available for review. WKS #1 indicated client F's ISP available at the day services was dated 8/2013 and his BSP was dated 1/2013.</p> <p>On 1/30/15 from 10:05am until 10:35am, clients B and C were at the workshop site #3. At 10:35am, WKS Director #3 indicated client B's current ISP was dated 4/2013. WKS Director #3 indicated client C did not have a current ISP available and stated "He is a new" admission to the group home.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. Client B's record included a 4/7/14 ISP.</p> <p>On 1/30/15 at 12:20pm, client C's record was reviewed. Client C's record included a 6/7/14 ISP. Client C's record indicated he was admitted to the facility on 6/7/2014.</p> <p>On 1/30/15 at 11:15am, client D's record was reviewed. Client D's record included a 10/16/14 ISP.</p> <p>On 1/30/15 at 1:45pm, client F's record was reviewed. Client F's record included an 8/29/14 ISP and an 8/29/14 BSP.</p>		<p>all have current information, including, but not limited to ISPs and BSPs for common clients. Responsible Party: Home Manager and/or Program Director</p>				

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W000249	<p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client B, C, D, and F's ISPs and client F's BSP were not current at the day services sites. The QIDP stated "That's my fault, I should have made sure they got them and didn't."</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview, and record review, for 3 of 4 sampled clients (clients A, B, and D) and 4 additional clients (clients E, F, G, and H), the facility failed to use formal and informal opportunities to implement client A, B, D, E, F, G, and H's ISPs (Individual Support Plans) and risk plans when opportunities existed.</p> <p>Findings include:</p> <p>1. On 1/29/15 from 5:05pm until</p>	W000249	<p>The Direct Support Professionals will be retrained on completing and documenting formal and informal training goals for each client.</p> <p>The Program Director, in conjunction with the IDTs, will create an appropriate medication administration goal for clients A, D, E, G, and H.</p> <p>After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed</p>	03/06/2015

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	<p>5:35pm, GHS (Group Home Staff) #1 administered clients A, B, D, E, G, and H's evening medications. From 5:05pm until 5:35pm, clients individually walked to enter/exit the medication room, carried their own glass of water, and used hand sanitizer. GHS #1 compared each client's medication packets to each client's individual 1/2015 MARs (Medication Administration Records), assembled each medication, and each client individually took their medications. No teaching and/or training was completed during the administration period including the names of each medication, reasons for the medication uses, dosages, and side effects.</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's 8/18/14 ISP (Individual Support Plan) did not include a specific medication goal to teach client A regarding his medications.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. Client B's 4/7/14 ISP indicated an objective to identify the reason she takes Lamictal (for behaviors) independently.</p> <p>On 1/30/15 at 11:15am, client D's record was reviewed. Client D's 10/16/14 ISP indicated an objective to get his own water to take his medications, and no</p>		<p>with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal.</p> <p>The Direct Care Staff will be retrained on all dining plans to ensure that they are appropriately being followed.</p> <p>The Direct Care Staff will be retrained on appropriately conducting meal times, including but not limited to, ensuring the proper supervision is completed for each client according to their individualized dining plans.</p> <p>The Direct Care Staff will be retrained on each client's individualized dining plan.</p> <p>The Program Director and/or Home Manager will complete 2 weekly meal time observations for 4 weeks, and then 1 per week afterwards to ensure that all dining plans are being followed as written, and to ensure that staff are appropriately assisting</p>	

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	<p>specific medication goal to teach client D regarding his medications.</p> <p>On 1/28/15 at 5:35pm, and on 1/29/15 at 12:40pm, clients E, G, and H's 1/2015 MAR and documented program file at the group home were reviewed. No medication goals/objectives were available for review for clients E, G, and H.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated clients A, B, D, E, G, and H should have been taught about their medications. The QIDP indicated each client had a goal/objective to teach the clients some aspect of medication administration.</p> <p>2. On 1/29/15 from 5:30am until 7:55am, clients D and F were observed at the group home. From 6:45am until 7:30am, clients D and F were seated at the dining room table. At 6:55am, clients D and F had their cereal measured and poured into bowls, had milk added to their cereal, had orange juice and milk poured into glasses, and a whole slice of toast with butter placed on a napkin by GHS (Group Home Staff) #4 and GHS #5 at the dining room table. From 7:00am until 7:30am, GHS #4</p>		<p>the clients based on their individual needs.</p> <p>Ongoing, staff will assist each client appropriately and provide the proper supervision for each client.</p> <p>Responsible Party: Program Director and Home Manager</p>	

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	<p>exited/entered the medication room with clients A, B, C, D, E, F, G, and H at different times and left clients D and F eating alone at the dining room table. From 7:00am until 7:30am, GHS #5 walked throughout the group home's dining room, kitchen, living room, hallway bathroom, and office area. GHS #4 and GHS #5 did not stay in the dining room or the dining room table while clients D and F consumed their breakfast meals.</p> <p>On 1/30/15 at 11:15am, client D's record was reviewed. Client D's 10/16/14 ISP indicated "Dietary restrictions: Avoid Caffeine, cut food into small pieces. Dining equipment utilized elongated bowl. One on one Supervision when eating" and indicated he was a choking risk. Client D's ISP indicated an objective to sign "more" when he wants an additional serving of food and to use his utensil appropriately. Client D's 12/7/2011 "Dining Plan" indicated "Regular Diet cut into bite size pieces...Encourage sips of fluid between bites of food...1:1 (one on one) supervision and guidance due to blindness...."</p> <p>On 1/30/15 at 1:45pm, client F's record was reviewed. Client F's 8/29/14 ISP indicated "Swallowing Difficulties, needs</p>			

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W000268	<p>foods cut into small pieces. Dining Difficulties, needs prompts to eat slowly." Client F's record indicated he was at risk to choke on food when not supervised by facility staff.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP. The QIDP indicated clients D and F should not have been left without staff supervision at the dining room table around food. The QIDP indicated the facility staff failed to implement client D and F's plans correctly.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, for 1 of 4 sampled clients (client A) and 1 additional client (client H), the facility failed to ensure clients' dignity when opportunities existed.</p> <p>Findings include:</p> <p>On 1/28/15 from 3:50pm until 5:50pm, observations were conducted and client A walked and accessed each room throughout the group home</p>	W000268	<p>The Direct Care Staff will be retrained on dignity needs of the clients, specifically in regards to hygiene and appearance, both when in the community and while at the group home.</p> <p>The Direct Care Staff will be retrained on client's rights.</p> <p>The Home Manager or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all clients are</p>	03/06/2015

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	<p>independently and had his pants unzipped in the front. On 1/28/15 at 5:20pm, Group Home Staff (GHS) #1 administered client H's evening medications and client H's pants were unzipped. GHS #1 did not encourage or teach client H to zip his pants. At 5:25pm, client H left the medication room and his pants were unzipped. At 5:25pm, GHS #1 administered client A his medications and client A's pants were unzipped. At 5:25pm, GHS #1 asked client A to stand from the chair inside the medication room, GHS #1 began reaching into client A's two coat pockets without interacting with client A first. GHS #1 began emptying client A's jean pockets and coat pockets. GHS #1 pulled out client A's personal items from client A's pockets then secured the items within GHS #1's reach. At 5:35pm, client A left the medication room and his pants were unzipped. At 5:50pm, clients A and H got into the facility van with GHS #1 and clients B, C, D, E, F, and G to leave on a community outing and their pants were unzipped.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the group home had male and female clients living there. The QIDP indicated clients A and H should</p>		<p>not restricted with any of their rights.</p> <p>Ongoing, the Direct Care Staff and/or Home Manager will ensure that the client's do not go out in the community without appropriate hygiene needs first being met.</p>	

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W000331	<p>have been redirected during formal and informal opportunities to teach and encourage personal privacy.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, for 1 of 1 sampled client (client A) who had a human bite, the facility's nursing services failed to provide oversight of client A's medical care to ensure the human bite was documented, evaluated by a licensed medical professional, monitored, and treated.</p> <p>Findings include:</p> <p>On 1/28/15 at 1:42pm, on 1/28/15 at 3:00pm, on 1/29/15 at 9:30am, and on 1/30/15 at 11:00am, and on 1/30/15 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, non reportable incident reports, and investigations were reviewed and indicated the following:</p> <p>-A 11/10/14 BDDS report for an incident on 11/10/14 at 11:10am at the Day Services indicated client A "was standing at the kitchen door awaiting his lunch</p>	W000331	<p>The Home Manager and Program Director will be retrained on ensuring that the nurse is notified of all medical incidents, even the incidents that occur at day program. The team for Client A met on February 16, 2015 to discuss the client's placement at his current day program. It was decided that due to ongoing concerns of client health and safety, and an increase in his behaviors, that he would transition to a new day program that is more suitable to his needs.</p> <p>The Program Director will be retrained on completing a thorough investigation, specifically on ensuring that all parties involved are questioned regarding the related incident. This retraining will also cover factual findings and what to compare them to for accuracy in an investigation.</p> <p>The Home Manager and Program Director will be retrained on completing monthly observations of the clients while they are at day program.</p>	03/06/2015

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	<p>when another client walked by and bit him on the left arm just below his elbow. The bite broke the skin. Staff washed the bite and applied antibiotic spray."</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's record indicated his last Tetanus vaccination was on 9/2010. Client A's record did not include medical intervention after the 11/10/14 human bite incident at the Day Services. Client A's 12/12/14 Nursing Quarterly Assessment did not include the incident on 11/10/14 when client A had been bitten on his left arm. Client A's 12/2014 and 11/2014 nursing monthly assessments did not include client A's 11/10/14 incident of a human bite on his left arm.</p> <p>On 1/30/15 at 11:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) and the Residential Manager (RM) was conducted. The RM called the agency nurse by telephone to inquire regarding medical interventions for client A after the human bite incident on 11/10/14. No further information was available for review.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional).</p>		<p>In order for the clients to be successful while at day program, the Home Manager and Program Director must have frequent communication between all members of his team to ensure that everyone is aware of all daily activities and incidents that are both positive and negative.</p> <p>Responsible Party: Home Manager, Program Director, and Program Nurse</p>	

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W000382	<p>The QIDP indicated no incident report, no documented medical intervention and follow up, no nursing measures, and no medical evidence regarding client A's human bite incident on 11/10/14 were available for review. The QIDP indicated the incident occurred at the Day Services and he was unsure of what was done after client A had been bitten by another client.</p> <p>This federal tag relates to complaint #IN00159314.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, record review, and interview, for 4 of 4 sample clients (A, B, C, and D) and four additional clients (clients E, F, G, and H) who resided in the home, the facility failed to keep medication locked when not being administered.</p> <p>Findings include:</p> <p>On 1/29/15 from 5:30am until 7:55am, clients A, B, C, D, E, F, G, and H were observed at the group home. From 7:05am until 7:55am, GHS (Group Home</p>	W000382	<p>Staff #4 will be given a corrective action for leaving the medication cabinet unlocked and leaving the keys unsecured.</p> <p>All staff will be retrained on medication administration, including ensuring that medications are secured at all times.</p> <p>For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the</p>	03/06/2015

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	<p>Staff #4 exited/entered the medication room with clients A, B, C, D, E, F, G, and H at different times to administer the morning medications, GHS #4 left sight of the area between administering clients' medications, and left the medication cabinet open and unsecured. GHS #4 was observed to walk into/out of the dining room, hallway, office area, the hallway bathroom, client A's bedroom, clients B and G's shared bedroom, and living room of the group home while the medication cabinet which stored client A, B, C, D, E, F, G, and H's medications was open and unsecured. At 7:30am, GHS #4 walked away from the unsecured medication cabinet and client A walked into the medication area searching inside the medication cabinet, on top of the medication cabinet, and located his plastic bags without staff present. Client A placed the items inside his coat pockets and left the medication room. The unsecured medication cabinet was not within eye sight of GHS #2, GHS #4, and GHS #5 during that time. While the medication was open and unsecured clients A, E, and F were observed to walk into and out of the medication area without facility staff present.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted.</p>		<p>Program Director ensuring that there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>		

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W000383	<p>The QIDP indicated medications should be kept locked and secured when not being administered. The QIDP indicated indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p> <p>On 1/30/15 at 1:00pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications should be kept secured when not being administered.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, the facility failed to secure the medication cabinet keys for 4 of 4 sample clients (A, B, C, and D) and 4 additional clients (clients E, F, G, and H) who resided in the home.</p> <p>Findings include:</p> <p>On 1/29/15 from 5:30am until 7:55am, clients A, B, C, D, E, F, G, and H were observed at the group home. From</p>	W000383	<p>All staff will be retrained on medication administration, including ensuring that medications are secured at all times.</p> <p>All staff will be retrained on appropriately managing the facility keys for the locked medication cabinet.</p> <p>For the first four weeks, the Home Manager, Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are</p>	03/06/2015

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	<p>7:05am until 7:55am, GHS (Group Home Staff) #4 exited/entered the medication room with clients A, B, C, D, E, F, G, and H at different times, left sight of the area between administering clients' medications, and left the medication cabinet keys unsecured on top of the washer/dryer area inside the medication area. GHS #4 was observed to walk into/out of the dining room, hallway, office area, the hallway bathroom, client A's bedroom, clients B and G's shared bedroom, and living room of the group home without the medication keys. The medication keys were left on top of the washer/dryer area inside the unsecured medication room. The medication keys were not within eye sight of GHS #2, GHS #4, and GHS #5 during that time. While the medication keys were left unsecured clients A, E, and F were observed to walk into and out of the medication area without facility staff present.</p> <p>On 1/30/15 at 2:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the medication keys should be kept secured when medications were not administered and the keys were not secured when left in the unattended in the medication area. The QIDP indicated indicated the facility followed "Living in</p>		<p>being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs.</p> <p>After the initial four (4) weeks, the Home Manager and/or Program Director will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed.</p> <p>After the additional four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p> <p>Responsible Party: Home Manager, Program Director, and Area Director</p>	

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W000436	<p>the Community" Core A/Core B procedures for medication administration.</p> <p>On 1/30/15 at 1:00pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medication cart keys should be kept secure.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 2 of 3 sampled clients (clients A and B) and 1 additional client (client F) with adaptive equipment, the facility failed to teach and encourage clients A and F to wear their prescribed hearing aids and failed to teach and encourage client B to wear her prescribed eye glasses at the group home.</p> <p>Findings include:</p> <p>1. On 1/28/15 from 3:50pm until 5:50pm</p>	W000436	<p>All Direct Care Staff will be retrained on Indiana MENTOR's policy and procedure for ensuring the individuals are using/encouraged to use adaptive equipment as prescribed.</p> <p>This retraining will include using the adaptive equipment, prompting the client's to properly use the equipment, and what to do when they refuse.</p> <p>The Program Director will be retrained on including a formal training objective for those individuals who refuse/need</p>	03/06/2015

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	<p>and on 1/29/15 from 5:30am until 7:55am, observations were conducted with clients A and F at the group home. During both observations clients A and F did not wear or have their hearing aids available to them. Clients A and F watched television, completed medication administration, and sat in the living room. On 1/28/15 at 5:25pm, Group Home Staff (GHS) #1 administered client A his medications. At 5:25pm, GHS #1 indicated client A was hard of hearing and refused to wear his hearing aids. GHS #1 indicated clients A and F had hearing aids and staff kept both clients A and F's hearing aids secured inside the medication cabinet.</p> <p>On 1/29/15 at 10:45am, client A's record was reviewed. Client A's 8/18/14 ISP (Individual Support Plan) and 8/2014 CFA (Comprehensive Functional Assessment) indicated client A wore prescribed hearing aids. Client A's ISP indicated a goal/objective for client A to hold his hearing aids for one minute. Client A's 3/31/14 "Audiology" assessment indicated "Reason for visit: Hearing Aids." The audiology assessment indicated client A was fitted for a left ear hearing aid and the care and maintenance were reviewed.</p> <p>On 1/30/15 at 1:45pm, client F's record</p>		<p>desensitization.</p> <p>The Program Director will complete a training objective for clients A and F for use of their hearing aids as prescribed.</p> <p>The Program Director will complete a training objective for client B for use of their glasses as prescribed.</p> <p>The Home Manager will remove the adaptive equipment from the locked cabinet, and place it in a location that is accessible to the client.</p> <p>Ongoing, the Home Manager and/or Program Director will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly.</p> <p>Ongoing the Home Manager and/or Program Director will complete random documentation reviews three times per week for the first four weeks, and then once a week on going to ensure that all adaptive equipment is used properly.</p> <p>Responsible Party: Home Manager and Program Director.</p>	

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	<p>was reviewed. Client F's 8/29/14 ISP indicated client F wore prescribed hearing aids and refused to wear them. Client F's ISP did not indicate a goal/objective to teach client F to wear his prescribed hearing aids. Client F's 2/29/12 Hearing evaluation indicated he wore prescribed hearing aids.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated clients A and F wore prescribed hearing aids to hear. The QIDP indicated clients A and F should have been taught and encouraged to wear their prescribed hearing aids during informal opportunities. The QIDP indicated client A and F's hearing aids should have been kept in the kitchen on a shelf accessible for clients A and F and not secured inside the locked medication cabinet.</p> <p>2. On 1/28/15 from 3:50pm until 5:50pm and on 1/29/15 from 5:30am until 7:55am, observations were conducted with client B at the group home. During both observations client B did not wear her prescribed eye glasses. During both observation periods client B watched television, played a Wii bowling game on television, completed medication administration, and cleaned her bedroom.</p>			

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W000454	<p>On 1/28/15 from 5:30am until 7:55am, client B used a knife to butter toast.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. Client B's 4/7/14 ISP indicated client B wore prescribed eye glasses and did not include a goal/objective to teach client B to wear her eye glasses at the group home. Client B's 9/24/2009 and 5/2/2013 visual assessments indicated client B wore prescribed eye glasses to see.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client B wore prescribed eye glasses to see. The QIDP indicated client B should have been taught and encouraged to wear her prescribed eye glasses during formal and informal opportunities.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, interview, and record review, for 4 of 4 sampled clients (clients A, B, C, and D) and 4 additional clients (clients E, F, G, and H), the</p>	W000454	All Direct Support Professionals will be retrained on Indiana MENTOR's policy and Procedure regarding Infection Control. The DSPs will be retrained on	03/06/2015

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	<p>facility failed to teach and encourage sanitary methods by failing to wash the dining room table before consuming food off the table.</p> <p>Findings include:</p> <p>On 1/29/15 from 5:30am until 7:55am, clients A, B, C, D, E, F, G, and H were observed at the group home. From 5:30am until 6:45am, clients A, B, C, D, E, F, and H colored, wrote on papers, and manipulated items on top of the dining room table. At 6:45am, GHS (Group Home Staff) #6 prompted clients to set the dining room table for breakfast. No washing of the dining room table was taught and encouraged by the facility staff. Clients A, C, E, and G used their hands and fingers in contact with the food contact ends of the silverware and glasses that were set on the table. From 6:55am until 7:30am, clients A, B, C, D, E, F, G, and H were seated at the dining room table and served by GHS (Group Home Staff) #4 and GHS #5 their breakfast meal. Clients A, B, C, D, E, F, G, and H set their slice of toast with butter on the table.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP. The QIDP indicated clients A, B, C, D, E, F, G, and H should have washed their hands and</p>		<p>ensuring the clients wash their hands before and after they eat. The DSPs will be retrained on ensuring that the table is cleaned before and after each meal. The DSPs will be retrained on ensuring that the client's use some type of barrier between their food and the table (i.e plate, paper towel, etc). The Program Director will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the infection control policy is being instructed and utilized as expected. Ongoing, the Area Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed. Responsible Party: Home Manager, Program Director, and Area Director.</p>	

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W000455	<p>the table before setting the table for the meal.</p> <p>On 1/23/15 at 1:00pm, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included washing hands before medication administration, before eating, and after using the restroom.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, interview, and record review, for 4 of 4 sampled clients (clients A, B, C, and D) and 4 additional clients (clients E, F, G, and H), the facility failed to teach and encourage clients A, B, C, D, E, F, G, and H to wash their hands when opportunities existed.</p> <p>Findings include:</p> <p>During observations on 1/28/15 from 3:50pm until 5:50pm, with clients A, B, C, D, E, F, G, and H at the group home, from 4:15pm until 4:50pm, GHS (Group Home Staff) #6 asked clients A, B, C, D, E, F, G, and H if they wanted a snack.</p>	W000455	<p>All Direct Support Professionals will be retrained on Indiana MENTOR's policy and Procedure regarding Infection Control. The DSPs will be retrained on ensuring the clients wash their hands before and after they eat. The DSPs will be retrained on ensuring that the table is cleaned before and after each meal. The DSPs will be retrained on ensuring that the client's use some type of barrier between their food and the table (i.e plate, paper towel, etc). The Program Director will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the infection control policy is being</p>	03/06/2015

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	<p>The clients responded yes. GHS #6 retrieved a box of wheat snack crackers, opened the box, and gave clients A, B, C, D, E, F, G, and H a handful of wheat snack crackers on a napkin. Clients A, B, C, D, E, F, G, and H were standing, sitting, and walking room to room eating the snack crackers off their napkins with their fingers. No handwashing was taught and encouraged by the facility staff.</p> <p>On 1/29/15 from 5:30am until 7:55am, clients A, B, C, D, E, F, G, and H were observed at the group home. From 6:55am until 7:30am, clients A, B, C, D, E, F, G, and H were seated at the dining room table and served by GHS (Group Home Staff) #4 and GHS #5 their breakfast meal. Clients A, B, C, D, E, F, G, and H used their hands to eat toast with butter and their cereal. No handwashing was encouraged by the facility staff.</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP. The QIDP indicated clients A, B, C, D, E, F, G, and H should have washed their hands before snacks and before the meal.</p> <p>On 1/30/15 at 1:00pm, the undated Core A/Core B Medication Administration training manual page 3 indicated</p>		<p>instructed and utilized as expected. Ongoing, the Area Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed. Responsible Party: Home Manager, Program Director, and Area Director.</p>	

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W000460	<p>"Universal precautions" included washing hands before medication administration, before eating, and after using the restroom.</p> <p>9-3-7(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. Based on observation, interview, and record review for 4 of 4 sampled clients (A, B, C, and D) and 4 additional clients (clients E, F, G, and H), the facility failed to ensure the planned menu was followed and clients received specified diet recommendations.</p> <p>Findings include:</p> <p>On 1/29/15 from 5:30am until 7:55am, clients A, B, C, D, E, F, G, and H were observed at the group home. From 6:55am until 7:30am, clients A, B, C, D, E, F, G, and H were seated at the dining room table. GHS (Group Home Staff) #4 and GHS #5 measured 1/2 cup of cold cereal from the cereal containers and poured each 1/2 cup serving into clients A, B, C, D, E, F, G, and H's cereal bowls and each client was observed to take one slice of buttered toast. One gallon of</p>	W000460	<p>The DSPs will be retrained on each client's dining plans and protocols. The Home Manager will be retrained on purchasing groceries according to the menu to ensure that all clients are offered choices and are able to eat according to their individualized meal plans and the dietician recommendations.</p> <p>The DSPs will be retrained on portion sizes and what to do when clients request seconds.</p> <p>The Program Director and/or Home Manager will complete 2 weekly meal time observations for 4 weeks, and then 1 per week afterwards to ensure that the meal time is being completed appropriately.</p> <p>Ongoing, the DSPs will serve all meals according to each client's individualized dining plans.</p> <p>Ongoing, the Home Manager will ensure that the appropriate food supply is provided to the staff and clients each day.</p> <p>Responsible Party: Home Manager</p>	03/06/2015

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	skim milk was provided on the dining room table and clients A, B, C, D, E, F, G, and H received skim milk for their cereal and to drink. After clients had their cereal GHS #4 and GHS #5 removed the two cereal containers from the table and put them away in the kitchen. At 6:55am, client H reached out and took a slice of toast from the serving plate, consumed the slice of toast, and reached out for a second slice of toast. GHS #4 stated "No, you had yours." GHS #4 removed the second slice of toast from client H's hand and returned the toast to the serving plate. At 6:55am, clients D and F had their cereal measured and poured into bowls, had milk added to their cereal, had orange juice and milk poured into glasses, and a whole slice of toast with butter placed on a napkin by GHS (Group Home Staff) #4 and GHS #5 at the dining room table. At 7:05am, client H removed a different slice of toast from the serving plate and placed it on the table in front of him. GHS #4 walked by client H, picked up the toast from the table, and returned the slice of handled toast back to the serving plate. At 7:05am, client C took the same slice of toast from the plate and began to eat it. No seconds were offered or encouraged. At 7:12am, the "1/28-1/31/15 Menu" posted on the refrigerator in the kitchen indicated "3/4 c. (three fourths cup)...1-2		and Program Director.				

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	<p>slices toast with margarine/jelly." At 7:12am, GHS #5 stated GHS #4 and she used a "1/2 cup" measurement to serve clients A, B, C, D, E, F, G, and H their cereal. At 7:12am, GHS #5 stated the group home "only" used skim milk.</p> <p>On 1/29/15 at 10:45am, client A's record indicated he was on a regular no concentrated sweets diet. Client A's 8/18/14 ISP (Individual Support Plan) indicated a goal/objective to serve himself at dinner time the correct amount per item.</p> <p>On 1/30/15 at 1:00pm, client B's record was reviewed. Client B's 4/7/14 ISP and 1/6/15 Physician Orders indicated she received a regular diet.</p> <p>On 1/30/15 at 12:20pm, client C's record was reviewed. Client C's 6/7/14 ISP and 1/2015 Physician Orders indicated client C received a regular diet.</p> <p>On 1/30/15 at 11:15am, client D's record was reviewed. Client D's 10/16/14 ISP indicated "Dietary restrictions...cut food into small pieces" and indicated he was a choking risk. Client D's ISP indicated an objective to sign "more" when he wants an additional serving of food and to use his utensil appropriately. Client D's 12/7/2011 "Dining Plan" indicated</p>			

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	<p>"Regular Diet cut into bite size pieces." Client D's 1/5/2015 Registered Dietician's assessment indicated "Recommend adding Whole milk" to maintain his body weight.</p> <p>On 1/30/15 at 1:45pm, client F's record was reviewed. Client F's 8/29/14 ISP indicated "Swallowing Difficulties, needs foods cut into small pieces. Dining Difficulties, needs prompts to eat slowly."</p> <p>On 1/30/15 at 2:00pm, an interview was conducted with the QIDP. The QIDP indicated the facility staff failed to implement client D and F's plans correctly when their food was not cut up into bite size portions. The QIDP indicated the group home did not purchase whole milk to have available for clients at the group home. The QIDP indicated the staff and clients should follow the menu for portioned servings. The QIDP indicated seconds should be offered for those clients who request seconds.</p> <p>9-3-8(a)</p>			