

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/12/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330		
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Dates of Survey: March 8, 9, 10, 11 and 12, 2021.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIM Number: 201065000</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 3/23/21.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body and Management for 3 of 3 sampled clients (#1, #2 and #3) and one additional client (#4). The facility's governing body failed to exercise operating direction over the facility by failing to ensure the facility's written policy and procedures were implemented in order to ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; to ensure a system was being utilized to maintain an</p>	W 0102	<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i></p> <p>The governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the</p>	04/11/2021

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>accurate accounting of client #3's funds managed by the facility; ensure client #2's guardian was notified about medical appointments and other pertinent medical information; to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home; to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3 and #4's program plans; ensure an HRC (Human Rights Committee) meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs and ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>Findings include:</p> <p>1. Please see W104. For 3 of 3 sampled clients (#1, #2 and #3) and 1 additional client (#4), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the facility's written policy and procedures were implemented in order to ensure client #1's guardian considered the input of client #1 and the IDT in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; to ensure a system was being utilized to maintain an accurate accounting of client #3's</p>			<p>client, items purchased for household use (i.e. furnishings, linens etc.), or that lack complete documentation.</p> <p>Financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>Additionally, the Residential Manager will obtain copies of client bank statements as soon as they become available and will reconcile them to the spending ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility.</p> <p>Client #3's guardian will be provided with the client's current financial information and will be provided with updates as needed or requested but no less than monthly. A review of documentation and correspondence indicated this deficient practice could have affected all clients at the facility.</p>

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	<p>funds managed by the facility; ensure client #2's guardian was notified about medical appointments and other pertinent medical information; to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home; to ensure the QIDP integrated, coordinated and monitored clients #1, #2, #3 and #4's program plans; ensure an HRC meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs and ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>2. Please see W122. For 3 of 3 sampled clients (#1, #2 and #3), the governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to implement its written policy and procedures in order to ensure client #1's guardian considered the input of client #1 and the IDT in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility; to ensure client #2's guardian was notified about medical appointments and other pertinent medical information and to implement its policies and procedures to prevent financial</p>		<p>Therefore, all clients' guardians will be provided with current financial information and will be provided with updates as needed or requested but no less than monthly.</p> <p>The QIDP will update client #3's prioritized money management goal based on current assessment data. Additionally, the QIDP will reassess client 1, 2 and 4's current financial skills and will update their plans as needed. The QIDP will assure that team members are trained on implementation of revised financial training programs.</p> <p>The QIDP will be retrained on the need to assure that the team completes updated thorough Personal Effects Inventories for all clients. The QIDP will assure completion of updated personal effects inventories for all clients who reside in the home.</p> <p>The QIDP has been retrained on the need to assure a complete and accurate accounting of client finances is present.</p> <p>The QIDP will retrain staff and supervisors regarding the need to include clients when spending client money.</p> <p>The QIDP will be retrained on the need to assure clients do not use their funds to purchase items for the group home.</p> <p>The QIDP, has been retrained regarding the need to communicate about significant</p>	

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	<p>exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home.</p> <p>9-3-1(a)</p>		<p>events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances. The QIDP will be retrained regarding the need to keep guardians updated on clients' financial information, and spending needs.</p> <p>The QIDP will be retrained regarding the need to conduct interdisciplinary team meetings including guardians to discuss financial decisions for purchases significantly above clients' assessed weekly spending amounts.</p> <p>The business manager will contact the QIDP, Operations Manager, Program Manager and Area Supervisor via email each month with a report regarding which clients at the facility are at risk of being over resourced. This report will be generated and distributed with sufficient time for the QIDP to schedule a collaborative team meeting with all required participants.</p> <p>The QIDP will assure the facility obtains an initial dietary assessment for client #2. QIDP has overseen a Human Rights Committee meeting and will assure that the committee meets no less than quarterly thereafter. The QIDP will obtain written informed consent from client #2's guardian for the use of client #2's</p>	

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			<p>psychotropic medications. A review of facility documentation indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will turn in a schedule of Human Rights Committee meetings for the current year, to the Quality Assurance Manager and QIDP Manager upon completion. The QIDP will turn in copies of Human Rights Committee meeting minutes to the Quality Assurance Manager and QIDP Manager upon completion, for review and approval.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates, and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives.</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will</p>	

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			<p>conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support will include:</p> <ul style="list-style-type: none"> · Reviewing restrictive practices to assure due process 	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.		<p>occurs prior to implementation.</p> <ul style="list-style-type: none"> · Assuring a complete and accurate accounting of client finances is present. · Assuring that the team completes updated thorough Personal Effects Inventories for all clients. · Assuring clients receive appropriate money management training. · Assuring that clients are included when sending their funds. · Assuring clients do not use their funds to purchase items for the group home. · Assuring that the QIDP communicates about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances, and spending needs. · Assuring that the QIDP conducts interdisciplinary team meetings, including guardians to discuss non-routine spending. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director.</p>	

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	<p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 1 additional client (#4), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the facility's written policy and procedures were implemented in order to ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility; ensure client #2's guardian was notified about medical appointments and other pertinent medical information; to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home; to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3 and #4's program plans; ensure an HRC (Human Rights Committee) meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs and ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>Findings include:</p>	W 0104	<p>CORRECTION:</p> <p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically:</i></p> <p>The governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e. furnishings, linens etc.), or that lack complete documentation.</p> <p>Financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>Additionally, the Residential Manager will obtain copies of client bank statements as soon as they become available and will</p>	04/11/2021

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	<p>1. Please see W125. For 2 of 3 sampled clients (#1 and #3), the governing body failed to ensure client #1's guardian considered the input of client #1 and the IDT in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet.</p> <p>2. Please see W140. For 1 of 3 sampled clients (#3), the governing body failed to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility.</p> <p>3. Please see W148. For 1 of 3 sampled clients (#2), the governing body failed to ensure client #2's guardian was notified about medical appointments and other pertinent medical information.</p> <p>4. Please see W149. For 1 of 3 sampled clients (#3), the governing body neglected to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home.</p> <p>5. Please see W159. For 3 of 3 sampled clients (#1, #2 and #3) and one additional client (#4), the governing body neglected to ensure the QIDP integrated, coordinated and monitored clients #1, #2, #3 and #4's program plans by neglecting to: ensure client #1's guardian considered the input</p>			<p>reconcile them to the spending ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility. Client #3's guardian will be provided with the client's current financial information and will be provided with updates as needed or requested but no less than monthly. A review of documentation and correspondence indicated this deficient practice could have affected all clients at the facility. Therefore, all clients' guardians will be provided with current financial information and will be provided with updates as needed or requested but no less than monthly.</p> <p>The QIDP will update client #3's prioritized money management goal based on current assessment data. Additionally, the QIDP will reassess client 1, 2 and 4's current financial skills and will update their plans as needed. The QIDP will assure that team members are trained on implementation of revised financial training programs.</p> <p>The QIDP will be retrained on the need to assure that the team completes updated thorough Personal Effects Inventories for all clients. The QIDP will assure completion of updated personal effects inventories for all clients who reside in the home.</p>

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	<p>of client #1 and the IDT in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility; ensure client #2's guardian was notified about medical appointments and other pertinent medical information; ensure a dietary assessment within 30 days of admission for client #2; ensure an HRC meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs and ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>9-3-1(a)</p>		<p>The QIDP has been retrained on the need to assure a complete and accurate accounting of client finances is present.</p> <p>The QIDP will retrain staff and supervisors regarding the need to include clients when spending client money.</p> <p>The QIDP will be retrained on the need to assure clients do not use their funds to purchase items for the group home.</p> <p>The QIDP, has been retrained regarding the need to communicate about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances.</p> <p>The QIDP will be retrained regarding the need to keep guardians updated on clients' financial information, and spending needs.</p> <p>The QIDP will be retrained regarding the need to conduct interdisciplinary team meetings including guardians to discuss financial decisions for purchases significantly above clients' assessed weekly spending amounts.</p> <p>The business manager will contact the QIDP, Operations Manager, Program Manager and Area Supervisor via email each month with a report regarding which clients at the facility are at risk of being over resourced. This report</p>	

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			<p>will be generated and distributed with sufficient time for the QIDP to schedule a collaborative team meeting with all required participants.</p> <p>The QIDP will assure the facility obtains an initial dietary assessment for client #2.</p> <p>QIDP has overseen a Human Rights Committee meeting and will assure that the committee meets no less than quarterly thereafter.</p> <p>The QIDP will obtain written informed consent from client #2's guardian for the use of client #2's psychotropic medications. A review of facility documentation indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will turn in a schedule of Human Rights Committee meetings for the current year, to the Quality Assurance Manager and QIDP Manager upon completion. The QIDP will turn in copies of Human Rights Committee meeting minutes to the Quality Assurance Manager and QIDP Manager upon completion, for review and approval.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates, and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what</p>	

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			<p>specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives.</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. 	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			<ul style="list-style-type: none"> · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. Administrative support will include: <ul style="list-style-type: none"> · Reviewing restrictive practices to assure due process occurs prior to implementation. · Assuring a complete and accurate accounting of client finances is present. · Assuring that the team completes updated thorough Personal Effects Inventories for all clients. · Assuring clients receive appropriate money management training. · Assuring that clients are included when sending their funds. · Assuring clients do not use their funds to purchase items for the group home. · Assuring that the QIDP communicates about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances, and spending needs. 	

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W 0122 Bldg. 00	<p>483.420</p> <p>CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement its written policy and procedures in order to ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility; to ensure client #2's guardian was notified about medical appointments and other pertinent medical information and to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home.</p>	W 0122	<p>Assuring that the QIDP conducts interdisciplinary team meetings, including guardians to discuss non-routine spending.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met.</i></p> <p>Specifically, the governing body facilitated the following:</p> <p>The governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e. furnishings, linens etc.), or that lack complete documentation.</p> <p>Financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor</p>	04/11/2021

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Please see W125. For 2 of 3 sampled clients (#1 and #3), the facility failed to ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet. 2. Please see W140. For 1 of 3 sampled clients (#3), the facility failed to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility. 3. Please see W148. For 1 of 3 sampled clients (#2), the facility failed to ensure client #2's guardian was notified about medical appointments and other pertinent medical information. 4. Please see W149. For 1 of 3 sampled clients (#3), the facility neglected to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home. <p>9-3-2(a)</p>		<p>and certified as accurate per facility protocol. The Residential Manager will receive detailed training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>Additionally, the Residential Manager will obtain copies of client bank statements as soon as they become available and will reconcile them to the spending ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility.</p> <p>Client #3's guardian will be provided with the client's current financial information and will be provided with updates as needed or requested but no less than monthly. A review of documentation and correspondence indicated this deficient practice could have affected all clients at the facility. Therefore, all clients' guardians will be provided with current financial information and will be provided with updates as needed or requested but no less than monthly.</p> <p>The QIDP will update client #3's prioritized money management goal based on current assessment data. Additionally, the QIDP will</p>	

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			<p>reassess client 1, 2 and 4's current financial skills and will update their plans as needed. The QIDP will assure that team members are trained on implementation of revised financial training programs.</p> <p>The QIDP will be retrained on the need to assure that the team completes updated thorough Personal Effects Inventories for all clients. The QIDP will assure completion of updated personal effects inventories for all clients who reside in the home.</p> <p>The QIDP has been retrained on the need to assure a complete and accurate accounting of client finances is present.</p> <p>The QIDP will retrain staff and supervisors regarding the need to include clients when spending client money.</p> <p>The QIDP will be retrained on the need to assure clients do not use their funds to purchase items for the group home.</p> <p>The QIDP, has been retrained regarding the need to communicate about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances.</p> <p>The QIDP will be retrained regarding the need to keep guardians updated on clients' financial information, and spending needs.</p>	

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			<p>The QIDP will be retrained regarding the need to conduct interdisciplinary team meetings including guardians to discuss financial decisions for purchases significantly above clients' assessed weekly spending amounts.</p> <p>The business manager will contact the QIDP, Operations Manager, Program Manager and Area Supervisor via email each month with a report regarding which clients at the facility are at risk of being over resourced. This report will be generated and distributed with sufficient time for the QIDP to schedule a collaborative team meeting with all required participants.</p> <p>PREVENTION:</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times</p>	

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			<p>weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support will include:</p> <ul style="list-style-type: none"> · Reviewing restrictive practices to assure due process occurs prior to implementation. · Assuring a complete and accurate accounting of client finances is present. · Assuring that the team completes updated thorough Personal Effects Inventories for all clients. · Assuring clients receive appropriate money management 	

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3</p>	W 0125	<p>training.</p> <ul style="list-style-type: none"> Assuring that clients are included when sending their funds. Assuring clients do not use their funds to purchase items for the group home. Assuring that the QIDP communicates about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances, and spending needs. Assuring that the QIDP conducts interdisciplinary team meetings, including guardians to discuss non-routine spending. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	04/11/2021

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	<p>had the right to due process in regard to access to the internet.</p> <p>Findings include:</p> <p>1. An observation was conducted at the group home on 3/8/21 from 3:40 PM to 6:15 PM. Throughout the observation client #1 listened to music, worked on her tablet, played card games with staff and her peers, folded laundry, cleaned her bedroom, played yard games outside and ate dinner.</p> <p>An observation was conducted at the group home on 3/9/21 from 7:15 AM to 9:00 AM. Throughout the observation client #1 completed hygiene tasks, ate breakfast, took her medication, assisted with breakfast clean up, worked on her tablet, worked on worksheets with staff and visited with staff and her peers.</p> <p>On 3/9/21 at 2:00 PM, client #1's record was reviewed. The review indicated client #1 was admitted to the group home on 11/8/11. There were no IDT meeting minutes in client #1's record. There was no information pertaining to client #1 moving to a waiver placement in the record.</p> <p>On 3/8/21 at 3:40 PM, client #1 was interviewed. Client #1 stated, "I don't want to live with [name of former client] and they are trying to make me. I don't play with babies". Client #1 indicated the former client lived with her and she wasn't interested in moving in with her. Client #1 indicated she wanted to live with someone with similar interests as her. Client #1 indicated she went on an outing with her mom and the former client told her she (client #1) was moving in with her. Client #1 indicated nobody</p>		<p><i>the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</i> Specifically, the QIDP will assure that client #1's guardian considers client #1's input with regard to less restrictive placement. Additionally the QIDP will conduct an interdisciplinary team meeting to assess the need for internet restrictions for client #3, and if the team consensually agrees the restriction is indicated, the QIDP will obtain written informed consent from the guardian and the approval of the human rights committee. If the team determines the internet restriction is not needed to maintain client #3's safety, the restriction will be lifted.</p> <p>PREVENTION: The QIDP will be retrained regarding the need to assure due process occurs before the interdisciplinary team implements restrictive practices and that clients' guardians need to consider input from clients regarding life changing decisions. A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with assuring staff do not store client possessions in locked cabinets. For the next 30 days, members of the Operations Team (comprised of the Executive</p>	

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	<p>told her the plan was for her to move in with the former client.</p> <p>On 3/8/21 at 4:00 PM, the AS (Area Supervisor) was interviewed. The AS indicated client #1 went on an outing with her mom two weeks ago and they picked up the former client from her waiver placement and they went out to eat. Former client told client #1 she (client #1) was going to be moving in with her soon. The AS indicated she didn't understand how the former client knew and client #1 didn't. The AS indicated client #1's mom also knew, but she also didn't think it was in client #1's best interest to move in with the former client.</p> <p>On 3/9/21 at 3:55 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP indicated client #1 was admitted to the group home in 2011. The QIDP stated, client #1's behavior was "Mass improved. Her behaviors have decreased significantly. All of her targeted behaviors have dropped to the single digits consistently". The QIDP stated client #1 needed to be placed in a less restrictive placement, but her mom "keeps getting in the way". The QIDP indicated client #1's mom was not her guardian. The QIDP stated, "Waiver placement has been approved but a definite placement hasn't been located. She hasn't had any overnight placements. It's kind of up in the air. Mom says one thing and [client #1] says another. One day she says she wants to move to [town] then she says [city]. She says she doesn't want to move in with [former client]. Guardian wants her to stay here and move in with [former client]". The QIDP indicated client #1 had signed the freedom of choice form so there is a case management company involved with helping locate a placement. The QIDP indicated an IDT</p>			<p>Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.

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	<p>meeting hadn't been scheduled to discuss client #1's wishes regarding placement.</p> <p>On 3/9/21 at 3:40 PM, the RM (Residential Manager) was interviewed. The RM stated, "Her guardian wants her to move to a home in Richmond with [former client]. [Client #1] has no desire to move in with [former client]. [Former client] is very immature for her age and [client #1] has matured a great deal since [former client] moved out a couple years ago. She doesn't want to go back to playing with baby dolls. She wants to move in with someone more mature".</p> <p>On 3/10/21 at 10:40 AM, the AS was interviewed. The AS stated, "I have concerns about her being forced to move in with a former housemate. She doesn't want to move in with her. I'm afraid she will sabotage the placement because she doesn't want to go. She shouldn't be forced to move there if she doesn't want to".</p> <p>On 3/10/21 at 11:39 AM, the BC (Behavior Clinician) was interviewed. The BC stated, "She is ready to move. Use a different provider if there's not an appropriate opening for her. [Client #1's] interests and abilities should be taken into consideration".</p> <p>Phone interviews were attempted with client #1's guardian on 3/9/21 at 9:12 AM, 3/10/21 at 8:12 AM and on 3/10/21 at 1:13 PM. Messages were left with each attempt and the calls were not returned.</p> <p>2. On 3/9/21 at 4:30 PM, client #3 was interviewed. Client #3 indicated she had a tablet and a laptop. Client #3 stated, "I can't have access to the internet". Client #3 indicated her</p>		<ul style="list-style-type: none"> Review all relevant documentation, providing documented coaching and training as needed. Administrative oversight will include reviewing restrictive practices to assure due process occurs prior to implementation. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>guardian would not allow her to be on the internet. Client #3 indicated she wasn't able to use her tablet or laptop due to not having access to the internet. Client #3 showed the surveyor her tablet and laptop.</p> <p>On 3/9/21 at 1:30 PM, a focused review of client #3's record was conducted. The record did not indicate client #3 should be restricted from the internet.</p> <p>On 3/9/21 at 3:55 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP indicated restrictions should be included in a plan and required HRC (human rights committee) approval.</p> <p>On 3/9/21 at 4:50 PM, the RM (Residential Manager) was interviewed. The RM stated, "Her aunt doesn't want her on the internet until she moves to waiver and she's her guardian so we have to do what she says". The RM indicated it (internet access) was discussed at client #3's last quarterly and it would be discussed again at her next quarterly. The RM stated, "She (guardian) is afraid she'll go to inappropriate sites and get herself in trouble".</p> <p>On 3/10/21 at 11:39 AM, the BC (Behavior Clinician) was interviewed. The BC stated, "I didn't put anything about a restriction (internet) in her plan. [Former BC] wrote the original plan for her. Her aunt wants her to be restricted but it isn't something that I added. There's nothing in there about the internet". The BC indicated client #3's guardian was concerned she (client #3) would be taken advantage of, contact people she didn't know or make contact with her biological family. The BC indicated restrictions should be included in the BSP (behavior support plan) and</p>				

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W 0140 Bldg. 00	<p>required approval from the HRC.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility.</p> <p>Findings include:</p> <p>On 3/9/21 at 4:30 PM, client #3 was interviewed at the group home. Client #3 was asked about recent purchases she made. Client #3 indicated staff bought her a tablet and a laptop. Client #3 stated, "I can't have access to it (internet)". Client #3 indicated her guardian wouldn't let her get on the internet, but she was unable to explain why. Client #3 stated, "I can't do anything with them (laptop and tablet)". Client #3 stated she had "tons" of clothes, a recliner, plenty of shoes, board games, craft activities, a Nintendo Switch and a Sega video game system. Client #3 indicated those items were recently purchased for her. Client #3 indicated she never purchased a picnic table and bath towels. Client #3 stated, "If I go with them I like to pick out my own stuff". Client #3 indicated staff picked out her new items for her. Client #3 stated, "They do a good job picking stuff out. I would like to go". Client #3 indicated she had not been shopping in [name of city]. Client #3 indicated she had 2 \$50.00 pre-paid credit cards and a \$10.00 or \$15.00 gift</p>	W 0140	<p>CORRECTION:</p> <p><i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</i> Specifically:</p> <p>The governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for household use (i.e. furnishings, linens etc.), or that lack complete documentation.</p> <p>Financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed</p>	04/11/2021

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	<p>card for [name of sandwich restaurant]. Client #3 was asked if she purchased a [pizza restaurant] gift card and she stated, "No". Client #3 was asked if she purchased a [sandwich restaurant] gift card and she stated, "No". Client #3 was asked if she purchased a [fast food restaurant] gift card and she stated, "No, I wish I could go to [fast food restaurant]. I want a 10 piece chicken [name of nuggets], large french fries and a [name of burger]". After the interview, client #3 took the surveyor to her bedroom and showed her some of the items. Client #3's closet was full of various clothing items, there was a TV, DVD (digital versatile disc) player, Nintendo Switch, Sega video game system, tablet, laptop, craft activities, coloring books and crayons/markers, a recliner and various other items. The tablet was dead and she was unable to locate the power cord. Client #3 showed her board games which were located in the game room. The RM (Residential Manager) showed the surveyor a 6' (foot) folding picnic table in the back yard. The RM was asked for client #3's gift cards to account for them. Client #3 had the following gift cards in her finance bag: 2 \$50.00 pre-paid credit cards, \$50.00 [department store] gift card, [restaurant] gift card, [video game system] gift card, [internet movie streaming] giftcard. When asked how long the gift cards had been there, the RM stated, "They've been here for a while". The RM indicated client #3 did not have gift cards for [sandwich restaurant], [fast food restaurant] or [pizza restaurant]. The RM indicated she wasn't aware of client #3 purchasing any gift cards recently.</p> <p>On 3/9/21 at 10:50 AM, client #3's finances from January 2020 through March 2021 were reviewed. Client #3's financial ledger indicated client #3 had \$25.42 in her checking account.</p>		<p>training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers. Additionally, the Residential Manager will obtain copies of client bank statements as soon as they become available and will reconcile them to the spending ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility.</p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the Area Supervisor will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The Area Supervisor will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, for the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	<p>Client #3 did not have a bank statement for her checking account. Client #3's RFMS (Resident Fund Management Service) account statement and receipts from 1/2/20-3/21 (balance of \$4500.29) were reviewed and indicated the following debit transactions for client #3:</p> <p>1/31/20 [department store] \$728.11- no legible receipt provided.</p> <p>2/21/20 [department store] \$357.85- no receipt provided.</p> <p>2/27/20 [department store] \$402.70- (towels) no complete receipt provided.</p> <p>4/28/20 [department store] \$255.27</p> <p>4/28/20 [department store] \$1214.47</p> <p>5/7/20 [home improvement store] \$136.89 (yard games).</p> <p>5/7/20 [home improvement store] \$224.69 (72 inch folding table).</p> <p>5/27/20 [department store] \$39.11</p> <p>5/27/20 [department store] \$80.28</p> <p>5/27/20 [discount store] \$293.71</p> <p>6/24/20 [clothing store] \$566.19</p> <p>7/28/20 [sporting goods store] \$192.60 (shoes).</p> <p>7/28/20 [clothing store] \$234.72 (bath towels) complete receipt not provided.</p> <p>8/20/20 [discount store] \$501.50 (bath towels).</p> <p>9/11/20 [high end retail store] \$492.20 (Michael Kors designer handbags).</p> <p>9/11/20 [high end retail store] \$324.21 (Coach designed handbag/wallet).</p> <p>9/11/20 [sporting goods store] \$363.80 (4 Nike shirts, 3 Nike jackets, items missing from receipt).</p> <p>9/17/20 [furniture store] \$319.93</p> <p>9/17/20 [clothing store] \$381.86</p> <p>9/17/20 [discount retail store] \$110.14</p> <p>9/17/20 [party store] \$90.27 (halloween decorations).</p> <p>11/25/20 [clothing store] \$160.46 (girls size</p>		<p>Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative support will include assuring a complete and accurate accounting of client finances is present.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>7-16 shirt included).</p> <p>12/28/20 [clothing store] \$23.53</p> <p>12/28/20 [clothing store at mall] \$69.50 (jeans).</p> <p>12/28/20 [discount store] \$593.58 (laptop).</p> <p>12/28/20 [clothing store] \$596.35 (clothes, 9 towels, pillows).</p> <p>12/28/20 [department store] \$2.13</p> <p>1/29/21 [video game store] \$342.35 (Nintendo Switch).</p> <p>1/29/21 [discount store] \$63.16 (Sega game).</p> <p>1/29/21 [discount store] \$286.19 (camera, film, \$100 for 3 gift cards).</p> <p>A review of client #3's RFMS statement indicated 4 of 31 receipts were missing or the complete receipt wasn't provided. Client #3 purchased a \$224.69 picnic table and multiple bath towels for the group home. She purchased a laptop and a tablet and she doesn't have access to the internet. She purchased 2 Michael Kors handbags and 2 Coach handbags/wrist wallets for \$816.41 at [high end retail store] in [city]. The receipt documentation forms had spots for the following people to sign: staff shopping signature, buddy signature and supervisor signature. All forms only had one signature, most were signed by the Area Supervisor or the Program Manager.</p> <p>On 3/9/21 at 11:20 AM, the RM was interviewed. The RM indicated they did not receive monthly bank statements for the checking accounts. The RM stated, "I have to call the bank to get the balance each time she (client #3) goes out to make sure her spending money was deposited. Sometimes it's Wednesday and sometimes it's Thursday. We never know".</p> <p>On 3/9/21 at 3:55 PM, the QIDP was interviewed. The QIDP indicated client #3</p>				

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	<p>should not furnish the group home with a picnic table and bath towels. When asked if client #3 had a spend down recently, the QIDP stated, "I don't recall any". The QIDP indicated client #3 should have input about what she purchases with her money and client #3 should have been present when the purchases were made. The QIDP indicated client #3 did not have a trust account of any kind. The QIDP indicated client #3 needed to learn the value of money and be taught about appropriate spending. When asked if there should be a complete and accurate accounting of client #3's funds including receipts, the QIDP stated, "Yes". The QIDP indicated it was the responsibility of the agency/representative payee to protect client #3 from exploitation.</p> <p>On 3/9/21 at 3:40 PM, the RM was interviewed. The RM indicated client #3 had purchased the following items with spend down money: computer, tablet, Sega video game system, Nintendo Switch, clothes, games and crafts. The RM stated, "Her aunt is her guardian and she approved the purchases. I always call and ask her".</p> <p>On 3/10/21 at 10:40 AM, the AS was interviewed. When asked if client #3 had a trust account, the AS stated, "No, her aunt was contacted about all expenses made and approved what was purchased". The AS indicated client #3 had recent spend downs and the following items were purchased: clothes, video games, tablet, laptop, shoes and crafts. The AS indicated client #3 should not purchase a picnic table and bath towels for the group home. The AS stated, "They like to do their crafts at the picnic table. It is supposed to go with her when she moves. All of the clients use it". The AS stated, "I do what I am</p>			

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	<p>told to do". The AS indicated she was told by the corporate office to purchase the items. When asked what the process for spend downs was, the AS stated, "I get a call when a spend down needs to be done. Sometimes I only have a day to ask the client what they want, get approval from guardian and get the shopping done. If I don't have enough funds on my RFMS card [corporate office] does the shopping and they have stuff delivered to the house". The AS was asked about the three missing gift cards and she stated, "I asked [RM] and she said they weren't in her finance bag. Maybe they were put in the wrong bag". The AS indicated she was going to check the other clients finances and she would let the surveyor know if they were located.</p> <p>On 3/10/21 at 2:35 PM, the PM (Program Manager) was interviewed. The surveyor reviewed the missing RFMS receipts with her and requested her to send them for review. The PM stated, she would "check with the Business Department and have them resent. The business department emailed them to me and I forwarded them to [AS] without looking at them". When asked if there should be more than one signature on the receipt documents, the PM stated, "Yes, the staff that did the shopping and a witness both sign then its forwarded to the supervisor to sign". When asked what the spend down process was, the PM stated, "Once we receive an email from the business department saying the client is over resources, the AS should reach out to the guardian and ask what they would like to purchase, do a check request, the ED (Executive Director) approves anything over \$100.00, what is being purchased has to be listed on the check request. Once the ED approves it, the AS is notified. The client should go shopping with the staff and pick out their own items. There has</p>				

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	<p>been times where the RFMS card didn't have enough money, the business department made mistakes and we have less than 24 hours to spend the money, then the items are bought in [city] and sent with the AS or mailed to the client. They aren't supposed to receive that much money. Last month we sent a bunch of money back to social security". The PM stated there was a financial policy which addressed spend downs and "it should be followed at all times". The PM indicated there should be a plan in place when a client is within \$200 of being over resources. When asked at what point a trust account should be considered, the PM stated, "We normally suggest that. Depends on the guardian and what they prefer. It is based off the guardian. There should be an IDT meeting scheduled. The meeting should include the guardian, client, RM, AS and myself. It is facilitated by the QIDP. No IDT has been held. There should have been". When asked if she was aware client #3's RFMS account balance was \$4500, the PM stated, "Yes, we need to come up with a plan for it". The PM indicated there wasn't currently a plan for the money. When asked why some of the purchases from August 2020 through October 2020 were made in [city] the PM stated, "We needed to spend it immediately". The PM indicated they would purchase the items then send them to the client. The PM indicated client #3 shouldn't purchase items used by everyone residing at the group home. The PM indicated the agency should have purchased the picnic table and the towels. When asked why a laptop and tablet were purchased for client #3 when she was restricted from the internet, the PM stated, "I'm not sure if those were purchased before or after the no internet went into effect. I will have to look into it. If it was already in place she never should have purchased those items". The PM was asked</p>			

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	<p>about the missing gift cards. The PM stated, "I'm going to have to follow up on those. I don't know anything about them". When asked about the clients not receiving bank statements, the PM stated, "We switched PM's. They should be getting statements and they should be reviewed with the clients and signed every month. I didn't realize that wasn't happening. They will be getting them now". When asked how often client inventories should be completed and updated, the PM stated, "Try to do them quarterly. After every spend down it should be updated before the items are actually given to the clients so everything is accounted for". The PM indicated ResCare was responsible for ensuring each client had a complete and accurate accounting of their funds. The PM stated the following people were responsible for ensuring client funds were spent appropriately, "QIDP, AS, PM, ED, Business Department". The PM indicated the Governing Body was responsible overall. The PM indicated clients residing at the group home should be protected from exploitation. When asked if it was happening, the PM stated, "No it isn't".</p> <p>On 3/11/21 at 11:40 AM the AS sent a text message to the surveyor which included pictures of the following receipts for [name of high end retail store]. One receipt dated 9/9/20 had two Michael Kors handbags for \$315.00 and \$145.00 for a total of \$492.20 after tax. The second receipt dated 9/9/20 had 2 Coach items for \$228.00 and \$75.00 for a total of \$324.21 after tax. A total of \$816.41.</p> <p>On 3/11/21 at 11:45 AM, the AS was interviewed by phone. The surveyor requested the AS to send pictures of the aforementioned items. The AS indicated the purchased items were sent to the group home from the corporate office and client</p>			

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	<p>#3 had possession of them. The surveyor requested pictures of the 3 missing gift cards. The AS indicated the [fast food restaurant] gift card was placed in the wrong finance bag and she would have to check for the other two to see if they were also there. The surveyor informed her the other gift cards were for [sandwich store] for \$25.00 and [pizza restaurant] \$50.00. The AS stated, "What's [pizza restaurant]?" Explained it was pizza and she stated, "Oh, I thought it was like [other sandwich store]". The AS indicated she would send a picture of the gift cards. When asked about the towels client #3 purchased, the AS stated, "Yeah, they won't have to buy towels for a long time". The AS indicated everyone used the towels and the picnic table. The AS stated, "I'm never doing spend down shopping again. This is a mess. I only do what I am told to do".</p> <p>On 3/11/21 at 1:07 PM, the AS sent a text message to the surveyor with a picture of 2 Michael Kors purses, 3 Coach purses and 3 Nike shirts. A picture of the gift cards was not included.</p> <p>On 3/12/21 at 10:24 AM, client #3's guardian was interviewed by phone. The guardian stated, "They (RM and AS) always call me when she (client #3) has spend downs. If she has all the necessities they take her to the store to pick out items she wants. When asked if she approved the purchase of multiple designer handbags, the guardian stated, "I would never ever approve anything like that. I'm very disappointed they would do something like that. There are much better ways to spend that money". The guardian indicated the facility didn't send her financial statements. The guardian stated, "I mentioned to [RM] a little bit ago if she had a bank account that didn't count towards her resources that would be</p>				

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W 0148 Bldg. 00	<p>great".</p> <p>9-3-2(a)</p> <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's guardian was notified about medical appointments and other pertinent medical information.</p> <p>Findings include:</p> <p>On 3/9/21 at 12:45 PM, client #2's record was reviewed. Client #2's 2/11/21 ISP (Individualized Support Plan) indicated client #2 had a guardian. Client #2's March 2021 Physician's Order indicated client #2 was prescribed Sertraline 50 mg (milligrams) (for behaviors) and Divalproex 250 mg (for behavior) on 3/3/21.</p> <p>On 3/9/21 at 10:00 AM, client #2's guardian was interviewed. The guardian indicated she was client #2's legal guardian. The guardian stated she had not been notified about "anything other than [client #2's] behaviors". When the guardian was asked if she had been notified about client #2 being prescribed Sertraline and Divalproex, the guardian stated, "No. Who approved the medication if it wasn't me?" The guardian indicated she had not been notified about client</p>	W 0148	<p>CORRECTION: <i>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</i> Specifically, the QIDP, has been retrained regarding the need to communicate about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions. A review of documentation and correspondence indicated this deficient practice could have affected all clients.</p> <p>PREVENTION: The QIDP will be the single point of accountability for communicating with family, guardians, and healthcare representatives regarding significant events. Documentation of this communication will be</p>	04/11/2021

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W 0149 Bldg. 00	<p>#2's medical appointments and medication changes.</p> <p>On 3/9/21 at 2:40 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP stated, "Did I forget to call for approval? I know I got HRC (Human Rights Committee) approval. I'll call her now".</p> <p>On 3/9/21 at 3:55 PM, the QIDP was interviewed. When asked what information should be shared with guardians, the QIDP stated, "Medication changes, medical appointments, behaviors and any other information the guardian would like to be called about".</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility neglected to implement its policies and procedures to prevent financial exploitation of client #3, to teach client #3 about appropriate spending, inventory client #3's purchases, ensure client #3 was included when spending her personal money, include client #3's guardian when financial decisions were made, convene the IDT (interdisciplinary team) to discuss what to do with client #3's spend down money and ensure client #3's funds were not used to purchase items for the group home.</p> <p>Findings include:</p> <p>On 3/9/21 at 4:30 PM, client #3 was interviewed</p>	W 0149	<p>maintained in each client's record and will be noted in required reports to state agencies. The QIDP Manager will monitor incident documentation and follow-up with the QIDP as needed to assure communication has occurred.</p> <p>RESPONSIBLE PARTIES: QIDP, QIDP Manager, QA Manager, Executive Director, Regional Director</p> <p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically: The governing body has tasked the Quality Assurance Manager with completing an independent audit of the finances for each client who resides at the facility, under the oversight of the Regional Director. Based on the audit results, clients will be reimbursed for any expenditures for items not in possession of the client, items purchased for</i></p>	04/11/2021

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	<p>at the group home. Client #3 was asked about recent purchases she made. Client #3 indicated staff bought her a tablet and a laptop. Client #3 stated, "I can't have access to it (internet)". Client #3 indicated her guardian wouldn't let her get on the internet, but she was unable to explain why. Client #3 stated, "I can't do anything with them (laptop and tablet)". Client #3 stated she had "tons" of clothes, a recliner, plenty of shoes, board games, craft activities, a Nintendo Switch and a Sega video game system. Client #3 indicated those items were recently purchased for her. Client #3 indicated she never purchased a picnic table and bath towels. Client #3 stated, "If I go with them I like to pick out my own stuff". Client #3 indicated staff picked out her new items for her. Client #3 stated, "They do a good job picking stuff out. I would like to go". Client #3 indicated she had not been shopping in [name of city]. Client #3 indicated she had 2 \$50.00 pre-paid credit cards and a \$10.00 or \$15.00 gift card for [name of sandwich restaurant]. Client #3 was asked if she purchased a [pizza restaurant] gift card and she stated, "No". Client #3 was asked if she purchased a [sandwich restaurant] gift card and she stated, "No". Client #3 was asked if she purchased a [fast food restaurant] gift card and she stated, "No, I wish I could go to [fast food restaurant]. I want a 10 piece chicken [name of nuggets], large french fries and a [name of burger]". After the interview, client #3 took the surveyor to her bedroom and showed her some of the items. Client #3's closet was full of various clothing items, there was a TV, DVD (digital versatile disc) player, Nintendo Switch, Sega video game system, tablet, laptop, craft activities, coloring books and crayons/markers, a recliner and various other items. The tablet was dead and she was unable to locate the power cord. Client #3 showed her board games which</p>		<p>household use (i.e. furnishings, linens etc.), or that lack complete documentation. Financial records will be reproduced for surveyors as requested. For all clients, personal financial ledgers will be updated by the Residential Manager and reviewed by the Area Supervisor and certified as accurate per facility protocol. The Residential Manager will receive detailed training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers. Additionally, the Residential Manager will obtain copies of client bank statements as soon as they become available and will reconcile them to the spending ledgers. A review of records indicated this deficient practice affected all clients who reside in the facility. Client #3's guardian will be provided with the client's current financial information and will be provided with updates as needed or requested but no less than monthly. A review of documentation and correspondence indicated this deficient practice could have affected all clients at the facility. Therefore, all clients' guardians</p>	

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	<p>were located in the game room. The RM (Residential Manager) showed the surveyor a 6' (foot) folding picnic table in the back yard. The RM was asked for client #3's gift cards to account for them. Client #3 had the following gift cards in her finance bag: 2 \$50.00 pre-paid credit cards, \$50.00 [department store] gift card, [restaurant] gift card, [video game system] gift card, [internet movie streaming] giftcard. When asked how long the gift cards had been there, the RM stated, "They've been here for a while". The RM indicated client #3 did not have gift cards for [sandwich restaurant], [fast food restaurant] or [pizza restaurant]. The RM indicated she wasn't aware of client #3 purchasing any gift cards recently.</p> <p>On 3/8/21 at 2:00 PM, the abuse, neglect, exploitation, mistreatment BDDS (Bureau of Developmental Disabilities Services) reports and investigative summaries from 8/14/19 to 3/8/21 were reviewed. There were no reports completed regarding client #3's finances.</p> <p>On 3/9/21 at 10:50 AM, client #3's finances from January 2020 through March 2021 were reviewed. Client #3's financial ledger indicated client #3 had \$25.42 in her checking account. Client #3 did not have a bank statement for her checking account. Client #3's RFMS (Resident Fund Management Service) account statement and receipts from 1/2/20-3/3/21 (balance of \$4500.29) were reviewed and indicated the following debit transactions for client #3:</p> <p>1/31/20 [department store] \$728.11- no legible receipt provided.</p> <p>2/21/20 [department store] \$357.85- no receipt provided.</p> <p>2/27/20 [department store] \$402.70- (towels) no</p>		<p>will be provided with current financial information and will be provided with updates as needed or requested but no less than monthly.</p> <p>The QIDP will update client #3's prioritized money management goal based on current assessment data. Additionally, the QIDP will reassess client 1, 2 and 4's current financial skills and will update their plans as needed. The QIDP will assure that team members are trained on implementation of revised financial training programs.</p> <p>The QIDP will be retrained on the need to assure that the team completes updated thorough Personal Effects Inventories for all clients. The QIDP will assure completion of updated personal effects inventories for all clients who reside in the home.</p> <p>The QIDP has been retrained on the need to assure a complete and accurate accounting of client finances is present.</p> <p>The QIDP will retrain staff and supervisors regarding the need to include clients when spending client money.</p> <p>The QIDP will be retrained on the need to assure clients do not use their funds to purchase items for the group home.</p> <p>The QIDP, has been retrained regarding the need to communicate about significant events to clients' parents,</p>	

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	<p>complete receipt provided.</p> <p>4/28/20 [department store] \$255.27</p> <p>4/28/20 [department store] \$1214.47</p> <p>5/7/20 [home improvement store] \$136.89 (yard games).</p> <p>5/7/20 [home improvement store] \$224.69 (72 inch folding table).</p> <p>5/27/20 [department store] \$39.11</p> <p>5/27/20 [department store] \$80.28</p> <p>5/27/20 [discount store] \$293.71</p> <p>6/24/20 [clothing store] \$566.19</p> <p>7/28/20 [sporting goods store] \$192.60 (shoes).</p> <p>7/28/20 [clothing store] \$234.72 (bath towels)</p> <p>complete receipt not provided.</p> <p>8/20/20 [discount store] \$501.50 (bath towels).</p> <p>9/11/20 [high end retail store] \$492.20 (Michael Kors designer handbags).</p> <p>9/11/20 [high end retail store] \$324.21 (Coach designed handbag/wallet).</p> <p>9/11/20 [sporting goods store] \$363.80 (4 Nike shirts, 3 Nike jackets, items missing from receipt).</p> <p>9/17/20 [furniture store] \$319.93</p> <p>9/17/20 [clothing store] \$381.86</p> <p>9/17/20 [discount retail store] \$110.14</p> <p>9/17/20 [party store] \$90.27 (halloween decorations).</p> <p>11/25/20 [clothing store] \$160.46 (girls size 7-16 shirt included).</p> <p>12/28/20 [clothing store] \$23.53</p> <p>12/28/20 [clothing store at mall] \$69.50 (jeans).</p> <p>12/28/20 [discount store] \$593.58 (laptop).</p> <p>12/28/20 [clothing store] \$596.35 (clothes, 9 towels, pillows).</p> <p>12/28/20 [department store] \$2.13</p> <p>1/29/21 [video game store] \$342.35 (Nintendo Switch).</p> <p>1/29/21 [discount store] \$63.16 (Sega game).</p> <p>1/29/21 [discount store] \$286.19 (camera, film, \$100 for 3 gift cards).</p>		<p>guardians, and healthcare representatives -including but not limited to medical conditions and information about finances.</p> <p>The QIDP will be retrained regarding the need to keep guardians updated on clients' financial information, and spending needs.</p> <p>The QIDP will be retrained regarding the need to conduct interdisciplinary team meetings including guardians to discuss financial decisions for purchases significantly above clients' assessed weekly spending amounts.</p> <p>The business manager will contact the QIDP, Operations Manager, Program Manager and Area Supervisor via email each month with a report regarding which clients at the facility are at risk of being over resourced. This report will be generated and distributed with sufficient time for the QIDP to schedule a collaborative team meeting with all required participants.</p> <p>PREVENTION:</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring</p>	

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	<p>A review of client #3's RFMS statement indicated 4 of 31 receipts were missing or the complete receipt wasn't provided. Client #3 purchased a \$224.69 picnic table and multiple bath towels for the group home. She purchased a laptop and a tablet and she doesn't have access to the internet. She purchased 2 Michael Kors handbags and 2 Coach handbags/wrist wallets for \$816.41 at [high end retail store] in [city]. The receipt documentation forms had spots for the following people to sign: staff shopping signature, buddy signature and supervisor signature. All forms only had one signature, most were signed by the Area Supervisor or the Program Manager.</p> <p>On 3/9/21 at 1:30 PM, client #3's record was reviewed. Client #3's record indicated client #3 had a guardian and her admission date was 7/1/19. Client #3's record did not include a personal inventory of client #3's personal possessions (provided later in the survey). There was no documentation in client #3's record indicating she had a financial trust account.</p> <p>Client #3's 8/1/20 ISP (Individualized Support Plan) indicated, "Current Status: [Client #3] is learning how to count change. Past Experiences: [Client #3] understands money and likes to buy things, but needs to learn how to count correct change to prevent from being taken advantage of. Proposed Strategy/Activity: [Client #3] will be able to add up various coins to equal one dollar for 60% (percent) of the given opportunities with no more than 3 verbal prompts for three consecutive months...."</p> <p>Client #3's 7/27/20 Informed Consent Assessment indicated, "...F. Financial: Individual</p>		<p>during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support will include:</p> <ul style="list-style-type: none"> · Reviewing restrictive practices to assure due process occurs prior to implementation. 	

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	<p>Knows where he/she gets his/her money and how much they have to spend. 1. Does individual have the ability to understand? Yes. 2. Is individual likely to act responsibly? No. 3. Does individual require supervision? Yes. 4. Type of supervision required: Guardian. G. Financial: Individual knows who is taking care of his/her money. 1. Does individual have the ability to understand? Yes. 2. Is individual likely to act responsibly? No. 3. Does individual require supervision? Yes. 4. Type of supervision required: Guardian...."</p> <p>Client #3's 7/27/20 Functional Assessment indicated client #3 needed verbal prompts to identify combinations of coins to equal a certain amount, count a certain number of bills with one dollar bills, to subtract coin amounts from other coins, make change for less than \$10.00, list amounts of 3 budgeted items, to add and subtract amounts of 3 budgeted items, budget spending money, identify how much money is needed to purchase a soda from a machine and to identify the cost of items in a catalog.</p> <p>No IDT minutes for client #3 were in the record.</p> <p>On 3/10/21 at 6:43 PM client #3's Personal Effects Inventory was received by email. The inventory indicated the following: Initial date: 1/27/20, Update #1: 3/10/20 and update #2: 3/10/21. The inventory did not include designer handbags and wallets, a television, a laptop, a tablet, gift cards, only one jacket was accounted for, only 6 towels and 4 wash cloths were accounted for. Multiple items purchased were missing from the inventory. The inventory was not updated after each purchase was made.</p> <p>On 3/8/21 at 12:45 PM, the AS (Area</p>		<ul style="list-style-type: none"> · Assuring a complete and accurate accounting of client finances is present. · Assuring that the team completes updated thorough Personal Effects Inventories for all clients. · Assuring clients receive appropriate money management training. · Assuring that clients are included when sending their funds. · Assuring clients do not use their funds to purchase items for the group home. · Assuring that the QIDP communicates about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances, and spending needs. · Assuring that the QIDP conducts interdisciplinary team meetings, including guardians to discuss non-routine spending. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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	<p>Supervisor) and the QIDP (Qualified Intellectual Disabilities Professional) were interviewed. The AS and QIDP indicated the facility had an abuse, neglect, exploitation, mistreatment policy and the policy should be implemented. The AS and QIDP indicated the facility should prevent abuse, neglect, exploitation, mistreatment of the clients.</p> <p>On 3/9/21 at 11:20 AM, the RM was interviewed. The RM indicated they did not receive monthly bank statements for the checking accounts. The RM stated, "I have to call the bank to get the balance each time she (client #3) goes out to make sure her spending money was deposited. Sometimes it's Wednesday and sometimes it's Thursday. We never know".</p> <p>On 3/9/21 at 3:55 PM, the QIDP was interviewed. The QIDP indicated client #3 should not furnish the group home with a picnic table and bath towels. The QIDP indicated clients should have a personal inventory of their belongings. The QIDP stated, "It should be current at all times". When asked if client #3 had a spend down recently, the QIDP stated, "I don't recall any". The QIDP indicated client #3 should have input about what she purchases with her money and client #3 should have been present when the purchases were made. The QIDP indicated client #3 did not have a trust account of any kind. The QIDP indicated client #3 needed to learn the value of money and be taught about appropriate spending. When asked if there should be a complete and accurate accounting of client #3's funds including receipts, the QIDP stated, "Yes". When asked if it was his responsibility to integrate, coordinate and monitor client #3's active treatment program and if he neglected to do it, the QIDP stated, "Yes".</p>				

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	<p>The QIDP indicated it was the responsibility of the agency/representative payee to protect client #3 from exploitation.</p> <p>On 3/9/21 at 3:40 PM, the RM was interviewed. The RM indicated client #3 had purchased the following items with spend down money: computer, tablet, Sega video game system, Nintendo Switch, clothes, games and crafts. The RM stated, "Her aunt is her guardian and she approved the purchases. I always call and ask her".</p> <p>On 3/10/21 at 10:40 AM, the AS was interviewed. When asked if client #3 had a trust account, the AS stated, "No, her aunt was contacted about all expenses made and approved what was purchased". The AS indicated client #3 had recent spend downs and the following items were purchased: clothes, video games, tablet, laptop, shoes and crafts. The AS indicated client #3 should not purchase a picnic table and bath towels for the group home. The AS stated, "They like to do their crafts at the picnic table. It is supposed to go with her when she moves. All of the clients use it". The AS stated, "I do what I am told to do". The AS indicated she was told by the corporate office to purchase the items. When asked what the process for spend downs was, the AS stated, "I get a call when a spend down needs to be done. Sometimes I only have a day to ask the client what they want, get approval from guardian and get the shopping done. If I don't have enough funds on my RFMS card [corporate office] does the shopping and they have stuff delivered to the house". The AS was asked about the three missing gift cards and she stated, "I asked [RM] and she said they weren't in her finance bag. Maybe they were put in the wrong bag". The AS indicated she was going to check</p>				

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	<p>the other clients finances and she would let the surveyor know if they were located.</p> <p>On 3/10/21 at 2:35 PM, the PM (Program Manager) was interviewed. The surveyor reviewed the missing RFMS receipts with her and requested her to send them for review. The PM stated, she would "check with the Business Department and have them resent. The business department emailed them to me and I forwarded them to [AS] without looking at them". When asked if there should be more than one signature on the receipt documents, the PM stated, "Yes, the staff that did the shopping and a witness both sign then its forwarded to the supervisor to sign". When asked what the spend down process was, the PM stated, "Once we receive an email from the business department saying the client is over resources, the AS should reach out to the guardian and ask what they would like to purchase, do a check request, the ED (Executive Director) approves anything over \$100.00, what is being purchased has to be listed on the check request. Once the ED approves it, the AS is notified. The client should go shopping with the staff and pick out their own items. There has been times where the RFMS card didn't have enough money, the business department made mistakes and we have less than 24 hours to spend the money, then the items are bought in [city] and sent with the AS or mailed to the client. They aren't supposed to receive that much money. Last month we sent a bunch of money back to social security". The PM stated there was a financial policy which addressed spend downs and "it should be followed at all times". The PM indicated there should be a plan in place when a client is within \$200 of being over resources. When asked at what point a trust account should be considered, the PM stated, "We normally</p>				

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	<p>suggest that. Depends on the guardian and what they prefer. It is based off the guardian. There should be an IDT meeting scheduled. The meeting should include the guardian, client, RM, AS and myself. It is facilitated by the QIDP. No IDT has been held. There should have been". When asked if she was aware client #3's RFMS account balance was \$4500, the PM stated, "Yes, we need to come up with a plan for it". The PM indicated there wasn't currently a plan for the money. When asked why some of the purchases from August 2020 through October 2020 were made in [city] the PM stated, "We needed to spend it immediately". The PM indicated they would purchase the items then send them to the client. The PM indicated client #3 shouldn't purchase items used by everyone residing at the group home. The PM indicated the agency should have purchased the picnic table and the towels. When asked why a laptop and tablet were purchased for client #3 when she was restricted from the internet, the PM stated, "I'm not sure if those were purchased before or after the no internet went into effect. I will have to look into it. If it was already in place she never should have purchased those items". The PM was asked about the missing gift cards. The PM stated, "I'm going to have to follow up on those. I don't know anything about them". When asked about the clients not receiving bank statements, the PM stated, "We switched PM's. They should be getting statements and they should be reviewed with the clients and signed every month. I didn't realize that wasn't happening. They will be getting them now". When asked how often client inventories should be completed and updated, the PM stated, "Try to do them quarterly. After every spend down it should be updated before the items are actually given to the clients so everything is accounted for". The PM indicated </p>				

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	<p>ResCare was responsible for ensuring each client had a complete and accurate accounting of their funds. The PM stated the following people were responsible for ensuring client funds were spent appropriately, "QIDP, AS, PM, ED, Business Department". The PM indicated the Governing Body was responsible overall. The PM indicated clients residing at the group home should be protected from exploitation. When asked if it was happening, the PM stated, "No it isn't".</p> <p>On 3/11/21 at 11:40 AM the AS sent a text message to the surveyor which included pictures of the following receipts for [name of high end retail store]. One receipt dated 9/9/20 had two Michael Kors handbags for \$315.00 and \$145.00 for a total of \$492.20 after tax. The second receipt dated 9/9/20 had 2 Coach items for \$228.00 and \$75.00 for a total of \$324.21 after tax. A total of \$816.41.</p> <p>On 3/11/21 at 11:45 AM, the AS was interviewed by phone. The surveyor requested the AS to send pictures of the aforementioned items. The AS indicated the purchased items were sent to the group home from the corporate office and client #3 had possession of them. The surveyor requested pictures of the 3 missing gift cards. The AS indicated the [fast food restaurant] gift card was placed in the wrong finance bag and she would have to check for the other two to see if they were also there. The surveyor informed her the other gift cards were for [sandwich store] for \$25.00 and [pizza restaurant] \$50.00. The AS stated, "What's [pizza restaurant]?" Explained it was pizza and she stated, "Oh, I thought it was like [other sandwich store]". The AS indicated she would send a picture of the gift cards. When asked about the towels client #3 purchased, the AS stated, "Yeah, they won't have to buy towels</p>			

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

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	<p>for a long time". The AS indicated everyone used the towels and the picnic table. The AS stated, "I'm never doing spend down shopping again. This is a mess. I only do what I am told to do".</p> <p>On 3/11/21 at 1:07 PM, the AS sent a text message to the surveyor with a picture of 2 Michael Kors purses, 3 Coach purses and 3 Nike shirts. A picture of the gift cards was not included.</p> <p>On 3/12/21 at 10:24 AM, client #3's guardian was interviewed by phone. The guardian stated, "They (RM and AS) always call me when she (client #3) has spend downs. If she has all the necessities they take her to the store to pick out items she wants. When asked if she approved the purchase of multiple designer handbags, the guardian stated, "I would never ever approve anything like that. I'm very disappointed they would do something like that. There are much better ways to spend that money". The guardian indicated the facility didn't send her financial statements. The guardian stated, "I mentioned to [RM] a little bit ago if she had a bank account that didn't count towards her resources that would be great".</p> <p>The facility's 5/31/17 Client Trust Funds Policy was reviewed on 3/10/21 at 2:00 PM and indicated the following:</p> <p>"...ResCare will be deemed to have 'full control' of a client's funds whenever ResCare has been named as the Representative Payee for that client, the client's Support Plan does not provide for any funds to be managed by the client outside of ResCare's control, and/or the client has signed a Trust Agreement assigning ResCare full fiduciary responsibility over their income and</p>				

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	<p>their savings...."</p> <p>..."Client fund records are neatly organized on a client by client basis. Deposits/disbursements can be easily tracked and reviewed. Each client's balance and related activity can easily be obtained and reviewed...."</p> <p>..."Withdrawals of \$100 or more must be reviewed and approved by the Executive Director, or a designee who does not have access to client funds, client fund systems, or client fund checks...."</p> <p>"...6. Accessibility of Funds to Clients:</p> <p>a. Clients shall have reasonable access to their funds. However, just as most people do not have access to all of their funds at all hours of the day or night and may need to wait till the next day to go to the bank, 'reasonable access' for clients might similarly imply that a client may have to wait till the next business day to access their funds.</p> <p>b. To facilitate 'reasonable access', the operation may choose to keep an amount of funds, e.g., \$10 or \$20, at the client's place of residence. Such funds must remain secured and be replenished periodically. Funds kept in the home that exceed \$30 per client must be approved by the Regional Vice President. The use of PCards (purchase cards) may be an option, however, prior approval is required by the Planning & Analysis Vice President. The operation's Client Fund Policies and Procedures should explain the use of either process in detail.</p> <p>c. The 'approval' process described above is designed to protect a client's fund from misuse. Consequently, this approval and check cutting/signing process may take one full business day. Also, the use of systems such as</p>			

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	<p>RFMS, which has cut-off times for transmittal of batches, may increase this process time by a few hours. The operation should establish their own timetables for submitting disbursement requests and the subsequent pick-up of client fund checks in a timely manner.</p> <p>d. Planning is an element of proper management of client funds. Shopping trips and trips for dining out should be planned in advance. Request Forms for client fund expenditures should be submitted to the business office so that the funds can be available for pick up prior to the scheduled trip.</p> <p>e. If an emergency situation arises, whereby a client requires immediate access to funds, provisions should be made for obtaining verbal approvals and for an alternative means of acquiring or paying for the emergency services or goods via a company PCard. Documentation of the approvals for this expenditure should be completed after the fact and should follow the guidelines discussed above. The specific procedure to be followed in these cases should be documented in the operations Client Fund Policies and Procedures...."</p> <p>"...Account reviews by the ED or designees should ensure that spend-down plans are in place whenever a client's balance gets within \$200 of the maximum limit as set by the state. For example, if the state limit is \$2000, then a spend-down plan should be approved by the support team and in place whenever a client's balance crosses or is about to cross the \$1800 threshold...."</p> <p>The facility's Operation Standard 1.28, 2/26/18 (revision date) Subject: Abuse, Neglect, Exploitation, Mistreatment Policy was reviewed on 3/10/21 at 12:00 PM and indicated the</p>			

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W 0159 Bldg. 00	<p>following:</p> <p>"...POLICY: RESCARE staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of RESCARE, Rescare, and local, state and federal guidelines...."</p> <p>"...2. Definitions.... Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, drink, shelter, clothing and to provide a safe environment.</p> <p>Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...."</p> <p>"...Exploitation: an act that deprives an individual of real or personal property by fraudulent or illegal means. Utilization of another person for selfish purposes...."</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p>			

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	<p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and one additional client (#4), the QIDP (Qualified Intellectual Disabilities Professional) neglected to integrate, coordinate and monitor clients #1, #2, #3 and #4's program plans by neglecting to: ensure client #1's guardian considered the input of client #1 and the IDT (interdisciplinary team) in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet; ensure a system was being utilized to maintain an accurate accounting of client #3's funds managed by the facility; ensure client #2's guardian was notified about medical appointments and other pertinent medical information; ensure a dietary assessment within 30 days of admission for client #2; ensure an HRC (Human Rights Committee) meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs and ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>Findings include:</p> <p>1) Please see W125. For 2 of 3 sampled clients (#1 and #3), the QIDP failed to ensure client #1's guardian considered the input of client #1 and the IDT in regard to client #1's less restrictive placement and to ensure client #3 had the right to due process in regard to access to the internet.</p> <p>2) Please see W140. For 1 of 3 sampled clients (#3), the QIDP failed to ensure a system was being utilized to maintain an accurate accounting</p>	W 0159	<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>The QIDP will be retrained regarding the need to assure due process occurs before the interdisciplinary team implements restrictive practices and that clients' guardians need to consider input from clients regarding life changing decisions.</p> <p>The QIDP will update client #3's prioritized money management goal based on current assessment data. Additionally, the QIDP will reassess client 1, 2 and 4's current financial skills and will update their plans as needed. The QIDP will assure that team members are trained on implementation of revised financial training programs.</p> <p>The QIDP will be retrained on the need to assure that the team completes updated thorough Personal Effects Inventories for all clients. The QIDP will assure completion of updated personal effects inventories for all clients who reside in the home.</p> <p>The QIDP has been retrained on the need to assure a complete and accurate accounting of client finances is present.</p> <p>The QIDP will retrain staff and supervisors regarding the need to include clients when spending</p>	04/11/2021

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	<p>of client #3's funds managed by the facility.</p> <p>3) Please see W148. For 1 of 3 sampled clients (#2), the QIDP failed to ensure client #2's guardian was notified about medical appointments and other pertinent medical information.</p> <p>4) Please see W210. For 1 of 3 sampled clients (#2), the QIDP failed to ensure a dietary assessment within 30 days of admission for client #2.</p> <p>5) Please see W261. For 3 of 3 sampled clients (#1, #2 and #3) and 1 additional client (#4), the QIDP failed to ensure an HRC meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs.</p> <p>6) Please see W263. For 1 of 3 sampled clients (#2), the QIDP failed to ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>9-3-3(a)</p>		<p>client money.</p> <p>The QIDP will be retrained on the need to assure clients do not use their funds to purchase items for the group home.</p> <p>The QIDP, has been retrained regarding the need to communicate about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances.</p> <p>The QIDP will be retrained regarding the need to keep guardians updated on clients' financial information, and spending needs.</p> <p>The QIDP will be retrained regarding the need to conduct interdisciplinary team meetings including guardians to discuss financial decisions for purchases significantly above clients' assessed weekly spending amounts.</p> <p>The QIDP will retrained regarding the need to assure that all relevant re-assessments are completed for clients within 30 days of admission.</p> <p>The QIDP has overseen a Human Rights Committee meeting and will assure that the committee meets no less than quarterly thereafter.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates, and healthcare representatives for all</p>	

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			<p>restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. The business manager will contact the QIDP, Operations Manager, Program Manager and Area Supervisor via email each month with a report regarding which clients at the facility are at risk of being over resourced. This report will be generated and distributed with sufficient time for the QIDP to schedule a collaborative team meeting with all required participants.</p> <p>PREVENTION:</p> <p>For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. After 30 days, administrative monitoring will</p>	

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			<p>occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support will include:</p> <ul style="list-style-type: none"> · Reviewing restrictive practices to assure due process occurs prior to implementation. · Assuring a complete and accurate accounting of client finances is present. · Assuring that the team completes updated thorough Personal Effects Inventories for all clients. · Assuring clients receive 	

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W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the		<p>appropriate money management training.</p> <ul style="list-style-type: none"> Assuring that clients are included when sending their funds. Assuring clients do not use their funds to purchase items for the group home. Assuring that the QIDP communicates about significant events to clients' parents, guardians, and healthcare representatives -including but not limited to medical conditions and information about finances, and spending needs. Assuring that the QIDP conducts interdisciplinary team meetings, including guardians to discuss non-routine spending. Assuring that all relevant assessments are completed for clients within 30 days of admission. Assuring Human Rights Committee meetings occur no less than quarterly. Assuring restrictive programs are not implemented without due process and prior written informed consent. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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	<p>interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to complete a dietary assessment within 30 days of admission for client #2.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 3/8/21 from 3:40 PM to 6:15 PM. At 5:45 PM, client #2 was prompted to wash her hands for dinner. Client #2 washed her hands then sat at the dining room table. At 5:50 PM, client #2 served herself almond milk, chicken strips, macaroni and cheese, broccoli and jell-o with fruit. At 6:00 PM, client #2 asked for help cutting her chicken strips and staff prompted her to use her knife and fork and demonstrated how to cut the chicken strip. Client #2 cut her chicken strips independently. Throughout the meal client #2 took large bites of food and staff had to prompt her to slow down and take smaller bites.</p> <p>On 3/9/21, at 12:45 PM, client #2's record was reviewed. The record indicated client #2's admission date was 1/11/21. The record did not indicate a dietary assessment had been completed.</p> <p>On 3/9/21 at 5:45 PM, client #2 was interviewed. Client #2 indicated she drank almond milk because she was lactose intolerant.</p> <p>On 3/9/21 at 3:55 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP indicated dietary</p>	W 0210	<p>CORRECTION: <i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, the facility will obtain initial dietary assessment for client #2. A review of facility documentation indicated this deficient practice did not affect other clients.</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to assure that all relevant re-assessments are completed for clients within 30 days of admission. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than five times weekly, including at least one weekend observation. This monitoring will</p>	04/11/2021

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	<p>assessments should be completed for new admissions within 30 days of placement.</p> <p>On 3/10/21 at 9:43 AM, the LPN (Licensed Practical Nurse) was interviewed. The LPN indicated dietary assessments should be completed within 30 days of admission.</p> <p>9-3-4(a)</p>		<p>occur face to face and via video conferencing platforms due to the need to contain the spread of COVID-19. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed <p>Administrative oversight will include assuring that all relevant assessments are completed for clients within 30 days of admission.</p>	

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W 0261 Bldg. 00	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 1 additional client (#4), the facility failed to ensure an HRC (Human Rights Committee) meeting was held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility's restrictive programs to protect each client's rights regarding restrictive programs.</p> <p>Findings include:</p> <p>On 3/8/21 at 12:45 PM, the HRC meeting minutes for 2020 and 2021 were requested from the QIDP (Qualified Intellectual Disabilities Professional and the AS (Area Supervisor). The meeting minutes were not provided for review. This affected clients #1, #2, #3 and #4.</p> <p>On 3/8/21 at 12:45 PM, the AS and the QIDP were interviewed. The QIDP indicated meetings should be held quarterly. The QIDP stated there was a meeting scheduled for "tomorrow night". The QIDP indicated there wasn't a meeting held</p>	W 0261	<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Health Services Team, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</i> Specifically, the QIDP has overseen a Human Rights Committee meeting and will assure that the committee meets no less than quarterly thereafter.</p> <p>PREVENTION: The QIDP will turn in a schedule of Human Rights Committee meetings for the current year, to the Quality Assurance Manager</p>	04/11/2021

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W 0263 Bldg. 00	<p>in 2020 due to Covid-19 and consent had been obtained by phone, text messages and email.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure written informed consent was obtained from client #2's guardian for client #2's psychotropic medications.</p> <p>Findings include:</p> <p>On 3/9/21 at 12:45 PM, client #2's record was reviewed. Client #2's 2/11/21 ISP (Individualized Support Plan) indicated client #2 had a guardian. Client #2's March 2021 Physician's Order indicated client #2 was prescribed Sertraline 50 mg (milligrams) (for behaviors) and Divalproex 250 mg (for behavior) on 3/3/21. There was no documentation the facility obtained written informed consent from client #2's guardian prior to client #2 starting the psychotropic medication.</p> <p>On 3/9/21 at 10:00 AM, client #2's guardian was interviewed. The guardian indicated she was</p>	W 0263	<p>and QIDP Manager upon completion. The QIDP will turn in copies of Human Rights Committee meeting minutes to the Quality Assurance Manager and QIDP Manager upon completion, for review and approval.</p> <p>RESPONSIBLE PARTIES: QIDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p> <p>CORRECTION: <i>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically, the QIDP will obtain written informed consent from client #2's guardian for the use of client #2's psychotropic medications. A review of facility documentation indicated this deficient practice did not affect additional clients.</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates, and healthcare representatives for all restrictive programs prior to implementation. Retraining will</p>	04/11/2021

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W 0362 Bldg. 00	<p>client #2's legal guardian. The guardian stated she had not been notified about "anything other than [client #2's] behaviors". When the guardian was asked if she had been notified about client #2 being prescribed Sertraline and Divalproex, the guardian stated, "No. Who approved the medication if it wasn't me?"</p> <p>On 3/9/21 at 2:40 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP stated, "Did I forget to call for approval? I know I got HRC (Human Rights Committee) approval. I'll call her now".</p> <p>On 3/9/21 at 3:55 PM, the QIDP was interviewed. When asked what information should be shared with guardians, the QIDP stated, "Medication changes, medical appointments, behaviors and any other information the guardian would like to be called about".</p> <p>9-3-4(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to obtain quarterly pharmacy reviews.</p> <p>Findings include:</p> <p>1. On 3/9/21 at 2:00 PM, client #1's record was reviewed. Client #1's March 2021 physician's orders indicated client #1 received routine medications. The review indicated the most recent pharmacy review completed was on 10/29/19.</p>	W 0362	<p>focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a monthly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent.</p> <p>RESPONSIBLE PARTIES: QIDP, Operations Team, Human Rights Committee, Regional Director</p> <p>CORRECTION: <i>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Specifically, the facility's contracted pharmacy consultant has conducted a review of all clients' drug regimens for the current quarter and will conduct reviews no less than quarterly, moving forward.</i></p>	04/11/2021

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	<p>2. On 3/9/21 at 12:45 PM, client #2's record was reviewed. Client #2's March 2021 physician's orders indicated client #2 received routine medications. The record indicated client #2's admission date was 1/11/21. The review indicated a pharmacy review had not been completed for client #2.</p> <p>On 3/9/21 at 3:55 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP indicated pharmacy reviews should be conducted quarterly.</p> <p>On 3/10/21 at 9:43 AM, the LPN (Licensed Practical Nurse) was interviewed. The LPN indicated pharmacy reviews should be conducted quarterly. The LPN indicated her supervisor was responsible for scheduling the pharmacy reviews.</p> <p>9-3-6(a)</p>		<p>PREVENTION:</p> <ul style="list-style-type: none"> The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that pharmacy drug regimen reviews take place quarterly, as required. <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	