STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G137	A. BUILDING 00 B. WING	01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	8616 NORTHFIELD DR EVANSVILLE, IN 47713

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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Dates of Survey: 1/2/24, 1/3/24, 1/4/24, 1/5/24, 1/8/24 and 1/9/24. Facility Number: 000674 Provider Number: 15G137 AIMS Number: 100234390 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 1/17/24.	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 observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to implement its written policy and procedures to prevent neglect when client #3 was not adequately monitored while self-administering his insulin. Findings include: An observation was conducted in the group home on 1/3/24 from 5:40 AM to 8:05 AM. At 6:20 AM DSP (Direct Support Professional) #1 began passing medications. At 7:19 AM DSP #1 administered client #3 his oral medications. DSP #1 placed client #3's Humalog (diabetes) and Lantus (diabetes) syringe pens on the table. DSP #1 indicated she was keeping the needle until it	W 0149	W149 Self- Administration Medication Assessment will be completed with Client. All staff will be in -serviced on self-administer medication policy and monitoring of client. The Area Supervisor will be in-serviced on self-administering medication policy and monitoring of client. QIDP will be in-serviced on self-administering medication	02/29/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Danica Curtis	QA Manager	02/01/2024

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	was time for client #3 to inject himself because last night client #3 had given himself too much insulin while she was passing medications resulting in a visit to the ER (Emergency Room). Client #3 dialed the pens, showed them to DSP #1 and injected himself. The facility's BDS (Bureau of Disabilities Services) report dated 1/2/24 was reviewed on 1/4/24 at 1:45 PM. The BDS report indicated the following: A BDS report dated 1/2/24 indicated, "[Client #3] stated that he self-administered 35 units of Lantus (diabetes) and 35 units of Humalog (diabetes) which he gets based on sliding scale... [client #3] is safe. His BG (blood glucose) was 320 at the time. 911 was called and he was taken to [hospital] for evaluation. He was monitored in the ER (Emergency Room) for 6 hours and (sic) no time did he receive D50 (for low blood sugar) or food. [Client #3] was awake and alert and was able to give his full history. [Client #3] was released with orders to not self-administer insulin until he has another session with the diabetic educator and that educator gives permission for [client #3] to self-administer insulin. A Referral was placed. Staff will be in serviced on self-med administration policy. Staff will continue to monitor." DSP #1 and client #3 did not follow the ER doctor's recommendation for client #3 to not self-administer his insulin until receiving further education. Client #3's record was reviewed 1/4/24 at 10:23 AM. Client #3's CFA (Comprehensive Functional Assessment) dated 3/22/23 marked with a "N" to indicate client #3 was unable to do the following:		policy and monitoring of client. Program Manager will be in-serviced on self-administering medication policy and monitoring of client. Nurse will be in-serviced on Self Administration of Medication (SAM) Assessment. Persons Responsible: Staff, QIPD, Area Supervisor, Program Manager, Nurse, Nurse Manager, QAM	

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"...Medical Need and Knowledge: Administers medication from bubble pack, Administers liquid medications, Administers topical medications."

Client #3's IDT (Interdisciplinary Team) meeting note dated 4/11/23 indicated the following: "...Put the insulin goal into plan and TMP (Task Master Pro-ResCare's documentation program)."

Client #3's ISP (Individual Support Plan) dated 5/22/23 indicated the following medication goal: "...GOAL: To increase the knowledge of medication thus increasing independence. OBJECTIVE: [Client #3] will identify all medication, state reason for taking it, and provide side effects; independently 100% of all opportunities given across 12 consecutive months by 5/11/2024. INTERMEDIATE OBJECTIVE: [Client #3] will identify medication Latuda (antipsychotic) and state reasons for taking it, and provide side effects; with 3 verbal prompts or less 75% of the opportunities for 3 consecutive months by 11/11/2023...."

Client #3 did not have a goal to self-administer his insulin (diabetes).

Client #3's physician orders dated 10/2023 indicated the following: "...Humalog Kwik inj (injection) 100/ml (milliliters) Give sliding scale at bedtime. Daily at 20:00. Sliding scale based on BG (Blood Glucose)... 301-350 Give 8 units...Lantus Solos inj 100/M inject 24 units into the skin at bedtime. Daily at 20:00...."

Client #3 was interviewed on 1/4/24 at 6:16 AM. Client #3 indicated he went to the ER (Emergency

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	Room) by ambulance last night after injecting himself with too much insulin. Client #3 indicated he gave himself 35 units of Lantus and 35 units of Humalog. Client #3 indicated he felt good other than being extra sleepy. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/4/24 at 6:18 AM. The QIDP indicated staff should have been watching client #3 while self administering his medications to ensure he injected the correct number of units. DSP (Direct Support Professional) #1 was interviewed on 1/4/24 at 7:19 AM. DSP #1 indicated client #3 handed her two dirty needles while she was setting up his medications last night. DSP #1 stated, "I didn't hear him dialing them up (setting the dosage on the injection pens) or injecting himself." DSP #1 indicated client #3 reported taking 35 units of Humalog rather than 6 units he should have taken according to his BG and the sliding scale. DSP #1 indicated the nurse was called then the ambulance. DSP #1 indicated client #3 was talking while in the med room and was distracted. DSP #1 indicated client #3 doesn't always show staff the injection pen to verify the dosage set before administering his injection. The AS (Area Supervisor) was interviewed on 1/3/24 at 7:26 AM. The AS indicated client #3 will try to administer his injections without showing staff the set dosage. AS stated, "I always ask to see it (injection pen) before he injects himself." The AS indicated client #3 ate a snack of cookies and a banana before the ambulance arrived and his BG did not get low. The AS (Area Supervisor) was interviewed on 1/3/24 at 11:11 AM. The AS indicated client #3			

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	should take his oral medications first. Client #3 should then check his BG and tell staff the reading on his meter. AS indicated staff would consult the sliding scale chart and tell client #3 how many units he needs to set the dial on the injectable pen and then give him his pens. The AS indicated at the end of last year the staff began training client #3 to self-administer his injections after client #3 made a request to be more independent with his injections. The AS indicated the nurse trained client #3 on how to administer his injections. The AS stated, "I am not sure if there is a policy (to self-administer) but staff should watch him dial up (set the dosage on his pens)." The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN indicated she wasn't aware of any written instructions for client #3 to self-administer his injections. The LPN indicated she checked him off like she would a DSP before approving him to self-administer. The AS was interviewed on 1/5/24 at 10:11 AM. The AS indicated client #3 needed a goal with instructions for staff to follow when he was self administering his injections. The agency's policy and procedure for Self Administration of Medication (SAM) Assessment dated 1/10/18 was reviewed on 1/8/24 at 2:07 PM and indicated the following: "...3. Once the assessment has been completed, the nurse will review the findings with the team. If the assessment finding is that the person is not appropriate for training, the nurse/team must give justification and evidence to support this finding. 4. The nurse will review the assessment and			

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	document recommendations for training and what specific steps the training should be directed towards. 5. All self-medication training will begin with the person having a formal training objective addressing findings identified in the assessment. 6. When the person has completely finished their formal training the nurse/designee will complete another SAM Assessment. If the assessment reveals that the person has the knowledge to self-medicate, the person will be instructed on where the key to their medication storage area is kept. They will then be responsible for completely self-medicating with supervision from the direct support staff...." The facility's Abuse, Neglect and Exploitation Policy dated 11/14/18 was reviewed on 1/2/24 at 11:18 AM. The policy indicated the following: "...'Neglect' means the failure of an individual to provide the treatment, care, goods or services that are necessary to maintain the health or safety of a person we support....." The QAM (Quality Assurance Manager) was interviewed on 1/2/24 at 11:18 AM. The QAM indicated staff are expected to follow the agency's abuse and neglect policy. 9-3-2(a)			
W 0155 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the	W 0155	W-155	02/29/2024

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	facility failed to: 1) take action to prevent further potential neglect involving staff #1 after client #3 injected himself with too much insulin, and 2) follow the ER (Emergency Room) physician order for client #3 to not self-administer his medications until he received further training. Findings include: An observation was conducted in the group home on 1/3/24 from 5:40 AM to 8:05 AM. At 6:20 AM DSP (Direct Support Professional) #1 began passing medications. At 7:19 AM DSP #1 administered client #3 his oral medications. DSP #1 placed client #3's Humalog (diabetes) and Lantus (diabetes) syringe pens on the table. DSP #1 indicated she was keeping the needle until it was time for client #3 to inject himself because last night client #3 had given himself too much insulin while she was passing medications resulting in a visit to the ER (Emergency Room). Client #3 dialed the pens, showed them to DSP #1 and injected himself. 1) The facility's BDS (Bureau of Disabilities Services) report for the incident on 1/2/24 was reviewed on 1/4/24 at 1:45 PM indicated the following: A BDS report dated 1/2/24 indicated, "[Client #3] stated that he self-administered 35 units of Lantus (diabetes) and 35 units of Humalog (diabetes) which he gets based on sliding scale... [client #3] is safe. His BG (blood glucose) was 320 at the time. 911 was called and he was taken to [Hospital] for evaluation. He was monitored in the ER (Emergency Room) for 6 hours and (sic) no time did he receive D50 (for low blood sugar) or food. [Client #3] was awake and alert and was able to give his full history. [Client #3] was released		Self- Administration Medication Assessment will be completed with Client. LIC training completed with staff with medication error. All staff will be in -serviced on self-administer medication policy and monitoring of client. The Area Supervisor will be in-serviced on self-administering medication policy and monitoring of client. QIDP will be in-serviced on self-administering medication policy and monitoring of client. Program Manager will be in-serviced on self-administering medication policy and monitoring of client. Nurse will be in-serviced on Self Administration of Medication (SAM) Assessment. The Area Supervisor will be in-serviced on suspending staff for a medication error including one that occurs while monitoring a client self- medication administration. The Program Manager will be in-serviced on suspending staff for a medication error including one	

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	with orders to not self-administer insulin until he has another session with the diabetic educator and that educator gives permission for [client #3] to self-administer insulin. A Referral was placed. Staff will be in serviced on self-med administration policy. Staff will continue to monitor." The AS (Area Supervisor) was interviewed on 1/3/24 at 11:11 AM. The AS was asked if the facility's policy regarding medication errors should have been followed. The AS indicated the on-call nurse did not tell her to suspend DSP #1 from passing medication until she could be retrained. The AS indicated the group home nurse called this morning and instructed DSP #1 to be suspended and scheduled training today. The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN indicated DSP #1 should have been suspended from med administration until she could be retrained. The LPN indicated the on-call nurse was a new supported living nurse and didn't know staff should be suspended from med passing after a med error. The facility's Medication Administration Procedures dated 11/20/22 was reviewed on 1/9/24 at 10:41 AM. The policy indicated the following: "...An employee responsible for 1 error in a quarter (3 months) will receive individualized training with documentation on an LIC (Living in the Community) Training sheet and suspension from medication administration (until the nurse completes the LIC training). This will be completed and administered by a nurse within 7 days with documentation to Training Specialist...." 2) Client #3's ER discharge instructions dated		that occurs while monitoring a client self- medication administration. The Nurse will be in-serviced on suspending staff for a medication error including one that occurs while monitoring a client self-medication administration. Persons Responsible: Staff, QIPD, Area Supervisor, Program Manager, Nurse, Nurse Manager, QAM	

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	1/3/24 were reviewed on 1/4/24 at 1:45 PM. The discharge instructions indicated the following: "I do not feel the patient needs to be self administering insulin until he has another session with the diabetic educator. Referral placed...Final Impression: Accidental overdose of insulin...." The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN indicated client #3 will not be self administering his medications until he receives training. The QAM (Quality Assurance Manager) was interviewed on 1/3/24 at 11:00 AM. The QAM indicated client #3 was going to receive self administration training from a nurse educator before administering his injections. 9-3-2(a)			
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days. Findings include: The facility's BDS (Bureau of Disabilities Services) reports were reviewed on 1/2/24 at 1:19 PM and indicated the following: A BDS report dated 9/18/23 indicated, "[Client #2] has a dime size open area on his upper right arm	W 0156	**W156** **-The results of all investigations must be reported to the administrator or designated representative or other officials in accordance with State law within five working days of the incidents.-The QA Manager will be retrained on ensuring that all allegations of abuse, neglect, or mistreatments of clients are investigated and submitted to the Executive**	02/29/2024

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	that is slightly red and tender around the perimeter. He also said it itches and does not know how he got it. Plan to resolve: [Client #2] is safe. Per policy and procedure an investigation has been initiated." An investigation dated 9/18/23-10/2/23 indicated, "...After review of all statements and documentation the investigation committee concludes that it is substantiated that [client #2] got the red mark on his upper arm because he has what is called Prurigo Nodularis (skin condition). These are little red itchy marks and [client #2] has medication for them." The investigation for the BDS report on 9/18/23 was not completed within 5 working days following the incident. The QAM (Quality Assurance Manager) was interviewed on 1/2/24 at 11:18 AM. The QAM indicated investigations should be completed within 5 days of the incident. 9-3-2(a)		**Director within 5 business days from the date the allegation was made.-The Executive Director shall ensure through review of incidents to assure proper documentation and review occurs within five business days. Any issues shall be dealt with through ResCare policy and procedure.Persons Responsible: QA Manager and Executive Director**	
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 observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2 and #3's program plans. The QIDP failed to ensure: 1) a written goal detailing the procedure for client #3 to administer his insulin with staff supervision was in place, 2) a	W 0159	**W159** **The QIDP will be in -serviced on ensuring that data is collected to monitor progress of clients ISP goals.**	02/29/2024

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	behavioral strategy was in client #3's BSP (Behavior Support Plan) for refusal of programming, 3) a behavior strategy/goal was written to address client #1's skin picking and property destruction, 4) client #3 participated in active treatment while attending the agency's day program, 5) the plan for door alarms was implemented as written in clients #1, #2 and #3's ISPs (Individual Support Plans) and 6) data was collected to monitor progress of clients #1, #2 and #3's ISP goals. Findings include: 1. The QIDP failed to ensure: a) a written goal detailing the procedure for client #3 to administer his insulin with staff supervision was in place, b) a behavioral strategy was in client #3's BSP (Behavior Support Plan) for refusal of programming and c) a behavior strategy/goal was written to address client #1's skin picking and property destruction. Please see W227. 2. The QIDP failed to ensure: a) client #3 participated in active treatment while attending the agency's day program and b) the plan for door alarms was implemented as written in clients #1, #2 and #3's ISPs (Individual Support Plans). Please see W249. 3. The QIDP failed to ensure data was collected to monitor progress of clients #1, #2 and #3's ISP (Individual Support Plan) goals. Please see W252. 9-3-3(a)		**Staff will be in-serviced on documenting on goals according plan.** **The Area Supervisor will be in service on ensuring that documentation of goals is being completed by staff.** **The Program Manager will be in serviced on ensuring that documentation of goals is being completed by staff.** **The Area Supervisor will ensure through weekly observation that staff are documenting goals as written in plan.** **The Program Manger will ensure through weekly observation that staff are documenting goals as written in plan.** /b>	
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the			

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	client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure: 1) a written goal detailing the procedure for client #3 to administer his insulin with staff supervision was in place, 2) a behavioral strategy was in client #3's BSP (Behavior Support Plan) for refusal of programming and 3) a behavior strategy/goal was written to address client #1's skin picking and property destruction. Findings include: 1. An observation was conducted in the group home on 1/3/24 from 5:40 AM to 8:05 AM. At 6:20 AM DSP (Direct Support Professional) #1 began passing medications. At 7:19 AM DSP #1 administered client #3 his oral medications. DSP #1 placed client #3's Humalog (diabetes) and Lantus (diabetes) syringe pens on the table. DSP #1 indicated she was keeping the needle until it was time for client #3 to inject himself because last night client #3 had given himself too much insulin while she was passing medications resulting in a visit to the ER (Emergency Room). Client #3 dialed the pens, showed them to DSP #1 and injected himself. Client #3's record was reviewed 1/4/24 at 10:23 AM. Client #3's IDT (Interdisciplinary Team) meeting note dated 4/11/23 indicated the following: "...Put the insulin goal into plan and TMP (Task Master Pro-ResCare's documentation program)." Client #3's ISP (Individual Support Plan) dated	W 0227	QIDP will write a goal for client #3 to administer his insulin with staff supervision. A behavioral strategy will be added to client #3's BSP for refusal of programming. A behavioral strategy will be added to client #1's BSP to include anxiety picking or property destruction. Staff will be in-serviced on client #3 ISP/BSP including new goal for administering insulin with staff supervision. Area Supervisor will be in service on client #3 ISP/BSP including new goal for administering insulin with staff supervision. QIDP will in serviced on having behavior strategies included in BSP. Persons responsible: QIDP, Staff, Area Supervisor, Program Manager, QA Manager	02/29/2024

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	5/22/23 indicated the following medication goal: "...GOAL: To increase the knowledge of medication thus increasing independence. OBJECTIVE: [Client #3] will identify all medication, state reason for taking it, and provide side effects; independently 100% of all opportunities given across 12 consecutive months by 5/11/2024. INTERMEDIATE OBJECTIVE: [Client #3] will identify medication Latuda (antipsychotic) and state reasons for taking it, and provide side effects; with 3 verbal prompts or less 75% of the opportunities for 3 consecutive months by 11/11/2023...." Client #3 did not have a goal to self-administer his insulin (diabetes). The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN indicated she wasn't aware of any written instructions for client #3 to self-administer his injections. The LPN indicated she checked him off like she would a DSP before approving him to self-administer. The AS (Area Supervisor) was interviewed on 1/5/24 at 10:11 AM. The AS indicated client #3 needed a goal with instructions for staff to follow when he was self administering his injections. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/5/24 at 10:45 AM. The QIDP indicated the IDT (Interdisciplinary Team) discussed adding insulin administration to client #3's ISP (Individual Support Plan) goals. The QIDP stated, "I missed adding the insulin goal to his plan."			

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	2. An observation was conducted at the facility's day program on 1/3/24 from 9:18 AM to 10:15 AM. At 9:36 AM client #3 went into an adjoining room, lay down on the floor and fell asleep along with 3 of his peers. Client #3 was asleep during the rest of the observation. Staff did not encourage client #3 to participate in or offer him any activities during this time. Client #3's records was reviewed on 1/4/24 at 10:23 AM. Client #3's ISP (Individual Support Plan) dated 5/22/23 indicated, "[Client #3] requires structure for leisure time activities. The interdisciplinary Team has reviewed the comprehensive functional assessments and has determined that at this time, due to the level of needs and training required and his inability to transfer some skills to other environments or settings, [client #3] (sic) in need of continued placement and active treatment services." Client #3's BSP (Behavior Support Plan) dated 5/11/23 indicated, "...AREA 2: Refusal of Programming defined as refusing to (sic) daily chores, active treatment, refusing independence and medication goals, and also include refusal to complete proper hygiene techniques, refusing attend work/day services, refusals to eat or drink for no apparent reason, refusing to follow socially accepted rules, and programing requests for their achievement of independence. 1. GOAL: To increase appropriate social behavior by decreasing episodes of behavior associated with Axis I diagnosis therefore increasing independence. 2. OBJECTIVE: [client #3] will exhibit no more than 1 incident of behavior per month for 12			

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	consecutive months by 5/11/2024. 3. INTERMEDIATE OBJECTIVE: [client #3] will exhibit no more than 1 incident of behavior per month for 6 consecutive months by 11/11/2023...." The BSP did not indicate a strategy to address client #3's refusal of programming. Client #3 was interviewed on 1/2/24 at 5:22 PM. Client #3 stated, "WFI (Working for Independence-Provider operated day program) is boring." Client #3 indicated he sleeps all day while at WFI. The DPDSP (Day Program Direct Support Professional) #1 was interviewed on 1/3/24 at 9:25 AM. DPDSP #1 indicated client #3 typically sleeps the entire day while at the facility's day program. DPDSP #1 indicated if client #3 falls asleep she will offer him the opportunity to participate in a craft. The AC (Activities Coordinator) was interviewed on 1/3/24 at 10:18 AM. The AC indicated if clients fall asleep while at day program they should be offered an activity every 10-15 minutes. The AC indicated client #3 refuses to participate. The AC stated, "Some of the clients just want to sleep and won't think of ideas of things to do." The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/4/24 at 9:58 AM. The QIDP indicated clients should not be sleeping while at day program. 3. Client #1's record was reviewed on 1/4/24 at 12:04 PM. Client #1's BSP was dated 5/11/23. Client #1's BSP indicated the following goals:			

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	"...IDENTIFIED AREA: Verbal Aggression defined as inappropriate use of profanity, inappropriate yelling, inappropriate arguing, threatening others, and screaming inappropriately. May involve inappropriate hand waving and arm gestures...." IDENTIFIED AREA: Refusal of Programming defined as refusing to daily chores, active treatment, refusing independence and medication goals, and also includes; refusal to complete proper hygiene techniques, refusing attend work/day services, refusals to eat or drink for no apparent reason, refusing to follow socially accepted rules, and programing requests for their achievement of independence. ...IDENTIFIED AREA: Physical Aggression defined as defined as hitting, striking, slapping and shoving others...." Client #1's behavior tracking data dated 2/2023 to 9/2023 indicated the following behaviors being tracked: "Physical Aggression, Anxiety Picking, Verbal Aggression, Property destruction and Refusal of Programming." Client #1's BSP did not include strategies for anxiety picking or property destruction. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/2/24 at 4:29 PM. The QIDP indicated client #1 picks at his skin. The QIDP indicated client #1 had a med change recently and his skin picking has improved. DSP #1 was interviewed on 1/3/24 at 8:25 AM. DSP #1 indicated client #1 picks at the skin on his face making it hard to shave him. The QAM (Quality Assurance Manager) was interviewed on 1/4/24 at 1:53 PM. The QAM			

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	indicated client #1 has broken four TVs in the group home. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/4/24 at 1:53 PM. The QIDP indicated client #1 needs a goal for skin picking and property destruction in his plan. The AS (Area Supervisor) was interviewed on 1/5/24 at 10:11 AM. The AS indicated client #1 needs picking and property destruction in his plan. 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure: 1) client #3 participated in active treatment while attending the agency's day program, and 2) the plan for door alarms was implemented as written in clients #1, #2 and #3's BSPs (Behavior Support Plans). Findings include: 1. An observation was conducted at the facility's day program on 1/3/24 from 9:18 AM to 10:15 AM. At 9:36 AM client #3 went into an adjoining room, lay down on the floor and fell asleep along with 3 of his peers. Client #3 was asleep during the rest	W 0249	**W249** **Staff will be re-trained to ensure staff implement the clients' plans as written for their daily medication administration goals.QIDP will be re-trained to ensure staff implement the clients' plans as written for their daily medication administration goals.The Area Supervisor will be re-trained to ensure staff implement the clients' plans as written for their daily medication administration**	02/29/2024

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	of the observation. Staff did not encourage client #3 to participate in or offer him any activities during this time. Client #3's records was reviewed on 1/4/24 at 10:23 AM. Client #3's ISP (Individual Support Plan) dated 5/22/23 indicated, "...[Client #3] requires structure for leisure time activities. The interdisciplinary team has reviewed the comprehensive functional assessments and has determined that at this time, due to the level of needs and training and required and his inability to transfer some skills to other environments or settings, [Client #3] (sic) in need of continued placement and active treatment services...." Client #3's BSP (Behavior Support Plan) dated 5/11/23 indicated, "...AREA 2: Refusal of Programming defined as refusing to (sic) daily chores, active treatment, refusing independence and medication goals, and also include refusal to complete proper hygiene techniques, refusing attend work/day services, refusals to eat or drink for no apparent reason, refusing to follow socially accepted rules, and programing requests for their achievement of independence. 1. GOAL: To increase appropriate social behavior by decreasing episodes of behavior associated with Axis I diagnosis therefore increasing independence. 2. OBJECTIVE: [Client #3] will exhibit no more than 1 incident of behavior per month for 12 consecutive months by 5/11/2024. 3. INTERMEDIATE OBJECTIVE: [Client #3] will exhibit no more than 1 incident of behavior per month for 6 consecutive months by 11/11/2023...."		**goals.QIDP will ensure through weekly observations that staff implement the clients' plans as written for their daily medication administration goals.Area Supervisor will ensure through weekly observations that staff implemented the clients' plans as written for their daily medication administration goals.The Program Manager will ensure through monthly observations that staff have implemented the clients' plans as written for their daily medication administration goals. Persons Responsible: Staff, QIDP, Area Supervisor and Program Manager**	

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	Client #3 was interviewed on 1/2/24 at 5:22 PM. Client #3 stated, "WFI (Working for Independence-Provider operated day program) is boring." Client #3 indicated he sleeps all day while at WFI. The DPDSP (Day Program Direct Support Professional) #1 was interviewed on 1/3/24 at 9:25 AM. DPDSP #1 indicated client #3 typically sleeps the entire day while at the facility's day program. DPDSP #1 indicated if client #3 falls asleep she will offer him the opportunity to participate in a craft. The AC (Activities Coordinator) was interviewed on 1/3/24 at 10:18 AM. The AC indicated if clients fall asleep while at day program they should be offered an activity every 10-15 minutes. The AC indicated client #3 refuses to participate. The AC stated, "Some of the clients just want to sleep and won't think of ideas of things to do." The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/4/24 at 9:58 AM. The QIDP indicated clients should not be sleeping while at day program. 2. Observations were conducted at the group home on 1/2/24 from 3:25 PM to 5:42 PM and on 1/3/24 from 5:40 AM to 8:05 AM. On 1/2/24 at 3:25 PM the group home front door was opened and no alarm sounded. At 5:42 PM the front door was opened and no alarm sounded. On 1/3/24 at 5:40 AM the front door to the group home was opened and no alarm sounded. At 6:41 AM an observation of the door alarms indicated the following: the front door alarm was missing half of the alarm sensor, the garage door alarm was missing half of the sensor and the back door			

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	sensor was intact but the batteries were not working. Client #1's record was reviewed on 1/4/24 at 12:04 PM. Client #1's BSP (Behavior Support Plan) dated 5/11/23 indicated, "... rights restriction for door alarms...Door alarms will be on all exits of the home due to peer eloping...." Client #2's record was reviewed on 1/3/24 at 11:45 AM. Client 2's BSP dated 5/11/23 indicated, "... rights restriction for door alarms...All exit doors will have alarms when opened...." Client #3's records was reviewed on 1/4/24 at 10:23 AM. Client 3's BSP dated 5/11/23 indicated, "... rights restriction for door alarms...All exit doors will have alarms when opened...." DSP (Direct Support Professional) #1 was interviewed on 1/2/24 at 4:18 PM. DSP #1 stated, "It's been awhile since the door alarms worked. The alarms have not worked in months." The AS (Area Supervisor) was interviewed on 1/2/24 at 4:22 PM. The AS indicated client #3 rips the door alarms off the door. The AS indicated the alarms were replaced 60 days ago. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/2/24 at 4:28 PM. The QIDP indicated she requested the door alarms to be replaced or the batteries changed once each month.			

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	The AS was interviewed on 1/3/24 at 11:11 AM. The AS indicated the door alarms should work. The AS stated, "[Client #3] sees the door alarms as an intrusion. He (client #3) was mad and pulled the alarms down." The QAM (Quality Assurance Manager) was interviewed on 1/4/24 at 1:53 PM. The QAM indicated the door alarms should be working. 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 data was collected to monitor progress of clients #1, #2 and #3's ISP (Individual Support Plan) goals. Findings include: A. Client #1's record was reviewed on 1/4/24 at 12:04 PM. Client #1's ISP (Individual Support Plan) dated 5/22/23 indicated the following goals: 1. "...AREA: Personal Hygiene Skills - Shower GOAL: To improve personal hygiene skills therefore increasing independence. OBJECTIVE: [Client #1] will bathe, and staff will assist with bathing independently 100% of the opportunities per month across 12 consecutive months by 05/11/2024..."	W 0252	QIDP will be in-serviced that data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. QIDP will ensure that all individual program plan objectives are written in measurable terms. Staff will be in-serviced on all individual program plans. Staff will be in-serviced to ensure that documentation is completed on individuals training goals as plan is written in the individual's plan. QIDP or designee will ensure thru weekly visits to the home that all ResCare Policy and Procedures are being followed in the home regarding documentation of	02/29/2024

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	Client #1's goal summary for the months of April 2023 through November 2023 indicated this goal was implemented 0 times each month. 2. "...AREA: Money Management - Identifying and Counting GOAL: To increase [client #1's] knowledge of money thereby improving ability to increase financial independence. OBJECTIVE: [Client #1] will identify coins from a selection of coins and items similar to coins independently 95% of the opportunities per month across 12 consecutive months by 05/11/2024..." Client #1's goal summary for the months of April 2023 through December 2023 indicated this goal was implemented 0 times each month. 3. "...AREA: Safety Skills - Community Safety GOAL: To improve safety skills therefore increasing independence. OBJECTIVE: [Client #1] will stay alongside staff when they are in the community. 100% of all opportunities per month across 12 consecutive months by 5/11/2024..." Client #1's goal summary for the months of April 2023 through November 2023 indicated this goal was implemented 0 times each month. 4. "...AREA: Safety Skills - Personal Information GOAL: To improve safety skills therefore increasing independence. OBJECTIVE: [Client #1] will keep a card with his address and telephone number on him and show to staff when asked independently 100% of all opportunities per month across 12 consecutive months by 5/11/2024..."		training goals. Person Responsible - QIDP, QA Manager	

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	Client #1's goal summary did not have data tracking this ISP goal. 5. "...AREA: Communication Skills - Choices GOAL: To improve domestic skills thus increasing independence. OBJECTIVE: [Client #1] will communicate with staff by picking between three options. 100% of the opportunities per month across 12 consecutive months by 05/11/2024..." Client #1's goal summary did not have data tracking this ISP goal. 6. "...AREA: Domestic Skills - Throwing away items appropriately GOAL: To improve domestic skills thus increasing independence. OBJECTIVE: [Client #1] will appropriately throw away items. 100% of the opportunities per month across 12 consecutive months by 05/11/2024..." Client #1's goal summary for the months of April 2023 through September 2023 indicated this goal was implemented 0 times each month. 7. "...AREA: Communication Skills - Writing down wants and needs GOAL: To improve domestic skills thus increasing independence. OBJECTIVE: [Client #1] will communicate with staff by writing down his wants and needs 100% of the opportunities per month across 12 consecutive months by 05/11/2024..." Client #1's goal summary did not have data tracking this ISP goal. B. Client #2's record was reviewed on 1/3/24 at			

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	11:45 AM. Client 2's ISP (Individual Support Plan) dated 5/22/23 indicated the following goal, "...AREA: Exercise GOAL: To improve exercise skills thus increasing independence OBJECTIVE: [Client #2] will exercise for 20 minutes independently 100% of opportunities per month across 12 consecutive months by 5/11/2024..." Client #2's goal summary did not have data tracking this ISP goal. C. Client #3's records was reviewed on 1/4/24 at 10:23 AM. Client 3's ISP (Individual Support Plan) dated 5/22/23 indicated the following goal, "... AREA: Money Management - Identifying and Counting GOAL: To increase [Client #3's] knowledge of money thereby improving ability to increase financial independence OBJECTIVE: [Client #3] will use money and control major expenditures independently 95% of the opportunities per month across 12 consecutive months by 5/11/2024...." Client #3's goal summary did not have data tracking this ISP goal. The QIDP (Qualified Intellectual Disability Professional) was interviewed on 1/4/24 at 9:58 AM. The QIDP indicated all goals should be implemented at all opportunities and tracked on data sheets. The QIDP indicated if staff was not documenting the goals were being implemented, they need to be in-serviced on goal			

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	documentation. The QIDP indicated she monitors goal documentation quarterly before IDT (Interdisciplinary Team) meetings. The AS (Area Supervisor) was interviewed on 1/5/24 at 10:11 AM. The AS indicated she used to look at goal documentation before staff began using TMP (Task Master Pro). The AS indicated she was not sure how goals were being implemented. The AS indicated she needed to figure out how to run a report from TMP to monitor goal documentation. The AS indicated the staff need to be re-trained to implement and document goals. 9-3-4(a)			
W 0356 Bldg. 00	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure recommendations from clients #1, #2 and #3's dentist were completed in a timely manner. Findings include: 1. Client #1's record was reviewed on 1/4/24 at 12:04 PM. Client #1's dental appointment note dated 4/4/23 indicated, "Dental Diagnosis: ...unable to exam (sic) teeth due to lack of cooperation. Numerous teeth with buccal (cheek side of tooth) decay. Patient is a candidate for outpatient dental	W 0356	Dentist appointements will be made for clients #1 and #2. Client #3 has an appointment scheduled for 4/18/24. Area Supervisor will inserviced on ensuring medical appointments are scheduled and attented as scheduled and attented in a timely manner. Nurse will be inserviced on ensuring medical appointments are scheduled and attented in a timely manner.	02/29/2024

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	15G137	A. BUILDING 00 B. WING	01/09/2024

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	procedures under general anesthesia at [hospital]...Please call office to arrange day and time for procedure at [hospital]." The nurse was asked on 1/4/24 at 12:59 PM if there was a consult form for review to indicate client #1 had the recommendations made by his dentist on 4/4/23. An e-mail from the LPN received and reviewed on 1/4/24 at 1:03 PM indicated, "No there is not a consult. I have tried to rectify this, but I was not able to schedule him (client #1) an appointment without a copy of guardianship papers. I have spoke (sic) with [area supervisor] about this and she said his mother is supposed to be sending a copy of his guardianship papers when she returns home. I will schedule as soon as possible." The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN indicated the AS (Area Supervisor) was responsible for making dental appointments. The LPN indicated client #1's dental appointment was not made in a timely manner. The AS (Area Supervisor) was interviewed on 1/5/24 at 10:11 AM. The AS indicated she didn't know client #1 needed dental work. The AS stated, "It's a communication issue." The AS indicated she didn't get a notice of client #1 needing dental work. 2. Client #2's record was reviewed on 1/3/24 at 11:45 AM. Client #2's Nursing Quarterly dated 9/30/23 indicated the following, "2/2/23- Dental appointment completed with [dentist]. Removed decay from teeth #29 and #28. Restorations place (sic) #28 and #29. Referral for extractions of teeth		Program Manager will be inserviced on ensuring medical appointments are scheduled and attented in a timely manner. Persons responsible: Area Supervisor, Nurse, Nurse Manager, Program Manager	

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	#2 and #31. 7/31/23- Client seen by [dentist]. Teeth #4 and #31 large decay, needs extractions. Referral to [oral surgeon]." Client #2's dental appointment note on 11/9/23 indicated, "Consultation information/findings/diagnosis: Heavy plaque, gingivitis, slight to moderate periodontitis, tooth decay. Plan/recommendations: 1 year check up, cleaning, 3 extractions, 5 fillings (for now) *needs to brush 2x daily, floss 1x daily* extractions: #2, #4, #31." The LPN (Licensed Practical Nurse) was interviewed on 1/4/24 at 2:57 PM. The LPN was asked if client #2 had the extractions recommended by his dentist on 2/2/23. The LPN indicated client #2 had an oral surgery appointment in December, but when he arrived for his appointment, the office had canceled his appointment as it was not confirmed ahead of time. 3. Client #3's records was reviewed on 1/4/24 at 10:23 AM. Client #3's Nursing Quarterly dated 12/31/23 indicated, "...4/11/23 Appointment with [dentist]. #14 clinical abscess due to deep restoration. Treatment needed root canal and crown or extraction. Was prescribed round of penicillin (antibiotic). 10/17/23- [dentist] recommended extraction of #14, Referral given." Client #3's dental consult note dated 10/17/23 indicated, "...Rec (recommend) ext (extraction) of #14 referrals given." The nurse was asked in an e-mail dated 1/4/24 at 11:19 AM if there was a consult form for review to			

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	indicate client #3 had the recommendations made by his dentist on 4/11/23. An e-mail from the LPN received and reviewed on 1/4/24 at 11:42 AM indicated. "I am checking on his appointment for the extraction. I have called [dentist's] office about an appointment for him (client #3). They were at lunch and I was not able to speak with anyone. I will call back after lunch and make sure he has an appointment scheduled." An e-mail from the LPN received and reviewed on 1/4/24 at 12:59 PM indicated, "[Client #3] has an appointment on 4-18-24 with [oral surgeon] in [city]." The AS (Area Supervisor) was interviewed on 1/5/24 at 10:11 AM. The AS indicated she was not aware client #3 needed extractions. 9-3-6(a)			