STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G326	A. BUILDING 00 B. WING	03/12/2024

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VOCA CORPORATION OF INDIANA	9 SUMMIT DR AURORA, IN 47001

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W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00424105. Complaint #IN00424105: Federal and state deficiency related to the allegation(s) is cited at W149. Survey dates: 3/6/24, 3/7/24, 3/8/24, 3/11/24 and 3/12/24. Facility Number: 000844 Provider Number: 15G326 AIM Number: 100243650 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/22/24.	W 0000		
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 3 sampled clients (A, B, and C) and 2 additional clients (D and E), the facility failed to implement the abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights policy to prevent: 1) staff abuse of client A and 2) a pattern of client-to-client aggression among clients A, B, C, D and E. Findings include:	W 0149	**W149:** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action:** All staff trained on the Abuse/Neglect Policy. **(Attachment A)**	04/06/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anna Brison	Program Director	04/05/2024

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	1) On 3/6/24 at 1:45 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports was conducted. The review indicated the following affecting client A: BDS incident report dated 12/13/23 indicated, "[Client A] became upset after being prompted to pick up his possessions and take them to his room, after his bedroom was painted... [client A] began yelling at [former staff #1]. [Client A] walked outside, began running and screaming 'you're a [explicit] (using the n word)'. Another staff, [staff #1] stood on the porch talking with [client A] while [client A] voiced his frustration. A short while later [former staff #1] called [client A] into the office. [Client A] walked into the office, sat down and began to talk with [former staff #1]. [Former staff #1] began to talk to [client A] about [client A] calling [former staff #1] the N word. [Former staff #1] called out for [staff #1] to come to the office. [Staff #1] immediately went to the office and as he entered the room [former staff #1] had both of his hands on [client A's] arm squeezing and shaking [client A's] arm. [Client A] was trying to move away but [former staff #1] continued to grip [client A's] arm. [Client A] then spit in [former staff #1's] face and [former staff #1] slapped [client A] in the face. [Former staff #1] then gathered his possessions and left the house. [Former staff #1] did return to retrieve his personal laptop and left without saying or doing anything else. [Former staff #1] has been suspended pending outcome of investigation...". Investigation summary dated 12/13/23 through 12/19/23 indicated, "Scope of Investigation: 1) Did [former staff #1] physically abuse [client A]? 2) Did [former staff #1] verbally abuse [client A]?... Conclusion: The allegation of abuse is substantiated. [Client A] and [staff #1] state		Any time there is an allegation of abuse, neglect or mistreatment a reportable incident is completed and sent to the IDT, guardian, APS and BDDS. Nurse will do an assessment within 24 hours following an allegation of abuse or neglect. Rescare Management conducts a peer review for all investigations. Former staff (#1) terminated for substantiated ANE. **(Attachment B)** QIDP will train staff on client Behavior Support Plans annually and as needed or changed. **Monitoring of Corrective Action:** The Area Supervisor will notify Human Resources immediately when an allegation is made. Human Resources will suspend the alleged staff immediately. Rescare Nurse will submit her assessment to the Nurse Manager, Program Manager, AED, ED and Quality Assurance upon completion. Quality Assurance will notify BDDS, APS and the IDT within 24 hours of the allegation. Quality Assurance will conduct an investigation and review with Program Managers,	

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	[former staff #1] hit [client A] in the face... Recommendations based on investigation outcome: The allegation of abuse is substantiated. Recommend termination of employment for [former staff #1] due to substantiated ANE (Abuse, Neglect and Exploitation)". Addendum dated 1/8/24 through 1/10/24 indicated, "Scope of Investigation: 1) What did all clients in the home see or hear? 2) How did [client G] know who was yelling and where the yelling was coming from? 3) Have any clients or staff had any previous negative interactions with [former staff #1]? 4) Why didn't [staff #1] intervene when he walked into the med room (office)? 5) Why did [client A] spit on [former staff #1]? 6) Who were the racial slurs reported to and what was being done about that issue?... Conclusion: This addendum is completed to obtain additional information as stated in the scope of the investigation above. All clients and staff state there has been no witness of [former staff #1] to have (sic) negative interactions with clients or staff. All staff state [client A] using the N word is an issue. He does have a BSP (Behavior Support Plan) to address rude statements to others. [Staff #1] stated he did not have time to react. [Staff #1] stated when he entered the med room (office) the incident occurred between 10-15 seconds and [former staff #1] was 'out the door'. Recommendations: 1) [Client A] has a BSP in place regarding making rude comments. Revise to add strategies for use of the 'N' word and for spitting at people". On 3/7/24 at 4:10 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the incident between client A and former staff #1. The QIDP indicated the investigation had substantiated a failure to		AED, Human Resource Manager and Executive Director. QIDP and Area Supervisor will review Abuse and Neglect Policy annually and as needed. **Completion Date: 4/6/24**	

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	implement the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights policy due to client A being grabbed and hit by a staff member. The QIDP indicated former staff #1 was terminated. The QIDP was asked how the abuse, neglect and exploitation policy should be implemented. The QIDP stated, "It should be implemented at all times". 2) On 3/6/24 at 1:45 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports was conducted. The review indicated the following affecting clients B, C, D and E: 2A) BDS incident report dated 5/20/23 indicated, "[Client B] was in the living room obsessing and talking about things that interest him. Staff was redirecting the conversation and [client B] became mad and upset. [Client B] began throwing objects and tearing items off the wall including the TV (television), breaking the TV. He went into the kitchen and began throwing dishes and pans off the cabinet and table striking [client E's] foot with a pan. [Client E] got up from the table and left the room. Staff checked [client E's] foot and saw no injuries. [Client B] has a BSP (Behavior Support Plan) for aggression, staff redirected (and) talked with [client B] and he calmed...". Investigation Summary dated 5/19/23 through 5/23/23 indicated, "Scope of Investigation: Did [client B] and [client E] engage in a client-to-client altercation?... Conclusion: The allegation that [client B] engaged in a client-to-client incident is not substantiated. [Client B] became upset obsessing over when he would have money to buy some items he was wanting ... [Client B] went to the kitchen and was clearing any item sitting on the stove and countertops. [Client E] was getting a garbage bag and standing near the stove when			

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	[client B] threw two cookie sheets off the stove hitting [client E] on the foot. Aggression toward [client E] was not intentional. Recommendations: 1) Review with psych (psychiatrist) increase in Luvox (obsessive compulsive disorder/OCD) ... staff feel increased agitation. 2) Addition to OCD strategy to avoid negatives - no, stop etc. 3) Team discussion if [client B] would understand money values and if it would be beneficial to add to his plan ... 4) Activity calendar - [Client B] visually see outing day. 5) Contact with [family] to inquire if she can deposit money same day each month to his (client B's) debit card...". 2B) BDS incident report dated 9/15/23 indicated, "[Client B] became upset over [client C] running outside to the mailbox. [Client C] came back inside the house and went to the kitchen for a snack. [Client B] walked into the kitchen yelling at [client C] saying he didn't get a snack and he threw everything off the table. [Client B] tore papers off the wall and pushed [client C] down. [Client B] went to the living room and sat down on the couch. [Client C] came to the living room and struck [client B]. [Client B] got up from the couch (and) went outside slamming the door. [Client B] came back inside the house knocked over the bookshelf and picked up a picture (and) threw it across the room breaking the glass. [Client B] sat back down on the couch for a few minutes, got up, went to his bedroom (bedroom that he shares with [client C]) and broke [client C's] TV (television). There were no client injuries...". Investigation summary dated 9/14/23 through 9/21/23 indicated, "Scope of Investigation: 1) Did [client B] strike [client C]? 2) Why was [client B] upset?... Conclusion: The allegation of client-to-client incident is substantiated... He (client B) is currently experiencing an increase of			

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	behavioral outbursts. He has been experiencing delusional thoughts and statements of paranoia. He believes others are talking about him with these thoughts leading to physical aggression and property destruction. Team discussed the behavioral issues and agreed to seek an in-patient psych evaluation for observation and evaluation of his Schizophrenia (delusions) and thought of paranoia. Recommendations: 1) Evaluation of money skills to determine if adding paying a portion of property destruction to his BSP... 2) Currently admitted to Neuro (Neurological) Psych (Psychiatric) Hospital for evaluation ... 3) Team discussion of a possible more compatible roommate...". 2C) BDS incident summary dated 10/16/23 indicated, "[Client B] arrived home from day program, entered the house and put his lunchbox away. [Client B] then walked to the med (medication) room to ask a question. He started talking about a staff (member) that was not at work and became upset. [Client B] then walked to the living room, began grabbing wall decorations (and) throwing them on the floor. He took a picture from the wall and began hitting the picture on the plexiglass that is covering the TV (television). [Client B] turned over the recliner and throw (sic) a small fan in the kitchen breaking the fan. He threw the food processor, breaking it. [Client B] threw and broke the cable box. [Client B] went to his bedroom screaming at [client C] (his roommate) and struck [client C]. [Client B] walked back to the living room, sat down and was yelling a (sic) staff that was not there is the devil and needs fired. [Client B] was screaming at staff to 'shut the [explicit] up'. Another client called the police. The police arrived at the home, talked with [client B] and then staff (sic) left. Plan to Resolve: [Client B] recently had an in-patient stay due to			

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	delusional thoughts and statements of paranoia... He is diagnosed with Schizophrenia. He has had recent medication changes and his BSP has been updated to include paying for a portion of any property destruction. He is scheduled to follow up with his psychiatrist. A client-to-client investigation will be completed to provide recommendations to avoid future incidents". Investigation summary dated 10/17/23 through 10/23/23 indicated, "Scope of Investigation: 1) Does [client B] have a BSP to address these behaviors? 2) Did [client C] receive an injury? 3) Did [client B] receive an injury?... Conclusion: The allegation [client B] struck [client C] is substantiated... [Staff #1] was in the bedroom standing between [client B] and [client C]. [Client B] swung his arm around [staff #1] and struck [client C] in knee. [Client C] did not have (an) injury. [Client B] had scratches on his arms, head and face where [client B] had scratched him (sic) as he was upset. Staff stated [client B] becomes upset when directed not to obsess over things. Recommendations: 1) Staff review BSP for redirection when obsessing. 2) Team discussion bedroom changes. [Client B] has his own bedroom or a more suitable roommate". 2D) BDS incident report dated 10/25/23 indicated, "[Client B] and [peer at day service/PDS] were attending the day program... [Client B] and [PDS] had not been interacting. [Client B] became agitated around snack time. [Client B] stated [PDS] was talking about him and [client B] became verbally aggressive toward [PDS] and struck [PDS] in the face and forehead. [Client B] grabbed [PDS] walker and bent the walker... [Client B] began tearing things off the wall and throwing items. Staff encouraged [client B] to a quiet area. [Client B] appeared to begin to calm down but			

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	then re-escalated. [Client B] again went toward [PDS] picked up a chair but staff blocked [client B] of any further aggression toward [PDS]. [Client B] continued to tear things off the walls. Staff called 911 and directed [client B] outside away from other clients. Staff encouraged [client B] to sit down but he walked past the seats and got on the van continuing to yell and scream. One police officer arrived, attempted to talk with [client B]. [Client B] did calm some. Police hand cuffed him and took him to [hospital] ER (emergency room) for behavioral evaluation. At the ER, psych (psychiatric) in-patient admit (admittance) was sought. [Client B] was accepted and transported to Medical behavioral hospital in [city] for behavioral admit and observation. [PDS] was taken to [hospital] for evaluation. A head CT (imagining) scan was completed with no findings and he was released back to the group home". Investigation summary dated 10/25/23 through 11/1/23 indicated, "Scope of Investigation: 1) Does [client B] have a BSP to address these behaviors? 2) Did [PDS] receive any injury? 3) Did [client B] receive any injury?... Conclusion: The allegation [client B] struck [PDS] is substantiated. [Client B] is currently admitted to in-patient (psychiatric facility) for observation and evaluation... [Staff #2] stated [PDS] was having a friendly conversation with another client. [Staff #2] stated all of a sudden [client B] jumped up screaming he's (PDS) talking about me and struck [PDS] in the head. [Client B] is diagnosed with Schizophrenia (delusions) and paranoia. The incident appears to be the result of the Schizophrenia and paranoia. Recommendations: 1) [Client B] is currently admitted to in-patient, discharge plan is tomorrow. Follow any med changes and follow up with psych. 2) Should we discuss with psych the possibility of the			

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	difference in his weight - could that effect how his body process (sic) the medications he takes...". 2E) BDS incident report dated 11/29/23 indicated, "[Client B] became upset after he thought clients were talking about him. He walked to his bedroom and in his bedroom, he started screaming. [Client B] walked back out to the living room and saw another client with a soft drink and became upset about the soft drink. [Client B] struck [client D] twice in the arm with his fist. [Client B] then went to the kitchen and threw the napkin holder and salt and pepper shakers off the table. [Client B] then grabbed the bananas, threw them down and stomped on the bananas. [Client B] sat down at the table, had a snack and diet [beverage] and calmed down. After calm [client B] sat and talked with staff...". Investigation summary dated 11/28/23 through 12/1/23 indicated, "Scope of Investigation:... 2) Did [client D] receive any injury?... Conclusion: The allegation [client B] struck [client D] is substantiated. [Client B] was not compliant with interview questions. [Client B] stated the incident was in the past and he did not want to discuss (it). When asked how we could help him, [client B] replied, 'I want to go to supported living'. [Client D] was not interested with interview questions, he walked away to seek out staff to ask staff to help him find something. [Staff #5] stated [client B] originally became upset thinking others were talking about him but became angrier when he saw [client D] drinking a soft drink. [Staff #5] stated [client B] calmed when she started to talk to him... [Client B] has had two recent in-patient stays related to aggression and paranoia. Recommendations: 1) Training to staff to ensure staff are in the main areas of the house to provide support and direction immediately. If needing to			

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	do task/work in the office should only be one staff at a time in the office. 2) Retraining to staff of the section of the BSP that reads 'the [client B] hour'. Ensuring staff are reminding [client B] staff will be sitting with him to talk about his interest at the end of the day. 3) Contact psych to update on behavioral issues...". 2F) BDS incident report dated 1/19/24 indicated, "[Client D] had walked out of the med room after his medication pass. [Client B] was sitting on the couch in the middle of the living room. As [client D] walked past [client B], [client D] hit [client B] on the arm. [Client D] walked into the kitchen, got a glass of Kool-Aid, drank it and started to walk to his bedroom. As [client D] walked to his bedroom he was hitting the wall saying '[explicit] you, you [explicit] son of a [explicit]'. There were no injuries and no further incidents...". Investigation summary dated 1/19/24 through 1/23/23 (sic) indicated, "Scope of Investigation: 1) Does [client D] have a BSP to address these behaviors? 2) Was the behavior plan being followed? 3) Did [client B] receive any injury? 4) Did [client D] receive any injury?... Conclusion: The allegation [client D] struck [client B] on the shoulder is substantiated. Both clients have BSPs in place for prevention of future incidents. There were no injuries as a result of this incident...". 2G) BDS incident report dated 1/12/24 indicated, "Staff asked [client B] to clean up his dishes from lunch. [Client B] started to clean up his dishes and acted like he was getting a drink of Kool-Aid but instead poured the Kool-Aid on [client C]. Staff talked with [client B] redirecting him. [Client B] grabbed his tablet and headphones and went to his bedroom. When [Client B] got to his bedroom he was throwing things around, cursing and			

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	yelling. [Client B] came out of his bedroom and went into his housemate's bedroom. [Client B] pulled down papers on [client C's] bedroom door. [Client B] then walked to the kitchen. Staff was sitting in a chair in the kitchen door and began directing [client B] to another area of the house away from his housemates. [Client B] went back to [client C's] bedroom and threw [client C's] tablet not breaking the table (sic). [Client B] walked back into the living room talking to staff saying he was going to 'knock off [client C's] head'. Staff called 911 for police assistance. When the police arrived at the house [client B] was calm. The police officer talked with [client B] for a while and left after talking with [client B]. There were no injuries with this incident...". Investigation summary dated 1/12/24 through 1/19/24 indicated, "Scope of Investigation: 1) Does [client B] have a BSP to address these behaviors? 2) Was the behavior plan followed? 3) Did [client C] receive any injury? 4) Did [client B] receive any injury?... Conclusion: The allegation [client B] threw Kool-Aid on [client C] is substantiated. [Client B] became upset after [staff #2] asked [client B] to put his dishes in the dishwasher. [Client B] went to his bedroom, threw objects around, ran down the hallway tearing decorates (sic) from client's doors. [Team Leader] closed the kitchen door and sat in front of the kitchen door to keep [client B] out of the kitchen while [client C] finished his lunch. There was no further contact between these two gentlemen. [Client B] did calm (sic) after [staff #3] offered him a snack and a drink. Recommendations: 1) Retraining to staff of [client B's] BSP. 2) Team discussion to discuss adding or need for snack/drink as a reactive strategy for aggression. 3) Guideline in place for police involvement...".			

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	2H) BDS incident report dated 1/24/24 indicated, "Staff asked [client D] to do his chore. [Client D's] chore is doing dishes. [Client D] walked through the living room toward the kitchen. As [client D] walked past [client A] he hit [client A] on his side...". Investigation summary dated 1/24/24 through 1/30/24 indicated, "Scope of Investigation: 1) Does [client D] have a BSP to address the behavior? 2) Was the behavior plan followed? 3) Did [client D] receive any injury?... Conclusion: The allegation of client-to-client incident between [client D] and [client A] is substantiated...". On 3/7/24 at 4:10 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the incidents of client-to-client aggression involving clients A, B, C, D and E. The QIDP indicated a pattern of client-to-client aggression had occurred. The QIDP indicated client B had in-patient psychiatric stays as result of the first two incidents of client-to-client aggression. The QIDP was asked implementation of the abuse, neglect and exploitation policy concerning a pattern of client-to-client aggression. The QIDP stated, "It should be implemented at all times". On 3/8/24 at 10:55 AM, a review of the Abuse, Neglect and Exploitation policy (ANE) dated 7/18/2011 was conducted. The review indicated, "Staff actively advocate for the rights and safety of all individuals... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment...". This federal tag relates to complaint #IN00424105. 9-3-2(a)			

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	15G326	A. BUILDING 00 B. WING	03/12/2024

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W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 1 additional client (G), the facility failed to maintain drug security with the storage of client G's PRN (as needed) Acetaminophen pain reliever medication. Findings include: An observation was conducted on 3/7/24 from 6:57 AM to 9:17 AM. At 7:33 AM, staff #6 and client G entered the medication administration room for client G's morning medication routine. At 7:34 AM, staff #6 popped out a tablet of Lithium (mood stabilizer) 600 mg (milligrams) from a bubble pack and used her fingers to place the tablet into a small plastic cup. At 7:38 AM, client G was administered this medicine. Client G then asked staff #6 if he could have a PRN for his back pain. Staff #6 obtained a large bottle of Acetaminophen (pain reliever) 325 mg tablets from a cabinet below the countertop. The cabinet was unlocked. Staff #6 poured two tablets into her hand and handed them to client G and returned the bottle to the cabinet below the countertop. The cabinet was not secured and left unlocked. At 7:39 AM, client G placed the two PRN pain reliever tablets into his mouth and swallowed them. On 3/7/24 at 8:28 AM, the Team Leader was interviewed. The Team Leader was asked about security of client G's Acetaminophen kept in the cabinet below the countertop. The Team Leader	W 0382	**W382**: The facility must keep all drugs and biologicals locked except when being prepared for administration. **Corrective action:** QIDP trained all staff on ensuring cabinets containing medication is locked at all times unless staff are present and administering medications, if they leave the room they must lock the cabinets. (**Attachment A).** Program Director submitted a work order to have lower cabinet locks replaced on the cabinets. **(Attachment C)** Rescare management completes monthly site review which includes ensuring medications are secured. **(Attachment E)** Environmental Checks will be done daily by Administrative Staff 3 days a week for no less than 60 days to ensure the home is free from odor, furniture/mattresses are clean and in good shape and home is clean overall, meds all have labels, staff are sanitizing prior to med pass and all meds are locked/secured and all Dining Plans are being followed as ordered. **(Attachment H)**	04/06/2024

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	stated, "The lock is broken. I'll go over proper procedure with her (staff #6)". The Team Leader was asked what she meant by proper procedure. The Team Leader stated, "Security ...". On 3/7/24 at 3:57 PM, the Nurse was interviewed. The Nurse was asked about the security of client G's Acetaminophen in the cabinet below the countertop and the indication of the lock being broken. The Nurse stated, "All meds (medications) should be locked". The Nurse indicated client G's Acetaminophen pain reliever should be securely maintained and all medication cabinet locks should properly function to ensure medications are secure. On 3/7/24 at 4:10 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the security of client G's Acetaminophen pain reliever and the indication of the lock being broken. The QIDP stated, "They (medications) should be locked, in the locked cabinet". The QIDP was asked if client G's medications should be securely maintained at all times. The QIDP stated, "Yes". 9-3-6(a)		**Monitoring of Corrective Action:** Completed monthly site review is sent to the management team as well as entered in the CRM database to ensure completion. All staff trainings are sent to the Program Manager and the trainer for filing in staff's file. **Completion Date: 4/6/24**	
W 0388 Bldg. 00	483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review and interview for 1 additional client (G), the facility failed to ensure client G's PRN (as needed) medication Acetaminophen 325 milligrams (mg) was labeled. Findings include:	W 0388	**W388**: Drug Labeling **Corrective action:** Nurse removed all medications from the location that were not labeled for each individual	04/06/2024

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	An observation was conducted on 3/7/24 from 6:57 AM to 9:17 AM. At 7:33 AM, staff #6 and client G entered the medication administration room for client G's morning medication routine. At 7:34 AM, staff #6 popped out a tablet of Lithium (mood stabilizer) 600 mg (milligrams) from a bubble pack and used her fingers to place the tablet into a small plastic cup. At 7:38 AM, client G was administered this medicine. Client G then asked staff #6 if he could have a PRN for his back pain. Staff #6 obtained a large bottle of Acetaminophen (pain reliever) 325 mg tablets and poured 2 of the tablets into her hand and handed them to client G. Client G's bottle of Acetaminophen did not contain a prescription drug label. At 7:39 AM, client G placed the two PRN pain reliever tablets into his mouth and swallowed them. On 3/7/24 at 2:12 PM, a focused review of client G's record was conducted. The review indicated the following: -Physician Order dated 12/5/23 indicated, "Acetaminophen Tab (tablet) 325 mg ... Give two tablets (650 mg) by mouth every 4 hours as needed for fever or pain. Do not exceed 12 tablets in 24 hours ...". On 3/7/24 at 3:57 PM, the Nurse was interviewed. The Nurse was asked about the lack of a prescription drug label on client G's bottle of Acetaminophen. The Nurse stated, "It should be labeled. The name, date of birth, physician, refill amount and expiration date".		client. Nurse contacted the pharmacy to obtain individual bubble pack PRN medications specific to each client and containing a label on each medication. Rescare Nurse completes weekly audits at the facility and will ensure all medications are labeled properly. **(Attachment D)** Environmental Checks will be done daily by Administrative Staff 3 days a week for no less than 60 days to ensure the home is free from odor, furniture/mattresses are clean and in good shape and home is clean overall, meds all have labels, staff are sanitizing prior to med pass and all meds are locked/secured and all Dining Plans are being followed as ordered. **(Attachment H)** **Monitoring of Corrective Action:** Nurse weekly audit is sent the Nurse Manager, Area Supervisor and Program Manager for resolution and monitoring of any noted issues. All observations are sent to Program Manager for monitoring and to ensure completion.	

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	9-3-6(a)		**Completion Date: 4/6/24**	
W 0418 Bldg. 00	483.470(b)(4)(ii) CLIENT BEDROOMS The facility must provide each client with a clean, comfortable mattress. Based on observation, record review and interview for 1 additional client (H), the facility failed to ensure client H's bedding was maintained and clean. Findings include: An observation was conducted on 3/7/24 from 6:57 AM to 9:17 AM. At 8:58 AM, client G showed the surveyor some of his personal memorabilia kept in his bedroom. Client G's bedroom is a shared bedroom with client H. Client G and client H's bedroom had a strong urine odor. Some clothing was on the floor and in the corner of the bedroom. Client H's bed was unmade, and the sheets had large dark stains and were soiled. At 9:03 AM, the Qualified Intellectual Disabilities Professional Designee (QIDPD) was asked to enter client G and H's bedroom concerning the urine odor and the stained soiled appearance of client H's bed. The QIDPD stated, "[Client G] does have urinary incontinence. I'll go discreetly check". At 9:07 AM, the QIDPD returned to the medication administration room where the surveyor and the Team Leader were and stated, "I think it's (odor) [client G's] dirty clothes. He's working on laundry". The QIDPD was asked if she had seen client H's bedding. The QIDPD stated, "Yeah. They definitely need changed". The Team	W 0418	**W418:** The facility must provide each client with a clean comfortable mattress. **Corrective Action:** The Site Supervisor will complete weekly checks to monitor for odors, cleanliness, conditions of mattresses and condition of the home. (**Attachment E**) A site review will be completed monthly by Administrative Staff to monitor the cleanliness of the home, the condition of the home and conditions of furniture and mattresses. (**Attachment F)** A cleaning schedule is in the home and will be completed as written by staff. (**Attachment G**) Any soiled mattresses will be removed by maintenance immediately upon report and replaced with a new one. Environmental Checks will be done daily by Administrative Staff 3 days a week for no less than 60 days to ensure the home is free from odor, furniture/mattresses are clean and in good shape and	04/06/2024

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	Leader stated, "He (client G) will do laundry a couple times a week". The Team Leader was asked about the sanitation of client H's bed. The Team Leader stated, "We battle to do laundry with [client H]". On 3/7/24 at 1:57 PM, a focused review of client H's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 1/20/24 indicated, "Needs: Needs to work on personal hygiene... Needs prompts to initiate and complete daily tasks... Needs to learn to do laundry independently... Needs to increase cleaning skills...". On 3/7/24 at 3:48 PM, the QIDP was interviewed. The QIDP was asked about the sanitation of client G and H's bedroom. The QIDP stated, "The sheets did look dark and stained". The QIDP was asked about the urine odor. The QIDP stated, "I did. I think it was from [client G's] laundry". The QIDP was asked how client G and client H's bedroom should be maintained. The QIDP stated, "Clean and maintained". 9-3-7(a)		home is clean overall, meds all have labels, staff are sanitizing prior to med pass and all meds are locked/secured and all Dining Plans are being followed as ordered. **(Attachment H)** **Monitoring of Corrective Action:** Weekly checks and Site Reviews will all be sent to the Program Manager once completed. All staff will follow the cleaning schedule. The Program Manager will review all Environmental Checks and Site Reviews. Maintenance requests will be submitted immediately for all soiled mattresses to be removed from the home. **Completion Date: 4/6/24**	
W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 2 additional clients (G and H), the facility failed to ensure: 1) staff sanitized their hands prior to administering medication to client G and 2) clients G and H's bedroom was free from a urine odor due to soiled clothing.	W 0454	**W454:** The facility must provide a sanitary environment to avoid sources and transmission of infections. **Corrective Action:**	04/06/2024

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	Findings include: 1) An observation was conducted on 3/7/24 from 6:57 AM to 9:17 AM. At 7:25 AM, client G was seated at the dining room table eating his morning cereal. At 7:29 AM, client G finished eating and took his bowl to the kitchen sink. At 7:30 AM, client G returned to his location at the dining room table and used a paper towel to clean the table. At 7:33 AM, staff #6 and client G entered the medication administration room for client G's morning medication routine. Staff #6 and client G did not sanitize their hands prior to preparing the medicines client G would be administered. At 7:34 AM, staff #6 popped out a tablet of Lithium (mood stabilizer) 600 mg (milligrams) from a bubble pack and used her fingers to place the tablet into a small plastic cup. At 7:38 AM, client G was administered this medicine. Client G then asked staff #6 if he could have a PRN (as needed) for his back pain. Staff #6 obtained a large bottle of Acetaminophen (pain reliever) 325 mg tablets and poured 2 of the tablets into her hand and handed them to client G. At 7:39 AM, client G placed the two PRN pain reliever tablets into his mouth and swallowed them. On 3/7/24 at 3:57 PM, the Nurse was interviewed. The Nurse was asked about client G being administered medicines handled by staff with no hand washing and/or sanitizing prior to the medication administration. The Nurse stated, "Should not have happened. It should have been poured into a cup". The Nurse was asked if staff should sanitize their hands prior to the medication administration. The Nurse stated, "Yep".		All staff trained on Medication Administration. (**Attachment A**) Nurse/QIDP completed a training with all staff on medication administration including ensuring staff hands are washed/sanitized prior to med passes and in the event a med pass is interrupted to prevent the risk of infections. (**Attachment A**) Site Supervisor will complete medication administration observations 3 times weekly for no less than 30 days to ensure proper medication administration. **(Attachment I)** Area Supervisor will complete medication administration observations 1 times weekly for no less than 30 days to ensure proper medication administration. **(Attachment I)** Nurse will complete medication administration observations 1 times weekly for no less than 30 days to ensure proper medication administration. **(Attachment I)** Environmental Checks will be done daily by Administrative Staff 3 days a week for no less than 60 days to ensure the home is free from odor, furniture/mattresses are clean and in good shape and home is clean overall, meds all have labels, staff are sanitizing prior to med pass and all meds are locked/secured and all Dining Plans are being followed as	

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	On 3/7/24 at 4:10 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client G being administered medicines handled by staff with no hand washing and/or sanitizing prior to the medication administration and what sanitation practices should occur. The QIDP stated staff should, "Wash their hands between clients, pop pills into a med (medication) cup, and that surfaces are clean". The QIDP was asked if medicines should be handed to client G by staff. The QIDP stated, "No". 2) An observation was conducted on 3/7/24 from 6:57 AM to 9:17 AM. At 8:58 AM, client G showed the surveyor some of his personal memorabilia kept in his bedroom. Client G's bedroom is a shared bedroom with client H. Client G and client H's bedroom had a strong urine odor. Some clothing was on the floor and in the corner of the bedroom. Client H's bed was unmade, and the sheets had large dark stains and appeared soiled. At 9:03 AM, the Qualified Intellectual Disabilities Professional Designee (QIDPD) was asked to enter client G and H's bedroom concerning the urine odor and the stained soiled appearance of client H's bed. The QIDPD stated, "[Client G] does have urinary incontinence. I'll go discreetly check". At 9:07 AM, the QIDPD returned to the medication administration room where the surveyor and the Team Leader were and stated, "I think it's (odor) [client G's] dirty clothes. He's working on laundry". The QIDPD was asked if she had seen client H's bedding. The QIDPD stated, "Yeah. They definitely need changed". The Team		ordered. **(Attachment H)** **Monitoring of Corrective Action:** The Area Supervisor and Site Supervisor will send completed observations to the Program Manager for monitoring and to ensure completion. Staff are trained on medication administration upon hire, annually and as needed. Nurse will send completed observations to the Nurse Manager for review and monitoring. **Completion Date: 4/6/24**	

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	Leader stated, "He (client G) will do laundry a couple times a week". The Team Leader was asked about the sanitation of client H's bed. The Team Leader stated, "We battle to do laundry with [client H]". On 3/7/24 at 2:12 PM, a focused review of client G's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 10/23/23 indicated, "Needs: Needs to work on personal hygiene... Prompts to initiate and complete daily tasks... Needs to learn to do laundry independently... Needs to increase cleaning skills...". On 3/7/24 at 1:57 PM, a focused review of client H's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 1/20/24 indicated, "Needs: Needs to work on personal hygiene... Needs prompts to initiate and complete daily tasks... Needs to learn to do laundry independently... Needs to increase cleaning skills...". On 3/7/24 at 3:48 PM, the QIDP was interviewed. The QIDP was asked about the sanitation of client G and H's bedroom. The QIDP stated, "The sheets did look dark and stained". The QIDP was asked about the urine odor. The QIDP stated, "I did. I think it was from [client G's] laundry". The QIDP was asked how client G and client H's bedroom should be maintained. The QIDP stated, "Clean and maintained" The QIDP was asked if their bedroom should be free from a urine odor. The QIDP stated, "It should be, yes".			

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	9-3-7(a) 483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A was encouraged to follow his dietary plan for portion control and non-starchy vegetables for his second servings. Findings include: An observation was conducted on 3/6/24 from 3:41 PM to 5:38 PM. At 5:07 PM, client A sat down at a dining room table to begin his evening meal. Client A's evening meal consisted of meatloaf and mashed potatoes with milk to drink. At 5:18 PM, client A continued to eat his evening meal. At 5:22 PM, client A obtained a second portion of both meatloaf and mashed potatoes. Client A was not encouraged by staff to make healthy food choices for portion control and non-starchy second servings. Client A continued to eat the second portions of meatloaf and mashed potatoes. At 5:30 PM, client A finished eating the second serving of mashed potatoes and threw his remaining two bites of meatloaf away in the trash. On 3/7/24 at 12:13 PM, a review of client A's record was conducted. The review indicated the following: -Dining Plan dated 12/20/23 indicated, "Calorie Modification: low fat diet, portion control... encourage non-starchy vegetables for seconds...".			
W 0460 Bldg. 00		W 0460	**W460:** Each client must receive a nourishing, well balanced diet including modified and specially-prescribed diets. **Corrective Action:** Nurse will train all staff on dining plans for client (A). **(Attachment A)** Nurse will review all recommendations from the dietician and alter plans accordingly. Site Supervisor will complete a mealtime observation 2 times weekly to ensure dining plans are followed as written and trained. Environmental Checks will be done daily by Administrative Staff 3 days a week for no less than 60 days to ensure the home is free from odor, furniture/mattresses are clean and in good shape and home is clean overall, meds all have labels, staff are sanitizing prior to med pass and all meds are locked/secured and all Dining Plans are being followed as ordered. **(Attachment H)** **Monitoring of Corrective Action:**	04/06/2024

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	-Health Risk Plan dated 12/20/23 indicated, "Obesity: 1. History of health Risk: Above ideal body weight... Interventions:... b. Staff will encourage [client A] to make healthy meal and snack choices. c. Staff will encourage [client A] to be compliant with diet and exercise and praise him for continued weight loss...". -Dietary Consult dated 12/11/23 indicated, "Nutrition... Obesity/Overweight... as evidence by continued gradual weight gain... Goals: 1) Stable wt (weight) with (no) sig (significant) (increase). Gradual wt loss is beneficial (1-3 months) through next review... Nutritional Interventions: 1) Encourage compliance to diet (NCS, LF, PC / No concentrated sweets, low fat, portion control)...". On 3/7/24 at 3:34 PM the Nurse was interviewed. The Nurse was asked about client A's dining plan and the second helping of meatloaf and mashed potatoes obtained with a lack of encouragement by staff to follow his dietary restrictions. The Nurse indicated client A should be encouraged by staff to follow his dining plan. The Nurse was asked if staff should encourage client A with portion control and health choices for second servings. The Nurse stated, "Yes, they should". 9-3-8(a)		The Site Supervisor will send mealtime observation to Area Supervisor for review and monitoring of completion. Nurse will review all recommendations from the dietician and note those on weekly check and submit to Nurse Manager, Area Supervisor and Program Manager for review and monitoring of completion. **Completion Date: 4/6/24**	