STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G591	A. BUILDING 00 B. WING	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	411 N PINE BRAZIL, IN 47834

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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 a Covid-19 focused infection control survey. This visit was in conjunction with the investigation of complaint #IN00337677. Dates of survey: 3/8/21, 3/9/21 and 3/10/21 Facility Number: 001105 Provider Number: 15G591 AIM Number: 100245580 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/29/21.	W 0000		
W 0129 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H), the facility failed to ensure clients A, B, C, D, E, F, G, and H's personal information was not displayed in common areas of the home. Findings include: Observations were done at the home on 3/8/21 from 4:00 PM to 6:08 PM. At 5:08 PM, a sheet of paper hung from the refrigerator in the kitchen.	W 0129	**The facility maintains its policy with respect to HIPPA regulations.** **All staff are trained on the agency HIPPA Policy upon hire and annually thereafter.** **All staff in the home will be retrained on keeping client protected health information in a discrete location where it is easily accessible by staff.** **Ensuring client protected**	04/09/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	The paper was labeled, "Quarterly Dietary Census Report (QDCR)." The QDCR was dated 12/7/2020 and listed clients A, B, C, D, E, F, G, and H's full names, diets, and daily supplements. Home Manager (HM) #1 was interviewed on 3/8/21 at 5:08 PM. HM #1 stated the QDCR was posted on the side of the refrigerator as a reference for staff. HM #1 stated, "The clients in the home have different needs at meal time. This helps staff quickly see what the needs are without getting into their chart." Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 3/10/21 at 12:00 PM. QIDP #1 indicated the QDCR on the refrigerator was for staff reference. QIDP #1 indicated the QDCR listed clients A, B, C, D, E, F, G, and H's full names, diets, and daily supplements. QIDP #1 indicated clients A, B, C, D, E, F, G, and H's personal information should not be displayed in common areas of the home. 9-3-2(a)		**health in is in a discrete location and easily accessible by staff will be added to the Site Supervisor's weekly checklist.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the Nurse, QIDP and Area Supervisor over the location.**	
W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to ensure an accurate accounting of clients A, B, and C's funds was maintained. Findings include: Financial records were reviewed on 3/9/21 at 12:17 PM. The review indicated the following:	W 0140	**The Facility maintains and will implement its written policy to ensure accurate accounting of client funds.** **All Residential Managers will receive training on the agencies client finance policy to ensure they fully understand the policy and the**	04/09/2021

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	Client A's financial record did not indicate a monthly ledger. Client A had $6.00 in his petty cash envelope, but no corresponding ledger to track his financial spending or balance. Client B's financial record did not indicate monthly ledgers or reviews of client B's finances since 4/30/2020. The ledger was missing monthly reviews for May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November 2020, December 2020, January 2021, and February 2021. Client C's financial record did not indicate monthly ledgers or reviews of client C's finances since 4/30/2020. The ledger was missing monthly reviews for May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November 2020, December 2020, January 2021, and February 2021. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 3/9/21 at 12:17 PM. QIDP #1 indicated Home Manager (HM) #1 was responsible for maintaining clients A, B, and C's financial records in the home. QIDP #1 indicated clients A, B, and C's finances should be reconciled every month by using the facility's Petty Cash Ledger. QIDP #1 stated, "[Client A] doesn't have a ledger because he's new to the home. We haven't had a chance to create one yet." When asked if each client should have a ledger if petty cash is present, QIDP #1 stated, "Yes, every client should each have a ledger. I guess I don't know why one wasn't created for [client A] since he has petty cash on hand." QIDP #1 indicated she was unsure why HM #1 was not performing a monthly financial audit. When asked if QIDP #1 or Area Supervisor (AS) #1 reviewed		**responsibilities of monitoring all client finances are appropriately completed.** **All client funds in the home have been reconciled to reflect an accurate accounting.** **The Area Supervisor will visit the home at least weekly to complete an audit of client finances with the Residential Manager.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the Nurse, QIDP and Area Supervisor over the location.**	

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	the financial records of the clients, QIDP #1 stated, "I think [AS #1] does that, but I'm not sure." 9-3-2(a)			
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 2 additional clients (E and F), the facility failed to implement its written policy and procedures to prevent abuse of client E by staff and failed to prevent neglect of client F in regard to an incident of elopement. Findings include: On 3/8/21 at 11:45 am, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying investigative summaries was completed. The reports indicated: 1. BDDS report dated 7/29/20 indicated, "...Staff called for [Client F] to come to the staff office to receive 8 PM med's. Peer/housemates informed staff that [Client F] was using the restroom. When staff checked on [Client F] in the restroom a few minutes later, [Client F] was not present. Staff searched the home and outside of the home and [Client F] could not be located. Residential Manager notified. Staff received a call from the sheriff's office indicating [Client F] had walked to nearby emergency room. Staff picked [Client F] up from ER (Emergency Room) and drove him back to the home. [Client F] reported to the staff he left the home due to having a meeting at the ER. [Client F] was out of line of sight for	W 0149	**The agency has policies on prevention of Abuse, Neglect, Exploitation and Mistreatment. All staff receive training on the agency's policy on Abuse, Neglect, Exploitation and Mistreatment upon hire, annually thereafter and it remains a staple topic in monthly house trainings.** **All staff will be retrained on the agency's policy governing Abuse, Neglect, Exploitation and Mistreatment.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	04/09/2021

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	approximately 20 minutes [Client F] calmed down and resumed normal activity... ." 2. BDDS report dated 3/5/21 indicated, "...Staff was placed off duty pending allegations of pushing [Client E]... ." On 3/10/21 at 9:07 am the facility's 11/14/18 "Abuse, Neglect & Exploitation (ANE)" policy dated 11/14/18 was reviewed. Review of the policy indicated: "...ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports allegations or suspects incidents or abuse, neglect or exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence... ." QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 3/10/21 at 12:00 pm. QIDP #1 was asked if staff should follow and implement the Abuse, Neglect or Exploitation (ANE) policy to protect clients (A, B, C, D, E, F, G and H). The QIDP indicated the policy should be followed. QIDP #1 indicated the ANE policy should be implemented to prevent clients (A, B, C, D, E, F, G and H) from experiencing any form of abuse. QIDP #1 was asked how client to staff abuse was handled according to the ANE. QIDP #1 indicated the staff is placed on an immediate suspension and an investigation is opened. 9-3-2(a)			

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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. Based on observation, record review and interview for 3 of 3 sample clients (A, B and C), plus 5 additional clients (D, E, F, G, and H) the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure an accurate accounting of clients A, B, and C's funds was maintained, failed to ensure clients' Behavior Support Plans (BSP) were implemented to ensure client safety with location tracking and to implement clients' (A and F) risk plans, failed to create and implement personalized Active Treatment (AT) schedules for clients A and C, failed to promote client A, B, E, and G's dignity, failed to ensure client B utilized his bed alarm, abdominal binder, foot braces, and orthodic shoes, client C utilized his glasses and compression socks, and failed to include clients A, B, D, E, F, G, and H in meal preparation and clean up to the best of their abilities. Findings include: 1. The QIDP failed to ensure an accurate accounting of clients A, B, and C's funds was maintained. Please see W140. 2. The QIDP failed to ensure clients' Behavior Support Plans (BSP) were implemented to ensure client safety with location tracking and to implement clients' (A and F) risk plans. Please see W249. 3. The QIDP failed to create and implement personalized Active Treatment (AT) schedules for clients A and C. Please see W250.	W 0159	**The Facility maintains and will implement its written policy to ensure accurate accounting of client funds.** **All Residential Managers will receive training on the agencies client finance policy to ensure they fully understand the policy and the responsibilities of monitoring all client finances are appropriately completed.** **All client funds in the home have been reconciled to reflect an accurate accounting.** **The Area Supervisor will visit the home at least weekly to complete an audit of client finances with the Residential Manager.** **The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives.** **The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their health needs, HRP, ISP, and BSP.** **All staff will receive competency-based consumer**	04/09/2021

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	4. The QIDP failed to promote client A, B, E, and G's dignity. Please see W268. 5. The QIDP failed to ensure client B utilized his bed alarm, abdominal binder, foot braces, and orthodic shoes, and client C utilized his glasses and compression socks. Please see W436. 6. The QIDP failed to include clients A, B, D, E, F, G, and H in meal preparation and clean up to the best of their abilities. Please see W488. 9-3-3(a)		**specific training to include their health needs, HRP, ISP, and BSP.** **Facility Nurse will retrain all staff on Client High Risk Health Plans to ensure adherence during medication administration.** **The QIDP will be retrained on completing active treatment schedules a minimum of annually and reviewing with the Interdisciplinary Team or as needed when consumers have changes in their day program status. The QIDP will complete an updated active treatment schedule for Client #1.** **The QIDP will review active treatment schedules for all additional clients to ensure that they accurately address each client's needs and properly show the client's daily activities.** **Ongoing, the QIDP will ensure that each client's active treatment schedule is reviewed no less than quarterly by the team and will make all changes necessary when needed.** **The Residential Manager and all staff in the home will receive retraining on maintaining client dignities with an emphasis on prompting clients to change clothing at least daily and as necessary**	

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			when clothing becomes soiled. All staff in the home will be retrained on the importance of client use of adaptive equipment, ensuring clients make informed choices regarding their adaptive equipment and ensuring clients use their adaptive equipment. All staff will be retrained to prompt Clients B and C at all opportunities to use their adaptive equipment according to their plans. QIDP will develop goals for Clients B & C using their Adaptive Equipment when prompted by staff. All staff will receive training on involving clients in meal preparation, setting the table and participating in family style dining to the best of their ability. Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the Nurse, QIDP and Area Supervisor over the location.	

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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, interview, and record review for 1 of 3 sampled clients (A), and 1 additional client (F), the facility failed to ensure clients' Behavior Support Plans (BSP) were implemented to ensure client safety with location tracking and to implement clients' (A and F) risk plans. Findings include: Observations were completed on 3/8/21 from 4:00 pm through 6:06 pm, on 3/9/21 from 6:47 am through 8:45 am and on 3/9/21 from 9:15 am through 10:00 am. 1. On 3/9/21 at 6:55 am Staff #3 asked client A to come get his morning medications. Client A was given a 3 oz (ounce) cup of water to complete his medication pass. While client A was taking his medication he started to cough. Staff #3 asked if he wanted more water and Client A nodded yes. Staff #3 poured Client A another cup of water to help get the rest of his medication down. On 3/8/21 at 2:15 pm client A's risk plans were reviewed. Client A's Diabetes' high risk plan dated 12/28/20 indicated "Encourage at least 8 ounces of water with EACH med pass & meal." QIDP (Qualified Intellectual Disability	W 0249	**The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives.** **The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their health needs, HRP, ISP, and BSP.** **All staff will receive competency-based consumer specific training to include their health needs, HRP, ISP, and BSP.** **Facility Nurse will retrain all staff on Client High Risk Health Plans to ensure adherence during medication administration.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are**	04/09/2021

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	Professional) #1 was interviewed on 3/10/21 at 12:00 pm. QIDP #1 indicated BSP's, ISP's (Individual Support Plan) and risk plans should be followed and implemented at all times and it is the responsibility of the staff on shift to implement them. LPN (Licensed Practical Nurse) #1 was interviewed on 3/10/21 at 12:00 pm. LPN #1 indicated medications should be administered as directed by the MAR (Medication Administration Record) and according to the Physicians Order. 2. On 3/8/21 at 5:17 pm location tracking sheets from 3/1/21 through 3/8/21 were reviewed at the group home. The location tracking sheets for Client F indicated to check client locations every 30 minutes, then staff mark on a tracking sheet located next to the couch in the living room. Location tracking indicated the following: 1. 3/1/21 no tracking was recorded from 12:00 am through 6:30 am. 2. 3/2/21 no tracking was recorded from 12:00 am through 6:30 am. 3. 3/3/21 no tracking was recorded from 12:00 am through 6:30 am. 4. 3/4/21 no tracking was recorded from 12:00 am through 6:30 am, then no check at 11:30 pm. 5. 3/5/21 no tracking was recorded from 12:00 am through 6:30 am. 6. 3/6/21 no tracking was recorded from 12:00 am through 8:30 am, then no checks from 9:30 pm through 11:30 pm. 7. 3/7/21 no tracking was recorded from 12:00 am through 8:30 am, then no checks from 9:30 pm through 11:30 pm. 8. 3/8/21 no tracking was recorded from 12:00 am through 6:30 am.		**implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the Nurse, QIDP and Area Supervisor over the location.**	

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	On 3/10/21 at 10:50 am Client F's record was reviewed. Client F had an IDT (Interdisciplinary Team) meeting note dated 10/5/20 which indicated, "...The team agrees to move [Client F] to 30 minute tracking due to him not eloping in three months and since he did not elope in 4 years. BSP's are all appropriate and his Rights Restrictions is appropriate." On 3/10/21 at 10:50 am Client F's 2/19/21 BSP was reviewed. Client F's BSP section "Elopement/Absconding" indicated the following, "The IDT has agreed that [Client F] is on a 30-minute location tracking until further notice at the group home only. [Client F's] location will need tracked and documented on the location tracking sheets every 30 minutes." QIDP #1 was interviewed on 3/10/21 at 12:00 pm. QIDP #1 indicated BSP's, ISP's (Individual Support Plan) and risk plans should be followed and implemented at all times and it is the responsibility of the staff on shift to implement them. QIDP #1 indicated location tracking should be completed every half hour at the home for Client F. QIDP #1 indicated whoever is on shift is responsible to complete the location tracking during their scheduled shift. 9-3-4(a)			
W 0250 Bldg. 00	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 2 of 3 sample clients (A and C), the facility failed to create and implement personalized Active	W 0250	**The QIDP will be retrained on completing active treatment schedules a minimum of**	04/09/2021

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	Treatment (AT) schedules for clients A and C. Findings include: Client A's record was reviewed on 3/9/21 at 1:40 pm. Client A's record did not include a personalized AT schedule. Client C's record was reviewed on 3/9/21 at 12:08 pm. Client C's record did not include a personalized AT schedule. Staff #1 was interviewed on 3/8/21 at 6:03 PM. Staff #1 indicated there was not an AT (Active Treatment) schedule in the home. Staff #1 stated, "The guys just hang out all day. There aren't really any plans for them." Staff #1 indicated the clients enjoy watching TV, playing card games, and sleeping. Staff #1 stated, "They pretty much do what they want all day long." Staff #5 was interviewed on 3/9/21 at 9:43 AM. Staff #5 indicated when the weather was nicer the clients went on van rides, picnics, and bike rides. Staff #5 stated, "Now that its been colder, we haven't been able to do much. We have a routine to our day, but there isn't anything written out. The guys just do what they want." Staff #5 stated, "There was a time that [Client A] had his days and nights mixed up because he was sleeping so much during the day. We have that fixed now." Staff #5 stated, "[Clients A and C] like to go to bed after breakfast until around lunch time. We let them because that's what they want to do." QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 3/10/21 at 12:00 pm. QIDP #1 indicated clients A and C do not have personalized AT schedules. QIDP#1 indicated clients A and C should have		**annually and reviewing with the Interdisciplinary Team or as needed when consumers have changes in their day program status. The QIDP will complete an updated active treatment schedule for Clients A & C.** **The QIDP will review active treatment schedules for all additional clients to ensure that they accurately address each client's needs and properly show the client's daily activities.** **Ongoing, the QIDP will ensure that each client's active treatment schedule is reviewed no less than quarterly by the team and will make all changes necessary when needed.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	

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	15G591	A. BUILDING 00 B. WING	03/10/2021

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	personalized AT schedules. 9-3-4(a)			
W 0262 Bldg. 00	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to obtain Human Rights Committee (HRC) approval for the restrictive practices utilized in the home. Findings include: Client A's record was reviewed on 3/9/21 at 1:40 PM. Client A's record review indicated the following: - Client A's Individualized Support Plan (ISP) dated 1/27/21 indicated client A had restrictive practices listed as locked medications, money, chemicals, personal hygiene supplies, restrictions on freedom of movement in the community, and door alarm use. - Client A's record did not indicate client A's restrictive practices detailed in his ISP were reviewed or approved by the facility's Human Rights Committee (HRC). Client B's record was reviewed on 3/9/21 at 11:41 AM. Client B's record review indicated the following: - Client B's ISP dated 9/10/20 indicated client B	W 0262	**QIDP will audit all client charts to ensure Rights Restrictions include HRC approval and meeting agendas and minutes are available for review. Ongoing, Program Manager will conduct a quarterly audit of all client charts to ensure HRC approval is included with Rights Restrictions and meeting agendas and minutes are available for review.**	04/09/2021

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	had restrictive practices listed as locked medications, money, chemicals, personal hygiene supplies, restrictions on freedom of movement in the community, home thermostat access, door alarm use, adaptive equipment use regarding safety helmet with chin strap, gait belt, custom fit shoes, leg braces, shower chair, bed alarm, hospital bed, and adult protective undergarments. - Client B's record did not indicate client B's restrictive practices detailed in his ISP were reviewed or approved by the facility's HRC. Client C's record was reviewed on 3/9/21 at 12:08 PM. Client C's record review indicated the following: - Client C's ISP dated 9/4/20 indicated client C had restrictive practices listed as locked medications, money, chemicals, personal hygiene supplies, cigarettes, restrictions on freedom of movement in the community, door alarm use, adaptive equipment use regarding wheelchair, walker, shower chair, bed with side rails, and adult protective undergarments. - Client C's record did not indicate client C's restrictive practices detailed in his ISP were reviewed or approved by the facility's HRC. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 3/10/21 at 12:00 PM. QIDP #1 indicated restrictive practices and BSP's must be reviewed and approved by the facility's HRC. QIDP #1 indicated the committee was not meeting in person due to the health pandemic. QIDP #1 stated, "We've been meeting via phone or sending email approvals." QIDP #1 indicated she was unable to provide meeting agendas, meeting minutes, or email approvals from all			

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	members of the HRC committee for each clients restrictive practices and BSP's. QIDP #1 stated, "I have a box of approvals that need to be picked up the HRC to be signed. It has been sitting in the office for about six months. No one has picked it up." QIDP #1 indicated restrictive practices and BSP's should have documented HRC approval. 9-3-4(a)			
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 2 of 3 sample clients (A and B), plus 2 additional clients (E and G), the facility failed to promote client A, B, E, and G's dignity. Findings include: 1. Observations were done at the home on 3/8/21 from 4:00 PM to 6:08 PM. At 4:00 PM, client A was wearing a short sleeve faded tie-dye T-shirt and dark pants. Client E was wearing a short sleeve [super hero] T-shirt and gray and black athletic shorts. Client G was wearing a plaid flannel shirt and plaid pajama pants. Observations were done at the home on 3/9/21 from 6:26 AM to 8:40 AM. At 7:00 AM, client A was wearing a short sleeve faded tie-dye T-shirt and dark pants. Client E was wearing a short sleeve [super hero] T-shirt and gray and black athletic shorts. Client G was wearing a plaid flannel shirt and plaid pajama pants. Client A, E, and G's clothing was the same clothing they were wearing during the observation on 3/8/21 from 4:00 PM to 6:08 PM.	W 0268	**The Residential Manager and all staff in the home will receive retraining on maintaining client dignities with an emphasis on prompting clients to change clothing at least daily and as necessary when clothing becomes soiled. Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	04/09/2021

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	Observations were done at the home on 3/9/21 from 9:11 AM to 10:00 AM. At 10:00 AM, client A was wearing a short sleeve faded tie-dye T-shirt and dark pants. Client E was wearing a short sleeve [super hero] T-shirt and gray and black athletic shorts. Client G was wearing a plaid flannel shirt and plaid pajama pants. Clients A, E, and G's clothing was the same clothing they were wearing during the observation on 3/8/21 from 4:00 PM to 6:08 PM and on 3/9/21 from 6:26 AM to 8:40 AM. 2. Observations were done at the home on 3/8/21 from 4:00 PM to 6:08 PM. At 4:00 PM, client B was wearing a gray shirt, and gray speckled pants. At 4:20 PM, staff #2 administered client B's stomach tube feeding. Client B rocked in the recliner while the feeding was being administered. During the administration, nutritional feed spilled onto the client and his clothing. Staff #1 retrieved a towel and handed it to staff #2. Staff #2 utilized the towel to dry off client B. Client B's clothing remained wet. Staff #2 did not prompt client B to change clothing that was soiled. Client B continued wearing the same gray shirt and gray speckled pants he was wearing when the observation began. At 5:33 PM, staff #2 assisted client B from the recliner to the bathroom. Client B had been sitting on an incontinence pad while in the recliner. The incontinence pad was wet. At 5:52 PM, staff #2 assisted client B from the bathroom to the recliner. Client B continued wearing the same gray shirt and gray speckled pants he was wearing when the observation began. Staff #2 sat client B back into the recliner and onto the wet incontinence pad. Staff #2 was asked if the incontinence pad was wet. Staff #2 assisted client B to a standing position and checked the incontinence pad. Staff #2 stated,			

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	"Yes, its wet." Staff #2 indicated she was unaware client B's incontinence pad was wet. Staff #2 was asked if the client's pants were wet. Staff #2 stated, "I guess if the pad is wet, then his pants are probably wet too." Staff #2 was then asked about his soiled clothing from the stomach tube feeding. Staff #2 indicated client B's clothing did get wet after his stomach tube feeding. Staff #2 stated, "I probably should have changed him then too. I just forgot." Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 3/10/21 at 12:00 PM. QIDP #1 indicated clients A, B, E, and G should change clothing daily. QIDP #1 stated, "Clothing should be changed if it is soiled. Staff should be prompting clients to change clothing or assisting them if they can not complete it on their own." 9-3-5(a)			
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sample clients (B), the facility's nursing services failed to develop a protocol for client B's G-Tube (stomach tube) feedings and medication administrations. Findings include: Client B's record was reviewed on 3/9/21 at 11:41 AM. The review indicated the following: Client B's Individual Support Plan (ISP) dated 9/10/20 indicated client B was NPO (Nothing by mouth) and required a G-Tube for medication administration and nutritional feedings.	W 0331	**Each home is assigned a nurse to oversee the medical aspects of each person according to their needs.** **The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health. The facility Nurse and Residential Manager schedule and ensure client participation in health exams and appointments.** **G-Tube Protocol for Client B has been developed and**	04/09/2021

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	Client B's Health Risk Plan (HRP) dated 9/24/19 for Choking and Aspiration indicated client B required the use of a G-Tube for medication administration and nutritional feedings. The HRP did not indicate the specific protocol for staff to follow when completing G-Tube nutritional feedings. Client B's record did not indicate a protocol for staff to follow regarding the administration of client B's nutritional feedings and medication administration. Licensed Practical Nurse (LPN) #1 was interviewed on 3/10/21 at 12:00 PM. LPN #1 indicated there was not a protocol for G-Tube nutritional feeds and medication administration. LPN #1 stated, "Yes, we should have something for staff to use in the home as a reference." 9-3-6(a)		**includes procedures to be followed before and after nutritional feedings and medication administration. The Health Services Director will retrain the nurse to ensure all client medical needs have appropriate protocol developed and implemented. Health Service Director will audit each client chart at least quarterly to ensure all clients have appropriate protocols and procedures pursuant to client medical needs.**	
W 0369 Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview for 1 of 3 sample clients (A), the facility failed to ensure client A's medications were administered without error. Findings include: Observations were completed on 3/8/21 from 4:00 pm through 6:06 pm, on 3/9/21 from 6:47 am through 8:45 am and on 3/9/21 from 9:15 am through 10:00 am. On 3/9/21 at 8:18 am client A sat	W 0369	**All staff in the home will complete medication administration training as scheduled by facility nurses. The facility nurse and QIDP will work together to provide coordinated health care at the facility. The nurse will take the lead role on medication administration compliance, including monthly check in of**	04/09/2021

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	down at the dining room table for a breakfast of scrambled eggs, toast and sausage. On 3/9/21 at 6:55 am Staff #3 asked client A to come get his morning medications. Staff #3 selected client A's Synthroid 50mcg (Microgram) (for thyroid) tablet and administered the medication to client A. On 3/9/21 at 7:00 am Staff #3 handed Client A a bottle of Fluticasone SPR 50mcg (for nasal drainage) and directed client A to spray inside each nostril twice. Client A sprayed only once in each nostril then handed the bottle back to Staff #3. Staff #3 marked on the MAR a completed medication pass. On 3/9/21 at 1:40 pm Client A's records were reviewed. Client A's 3/9/21 MAR (Medication Administration Record) and 9/03/20 physician order were reviewed and indicated "Synthroid 50mcg, give one tablet by mouth every morning 30 minutes before breakfast" for treatment for low thyroid. On 3/9/21 at 1:40 pm Client A's records were reviewed. Client A's 3/9/21 MAR (Medication Administration Record) and 08/26/20 physician order were reviewed and indicated "Fluticasone SPR 50mcg, use 2 sprays in each nostril once daily" for nasal drainage. LPN (Licensed Practical Nurse) #1 was interviewed on 3/10/21 at 12:00 pm. LPN #1 indicated medications should be administered according to the MAR. LPN #1 indicated if a medication error occurs the nurse must be contacted immediately. 9-3-6(a)		**medications where the MAR is compared to physician orders for accuracy.** **The nurse will complete monitoring in the home at a minimum of two times per week to ensure compliance.** **The QIDP will complete weekly medication administration observations, notify the nurse when medication errors occur, and the nurse will retrain staff members, as needed, to address medication errors.** **Staff having recurring medication errors will be referred to the Program Manager to be evaluated for further corrective measures or retraining.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	

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W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview for 2 of 6 clients with adaptive equipment (B and C), the facility failed to ensure client B utilized his bed alarm, abdominal binder, foot braces, and orthodic shoes and client C utilized his glasses and compression socks. Findings include: Observations were conducted at the group home on 3/8/21 from 4:00 PM to 6:08 PM, on 3/9/21 from 6:26 AM to 8:40 AM, and on 3/9/21 from 9:11 AM to 10:00 AM. During the observation, client B did not utilize his bed alarm, abdominal binder, foot braces, or orthodic shoes, and client C did not utilize his glasses and compression socks. Staff did not encourage client B to utilize his bed alarm, abdominal binder, foot braces, or orthodic shoes, or client C to utilize his glasses and compression socks. 1. Client B's record was reviewed on 3/9/21 at 11:41 AM. Client B's Individual Support Plan (ISP) dated 9/10/20 indicated, "Adaptive Equipment... bed alarm, abdominal binder, leg braces, custom fit orthodic shoes...". 2. Client C's record was reviewed on 3/9/21 at 12:08 PM. Client C's ISP dated 9/4/20 indicated, "Adaptive Equipment... glasses, compression socks...".	W 0436	**All staff in the home will be retrained on the importance of client use of adaptive equipment, ensuring clients make informed choices regarding their adaptive equipment and ensuring clients use their adaptive equipment.** **All staff will be retrained to prompt Clients B and C at all opportunities to use their adaptive equipment according to their plans.** **QIDP will develop goals for Clients B & C using their Adaptive Equipment when prompted by staff.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	04/09/2021

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	Licensed Practical Nurse (LPN) #1 was interviewed on 3/10/21 at 12:00 PM. LPN #1 indicated client B has a bed alarm, abdominal binder, foot braces, and orthodic shoes ordered for daily use, and client C has glasses and compression socks ordered for daily use. LPN #1 indicated these items are in the home and available for clients B and C to utilize. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 3/10/21 at 12:00pm. QIDP #1 indicated clients should be utilizing their adaptive equipment as ordered by their doctors. QIDP #1 indicated adaptive equipment should be available for clients to wear daily, and staff should be prompting clients B and C to utilize their adaptive equipment. 9-3-7(a)			
W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 3 sample clients (A and C), plus 5 additional clients (D, E, F, G and H), the facility failed to include clients A, C, D, E, F, G, and H in meal preparation and clean up to the best of their abilities. Findings include: Observations were completed on 3/8/21 from 4:00 pm through 6:06 pm, on 3/9/21 from 6:47 am through 8:45 am and on 3/9/21 from 9:15 am through 10:00 am. On 3/8/21 at 4:42 pm clients A and C were called to dinner, which was lasagna, breadsticks, a mixed salad and a fruit cup. Staff #1	W 0488	**All staff will receive training on involving clients in meal preparation, setting the table and participating in family style dining to the best of their ability.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare**	04/09/2021

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	and HM (House Manager) #1 had prepared the evening meal without any client participation. At 4:52 pm staff #1 spooned out scoops of lasagna to clients A, C, D, E, F and G. On 3/9/21 at 8:18 am Clients A, C, D, E, F and G sat down down for breakfast, which consisted of scrambled eggs, sausage and toast. Staff #4 and #5 were finished preparing breakfast. At 8:26 am staff #4 and #5 started to place the food on the dining room table. Staff #4 dished out eggs and sausage on to each client's plate. QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 3/10/21 at 12:00 pm. QIDP #1 indicated all clients should be encouraged to participate in meal preparation through prompting from staff. QIDP #1 indicated clients should be encouraged to help set the table, meal preparation, carrying food to the table, unloading the dishwasher, scoop their own portions (with hand over hand assistance if needed) and participate in family style dining. 9-3-8(a)		**policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	