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	15G409	A. BUILDING 00 B. WING	03/24/2023

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
W 0000 Bldg. 00	This visit was for the pre-determined full recertification and state licensure survey. Dates of Survey: March 20, 21, 22, and 24, 2023. Facility Number: 000923 Provider Number: 15G409 AIMS Number: 100244490 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/11/23.	W 0000		
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to ensure staff completed documentation of clients #1, #2, and #3's goals being implemented. The QIDP failed to ensure client #1's dietary assessment and vision screening were completed within 30 days of admission. Findings include: 1. The QIDP failed to ensure client #1's dietary assessment and vision screening were completed within 30 days of admission. Please see W210. 2. The QIDP failed to ensure staff were completing documentation of client #1, #2, and #3's goals	W 0159	QIDP to follow admission checklist to ensure all required assessments and screenings are completed within the first 30-days of admission. At time of new admit, Regional Director will confirm completion of admission checklist with QIDP.	04/27/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jenna Metcalfe	Director of Quality Assurance	04/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	being implemented. Please see W252. 9-3-3(a)			
W 0192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure staff followed the facility's medication administration procedures as written. Findings include: Observation was conducted at the group home on 3/20/23 from 3:25 PM through 7:00 PM. At 4:54 PM, staff #1 prompted client #2 to go to the medication administration area to take his medication. QIDP (Qualified Intellectual Disabilities Professional) #1 then prompted client #2 encouraging him to wash his hands prior to taking his meds (medications). Client #2 walked into the medication area and through the room to go to the bathroom to wash his hands. When client #2 walked by staff #1, staff #1 stated, "Here, take this (client #2's medication) with you," and handed client #2 a medication cup with his medication in it. Client #2 took the medication cup and walked into the bathroom, setting the medication cup on the counter while washing his hands. Client #2 finished washing his hands, then picked up the medication and walked out of the bathroom, through the medication administration area and into the kitchen, setting the medication cup on the kitchen counter to obtain a glass of water from the sink. Client #2 made himself a glass of water and took the medication at the kitchen sink with the water.	W 0192	Program Director completed retraining for all staff on medication administration. Program Director to complete weekly observations of med passes to ensure staff are properly administering medications per policy.	04/27/2023

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Staff #1 was interviewed on 3/20/23 at 5:02 PM. Staff #1 was asked if he was supposed to observe each client take their medications when administering them. Staff #1 stated, "Yes." Staff #1 was asked if he saw client #2 take his medication. Staff #1 stated, "I peeked in the bathroom and I think he took it. I should have watched him and had him take it right here with me."

LPN (Licensed Practical Nurse) #1 was interviewed on 3/21/23 at 11:41 AM. LPN #1 was asked if staff should observe each client take their medications when administering them. LPN #1 stated, "Yes." LPN #1 was asked where the medication should be administered. LPN #1 stated, "The clients should take all of their meds in the medication area with staff watching."

QIDP #1 was interviewed on 3/22/23 at 1:25 PM. QIDP #1 was asked where medication administration was supposed to occur. QIDP #1 stated, "In the medication area, in a private area." QIDP #1 was asked if staff were expected to observe each client take their medications. QIDP #1 stated, "Yes. They (staff) are to give the meds and ensure the client actually swallows them and med cup is empty and then document that they took them."

The facility's Medication Administration Policy dated 10/2022 was reviewed on 3/22/23 at 2:38 PM and indicated the following:

-"I. Policy

This policy ensures that drugs are handled in CG-DSA (Caregiver-Developmental Service Alternatives) operated facilities in a manner that

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	protects the health and safety of the consumer, while recognizing the interdependence of the medical care team members in the acts associated with drug treatment and usage. This sets forth the policy and procedures of this organization as related to all facets of drug handling in order to ensure a safe, efficient, and accurate method of ordering, obtaining, preparing, administering, documenting and disposing of medication... II. Procedure... E. In administering oral medications, the following procedures apply:... 9. Medications are given at the time ordered, or within one hour before or after the time designated. The person administering the medication shall remain with the consumer until the medicine is swallowed...". 9-3-3(a)			
W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's dietary assessment and vision screening were completed within 30 days of admission. Findings include: Client #1's record was reviewed on 3/22/23 at 9:20 AM. The review did not indicate documentation	W 0210	QIDP to follow admission checklist to ensure all required assessments and screenings are completed within the first 30-days of admission. At time of new admit, Regional Director will confirm completion of admission checklist with QIDP.	04/27/2023

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	of a completed dietary assessment or vision screening for client #1 within 30 days of her admission to the group home on 1/9/23. LPN (Licensed Practical Nurse) #1 was interviewed on 3/21/23 at 11:41 AM. LPN #1 indicated the facility did not have documentation of a completed dietary assessment or vision screening for client #1. LPN #1 was asked if a dietary review should have been completed for client #1. LPN #1 stated, "Yes." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/22/23 at 1:25 PM. QIDP #1 indicated the facility did not have documentation of a completed dietary assessment or vision screening for client #1. QIDP #1 indicated they should have had the assessments completed within her (client #1's) first 30 days. 9-3-4(a)			
W 0252 Bldg. 00	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure staff completed documentation of clients #1, #2, and #3's goals being implemented. Findings include: 1. Client #1's record was reviewed on 3/22/23 at 9:20 AM. Client #1's Outcomes/Objectives Progress (OOP)	W 0252	QIDP trained all staff on goal implementation and the required documentation. The QIDP will complete weekly checks on goal documentation to ensure programs are being implemented and documented. During these weekly checks, if the QIDP finds that documentation is not taking place, they will work	04/27/2023

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	documentation dated March 2023 indicated client #1 had the following goals for the months of January 2023 and February 2023: "1. Will count one dollar bills using the next dollar method with 2 verbal prompts, 80% of the time for 40 trials. 2. Will use the washer to complete laundry with 1 verbal prompt, 75% of the time for 24 trials. 3. Will review diet plan with staff and state reasons why sugary foods are OK but in moderation with 2 verbal prompts, 70% of the time for 40 trials. 4. Will complete hygiene using a picture checklist with 2 verbal prompts, 70% of the time for 120 trials." Client #1's OOP documentation indicated client #1 was to implement goal #1 1 time per day, 5 days a week. Client #1's OOP documentation indicated client #1 was to implement goal #2 1 time per day, 2 days a week. Client #1's OOP documentation indicated client #1 was to implement goal #3 1 time per day, 5 days a week. Client #1's OOP documentation indicated client #1 was to implement goal #4 2 times per day, 7 days per week. Client #1's record did not indicate documentation of client #1's goals being implemented and documented for the month of January 2023. Client #1's record indicated client #1's goal #1 was implemented 9 times for the month of February 2023, when expected to be run 20 times. Client #1's record indicated client #1's goal #2 was implemented 4 times for the month of February 2023, when expected to be run 8 times. Client #1's record indicated client #1's goal #3 was implemented 8 times for the month of February 2023, when expected to be implemented 20 times. Client #1's record indicated client #1's goal #4 was implemented 13 times for the month of February 2023, when expected to be implemented 53 times.		collaboratively with the Program Director for the home to ensure staff document goal implementation.	

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2. Client #2's record was reviewed on 3/22/23 at 10:02 AM.

Client #2's OOP documentation dated March 2023 indicated client #2 had the following goals for the months of December 2022, January 2023 and February 2023: "1. Will remain dry during the night with toilet by clock (sic) with 3 verbal prompts 70% of the time for 240 trials. 2. Will state reason for taking medications with 2 verbal prompts, 70% of the time for 180 trials. 3. Will shower with 2 verbal prompts, using a picture board 70% of the time for 60 trials. 4. Will present money to cashier after counting $2.00 out with 3 verbal prompts, 70% of the time for 12 trials. 5. Will prepare picture recipe item in the microwave with 2 verbal prompts, 70% of the time for 24 trials. 6. Will clean bedroom step 1 with 2 verbal prompts, 70% of the time for 40 trials."

Client #2's OOP documentation indicated client #2's goal #1 was to be implemented 4 times a day, 7 days a week. Client #2's OOP documentation indicated client #2's goal #2 was to be implemented 2 times a day, 7 days a week. Client #2's OOP documentation indicated client #2's goal #3 was to be implemented 1 time a day, 7 days a week. Client #2's OOP documentation indicated client #2's goal #4 was to be implemented 12 times per month. Client #2's OOP documentation indicated client #2's goal #5 was to be implemented 2 times a day, 3 days a week. Client #2's OOP documentation indicated client #2's goal #6 was to be implemented 2 times a day, 7 days a week.

Client #2's record did not indicate documentation of client #2's goal #1 being implemented for the months of December 2022 and January 2023.

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Client #2's record indicated client #2's goal #1 was implemented 11 times for the month of February 2023, when expected to be implemented 112 times. Client #2's record indicated client #2's goal #2 was implemented 2 times for the month of December 2022, when expected to be implemented 62 times. Client #2's record did not indicate documentation of client #2's goal #2 implemented for the months of January 2023 and February 2023. Client #2's record did not indicate documentation of client #2's goal #3 implemented for the months of December 2022, January 2023, and February 2023. Client #2's record did not indicate documentation of client #2's goal #4 implemented for the months of December 2022, January 2023 and February 2023. Client #2's record did not indicate documentation of client #2's goal #5 implemented for the months of December 2022, January 2023, and February 2023. Client #2's record did not indicate documentation of client #2's goal #6 implemented for the months of December 2022, January 2023, and February 2023.

3. Client #3's record was reviewed on 3/22/23 at 10:41 AM.

Client #3's OOP documentation dated March 2023 indicated client #3 had the following goals for the months of December 2022, January 2023 and February 2023: "1. Will complete self medication steps 1, 2, 4, 6, 7 and 9 (Step #1: Cleans counter tops. Step #2: Dispense other residents from med area. Step #4: Collects souffle cups. Step #6: Gets glass of water. Step #7: Washes hands. Step #9: Obtains appropriate med box.) with 1 verbal prompt 70% of the time for 180 trials. 2. Will complete steps 1-4 (Step #1: Gather soiled items to be washed. Step #2: Put soiled items in washer. Step #3: Spread items evenly around drum. Step #4: Put in soap.) for washing clothes with 3 verbal

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	prompts 80% of the time for 24 trials. 3. Will complete steps 11 and 12 (Step 11: Rinse hair by rubbing hands through hair while under flowing water or drench with water from the plastic cup. Step #12: Stop rinsing hair when water runs free of soap suds.) with 2 verbal prompts, 80% of the time for 90 trials. 4. Will brush teeth thoroughly with 2 verbal prompts 80% of the time for 180 trials. 5. Will prepare dish for evening meal with 2 verbal prompts 70% of the time for 24 trials. 6. Will count money using the next dollar method with 1 verbal prompt 80% of the time for 60 trials." Client #3's OOP documentation indicated client #3 was to implement goal #1 2 times a day, 7 days a week. Client #3's OOP documentation indicated client #3 was to implement goal #2 1 time a day, 2 days a week. Client #3's OOP documentation indicated client #3 was to implement goal #3 1 time a day, 7 days a week. Client #3's OOP documentation indicated client #3 was to implement goal #4 2 times a day, 7 days a week. Client #3's OOP documentation indicated client #3 was to implement goal #5 1 time a day, 2 days a week. Client #3's OOP documentation indicated client #3 was to implement goal #6 1 time a day, 5 days a week. Client #3's record indicated client #3's goal #1 was implemented 2 times for the month of December 2022, when expected to be implemented 62 times. Client #3's record did not indicate documentation of client #3's goal #1 implemented for the month of January 2023. Client #3's record indicated client #3's goal #1 was implemented 14 times for the month of February 2023, when expected to be implemented 56 times. Client #3's record did not indicate documentation of client #3's goal #2 implemented for the months of December 2022 and January 2023. Client #3's record indicated client			

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	#3's goal #2 was implemented 2 times for the month of February 2023, when expected to be implemented 8 times. Client #3's record did not indicate documentation of client #3's goal #3 implemented for the months of December 2022 or January 2023. Client #3's record indicated client #3's goal #3 was implemented 14 times for the month of February 2023, when expected to be implemented 28 times. Client #3's record indicated client #3's goal #4 was implemented 4 times for the month of December 2022, when expected to be implemented 62 times. Client #3's record did not indicate documentation of client #3's goal #4 implemented for the month of January 2023. Client #3's record indicated client #3's goal #4 was implemented 14 times for the month of February 2023, when expected to be implemented 28 times. Client #3's record did not indicate documentation of client #3's goal #5 implemented for the months of December 2022 and January 2023. Client #3's record indicated client #3's goal #5 was implemented 3 times for the month of February 2023, when expected to be implemented 8 times. Client #3's record did not indicate documentation of client #3's goal #6 implemented for the month of December 2022 and January 2023. Client #3's record indicated client #3's goal #6 was implemented 11 times, when expected to be implemented 20 times. Staff #3 was interviewed on 3/20/23 at 5:41 PM. Staff #3 was asked about client goals. Staff #3 indicated goals were to be run as scheduled. Staff #3 stated, "We are to document on TMP (Task Master Professional) after each time the goal is run." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/22/23 at 1:25 PM. QIDP #1 was asked who developed and			

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	implemented goals into clients' plans. QIDP #1 stated, "I do." QIDP #1 was asked who was responsible for monitoring and ensuring the staff are completing proper documentation of the client goals. QIDP #1 indicated the PD (Program Director) and QIDP. QIDP #1 was asked when staff were expected to run client goals. QIDP #1 stated, "When they (goals) are scheduled or when opportunity arises." QIDP #1 was asked if a client had a goal for med skills, dental hygiene, or another activity that is expected to be run on a daily basis (sometimes twice a day), should staff be documenting the success/failure rate of that goal when the activity is completed. QIDP #1 stated, "Yes." QIDP #1 was asked if client #1, #2 and #3 would have accurate assessments of goal achievement if staff were not documenting when the goal was run or if the goal was being run well under the expected rate. QIDP #1 stated, "No." 9-3-4(a)			
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's dignity was maintained. Findings include: Observation was conducted on 3/20/23 from 3:25 PM through 7:00 PM. Client #3 was observed throughout the observation period. Client #3 had 1/4 inch brown facial hair on her chin. Client #3 was interviewed on 3/21/23 at 6:38 AM. Client #3 was asked about her personal care	W 0268	Program Director trained all staff on consumer personal care and dignity on 4/14/2023. Program Director implemented consumer personal care tracker for all individuals in home and will review on weekly basis to ensure compliance.	04/27/2023

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(cleaning and shaving). Client #3 indicated staff assist her daily. Client #3 was asked when the last time staff had assisted her. Client #3 stated, "I don't know, it has been awhile."

Staff #1 was interviewed on 3/20/23 at 5:51 PM. Staff #1 was asked if they (staff) were supposed to assist client #3 with personal care/appearance. Staff #1 stated, "Yes." Staff #1 was asked how often they assist client #3 with shaving/personal care. Staff #1 stated, "We try and take care of it when she takes her showers."

QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/20/23 at 5:57 PM. QIDP #1 was asked about client #3's appearance. QIDP #1 stated, "Yeah, I noticed, and we are needing a razor and can't find one. It (client #3's appearance) should not look like that."

QIDP #1 was interviewed for a second time on 3/22/23 at 1:25 PM. QIDP #1 indicated client #3 could not independently maintain her physical appearance by independently cleaning herself or shaving all appropriate areas of the body. QIDP #1 stated, "She needs prompting and assistance." QIDP #1 indicated staff were expected to provide her with assistance. QIDP #1 was asked how often staff were expected to assist client #3 with maintaining her personal care. QIDP #1 stated, "Every day." QIDP #1 indicated it was not appropriate for staff to allow her to go without maintaining her personal care and providing assistance as needed.

9-3-5(a)