

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G457	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2015
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - B ST	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 S B ST RICHMOND, IN 47374
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W000000	<p>This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed on 09/29/14.</p> <p>This visit was in conjunction with the investigation of complaint #IN00160593.</p> <p>Dates of Survey: February 2, 3 and 11, 2015.</p> <p>Facility Number: 000971 Provider Number: 15G457 AIMS Number: 100244800</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/18/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to implement its policy and</p>	W000149	Date Survey Completed: 02/11/2015 Name and Address of Provider: McSherr, Inc., 4412 So. B Street, Richmond, IN 47374 Provider Identification Number:	03/13/2015

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>procedures:</p> <p>__ To immediately report all allegations of abuse to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F and G.</p> <p>__ To ensure all injuries of unknown origin were reported immediately to the administrator for client E.</p> <p>__ To ensure nursing services developed and implemented a plan of care/risk plan in regard to client E's hypertension and Orthostatic Hypotension (low blood pressures that happen when a person stands up from a sitting or lying position) to address how and what the staff were to monitor in regard to client E's Orthostatic Hypotension, the parameters of high and low BPs for client E and when the staff were to notify nursing services in regard to client E's Hypertension and Orthostatic Hypotension.</p> <p>__ To ensure nursing services developed and implemented a plan of care/risk plan in regard to client E's urinary retention to include how and what the staff were to monitor in regard to client E's urinary retention/output and when and what the staff were to notify nursing services of in regard to client E's urinary retention.</p> <p>__ To ensure client E's physician's orders in regard to client E's hypertensive</p>		<p>15G457 Survey Event ID: ZXU212 Finding: W149 – The facility failed to implement its policy and procedures to ensure:</p> <p>1. Nursing services developed and implemented a plan of care/risk in regard to client E's hypertension and Orthostatic hypotension and urinary retention:</p> <ul style="list-style-type: none"> · staff did not follow client E's physician orders in regard to client E's hypertensive medication, · staff did not notify the nurse when client E's systolic BP was 110 or below · client E was not assessed or monitored after a fall with injuries · staff did not monitor client's E's urinary retention/output · staff did not notify the nurse in regard to client E's urinary retention <p>1. All allegations of abuse were reported immediately to the administrator, to the BDDS, and APS.</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? McSherr Health Services Coordinator has developed High Risk Plans for client E's Hypertension/Orthostatic Hypotension and Urinary Retention issue that is specific to client E. The High Risk Plans include: Hypertension/Orthostatic Hypotension:</p> <ul style="list-style-type: none"> · What the Risk Issue is 				

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	<p>medications and notified nursing services when client E's Systolic BP (Blood Pressure) was 110 or below. __ To ensure client E was assessed and monitored after falls with injuries.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to ensure: __ Nursing services developed and implemented a plan of care/risk plan in regard to client E's hypertension and Orthostatic Hypotension (low blood pressures that happen when a person stands up from a sitting or lying position) to address how and what the staff were to monitor in regard to client E's Orthostatic Hypotension, the parameters of high and low BPs for client E and when the staff were to notify nursing services in regard to client E's Hypertension and Orthostatic Hypotension. __ Nursing services developed and implemented a plan of care/risk plan in regard to client E's urinary retention to include how and what the staff were to monitor in regard to client E's urinary retention/output and when and what the staff were to notify nursing services of in regard to client E's urinary retention. __ The staff followed client E's physician's orders in regard to client E's hypertensive medications and notified</p>		<ul style="list-style-type: none"> ·Whyis client E at risk (includes prior history, hospitalizations, etc.) ·Whatare the parameters of high and low BP's specific to client E ·Whatsupports (includes training of staff prior to working in the home, at leastannually, and on-going as needed) McSherr will have in place for both staff andclient E to ensure compliance with Physician Orders and HSC oversight. ·WhatInterventions McSherr will have in place to support staff and client E (staffare to notify HSC when systolic BP is lower than 110 and hold BP meds). Staffnow must call HSC AND notify by Accel message. ·HSCwill assess client E as soon as possible after staff notification that systolicBP was below 110 and med was held ·HouseManager or Designee will review BP readings DAILY and follow up immediately ifomissions or errors are noted with notification to HSC. ·HSCwill review ALL BP readings at least weekly when med sheets are changed out ·HSCwill review the High Risk Plan biannually and prn ·HighRisk Plan will be kept in daily chart and original in master chart in the grouphome ·Trendswill be reviewed by the IDT members monthly ·Administrativestaff are still working with the provider, Accel, to get all documentationincluding 		

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	<p>nursing services when client E's Systolic BP (Blood Pressure) was 110 or below. __ Client E was assessed and monitored after falls with injuries. Please see W331.</p> <p>2. The facility failed to implement its policy and procedures to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F and G and failed to ensure all injuries of unknown origin were reported immediately to the administrator for client E. Please see W153.</p> <p>Review of the undated facility policy "SUSPECTED ABUSE NEGLECT OR EXPLOITATION" on 2/3/15 at 1 PM indicated, (not all inclusive): "It is the policy of McSherr, Inc. to organize the company in such a manner that it proactively assures individuals are free from serious and immediate threat to their physical and psychological health and safety. Patterns, isolated incidents, unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and/or immediate threat to individuals, or that could pose a threat,</p>		<p>high risk plans into the electronic record keeping system for additional, immediate oversight.</p> <ul style="list-style-type: none"> · Staff at client E's home will be trained on new procedures on 2/27/15 · A five question quiz over High Risk Plans will be given to each staff working at client E's home during House Meetings scheduled every other month to test for retention · Policy will be updated to reflect changes to procedures <p>Urinary Retention:</p> <ul style="list-style-type: none"> · What the Risk Issue is · Why is client E at risk (includes prior history, hospitalizations, etc.) · What are the signs and symptoms client E may exhibit · What supports (includes training of staff prior to working in the home, at least annually, and on-going as needed) McSherr will have in place for both staff and client E to ensure compliance with Physician Orders and HSC oversight. · House Manager or Designee will review daily notes and report any documented signs of UTI or concerns to the HSC upon finding · What interventions McSherr will have in place to support staff and client E (staff are to notify HSC when signs and symptoms are evident... this will be by phone followed by Accel message · HSC will assess in person as soon as possible after report of signs and symptoms is made 	

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	<p>will (upon discovery) have a corrective action implemented immediately.</p> <p>Definitions:</p> <p>__Threat - is any condition/situation which could cause or result in severe, temporary or permanent injury to harm to the mental or physical condition of individuals, or in their death.</p> <p>__Abuse - refers to the ill-treatment, violation, revilement, malignment, exploitation and/or otherwise disregard of an individual, whether purposeful or due to carelessness, inattentiveness, or omission of the perpetrator.</p> <p>__Physical abuse - refers to any physical motion or action (e.g. hitting, slapping, punching, kicking, pinching, etc.) by which bodily harm or trauma occurs. It includes use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment. Observations could show bruises, cuts, burns (from cigarettes, etc.).</p> <p>__Verbal abuse - refers to any use of oral, written or gestured language by which abuse occurs. This includes pejorative and derogatory terms to describe persons with disabilities.</p> <p>Psychological abuse - includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion, intimidation, where by</p>		<ul style="list-style-type: none"> ·HSCor House Manager will notify Physician or NP for appointment or for Urinalysis and Culture if warranted after assessment of signs and symptoms ·HSCwill coordinate with PCP and Urologist for routine medical appointments and labs as ordered ·HSCwill review the High Risk Plan biannually and prn ·HighRisk Plan will be kept in daily chart and original in master chart in the group home ·Trendswill be reviewed by the IDT members monthly ·HSCwill review risk plan biannually and prn ·Staffat client E's home will be trained on new procedures on 2/27/15 ·Afive question quiz over High Risk Plans will be given to each staff working atclient E's home during House Meetings scheduled every other month to test forretention ·Administrativestaff are still working with the provider, Accel, to get all documentationincluding high risk plans into the electronic record keeping system foradditional, immediate oversight. <p>Thefacility failed to ensure that all injuries of unknown origin were reportedimmediately to the administrator for client E:</p> <ul style="list-style-type: none"> ·ALLAccident and Injury reports (A&I's) from the group home (includingunknowns) are now being immediately faxed or 				

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	<p>individuals suffer psychological harm or trauma."</p> <p>__Signs of neglect: Sores on body, weight loss, dehydration, frequent complaints of hunger or thirst, strong smell of urine, lack of cleanliness, dirty, matted hair, ragged fingernails, soiled or torn clothing and bed linens, damaged or poorly fitting hearing aids, glasses or dentures. Other signs of abuse: missing doctor ' s appointments, changing doctors frequently, wearing makeup or sunglasses to hide injuries, family concern that abuse is occurring, not taking medication, caregiver not allowing anyone to be alone with individual."</p> <p>The policy indicated: __All allegations of abuse were to be reported immediately to the administrator and within 24 hours to BDDS and APS. __All injuries of unknown origin were to be reported to the administrator immediately.</p> <p>This deficiency was cited on 9/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>		<p>scanned and emailed to McSherrSocial Services Coordinator at the corporate office so we have one point ofcontact.</p> <ul style="list-style-type: none"> ·SocialServices Coordinator reviews and signs each A&I after review withResidential Administrator ·ResidentialAdministrator will review and sign A&I ·HSCreviews A&I and signs noting if assessment of client has been completed ifrequired ·SocialServices Coordinator and Residential Administrator decide (per BDDS IncidentReporting Guidelines) if an IR should be submitted ·SocialServices Coordinator submits the IR if needed, notes that an IR was filed onthe top of the A&I and submits to the Residential Administrator who reviewsinvestigation packet and signs ·ALLfalls at the homes are reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury) ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will 		

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			<p>be completed by the HSC within 24hours</p> <ul style="list-style-type: none"> ·Staffwill be trained on High Risk plans for all clients at South B Group Home on2/27/15 ·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans of those living at their worksite during House Meetings scheduled everyother month <p>Thefacility failed to ensure client E was assessed and monitored after falls withininjuries</p> <ul style="list-style-type: none"> ·ALLfalls at the homes are now reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury) ·SocialServices Coordinator also receives a copy of the A&I, which is reviewedwith the Administrator ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC as soon aspossible but within 24 hours ·Staffwill be trained on High Risk plans for all clients at South B Group Home on2/27/15 ·Tomonitor for retention, staff 	

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			<p>will complete a five question quiz on High RiskPlans of those living at their worksite during House Meetings scheduled everyother month</p> <p>Thefacility failed to ensure all allegations of abuse were reported immediately tothe administrator, to the BDDS, and APS, per state law for clients A,B,C,D,E,F,and G.</p> <ul style="list-style-type: none"> ·McSherrstaff will be re-trained on "What is Suspected Abuse, Neglect, and Exploitationand Incident Reporting on 2/27/15 ·Staffare required to sign a Record of Training to acknowledge what they were trainedon ·A10 question quiz will be given to staff at each training to monitor forretention during the large trainings ·Athouse meetings every other month, staff will be given a quiz consisting of fivequestions re: Suspected Abuse, Neglect and Exploitation and IncidentReporting. This quiz will be used toensure retention. ·SocialServices Coordinator will add more specific questions to the Quality AssuranceQuestionnaire (consists of interviewing all clients and staff at each home on aquarterly basis) to determine if anyone has seen or heard "anything" that couldbe considered Suspected Abuse, Neglect, and or Exploitation ·AllA&I's are now going to one 		

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			<p>point of contact, Social Services Coordinator, who reviews reports with Residential Administrator upon receipt to determine if an IR needs to be filed per BDDS regulations for reporting.</p> <ul style="list-style-type: none"> ·SocialServices Coordinator will file all Incident Reports, including accidents and injuries requiring such <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ol style="list-style-type: none"> 1. All residents have the potential to be affected 2. Corrective action taken is: McSherr Health Services Coordinator has developed High Risk Plans specific to each diagnosis for all group home clients. The High Risk Plans include <ul style="list-style-type: none"> ·What the Risk Issue is ·Why are clients at risk (includes prior history, hospitalizations, etc.) ·What are the "norms" for each client ·What supports (includes training of staff prior to working in the home, at least annually, and on-going as needed) McSherr will have in place for both staff and clients to ensure compliance with Physician Orders and HSC oversight. ·What Interventions McSherr will have in place to support staff and clients. Staff now must call HSC AND notify by Accel message 	

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			<p>when appropriate.</p> <ul style="list-style-type: none"> ·HSCwill assess all clients as soon as possible after staff notification of anissue ·HouseManager or Designee will review notes DAILY and follow up immediately ifomissions or errors are noted by notifying HSC. ·HSCwill review ALL vitals at least weekly when med sheets are changed out ·HSCwill review the High Risk Plans biannually and prn ·HighRisk Plan will be kept in daily chart and original in master chart in the grouphome ·Trendswill be reviewed by the IDT members monthly ·Administrativestaff are still working with the provider, Accel, to get all documentationincluding high risk plans into the electronic record keeping system foradditional, immediate oversight. ·Staffat group homes will be trained on new procedures on 2/27/15 ·Totest for retention, a five question quizover High Risk Plans will be given to each staff working at each group homeduring House Meetings which are scheduled every other month ·Policywill be updated to reflect changes to procedures <p>Thefacility failed to ensure that all injuries of unknown origin were reportedimmediately to the administrator</p>		

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			<ul style="list-style-type: none"> ·ALLAccident and Injury reports (A&I's) from the group home (includingunknowns) are now being immediately faxed or scanned and emailed to McSherrSocial Services Coordinator at the corporate office so we have one point ofcontact. ·SocialServices Coordinator reviews and signs each A&I after review withResidential Administrator ·ResidentialAdministrator will review and sign A&I ·HSCreviews A&I and signs noting if assessment of client has been completed ifrequired ·SocialServices Coordinator and Residential Administrator decide (per BDDS IncidentReporting Guidelines) if an IR should be submitted ·SocialServices Coordinator submits the IR if needed, notes that an IR was filed onthe top of the A&I and submits to the Residential Administrator who reviewsinvestigation packet and signs ·ALLfalls at the homes are reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury) ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly 	

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			<p>·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC within 24hours</p> <p>·Staffwill be trained on High Risk plans for all clients at South B Group Home on2/27/15</p> <p>·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans of those living at their worksite during House Meetings scheduled everyother month</p> <p>Thefacility failed to ensure client E was assessed and monitored after falls withinjuries</p> <p>·ALLfalls at the homes are now reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury)</p> <p>·SocialServices Coordinator also receives a copy of the A&I, which is reviewedwith the Administrator and HSC</p> <p>·HSCwill do an immediate phone assessment of the individual</p> <p>·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly</p> <p>·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC as soon aspossible but within 24 hours</p>	

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			<p>·Staffwill be trained on High Risk plans for all clients on 2/27/15</p> <p>·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans of those living at their group home during House Meetings scheduled everyother month</p> <p>Thefacility failed to ensure all allegations of abuse were reported immediately tothe administrator, to the BDDS, and APS, per state law for clients A,B,C,D,E,F,and G.</p> <p>·McSherrstaff will be re-trained on "What is Suspected Abuse, Neglect, and Exploitationand Incident Reporting on 2/27/15</p> <p>·Administrativestaff will "role play" to show staff that overhearing another staff speak in arude, demeaning, or abrasive way to aclient is not okay. The staff isresponsible for speaking up for the client by reporting...it is not the client'sresponsibility.</p> <p>·Administrativestaff will "role play" to show staff that even though a client may notverbalize that they are fearful of another staff or possible retaliation fromthat staff, if they do not report it, they are also guilty of allowing theclient to continue to be abused</p> <p>·A10 question quiz will be given to staff at each training to monitor forretention during the large trainings</p> <p>·Athouse meetings every other month, staff will be given a quiz consisting of fivequestions re:</p>	

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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - B ST	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 S B ST RICHMOND, IN 47374
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			<p>Suspected Abuse, Neglect and Exploitation and IncidentReporting. This quiz will be used toensure retention.</p> <ul style="list-style-type: none"> ·SocialServices Coordinator will add more specific questions to the Quality AssuranceQuestionnaire (consists of interviewing all clients and staff at each home on aquarterly basis) to determine if anyone has seen or heard "anything" that couldbe considered Suspected Abuse, Neglect, and or Exploitation ·AllA&I's are now going to one point of contact, Social Services Coordinator,who reviews reports with Residential Administrator upon receipt to determine ifan IR needs to be filed per BDDS regulations for reporting. ·SocialServices Coordinator will file all Incident Reports, including accidents andinjuries requiring such. <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</p> <ul style="list-style-type: none"> ·Threepople will be involved with each A&I. One point of contact, Social Services Coordinator will be receiving allthe A&I's from the homes and will be reviewing them with the administratorand the HSC. The Social ServicesCoordinator will file all IR's. Administrator will maintain the files of A&I's and IR's submitted 	

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			<ul style="list-style-type: none"> ·HSCHigh Risk Plans will be reviewed monthly at IDT bi-annually, and as needchanges with team input. ·Theform will include a place to record when it is implemented, DC'd, revised, etc. · The Administrator's file on A&l's and IR'swill be reviewed monthly at IDT for input from team ·SocialServices Coordinator will ask more specific questions during her QualityAssurance Interviews to proactively solicit answers from staff and clients thatinform SSC if any form of Suspected Abuse, Neglect, and or Exploitation isoccurring ·Staffwill be tested on what they learned at all trainings on Suspected Abuse,Neglect, and or Exploitation. Thosegetting less than 90% will be retrained. <p>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</p> <ul style="list-style-type: none"> ·Threepople will be involved with each A&l at the administrative level. One point of contact, Social ServicesCoordinator will be receiving all the A&l's from the homes and will bereviewing them with the administrator and the HSC. The Social Services Coordinator will file allIR's. Administrator will maintain thefiles of A&l's and IR's submitted 		

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.		<ul style="list-style-type: none"> ·HSCHigh Risk Plans will be reviewed monthly at IDT bi-annually, and as needchanges. ·Theform will include a place to record when it is implemented, DC'd, revised, etc. · The Administrator's file on A&I's and IR'swill be reviewed monthly at IDT for input from team ·SocialServices Coordinator will ask more specific questions of staff and clientsduring her Quality Assurance Interviews ·QualityAssurance Interviews will be discussed at the monthly IDT to determine if thereare any indications that Suspected Abuse, Neglect, and/or Exploitation isoccurring. All team members will sign ·Staffwill be tested on what they learned at all trainings on Suspected Abuse,Neglect, and or Exploitation. Thosegetting less than 90% will be retrained. <p>What is the date by which the systemic changes will be completed? March 13, 2015 Respectfullysubmitted, RosemaryTaylor, Residential Administrator</p>		

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	<p>Based on record review and interview for 1 of 1 allegation of abuse, the facility failed to immediately report the allegation of abuse to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E, F and G.</p> <p>Based on record review and interview for 1 of 1 injury of unknown origin for client A, the facility failed to ensure all injuries of unknown origin were reported immediately to the administrator.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 2/3/15 at 11:30 AM.</p> <p>The 11/6/14 BDDS (Bureau of Developmental Disabilities Services) report indicated two reports of suspected abuse were given to facility's SSC (Social Service Coordinator) on 11/6/14 that occurred on 11/2/14.</p> <p>The 11/11/14 investigative report indicated an interview with staff #1 and #5 on 11/11/14.</p> <p>The report indicated:</p>	W000153	<p>Date Survey Completed: 02/11/2015</p> <p>Name and Address of Provider: McSherr, Inc., 4412 So. B Street, Richmond, IN 47374</p> <p>Provider Identification Number: 15G457</p> <p>Survey Event ID: ZXU212</p> <p>Finding: W153 – The facility failed to immediately report the allegation of abuse to the administrator, BDDS, and APS according to state law for clients:</p> <ul style="list-style-type: none"> · ALL Accident and Injury reports (A&I's) from the group home (including unknowns) are now being immediately faxed or scanned and emailed to McSherr Social Services Coordinator at the corporate office so we have one point of contact. · Staff will be trained to complete A&I for anything that is abnormal for a client, such as limping · Social Services Coordinator reviews and signs each A&I and reviews A&I with Residential Administrator and HSC to ensure the team is aware of the A&I · HSC determines if phone and/or physical assessment is needed. · HSC completes physical assessment within 24 hours if needed · For an Unknown Injury, Social Services Coordinator, Residential Administrator and House Manager 	03/13/2015

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	<p>__ Staff #5 stated staff #6 "acts like a boss over the residents (clients A, B, C, D, E, F and G) rather than a caregiver." __ Staff #5 stated, "On a Friday, [client C] had carried his coffee cup to the table (which he is not to do due to him walking with a cane and having limited use of his left hand) and [staff #6] yelled at him about this." __ Staff #5 stated staff #6 had stood over client B and yelled at client B to get out of bed and pulled the cover and pillow off of client B causing client B to start kicking. __ Staff #5 stated staff #6 had cussed "in front of the other residents (clients A, B, C, D, E, F and G)" when referring to other staff. __ Staff #5 indicated staff #6 had left client A in the bathroom on the toilet and forgot about him. __ Staff #1 stated, "One morning [staff #6] was saying to [client C] to hurry up we are waiting on you in a rude way." __ Staff #1 stated she "thought it was inappropriate but never thought of it as abuse" and if client D felt staff #6 was being abusive client D would tell someone.</p> <p>During interview with staff #1 on 2/2/15 at 5:50 PM, staff #1 stated she had witnessed another staff "yell at [client D]." Staff #1 indicated she thought it was</p>		<p>decide if an IR should be filed based on BDDS Incident Reporting Guidelines. ·Fora Known Injury, Social Services Coordinator and Residential Administrator determine if an IR should be submitted ·IR is submitted within 24 hours of notification if deemed necessary ·House Manager initiates an investigation into all Unknown Injuries if the BDDS report is filed. ·SSC initiates an investigation into Known Injuries which includes interviewing clients and staff if a BDDS report is filed.. ·SSC indicates on the top right of the A&I if an IR of any kind was filed. ·Once investigation into the injury (whether known or unknown) is completed, the packet of information including nursing assessment is presented to the administrator for review and signature ·Residential Administrator maintains files of A&I's and SSC maintains files on IR's and investigations ·ALL falls at the homes are reported immediately (via phone and Accel message) to the Health Services Coordinator (with or without knowledge of severity of injury) ·HSC will do an immediate phone assessment of the individual ·If injuries are noted, severity will</p>				

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	<p>inappropriate but did not report it to anyone at the time. Staff #1 stated, "I just figured [client D] would say something if it made her feel uncomfortable."</p> <p>Interview with the SSC on 2/3/15 at 11:30 AM indicated all allegations of abuse were to be reported to the administrator immediately.</p> <p>2. Client A's record was reviewed on 2/3/15 at 12 PM. Client A's nursing notes indicated on 12/2/14 at 12:56 PM "It was reported to this nurse that [client A] was limping this morning before he [client A] went to day services. I (the facility's RN) visited him at [name of day program] to assess for injury. [Client A] is limping and is avoiding pressure on his left leg. I walked with him to private room and assessed legs and feet. No swelling or redness noted on any part of lower extremities. [Client A] did not show signs of pain or discomfort while I (the facility's RN) did ROM (Range of Motion) on legs and feet. I walked him back to his seat and the limping was less pronounced. I will discuss with House Manager and if limping continues, medical appt. (appointment) will need to be made. This writer spoke with staff about general condition of consumer and how he was doing."</p>		<p>be determined and HSC will direct the staff accordingly</p> <ul style="list-style-type: none"> · If only minor injuries are reported, (not requiring ER or hospital stay) a physical assessment of the individual will be completed by the HSC within 24 hours · To monitor for retention, staff will complete a five question quiz on High Risk Plans and Suspected Abuse, Neglect, and Exploitation during House Meetings scheduled every other month. Staff must get at least a 90% to pass. <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · ALL Accident and Injury reports (A&I's) from the group home (including unknowns) are now being immediately faxed or scanned and emailed to McSherr Social Services Coordinator at the corporate office so we have one point of contact. · Staff will be trained to complete A&I for anything that is abnormal for a client, such as limping · Social Services Coordinator reviews and signs each A&I and reviews A&I with Residential Administrator and HSC to ensure the team is aware of the A&I · HSC determines if phone and/or physical assessment is 	

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	<p>Client A's Physician appointment records indicated client A saw his PCP (Primary Care Physician) on 12/15/14 for "Limping favoring right side." The record indicated "pain in joint, ankle and foot."</p> <p>Client A's hospital x-ray report of 1/2/15 indicated client A had x-rays of both ankles with no fractures or dislocations noted.</p> <p>Client A's hospital x-ray report of 1/20/15 indicated client A had x-rays of both knees and both hips with no fractures or dislocations noted.</p> <p>The facility's reportable records were reviewed on 2/3/15 at 11:30 AM. The facility records indicated no report of client A's unknown injury resulting in client A limping on 12/2/14.</p> <p>During interview with the facility's RN on 2/3/15 at 12:30 PM, the RN: ___ Indicated he did not know the origin of client A's injury to cause client A to limp. ___ Indicated he did not know if client A's limping had been reported to the SSD (Social Services Director) and/or the administrator. ___ Stated, "I guess I should have said something but I was thinking it was more of a medical reason for his limping."</p>		<p>needed.</p> <ul style="list-style-type: none"> ·HSC completes physical assessment within 24 hours if needed ·Foran Unknown Injury, Social Services Coordinator, Residential Administrator and House Manager decide if an IR should be filed based on BDDS Incident Reporting Guidelines. ·Fora Known Injury, Social Services Coordinator and Residential Administrator determine if an IR should be submitted ·IR is submitted within 24 hours of notification if deemed necessary ·House Manager initiates an investigation into all Unknown Injuries if the BDDS report is filed. ·SSC initiates an investigation into Known Injuries which includes interviewing clients and staff if a BDDS report is filed.. ·SSC indicates on the top right of the A&I if an IR of any kind was filed. ·Once investigation into the injury (whether known or unknown) is completed, the packet of information including nursing assessment is presented to the administrator for review and signature ·Residential Administrator maintains files of A&I's and SSC maintains files on IR's and investigations ·ALL falls at the homes are reported immediately (via phone and Accel message) to the Health 				

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	<p>During interview with the SSD on 2/3/15 at 1 PM, the SSD: ___ Indicated she was not made aware of an issue with client A in regard to an injury of unknown origin. ___ Indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>This deficiency was cited on 9/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>		<p>Services Coordinator(with or without knowledge of severity of injury) ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC within 24hours ·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans and Suspected Abuse, Neglect, and Exploitation during House Meetingscheduled every other month Staff mustget at least a 90% to pass. ·IDTwill review all A&l's and IR's monthly</p> <p>Thefacility failed to ensure that all injuries of unknown origin were reportedimmediately to the administrator for client E: ·ALL Accident andInjury reports (A&l's) from the group home (including unknowns) are now being immediately faxed or scanned andemailed to McSherr Social Services Coordinator at the corporate office so wehave one point of contact. ·SocialServices Coordinator reviews and signs each A&l and</p>		

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			<p>reviews A&I with Residential Administrator and HSC to ensure the team is aware of the A&I</p> <ul style="list-style-type: none"> ·HSC determines if phone and/or physical assessment is needed. ·HSC completes physical assessment within 24 hours if needed ·Social Services Coordinator and Residential Administrator decide (per BDDS Incident Reporting Guidelines) if an IR should be submitted for a Known Injury. ·IR is submitted within 24 hours of notification if deemed necessary ·When IR is filed, SSC immediately begins an investigation into the circumstances (if it is a Known Injury) and House Manager begins investigation if it is an Unknown Injury. ·SSC indicates on the top right of the A&I if an IR was filed. ·Once investigation into the injury is completed (within 5 business days), the packet of information including nursing assessment is presented to the administrator for review and signature ·ALL falls at the homes are reported immediately (via phone and Accel message) to the Health Services Coordinator (with or without knowledge of severity of injury) ·SSC also reviews A&I with HSC and Administrator 	

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			<p>·HSCwill do an immediate phone assessment of the individual</p> <p>·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly</p> <p>·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC within 24hours</p> <p>·IDTwill review all A&I's and IR's monthly</p> <p>·Staffwill be retrained on Suspected Abuse, Neglect and Exploitation and IncidentReporting on 2/27/15.</p> <p>·Staffwill be tested immediately following the training and must get a score of 90%</p> <p>·Staffwill be tested every other month at house meetings to monitor for retention.</p> <p>Thefacility failed to ensure client E was assessed and monitored after falls withinjuries</p> <p>·ALLfalls at the homes are now reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury)</p> <p>·SocialServices Coordinator also receives a copy of the A&I, which is reviewedwith the Administrator and HSC</p> <p>·HSCwill do an immediate phone assessment of the individual</p>	

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			<p>·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly</p> <p>·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC as soon aspossible but within 24 hours</p> <p>·Staffwill be trained on High Risk plans for all clients at South B Group Home on2/27/15</p> <p>·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans, Suspected Abuse, Neglect, and Exploitation and Incident Reporting duringHouse Meetings scheduled every other month and must get a score of 90%</p> <p>·IDTwill review all A&l's and IR's monthly</p> <p>Thefacility failed to ensure all allegations of abuse were reported immediately tothe administrator, to the BDDS, and APS, per state law for clients A,B,C,D,E,F,and G.</p> <p>·McSherrstaff will be re-trained on "What is Suspected Abuse, Neglect, and Exploitationand Incident Reporting on 2/27/15</p> <p>·Staffare required to sign a Record of Training to acknowledge what they were trainedon</p> <p>·Administrativestaff will "role play" to show staff that overhearing another staff speak in arude, demeaning, or abrasive</p>		

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			<p>way to aclient is not okay. The staff is responsible for speaking up for the client by reporting...it is not the client's responsibility.</p> <ul style="list-style-type: none"> ·Administrative staff will "role play" to show staff that even though a client may not verbalize that they are fearful of another staff or possible retaliation from that staff, if they do not report it, he/she is also guilty of allowing the client to continue to be abused ·A 10 question quiz will be given to staff at each large training to monitor for retention ·Staff must answer 90% of the questions correctly to avoid retraining and retesting. ·At house meetings every other month, staff will be given a quiz consisting of five questions re: Suspected Abuse, Neglect and Exploitation and Incident Reporting and High Risk Plans. This quiz will be used to ensure retention. ·Staff must answer 90% of questions correctly or be retrained and retested ·Social Services Coordinator will add more specific questions to the Quality Assurance Questionnaire (consists of interviewing all clients and staff at each home on a quarterly basis) to proactively determine if anyone has seen or heard "anything" that could be considered Suspected Abuse, Neglect, and or Exploitation and to underscore "what" they should be reporting 	

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			<p>·AllIA&l's are now going to one point of contact, Social Services Coordinator,who reviews reports with Residential Administrator and HSC upon receipt todetermine if an IR needs to be filed per BDDS regulations for reporting.</p> <p>·SocialServices Coordinator will file all Incident Reports, including accidents andinjuries requiring such</p> <p>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</p> <p>1. All residents have the potential to beaffected</p> <p>2. Corrective action taken is:</p> <p>·McSherrstaff will be re-trained on "What is Suspected Abuse, Neglect, and Exploitationand Incident Reporting on 2/27/15</p> <p>·Staffare required to sign a Record of Training to acknowledge what they were trainedon</p> <p>·Administrativestaff will "role play" to show staff that overhearing another staff speak in arude, demeaning, or abrasive way to aclient is not okay. The staff isresponsible for speaking up for the client by reporting...it is not the client'sresponsibility.</p> <p>·Administrativestaff will "role play" to show staff that even though a client may notverbalize that they are fearful of another staff or possible retaliation</p>		

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			<p>fromthat staff, if they do not report it, he/she is also guilty of allowing theclient to continue to be abused</p> <ul style="list-style-type: none"> ·A10 question quiz will be given to staff at each large training to monitor forretention ·Staffmust answer 90% of the questions correctly to avoid retraining and retesting. ·Athouse meetings every other month, staff will be given a quiz consisting of fivequestions re: Suspected Abuse, Neglect and Exploitation, Incident Reporting, and High Risk Plans. This quiz will be used to ensure retention. ·Staffmust answer 90% of questions correctly or be retrained and retested ·SocialServices Coordinator will add more specific questions to the Quality AssuranceQuestionnaire (consists of interviewing all clients and staff at each home on aquarterly basis) to proactively determine if anyone has seen or heard“anything” that could be considered Suspected Abuse, Neglect, and orExploitation and to underscore “what” they should be reporting ·AllA&I’s are now going to one point of contact, Social Services Coordinator,who reviews reports with Residential Administrator and HSC upon receipt todetermine if an IR needs to be filed per BDDS regulations for reporting. ·SocialServices Coordinator will file Incident Reports for 	

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A) and 1 additional client (F), the facility failed to ensure the clients' hearing was evaluated annually.</p>	W000323	<p>Suspected Abuse, Neglect, Exploitation accidents and known injuries. House Manager will file IR for unknowns after contact with Administrator and SSC.</p> <ul style="list-style-type: none"> · All A&I's and IR's will be reviewed by the IDT monthly <p>The facility failed to ensure that all injuries of unknown origin were reported immediately to the administrator</p> <ul style="list-style-type: none"> · All Accident and Injury reports (A&I's) from the group home (including unknowns) are now being immediately faxed or scanned and emailed to McSherr Social Services Coordinator at the corporate office so we have one point of contact. · Social Services Coordinator reviews and signs each A&I after review with Residential Administrator · Residential Administrator will review and sign A&I <p>Date Survey Completed: 02/11/2015 Name and Address of Provider: McSherr, Inc., 4412 So. B Street, Richmond, IN 47374 Provider Identification Number: 15G457</p>	03/13/2015	

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	<p>Findings include:</p> <p>Client A's record was reviewed on 2/3/15 at 12:30 PM. Client A's record indicated client A was blind. Client A's hearing evaluation dated 8/22/13 indicated client A was to be seen annually for a hearing evaluation.</p> <p>Client F's record was reviewed on 2/3/15 at 2 PM. Client F's record indicated client F was admitted to the facility on 6/23/14. Client F's physical evaluation of 6/24/14 did not indicate a hearing evaluation. Client F's record indicated no hearing evaluation.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 2/3/15 at 2 PM indicated client A's current hearing evaluation was the one of 8/22/13. The QIDP indicated client A had not had an annual hearing evaluation. The QIDP indicated client F had not had a hearing evaluation since the client's admission to the facility on 6/24/14.</p> <p>This deficiency was cited on 9/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p>		<p>Survey Event ID: ZXU212</p> <p>Finding: W323 – The facility failed to ensure that hearing evaluations for clients A&F were completed at least annually.</p> <ul style="list-style-type: none"> · Client A's most recent Hearing Evaluation was dated 8/22/13 · Client F was admitted on 6/23/14. His physical upon admission on 6/24/14 did not include a hearing evaluation. <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Client A had a hearing evaluation on 02/26/15 · Client F passed away during aortic replacement surgery on 02/24/15. We were not able to get a hearing evaluation completed prior to the surgery. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ol style="list-style-type: none"> 1. All residents have the potential to be affected 2. Corrective action taken is: <ul style="list-style-type: none"> · All residents at South B Street will have hearing evaluations at least annually or more often if medically necessary and directed. · Hearing Evaluation tracking will be reviewed at IDT monthly 		

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			<p>·Acalendar will be maintained in Accel foreach resident that has the date of his/her next hearing evaluation</p> <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</p> <p>·HouseManagers will be required to track ALL evaluations including HearingEvaluations on a paper calendar in the home.</p> <p>·Administratorwill review the calendar during monthly finance and environmental inspection toensure all residents have appointments scheduled</p> <p>·McSherrwill continue to enter information into electronic record-keeping system,Accel, which will allow the appointments to be tracked more easily.</p> <p>·Appointmentswill be reviewed at IDT monthly</p> <p>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</p> <p>·ResidentialAdministrator will monitor during monthly finance and environmental visit</p> <p>·House Manager will monitor throughcalendar kept at the home</p> <p>·Team will monitor monthly at IDTmeetings</p> <p>·Accel system will alert Manager whennext appointment</p>		

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W000331	<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 additional client (E), the facility nursing services failed to ensure:</p> <p>__A plan of care was developed and implemented in regard to client E's hypertension and Orthostatic Hypotension (low blood pressures that happen when a person stands up from a sitting or lying position) to address how and what the staff were to monitor in regard to client E's Orthostatic Hypotension, the parameters of high and low BPs for client E and when the staff were to notify nursing services in regard to client E's Hypertension and Orthostatic Hypotension.</p> <p>__A plan of care was developed and implemented in regard to client E's urinary retention to include how and what the staff were to monitor in regard to client E's urinary retention/output and when and what the staff were to notify</p>	W000331	<p>is "due."</p> <p>What is the date by which the systemic changes will be completed? March 13, 2015</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p> <p>Date Survey Completed: 02/11/2015 Name and Address of Provider: McSherr, Inc., 4412 So. B Street, Richmond, IN 47374 Provider Identification Number: 15G457 Survey Event ID: ZXU212 Finding: W331 The facility nursing services failed to ensure:</p> <ul style="list-style-type: none"> · A High Risk Plan was developed and implemented in regard to client E's hypertension and Orthostatic Hypotension · A High Risk Plan was developed and implemented in regard to client E's urinary retention · Staff followed client E's physician orders in regard to client E's hypertensive medications · Staff notified nursing services when client E's Systolic BP was 110 or below · Assess and/or monitor client E after falls with injuries 	03/13/2015

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	<p>nursing services of in regard to client E's urinary retention.</p> <p>__The staff followed client E's physician's orders in regard to client E's hypertensive medications.</p> <p>__The staff notified nursing services when client E's Systolic BP (Blood Pressure) was below 110 or below.</p> <p>__Assess and/or monitor client E after falls with injuries.</p> <p>Findings include:</p> <p>The facility A/I (Accident/Injury) records were reviewed on 2/3/15 at 11:30 AM. The records indicated:</p> <p>__On 11/13/14 at 7:40 PM client E was walking around the kitchen table, tripped over a rug by the back door and fell to his knees and then fell over onto his right side. The report indicated client E obtained a bump and scratch to the bridge of his nose, bruising to both knees and an abrasion to his left knee.</p> <p>__On 11/5/14 at 7 PM client E was sitting on his bed, stood up then fell onto his backside. The report indicated when the staff helped client E up client E had already begun bruising and was given Tylenol for pain. The report indicated "Res (resident) has dark brown blue bruising from right hip all the way over buttock and into his lower back, hip also looks swollen."</p>		<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <p>McSherr Health Services Coordinator has developed High Risk Plans for client E's Hypertension/Orthostatic Hypotension and Urinary Retention issue that is specific to client E. The High Risk Plans include:</p> <p>Hypertension/Orthostatic Hypotension:</p> <ul style="list-style-type: none"> ·What the Risk Issue is ·Why is client E at risk (includes prior history, hospitalizations, etc.) ·What are the parameters of high and low BP's specific to client E ·What supports (includes training of staff prior to working in the home, at least annually, and on-going as needed) McSherr will have in place for both staff and client E to ensure compliance with Physician Orders and HSC oversight. ·What Interventions McSherr will have in place to support staff and client E (staff are to notify HSC when systolic BP is lower than 110 and hold BP meds). Staff now must call HSC AND notify by Accel message. ·HSC will assess client E as soon as possible after staff notification that systolic BP was below 110 and med was held ·House Manager or Designee will review BP readings DAILY 	
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	<p>__ On 10/27/14 at 6:45 PM client E slipped and fell in the shower. The report indicated client E's right little finger was swollen and bruised. The report indicated the following day client E was noted to have a two inch black/blue circular bruising on his right buttock and a light smattering of light gray/black bruising on right hip/crease of the leg and a quarter sized dark purple bruise on right arm near bend of armpit.</p> <p>Client E's record was reviewed on 2/3/15 at 2 PM. Client E's record indicated client E had a diagnosis of, but not limited to, Hypertension (high BP).</p> <p>Client E's January 2015 physician's orders indicated client E was to receive Atenolol 100 milligrams for hypertension every day at 4 PM. The physician's orders indicated the staff were to hold the Atenolol if client E's systolic BP was 110 or lower.</p> <p>Client E's nursing notes indicated: __ 10/22/14 "[Client E] was seen by [name of doctor] (urologist) yesterday. [Client E] was straight cathed (a tube placed into the bladder to drain the urine from the body) in office after void and had 1600 ml (milliliters) of retained urine. [Name of doctor] prescribed Flomax (used to improve urination in</p>		<p>and follow up immediately if omissions or errors are noted with notification to HSC.</p> <ul style="list-style-type: none"> · HSC will review ALL BP readings at least weekly when med sheets are changed out · HSC will review the High Risk Plan biannually and prn · High Risk Plan will be kept in daily chart and original in master chart in the group home · Trends will be reviewed by the IDT members monthly · Administrative staff are still working with the provider, Accel, to get all documentation including high risk plans into the electronic record keeping system for additional, immediate oversight. · Staff at client E's home will be trained on new procedures on 2/27/15 · A five question quiz over High Risk Plans will be given to each staff working at client E's home during House Meetings scheduled every other month to test for retention · Policy will be updated to reflect changes to procedures <p>Urinary Retention:</p> <ul style="list-style-type: none"> · What the Risk Issue is · Why is client E at risk (includes prior history, hospitalizations, etc.) · What are the signs and symptoms client E may exhibit · What supports (includes training of staff prior to working in the home, at least annually, and 				

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	<p>men) 0.4 mg (milligrams) qd (every day) and follow up appointment scheduled." __10/30/14 "This writer (the facility's RN) received call from [name of day program staff] on 10/29/14 concerning [client E] having a nose bleed that had not stopped within half hour. This nurse arrived at [name of day program] within 15 minutes of getting call and nose bleed had stopped but restarted 20 minutes after my (the RN's) arrival. This nurse had [client E] sit upright with head tilted forward while this nurse pinched his nostrils closed for ten minutes. Bleeding stopped and no more bleeding was reported to this nurse for the remainder of the day." __11/17/14 "[Client E] has had three falls in the last thirty days. The first one was coming out of the shower when he landed on his buttocks and right arm. The second fall was in his room after getting out of bed, fell on his buttocks again. The third fall was when he tripped over rug. [Client E] is on medication for hypertension and he gets his blood pressure taken daily. Orthostatic (sitting and standing) BP will be taken daily by staff to assess for drops in blood pressure when going from sitting to standing. Meeting with team... to address falls." __11/18/14 "[Client E] had appointment at Urological Care this morning. He was able to void prior to ultrasound of</p>		<p>on-going as needed) McSherr will have in place for both staff and client E to ensure compliance with Physician Orders and HSC oversight. ·HouseManager or Designee will review daily notes and report any documented signs ofUTI or concerns to the HSC upon finding ·WhatInterventions McSherr will have in place to support staff and client E (staffare to notify HSC when signs and symptoms are evident...this will be by phonefollowed by Accel message ·HSCwill assess in person as soon as possible after report of signs and symptoms ismade ·HSCor House Manager will notify Physician or NP for appointment or for Urinalysisand Culture if warranted after assessment of signs and symptoms ·HSCwill coordinate with PCP and Urologist for routine medical appointments andlabs as ordered ·HSCwill review the High Risk Plan biannually and prn ·HighRisk Plan will be kept in daily chart and original in master chart in the grouphome ·Trendswill be reviewed by the IDT members monthly ·HSCwill review risk plan biannually and prn ·Staffat client E's home will be trained on new procedures on 2/27/15 ·Afive question quiz over High Risk Plans will be given to each staff working atclient E's home</p>				

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	<p>bladder. Ultrasound showed at least 400 ml of urine retention and straight cath resulted in 1400 ml. Flomax increased to BID (twice a day) and he will start on Proscar (for prostate issues) QD. His next appointment is on 1/19/15." __12/2/14 "[Client E] has right side hernia that has been previously diagnosed. Hernia is causing pain and plan is to have hernia assessed at next 90 day recert on January 2nd or sooner if needed. Currently doing daily orthostatic Blood pressures on [client E] due to falls. No complaints of feeling dizzy or weak." __1/22/15 "This nurse received call from [name of day program] yesterday around 1 pm. [Name of day program] staff was concerned about [client E] was c/o (complaining of) abdominal pain and was bleeding from his mouth and stated that he felt anxious...." The note indicated client E's BP was elevated at 168/90 and that client E had bitten his cheek and the RN had client E lie down for 20 minutes and client E's BP decreased to 116/68 with no further complaints of abdominal pain.</p> <p>Client E's nursing notes indicated no assessments from nursing services in regard to client E's falls with injuries on 10/27/14, 11/13/14 and 11/15/14.</p> <p>Client E's BP and pulse records for</p>		<p>during House Meetings scheduled every other month to test for retention</p> <ul style="list-style-type: none"> ·Administrativestaff are still working with the provider, Accel, to get all documentationincluding high risk plans into the electronic record keeping system foradditional, immediate oversight. <p>Thefacility failed to ensure client E was assessed and monitored after falls withinjuries</p> <ul style="list-style-type: none"> ·ALLfalls at the homes are now reportedimmediately (via phone and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury) ·SocialServices Coordinator also receives a copy of the A&I, which is reviewedwith the Administrator ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC as soon aspossible but within 24 hours ·Staffwill be trained on High Risk plans for all clients at South B Group Home on2/27/15 ·Tomonitor for retention, staff 				

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	<p>2014/2015 indicated the staff were to call the nurse if client E's systolic BP was 110 or lower and the Atenolol was held. Client E's 4 PM systolic BP was 110 or below on October 10, November 4, 25, 27, December 14, 26, 2014 and January 2, 4, 11, 13, 15, 22, 29 and 30, 2015. Client E's record indicated the staff did not notify nursing services when client E's systolic BP was 110 or lower.</p> <p>Client E's 2014/2015 MARs (Medication Administration Records) indicated client E's systolic BP was 110 or below and the staff failed to hold client E's medication as ordered by the physician on October 10, November 4, 27, 2014, January 2, 4, 11, 13, 15, 22, 29 and 30, 2015.</p> <p>Client E's record indicated no plan of care in regard to client E's hypertension and/or Orthostatic Hypotension (low BP that happens when a person stands up from a sitting or lying position) to indicate how and what the staff were to monitor in regard to client E's Orthostatic Hypotension, to include parameters of high and low BPs for client E and when the staff were to notify nursing services.</p> <p>Client E's record indicated no plan of care in regard to client E's urinary retention, how and what the staff were to monitor in regard to client E's urinary</p>		<p>will complete a five question quiz on High RiskPlans of those living at their worksite during House Meetings scheduled everyother month</p> <p>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</p> <ol style="list-style-type: none"> All residents have the potential to beaffected Corrective action taken is: Health ServicesCoordinator has developed High Risk Plans specific to each diagnosis for allgroup home clients. The High Risk Plans include <ul style="list-style-type: none"> ·Whatthe Risk Issue is ·Whyare clients at risk (includes prior history, hospitalizations, etc.) ·Whatare the "norms" for each client ·Whatsupports (includes training of staff prior to working in the home, at leastannually, and on-going as needed) McSherr will have in place for both staff andclients to ensure compliance with Physician Orders and HSC oversight. ·WhatInterventions McSherr will have in place to support staff and clients. Staffnow must call HSC AND notify by Accel message when appropriate. ·HSCwill assess all clients as soon as possible after staff notification of anissue 				

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	<p>retention/output and when and what were the staff to notify nursing services of in regard to client E's urinary retention.</p> <p>During interview with the facility's RN on 2/3/15 at 2 PM, the RN stated, "I have been working on trying to get the plans in place." The RN indicated all risk plans and nursing care plans had been provided for review.</p> <p>E-mail interview with the RD (Residential Director) on 2/5/15 at 1:30 PM indicated: ___ The HSC (Health Services Coordinator - the facility's RN) stated he had conducted an assessment when client E fell on 10/27/14, 11/13/14 and 11/15/14 but did not document the assessments. ___ The HSC failed to ensure the staff were giving client E his Atenolol as directed by the physician. ___ The HSC failed to monitor client E's hypertension and Orthostatic Hypotension.</p> <p>This deficiency was cited on 9/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> ·HouseManager or Designee will review notes DAILY and follow up immediately if omissions or errors are noted by notifying HSC. ·HSC will review ALL vitals at least weekly when med sheets are changed out ·HSC will review the High Risk Plans biannually and prn ·High Risk Plan will be kept in daily chart and original in master chart in the group home ·Trends will be reviewed by the IDT members monthly ·Administrative staff are still working with the provider, Accel, to get all documentation including high risk plans into the electronic record keeping system for additional, immediate oversight. ·Staff at group homes will be trained on new procedures on 2/27/15 ·To test for retention, a five question quiz over High Risk Plans will be given to each staff working at each group home during House Meetings which are scheduled every other month ·Policy will be updated to reflect changes to procedures <p>The facility failed to ensure client E was assessed and monitored after falls within injuries</p> <ul style="list-style-type: none"> ·ALL falls at the homes are now reported immediately (via phone 				

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			<p>and Accel message) to the Health Services Coordinator(with or without knowledge of severity of injury)</p> <ul style="list-style-type: none"> ·SocialServices Coordinator also receives a copy of the A&I, which is reviewedwith the Administrator and HSC ·HSCwill do an immediate phone assessment of the individual ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aphysical assessment of the individual will be completed by the HSC as soon aspossible but within 24 hours ·Staffwill be trained on High Risk plans for all clients on 2/27/15 ·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans of those living at their group home during House Meetings scheduled everyother month <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</p> <ul style="list-style-type: none"> ·Threepople will be involved with each A&I. One point of contact, Social Services Coordinator will be receiving allthe A&I's from the homes and will be reviewing them (with 	

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			<p>theadministrator) and the HSC. The SocialServices Coordinator will file all IR's. Administrator will maintain the files of A&l's and IR's submitted</p> <ul style="list-style-type: none"> ·HSCHigh Risk Plans will be reviewed monthly at IDT bi-annually, and as needchanges with team input. ·Theform will include a place to record when it is implemented, DC'd, revised, etc. · The Administrator's file on A&l's and IR'swill be reviewed monthly at IDT for input from team ·SocialServices Coordinator will ask more specific questions during her QualityAssurance Interviews ·Staffwill be tested on what they learned at all trainings on Suspected Abuse,Neglect, and or Exploitation. Thosegetting less than 90% will be retrained. <p>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> ·Threepople will be involved with each A&l which impacts nursing services. One point of contact, Social ServicesCoordinator will be receiving all the A&l's from the homes and will bereviewing them with the administrator and the HSC. ·TheSocial Services 		

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W009999	State Findings 460 IAC 9-3-1(a) Governing Body	W009999	<p>Coordinator will file all IR's.</p> <ul style="list-style-type: none"> · Administrator will maintain the files of A&I's and IR's submitted · HSC High Risk Plans will be reviewed monthly at IDT bi-annually, and as need changes. · The form will include a place to record when it is implemented, DC'd, revised, etc. · The Administrator's file on A&I's and IR's will be reviewed monthly at IDT for input from team · All Nursing assessments will be recorded in the Nursing Notes in Accel for each resident that is affected · Nursing Note will be reviewed by Administrator daily · House Manager or Designee will review BP readings daily to ensure compliance with physician orders <p>What is the date by which the systemic changes will be completed? March 13, 2015</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p>	03/13/2015	
			Date Survey Completed: 02/11/2015 Name and Address of Provider: McSherr, Inc., 4412 So. B Street,		

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	<p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division (15. A fall resulting in injury, regardless of the severity of the injury.).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and C) and 1 additional client (E), the facility failed to report all falls with injury to the BDDS (Bureau of Developmental Disabilities Services).</p> <p>Findings include:</p> <p>The facility's reportable and A/I (Accident/Injury) reports were reviewed on 2/3/15 at 11:30 AM.</p> <p>The A/I report of 10/31/14 indicated: ___ At 5:45 PM a staff was assisting client A to the restroom while holding onto the back of client A's pants. ___ Client A tripped over an open dishwasher door. ___ The staff guiding client A fell on top of client A. ___ Client A hit his head and scratched his</p>		<p>Richmond, IN 47374 Provider Identification Number: 15G457 Survey Event ID: ZXU212 Finding: W9999 – The facility failed to report all falls with injury to the BDDS: · ALL falls at the homes (with or without injury regardless of severity) are now reported immediately (via phone and Accel message) to the Health Services Coordinator · One Point of Contact, Social Services Coordinator, will be utilized for notification of falls with or without injury. Social Services Coordinator also receives a copy of ALL Accident and Injury Reports immediately which is reviewed with the Administrator and the HSC. · SSC will then file an IR for A&I's that are determined to be reportable. ALL A&I's that are from falls will be reported with or without injury · When notified of a fall, Health Services Coordinator will do an immediate Phone Assessment of the individual · If injuries are noted, severity will be determined and HSC will direct the staff accordingly · HSC will complete a Physical Assessment immediately if injury greater than requiring basic first aid is noted · If only minor injuries are reported, (not requiring ER or hospital visit and basic first aid is sufficient) a physical</p>		

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	<p>forehead and left arm.</p> <p>The A/I report of 11/5/14 indicated: ___ At 7:30 PM the staff had called client E for his evening medications. ___ Client E sat up on the side of his bed, stood up and then fell onto his backside. ___ Staff assisted client E to his feet. ___ Area began to immediately bruise and the staff gave client E Tylenol for pain. ___ "Res (resident) has dark brown blue bruising from right hip all the way over buttock and into his lower back, hip also looks swollen."</p> <p>The A/I report of 11/13/14 indicated: ___ At 7:40 PM client E was walking around the kitchen table to sit at his usual seat at the dining room table. ___ Client E tripped over the rug by the back door. ___ Staff heard client E fall and "ran over to him." ___ Client E fell on his knees and then over onto his right side. ___ Client E obtained a "small scratch and bump on the bridge of his nose (right side). Light bruising on both knees and a scratch or abrasion on left knee."</p> <p>The A/I report of 12/15/14 indicated: ___ At 5:20 AM client C got out of bed, slipped in his urine and fell. ___ Client C landed on his left knee and</p>		<p>Assessment of the individual will be completed by the HSC as soon as possible but no later than 24 hours after the fall</p> <ul style="list-style-type: none"> · Staff will be trained on High Risk plans for all clients at South B Group Home on 2/27/15 (including those at risk for falls) · To monitor for retention, staff will complete a five question quiz on High Risk Plans of those living at their worksite during House Meetings scheduled every other month. Falls will be covered in the bi-monthly discussion of High Risk Plans · Staff were trained by Social Services Coordinator on Suspected Abuse, Neglect, and Exploitation and Incident Reporting on 02/27/15. · Staff were required to pass a 10-question quiz over Suspected Abuse, Neglect, and Exploitation and Incident Reporting with a score of 90%. If less than 90% staff were retrained and re-tested · ALL group home staff received an Accel message from the Administrator informing them of the updated reporting requirement for falls. · Policy on Incident Reporting will be updated to reflect new notification and filing process <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p>	

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	<p>left elbow. ___ Client C had scraped his left knee and elbow. ___ The injury on client C's left knee was the size of a quarter and the injury to client C's left elbow "was about 1/2 inch long." ___ The staff provided client C first aid.</p> <p>The facility BDDS reports indicated no falls with injury for clients A, C and E.</p> <p>E-mail interview with the Adm. (Administrator) on 2/6/15 at 10:24 AM indicated "Our policy and BDDS guidelines state that all falls with injury regardless of severity will be reported. We failed to do so."</p> <p>This deficiency was cited on 9/29/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(b)</p>		<ul style="list-style-type: none"> · ALL falls at the homes (with or without injury regardless of severity) are now reported immediately (via phone and Accel message) to the Health Services Coordinator · One Point of Contact, Social Services Coordinator, will be utilized for notification of falls with or without injury and reviews those notifications with the Administrator and Health Services Coordinator. · Social Services Coordinator also receives copy of ALL Accident and Injury Reports immediately which is reviewed with the Administrator and the HSC. · SSC will file an IR for EVERY fall in the home with or without injury · When notified of a fall, HSC will do an immediate phone assessment of the individual · If injuries are noted, severity will be determined and HSC will direct the staff accordingly · HSC will complete a physical assessment immediately following the determination of severity of injury · If only minor injuries are reported, (not requiring ER or hospital visit and basic first aid is sufficient) a physical assessment of the individual will be completed by the HSC as soon as possible but no later than 24 hours after the fall · Staff will be trained on High Risk plans for all clients at South 		

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			<p>B Group Home on 2/27/15 (including those at risk for falls)</p> <ul style="list-style-type: none"> · To monitor for retention, staff will complete a five question quiz on High Risk Plans of those living at their worksite during House Meetings scheduled every other month. Falls will be covered in the bi-monthly discussion of High Risk Plans · All A&I's and IR's will be reviewed by IDT monthly for trends · All group home staff received an Accel message from the Administrator informing them of the updated reporting requirements. · Policy on Incident Reporting will be updated to reflect new notification process · Social Services Coordinator will file all Incident Reports, including accidents and injuries requiring such <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ol style="list-style-type: none"> 1. All residents have the potential to be affected 2. Corrective action taken is: <ul style="list-style-type: none"> · ALL falls at the homes are reported immediately (via phone and Accel message) to the Health Services Coordinator (with or without injury) · HSC will do an immediate Phone Assessment of the individual 	

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			<ul style="list-style-type: none"> ·Ifinjuries are noted, severity will be determined and HSC will direct the staffaccordingly ·HSCwill complete an assessment of the resident immediately if injuries requiremore than basic first aid ·Ifonly minor injuries are reported, (not requiring ER or hospital stay) aPhysical Assessment of the individual will be completed by the HSC within 24hours of the fall. ·Staffwill be trained and pass a test with a score of 90% on High Risk plans(including falls) for all residents at South B Group Home on 2/27/15. A second test on Suspected Abuse, Neglect,and Exploitation and Incident Reporting must be passed with a 90% score.. ·Tomonitor for retention, staff will complete a five question quiz on High RiskPlans and Incident Reporting/Suspected Abuse, Neglect, and Exploitation (includingfalls) of those living at their worksite during House Meetings scheduled everyother month ·ALLgroup home staff received an Accel message from the Administrator informingthem of the updated reporting requirements for A&I's, specifically falls. ·Policyon Incident Reporting will be updated to reflect new notification process ·SSCwill file an IR for every fall with or without injury 	

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			<p>·SocialServices Coordinator will add more specific questions to the Quality AssuranceQuestionnaire (consists of interviewing all clients and staff at each home on aquarterly basis) to determine if anyone has seen or heard "anything" that couldbe considered Suspected Abuse, Neglect, and or Exploitation or should have beenreported</p> <p>·AllA&I's are now going to one point of contact, Social Services Coordinator,who reviews reports with Residential Administrator and HSC upon receipt todetermine if an IR needs to be filed per BDDS regulations for reporting.</p> <p>What measures will be put into place or whatsystemic changes you will make to ensure that the deficient practice does notrecur?)</p> <p>·Threepople will be involved with each A&I. One point of contact, Social Services Coordinator will be receiving allthe A&I's from the homes and will be reviewing them (with the administrator)and the HSC. The Social ServicesCoordinator will file all IR's.</p> <p>· Administrator will maintain the files ofA&I's and SSC will maintain files on IR's submitted</p> <p>·A&I'sand IR's will be reviewed monthly at IDT and more frequently if need isdetermined</p> <p>·SocialServices Coordinator will</p>	

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			<p>ask more specific questions during her Quality Assurance Interviews to help staff understand what reporting requirements are</p> <ul style="list-style-type: none"> · Staff will be trained on 2/27/15 regarding Suspected Abuse, Neglect, and Exploitation and Incident Reporting · Staff will be tested for comprehension at all trainings on Suspected Abuse, Neglect, and or Exploitation. Those getting less than 90% will be retrained. · Policy on Incident Reporting will be updated to reflect changes in process <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> · An IR will be filed for ALL falls regardless of injury · Three people will be involved with each A&I (including falls). One point of contact, Social Services Coordinator will be receiving all the A&I's from the homes and will review them with the Administrator and the HSC to make sure nothing is missed · The Social Services Coordinator will file all IR's. · Administrator will review all IR's and sign off on the investigation of the IR · Administrator will maintain the files of A&I's and IR files will be maintained by SSC · A&I's and IR's will be reviewed 		

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			<p>at least monthly at IDT and as need changes.</p> <ul style="list-style-type: none"> ·SocialServices Coordinator will ask more specific questions during her QualityAssurance Interviews and will include questions regarding Incident Reportingand Falls ·Staffwere re-trained on Suspected Abuse, Neglect and Exploitation and IncidentReporting on 2/27/15. ·Staffwill be tested on what they learned at all trainings on Suspected Abuse, Neglect, and or Exploitation and Incident reporting. Those getting less than 90% will beretrained. <p>What is the date by which the systemic changes will be completed? March 13, 2015</p> <p>RespectfullySubmitted, Rosemary Taylor, Residential Administrator</p>		