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	15G811	A. BUILDING 00 B. WING	10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES-CARE INC	1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135

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W 0000 Bldg. 00	This visit was for an extended annual recertification and state licensure survey. Survey Dates: October 1, 2, 3, 4 and 5, 2018 Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570 These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 10/12/18.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 20 of 20 clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility's governing body failed to exercise operating direction over the facility by failing to ensure: 1) the walls, baseboards, door frames and heat registers throughout the facility were free from scratches, dents, dings, missing paint, stains, discoloration and nail holes; 2) the bathrooms were free from broken tiles, a urine smell, a missing cabinet door, a missing door handle, stains on the shower walls and floors and toothpaste splatters on the walls; 3) the furniture in client #3's bedroom was in good repair; 4) the air conditioning was in working order; 5) the mattress in client #19's bedroom was free from a urine smell and stains and 6) client #3 and #9's bedrooms were free from clutter.	W 0104	W104 The facility maintains general policy, budget and operating direction over the facility. ·The Program Manager will complete a twice daily assessment of the physical environment of the facility. This assessment will include documentation of cleanliness, maintenance needs, structural needs and general issues with the physical plant. This will include any needs including, but not limited to: ensuring that building and all rooms within it are in good repair, clean and free of odors, furniture in good repair, and that all client furniture is in good	11/04/2018

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

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	Findings include: 1) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: - Throughout the common areas of the facility there were spackled areas on the walls that were not sanded or painted. This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. - Throughout the facility the walls and door frames had scratches, dents, dings, missing paint, stains, discolored areas and nail holes. This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. - Throughout the facility there were missing sections of the baseboards. This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. - The heat registers in the dining area had dents, dings, scratches and missing paint. This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. - Client #17's bedroom had 8 areas on the walls that had been spackled, but not sanded or painted. - Client #7's door frame was coming apart at the top. - Client #3's bedroom walls had dents, dings, scratches, discolored areas and nail holes. On 10/2/18 at 7:20 AM, client #3 indicated he would like his walls painted. On 10/2/18 at 7:45 AM, staff #28 was interviewed. Staff #28 indicated client #3's		repair. In addition, the facility will ensure that the heating and cooling of the facility is functioning and in good repair. ***please note that the A/C was cited as not functioning, in reality the issue was a blown fuse which was corrected at the time of survey, and pointed out to surveying staff. ·In the twice daily assessment of the facility, cleanliness of client rooms will be assessed. This will be documented on the facility assessment form. Client rooms are required to be clean, free from foul odors and with furniture in good repair. **please note that in respecting individual rights and client choice to have bedrooms in the manner that they enjoy, if an individual prefers to have an extensive amount of personal items, that does not interfere with safety, health and welfare, or emergency evacuation, ResCare will allow personal choice in how each individual keeps their bedrooms. ·A maintenance request will be submitted to the maintenance staff, anytime a repair may be necessary. The maintenance request will be logged and addressed by the maintenance staff. Maintenance will, in addition be noted on the twice daily assessment. Any follow up on maintenance needs will be noted on the assessment and followed up on daily. ·All facility and maintenance issues will be noted and	

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	bedroom needed to be painted and the baseboard needed to be replaced. On 10/2/18 at 12:01 PM, the Maintenance Manager (MM), indicated the spackle throughout the facility had been completed last Friday, September 28, 2018 and needed to be sanded and painted. The MM indicated sanding and painting might begin as early as Wednesday 10/3/18 and that a lot of projects were identified since he had started working in January 2018. On 10/3/18 at 2:55 PM, QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed. QIDP #1 indicated the facility had a new maintenance manager (MM) and he wasn't as efficient as the previous MM. She stated the walls, door frames and heat registers throughout the facility "could use a fresh coat of paint" and the baseboards in some areas needed to be replaced due to being in bad shape or missing. QIDP #1 stated "the facility is in need of many repairs because the guys are very rough on everything." On 10/3/18 at 2:55 PM, QIDP #2 was interviewed. QIDP #2 indicated the facility was in need of many repairs. 2) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: - The shower room on the Colts wing of the facility had chipped tiles on the floor and stains on the shower walls and floors. This affected clients #1, #5, #6, #11, #14, #15, #18, #19 and #20. - The common bathroom on the Colts wing had a		discussed at the quarterly safety committee meeting. Persons responsible: Program Manager, maintenance staff	

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	strong urine odor. This affected clients #1, #5, #6, #11, #14, #15, #18, #19 and #20. - The bathroom in client #3's bedroom was missing the door handle on the inside of the door and smelled of urine. - The bathroom in client #11's bedroom had an unidentified substance all over the walls near the sink. - The adjoining bathroom for clients #8 and #9 had a missing cabinet door and an unidentified substance all over the walls. - The adjoining bathroom for clients #5 and #15 had toothpaste splatters all over the walls. - The adjoining bathroom for clients #2 and #10 had a strong urine smell. On 10/2/18 at 7:20 AM, client #3 indicated the door handle on the inside of his bathroom door was missing. On 10/2/18 at 7:45 AM, staff #28 was interviewed. Staff #28 indicated client #3's bathroom door handle needed to be replaced and his bathroom smelled like urine. On 10/1/18 at 1:35 PM, QIDP #1 was interviewed. QIDP #1 stated the shared bathroom on the Colts unit "smells like urine." On 10/3/18 at 2:55 PM, QIDP #1 was interviewed. QIDP #1 indicated the bathrooms should not smell like urine. She stated, "the bathrooms are cleaned on a daily basis and the clients urinate on the floor at times. I'm sure the bathroom floors have been saturated with urine and they will probably have to be replaced to get rid of the urine smell." QIDP #1 indicated the bathrooms should be in good repair and should not have broken and cracked tiles, stains on the walls			

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	and floors, toothpaste splatters on the walls and missing cabinet doors and door handles. On 10/3/18 at 2:55 PM, QIDP #2 was interviewed. QIDP #2 stated "the bathrooms should not smell like urine and the floors probably need to be replaced." QIDP #2 indicated the bathrooms should be in good repair and should not have broken and cracked tiles, stains on the walls and floors, toothpaste splatters on the walls and missing cabinet doors and door handles. 3) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: - Client #3's wardrobe door was broken at the hinges and was missing 2 drawers. The end tables were missing two drawers. On 10/2/18 at 7:20 AM, client #3 indicated his wardrobe was broken and missing drawers and his end tables were missing drawers. Client #3 indicated he needed more room for storage so his room wasn't such a mess. On 10/2/18 at 7:45 AM, staff #28 was interviewed. Staff #28 indicated client #3's furniture should be in good repair and there should not be any missing drawers. On 10/2/18 at 8:25 AM, QIDP #1 was interviewed. QIDP #1 indicated client #3's furniture should be in good repair and there should not be any missing drawers. On 10/3/18 at 2:55 PM, QIDP #1 was interviewed. QIDP #1 stated "[client #3's]			

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	wardrobe and end tables were replaced. [Client #3] requested a dresser instead of the wardrobe so we are going to get him a heavy duty dresser." QIDP #1 indicated client #3's furniture should be in good repair. On 10/3/18 at 2:55 PM, QIDP #2 was interviewed. QIDP #2 indicated client #3's furniture should be in good repair. 4) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: - The air conditioning on the Colts wing was not working properly. This affected clients #1, #5, #6, #11, #14, #15, #18, #19 and #20. - On 10/1/18 at 4:30 PM, the thermostat indicated the temperature was set at 71 degrees, but it was 75 degrees on the unit. On 10/1/18 at 4:30 PM, client #6 indicated his bedroom was hot. On 10/1/18 at 4:35 PM, staff #24 was interviewed. Staff #24 stated "the air on the unit (Colts) was not working properly. Someone was here the other day to fix it, but it isn't working again." Staff #24 then stated, "Talk to [staff #22]." On 10/1/18 at 4:37 PM, staff #22 was interviewed. Staff #22 stated "the air conditioning hasn't been working right. There was a van here the other day and someone was working on it. That's a maintenance thing so I'm really not sure what is going on with it."			

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	On 10/3/18 at 10:20 AM, QIDP #1 was interviewed and indicated client #1 complained about the temperature on 10/2/18 and that was the first she had heard about the air conditioner not working properly on the Colts unit. At 10:31 AM, QIDP #1 called and spoke with the MM. The MM indicated an outside contractor came on 10/2/18, cleaned the coil and repaired a circuit breaker. The MM indicated the air conditioner was now cooling properly. 5) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: The mattress and pillows in client #19's bedroom were stained and had a strong urine odor. On 10/3/18 at 10:20 AM, QIDP #1 was interviewed. QIDP #1 stated client #19 "prefers to sleep directly on the mattress and pillows and refuses to have sheets and pillowcases on his mattress and pillows. We are going to purchase a new mattress and steam clean it at least once a month to ensure it is clean." QIDP #1 indicated client #19's mattress should be in good repair and client #19 should be encouraged to use sheets and pillowcases. 6) Observations were conducted at the facility on 10/1/18 from 1:18 PM to 2:35 PM and 3:55 PM to 5:50 PM and on 10/2/18 from 6:40 AM to 8:30 AM and 11:14 AM to 12:12 PM and indicated the following: - Client #3's bedroom had piles of clothes, blankets, personal items and trash strewn throughout the room on the floors.			

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	- Client #9's bedroom had piles and totes of papers and personal items strewn throughout the room on the floors. On 10/2/18 at 7:20 AM, client #3 indicated he needed more storage for his belongings. On 10/2/18 at 7:45 AM, staff #28 was interviewed. Staff #28 indicated client #3's bedroom needed a deep cleaning. On 10/2/18 at 8:25 AM, QIDP #1 was interviewed. QIDP #1 indicated client #3's bedroom needed a deep cleaning. On 10/3/18 at 10:20 AM, QIDP #1 was interviewed. QIDP #1 stated, "We are going to get a sturdy dresser for [client #3] so he has additional room for storage." On 10/3/18 at 10:20 AM, QIDP #2 was interviewed. QIDP #2 stated client #9 "is a hoarder and he refuses to throw anything away." QIDP #2 indicated client #9's bedroom should be free of clutter and stuff all over the floors. 5-1.3(h) 5-1.5(a)			
W 0130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3's privacy by not providing curtains for his bedroom windows.	W 0130	W 130: The facility ensures the rights of all clients. It was noted during survey that client #3 had no curtains in his	11/04/2018

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	Findings include: Observations were conducted at the facility on 10/1/18 from 1:20 PM to 2:35 PM and 3:55 PM to 5:40 PM and on 10/2/18 from 6:40 AM to 8:30 AM. Throughout the observation periods client #3's windows were not covered with curtains or blinds. On 10/2/18 at 7:20 AM, client #3 was interviewed. Client #3 indicated he wanted curtains for his windows because people can see in his windows. He indicated he did not have curtains due to the curtain rod not fitting correctly in the window. On 10/2/18 at 7:45 AM, staff #28 was interviewed. Staff #28 indicated client #3 should have curtains for privacy. On 10/2/18 at 8:25 AM, QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed. The QIDP #1 indicated client #3 should have curtains for privacy. 5-1.2(y)(2)		bedroom window. There is occasion where this client will remove his curtains and use them to self harm. This is documented in his care plans. To alleviate the issue that arises with privacy through his bedroom window, the facility will provide a translucent film on the window of client #3 so that, during times when for his own safety he cannot have his curtains, that he is still allowed privacy from the outside. Ongoing, all issues with maintenance and needs of the building, as relates to upkeep and client quality of life will be documented on the daily assessment of the facility, by the Program Manager. Persons Responsible: Maintenance staff	
W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review, and interview for 1 of 4 sampled clients (#1), the facility failed to ensure staff demonstrated competency with client #1's dietary needs and client #1's insulin administration. Findings include:	W 0189	The following are included in the BSP of client #1. Non-Compliance with Programming defined as: any time he is not engaging in programmatic requests (also	11/04/2018

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	1) Observations were conducted at the facility on 10/2/18 from 6:48 AM through 9:00 AM. At 7:27 AM, Licensed Practical Nurse (LPN) #1 administered client #1's insulin injection using an insulin pen. LPN #1 did not prime the pen. Client #1 administered his own insulin from the pen after it was passed to him by LPN #1. LPN #1 was interviewed on 10/2/18 at 7:27 AM. LPN #1 indicated she was unsure who had trained her on medication administration using the insulin pen. LPN #1 stated, "The insulin pen for [client #1] does not require priming each time. We only have to prime the new pens before we use them the first time." Client #1's record was reviewed on 10/2/18 at 1:55 PM. Client #1's record did not indicate a protocol for using client #1's insulin pen. LPN #2 was interviewed on 10/3/18 at 1:00 PM. LPN #2 indicated client #1 receives insulin injections using an insulin pen. LPN #2 indicated nursing staff are trained on how to administer insulin using the pen. LPN #2 indicated staff should prime the pen before using it on client #1. LPN #2 stated, "Staff should prime the pen by setting it at 1.0 and pushing the insulin out. This way, there is no air in the needle." LPN #2 indicated the insulin pen should be primed before each insulin administration. 2) Client #1's record was reviewed on 10/2/18 at 1:55 PM. The review indicated the following: Client #1's Individual Support Plan (ISP) dated 4/26/18 indicated a goal for dietary compliance. The goal indicated the following:		includes non-compliance with groups, programming, prescribed diet, etc) even after 3 verbal prompts are given spaced out 15 minutes apart. Can include non-compliance with medications/appointments. This does <u>not</u> include non-compliance with insulin. (see below) *Goal: He will have 2 or fewer incidents per month for 3 consecutive months by 1/19* <u>For Non-Compliance</u> ·Let him know the importance of complying with our request ·We are trying to help him reach his personal goals etc. ·Do not say anything about the request for at least 15 minutes ·Repeat the request and provide the rationale for him to follow through with the request but do not say anything else about the request ·Once he has been prompted three (3) times spaced out at least 15 minutes apart and he has not complied with the request, note it on the data sheet, and move on with the rest of the day as if nothing happened ·If the request is related to anything on the MAR, inform the nurse after three requests spaced at least 15 minutes apart ·If the request is something that has to be completed, notify the Q after the second request to determine a plan of action ·If at any time he complies with the request give him abundant praise and move on with the day.	

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	"Goal: To increase dietary compliance related to his diabetes thus increasing independence." "Objective: [Client #1] will consume a serving of a protein at snack and meal with two verbal prompts 70% of the opportunities per month ...". "Staff will explain to [client #1] the importance of eating protein at each meal to help stabilize his blood sugars." "Staff will ensure that [client #1] the (sic) protein offered or an appropriate substitute at each snack and meal." "Training Schedule: At all opportunities." Client #1's Resource Ledger Sheet (RLS) dated September 2018 had client #1's financial receipts attached. The review indicated the following: "9/4/18 at 1:46 PM: [Fast Food Restaurant]. One small [frozen dessert drink]." "9/18/18 at 12:19 PM: [Fast Food Restaurant]. One large [frozen dessert drink]." "9/25/18 at 12:34 PM: [Fast Food Restaurant]. One large [frozen dessert drink]. One quarter pound cheeseburger." "10/1/18 at 3:00 PM: [Fast Food Restaurant]. One small [frozen ice cream dessert drink]." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a small frozen dessert drink from [fast food restaurant] was listed at 64 grams. The carbohydrate count for a small frozen dessert drink from [fast food restaurant] was		**MEAL RESTRICTIONS FOR DIABETES**: ·Assigned staff for all meals and snacks ·Client #1 is limited to 30 carbs for snacks and 75 carbs for meals ·Prior to eating anything, he must check with nursing to see if his blood sugar needs to be checked. ·The assigned staff will write down exactly what Client #1 eats and bring it to the nurse as soon as Client #1 is done eating. ·When Client #1 is trying to raise his blood sugar intentionally by eating or drinking during off meal times (such as consuming coffee with 12 creamers or purposely drinking Non-Crystal Light drinks) especially when his blood sugar is already high (above 300), he will not be allowed to continue consuming these items and will temporarily be restricted from the kitchen until this behavior stops and his blood sugar is within normal limits. (target behavior: self injury (via manipulation of blood sugar) and non-compliance) ·Client #1 will not purchase energy drinks due to the effect they have on his blood sugar ·Below are included in the ISP of client #1	

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	listed at 96 grams. The carbohydrate count for a small frozen ice cream dessert drink from [fast food restaurant] was listed at 81 grams. Licensed Practical Nurse (LPN) #2 was interviewed on 10/3/18 at 1:00 PM. LPN #2 indicated client #1 was an unstable diabetic. LPN #2 stated, "His sugars are all over the place. He can be in the 40's or the 400's. It's really difficult to manage his sugar levels." LPN #2 indicated staff is trained on client #1's dietary needs. LPN #2 indicated the nurses and staff should constantly work with client #1 to make healthy food choices. Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 10/3/18 at 12:37 PM. QIDP #1 indicated client #1 is an unstable diabetic and needs assistance in making food choices appropriate to his medical needs. QIDP #1 indicated staff should prompt client #1 to make healthier choices and provide healthy alternatives. QIDP #1 stated, "A lot of our staff don't know a lot about diabetes so it's hard for them to help [client #1]. We're looking into more training for staff so they can better assist [client #1]." 5-1.3		GOAL: To improve self-medication administration skills thus increasing independence. OBJECTIVE: Client #1 will check his blood sugar **independently** 100% of the opportunities across 12 consecutive months by 8/1/19 INTERMEDIATE OBJECTIVE: Client #1 will check his blood sugar with 2 verbal prompts 50% of the opportunities across 6 consecutive months by 11/1/18 METHODOLOGY: 1.Before meals staff will inform Client #1 when it is his turn to go to the Nurses' Station to take his blood sugar levels. 2.Staff will ask Client #1 to identify why it is important and what a healthy blood sugar is for him. 3.Staff will ask Client #1 to identify whether his blood sugar is within normal range or not and ask him what he should do to make it normal if something is needed. 4.If Client #1 is not able to identify how to use insulin or food/drink to maintain a health blood sugar, staff will assist him 5.A successful trial will be recorded when Client #1 is able check his blood sugar with 2 verbal prompt or less. 6.Verbal praise and recognition should be given. **AREA: Dietary Compliance** GOAL: To increase Dietary Compliance related to his	

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			diabetes thus increasing independence. OBJECTIVE: Client #1 will will consume a serving a protein at each snack/meal **independently** 100% of the opportunities per month across 12 consecutive months by 8/01/19 INTERMEDIATE OBJECTIVE: Client #1 will consume a serving a protein at snack/meal with **2 verbal prompts 7**0% of the opportunities per month across 6 consecutive months by 11/1/18 METHODOLOGY: 1.Staff will explain to Client #1 the importance of eating protein at each meal to help stabilize his blood sugars (compliant with dietary plan). 2.Staff will ensure that Client #1 the protein offered or an appropriate substitute at each snack/meal. 3.Client #1 will let staff know if he would like an alternative protein. Staff will give assistance when needed. 4.A successful trail will be documented when Client #1 has a serving of protein at each snack/meal with 2 verbal prompts or less. 5.Verbal praise and recognition will be given for all efforts. **AREA: Healthy Living**	

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			GOAL: To increase Dietary Compliance related to his diabetes thus increasing independence. OBJECTIVE: Client #1 will record his meal intake and use the Carb manual to correctly calculate the number of carbs he has eaten **independently** 100% of the opportunities per month across 12 consecutive months by 12/01/18 INTERMEDIATE OBJECTIVE: Client #1 will record his meal intake and use the Carb manual to correctly calculate the number of carbs he has eaten **independently 90**% of the opportunities per month across 6 consecutive months by 12/01/18 METHODOLOGY: 1.Staff will explain to Client #1 the importance of counting his carbs to know how much insulin is needed to “cover” the food he is eating. 2.Staff will assist Client #1 in recording everything he eats and drinks. 3.Staff will assist Client #1 in using the “Carb Manual” to determine the number of carbs he has eaten. 4.A successful trail will be documented when Client #1 is compliant in attempting this task independently. 5.Verbal praise and recognition	

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			will be given for all efforts. Client #1 has a history of stealing food. He will need to be closely monitored when around food items. Client #1 will have an assigned staff to assist him in making wise choices when it comes to his food intake. Client #1 will also try to manipulate his blood sugars by skipping meals and snacks. Often, this will make his blood sugars rise and then plummet. **DSPs need to keep Nurse aware of everything Client #1 eats and every meal/snack that Client #1 skips**. All staff are trained upon hire, and ongoing regarding all client care plans, including those listed above regarding diabetes care plans for client #1. **please note that the care plans for client #1 state that "…must be encouraged to make wise choices in foods that he consumes…." On the occasion that Client #1 makes the choice to consume an item that is not recommended per his care plan (ex: a small frozen dessert) the food choice and carb amount will be reported to the nurse and insulin adjusted as needed. All staff will follow client care plans to the full extent of their ability, while allowing client #1	

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			some freedom of choice as well. Staff and nursing will follow diabetic guidelines to ensure that he remains healthy. All staff are trained upon hire and ongoing on the high risk plan for client #1 ResCare nursing and staff will ensure that all care plans are current and that all staff are trained. Facility administration will conduct daily active treatment observations, on a variety shifts to ensure that active treatment needs for client #4 and all other clients are being met, and that staff demonstrate an understanding of individual goals and active treatment. Persons responsible: Behavior clinician, nursing, QIDP, program manager.	
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the 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 one additional client (#5), the facility failed to develop a goal to teach client #5 to follow his prescribed diet.	W 0227	W 227 The individual program plan states the specific objectives necessary to meet the client's needs as identified in the CFA. The IDT will meet to discuss how	11/04/2018

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	Findings include: On 10/1/18 at 3:03 PM, a review of client #5's finances was conducted. Client #5's receipts for meals indicated the following items were purchased: -3/8/18: 3 double cheeseburgers, large soda and a large shake -3/15/18: 3 double cheeseburgers and a large shake -5/17/18: 3 double cheeseburgers and a large shake -5/24/18: 3 double cheeseburgers and a large shake -5/31/18: 3 double cheeseburgers, large soda and a large shake. Client #5 also purchased soda, Cheetos and donuts on the same date. -6/7/18: 3 double cheeseburgers and a large shake -6/21/18: 3 double cheeseburgers and a large soda -7/12/18: 3 double cheeseburgers, large soda and a large shake -7/26/18: 3 double cheeseburgers, large soda and a large shake. He also purchased a 44 ounce soda after the meal. -8/16/18: 3 double cheeseburgers -8/23/18: 3 double cheeseburgers and a large soda -8/30/18: 3 double cheeseburgers -9/6/18: 3 double cheeseburgers and a large shake On 10/2/18 at 11:07 AM, a focused review of client #5's record was conducted. -Client #5's 9/26/18 Dietary Progress Note indicated in the Diet Order section, "Regular - no seconds, single serving portions. -Client #5's 9/1/18 Physician's Orders (POs) indicated, "Diet: Regular diet. Single serving portions. No seconds." The POs indicated the diet started on 10/19/15. -There was no documentation in client #5's		to address the issue of client #5 purchasing large amounts of food when he goes out to eat. The team and guardian will, in conjunction with client #5 will develop a positive interventional strategy to help educate, teach and assist client #5 to make healthier food choices when out to eat. The BSP does currently address non-compliance with the dietary plan for client #5, however, the IDT will meet to discuss what revisions should be made, to the BSP, in order assist client #5 and support staff in helping him make healthier choices when buying food while outside the facility. The BSP and ISP will be updated to reflect these changes. All staff will be in-serviced on the program plan changes. Progress toward objectives will be documented on the monthly and quarterly review forms, and discussed in IDT as needed. Persons Responsible: Program Manager, Behavior Clinician, QIDP	

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	6/20/18 Individual Support Plan (ISP) addressing his eating habits. -The 9/5/18 Behavior Support Plan (BSP) indicated, in part, "...Historically in waiver settings and as a youth, [client #5] exhibited a significant number of behaviors and has engaged in dangerous activities such as running away, jumping off a bridge, and attacking his staff. He would tend to become focused, almost obsessive, about tasks that he felt he 'needed' to complete immediately such as buying/returning clothing or purchasing certain items. He has shown that he can easily become obsessive about purchasing items. This preoccupation has historically resulted in [client #5] engaging in extreme behaviors in order to get what he wants. He would try to intimidate staff members, would put his hands down his pants and rub feces on himself/items, or would engage in sexual behaviors in public spaces. Over the years however, [client #5] has made significant improvements in managing his impulses and being more realistic about his purchasing desires. With structure, he has been able to successfully manage his emotions, money, and time in a more reasonable manner...." The BSP did not address client #5's purchasing of large amounts of food when he went out to eat. On 10/2/18 at 10:54 AM, Qualified Intellectual Disabilities Professional (QIDP) #1 stated client #5's interdisciplinary team (IDT) "constantly talk about it (overeating when he goes out)." The QIDP stated going out to eat was the "one thing he can control." The QIDP indicated she was unable to locate documentation the IDT discussed client #5's choices for his meals when he went out to eat. The QIDP stated, "I should have documented it." The QIDP indicated client #5 needed a goal to address his eating habits. The			

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	QIDP stated it "looks like we are not doing anything" to address his purchases at community restaurants. On 10/3/18 at 10:02 AM, the QIDP indicated client #5 needed a goal to follow his diet. On 10/3/18 at 9:58 AM, the Quality Assurance Manager (QAM) indicated client #5 needed a plan to teach him to follow his diet. 5-2(e)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure client #1's diabetic dining plan and client #4's Gastrostomy Tube (GT) (stomach feeding tube) protocols were updated. Findings include:1) On 10/1/18 from 1:18 PM to 5:50 PM, an observation was conducted at the facility. At 5:27 PM client #1 was seated at the dining table with client #6 and observed to consume a beverage from a plastic cup and begin to eat in a family style dining arrangement. At 5:36 PM, staff #3 opened the door to the nursing station and asked Licensed Practical Nurse (LPN) #1 if she should check client #1's blood sugar. LPN #1 indicated she should and staff #3 and client #1 returned to the dining room. At 5:48 PM client #1 entered the nursing station and LPN #1 took the blood sugar after supper. On 10/1/18 at 6:03 PM, staff #3 indicated client #1's insulin was held because of a low blood sugar of 166 and client #1 had consumed a ice cream earlier in the day. When asked what client #1's	W 0240	W240 The facility ensures that the individual program plan describes relevant interventions to support the individual toward independence. All staff, including nursing are trained on all client ISP's, BSP's and HRP's. Facility Q's, Behavior Clinician and nursing staff will ensure that all care plans are accurate, current and updated. A thorough review of all charts will be completed to ensure that all plans are current, and any out of date plan, or undated plan has been removed from the working chart and filed in the historical file. Facility Q's, Behavior clinician and nursing staff will ensure that all staff are trained on the most recent and accurate plan for every client in the facility. Plans will be reviewed for	11/04/2018

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	most current blood sugar level was after supper, staff #3 indicated 298. On 10/2/18 at 7:08 AM, client #1's blood sugar was taken. Staff #28 stated client #1's blood sugar was 199 and "a little high." If blood sugar was below 70 a glucose tablet would be administered and if below 140 like yesterday morning's 118 the insulin would be held. At 7:28 AM client #1 took his insulin shot. 2a) Client #1's record was reviewed on 10/2/18 at 1:55 PM. Client #1's undated Diabetic Dining Plan (DDP) indicated, "[Client #1] will make his plate with his 1:1 (one on one) staff and then they will sit at a separate table without serving bowls present and no access to additional food ...". Client #1's additional undated DDP indicated, "[Client #1] will eat family style with the other clients for meals. He will obtain one serving from the serving bowls and then go to the kitchen for any additional servings ...". 2b) Observations were done at the facility on 10/1/18 from 3:55 PM to 5:50 PM. At 5:20 PM, Licensed Practical Nurse (LPN) #1 administered client #4's GT feeding. LPN #1 flushed client #4's GT with 150 Milliliters (ML) of water prior to administering client #4's feeding. LPN #1 poured the nutritional formula into a plastic cup and then poured the formula into client #4's GT. LPN #1 did not mix the formula with any water. At the conclusion of the feeding, LPN #1 flushed client #4's GT with 150 ML of water. Client #4's record was reviewed on 10/2/18 at 9:40 AM. Client #4's record indicated the following:		accuracy and noted on the individual monthly summaries and quarterly review to ensure expired or plans that are no longer accurate are not in a client file. Persons Responsible: QIDP, Nursing, Behavior Clinician	

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	- Client #4's GT Protocol was undated. The protocol indicated, "Flush before and after feedings with 75 ML of water. Mix together 240 ML of water plus one can of [nutritional formula] ...". - Client #4's additional GT Protocol was undated. The protocol indicated, "240 ML of [nutritional formula] with 150 ML of water before and after feeding ...". - Client #4's Physicians Orders (POs) dated 9/1/18 to 9/30/18 indicated, "[Nutritional formula] four times daily via GT. Flush with 150 ML of water before and after feedings." LPN #2 was interviewed on 10/3/18 at 1:00 PM. LPN #2 indicated the Nursing Care Manager (NCM) is responsible for updating health protocols for clients #1 and #4. LPN #2 stated, "We don't have a current NCM. The LPNs on the floor wouldn't be in charge of updating the plans. The Registered Nurse (RN) would do that. We don't have a regular RN right now." LPN #2 indicated protocols should have a date on them so older protocols aren't confusing. After reviewing clients #1 and #4's protocols she stated, "I can see how staff would be confused. The plans are different. It would be hard to determine which one to follow." LPN #2 indicated plans should be clear and detailed to avoid confusion. 5-2(e)			
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			

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	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 4 sample clients (#4), the facility failed to implement client #4's Behavior Support Plan/BSP and client #1's Individualized Support Plan/ISP as written. Findings include: 1) Observations were done at the facility on 10/11/18 from 1:18 PM to 2:33 PM and from 3:55 PM to 5:50 PM. - At 2:20 PM, client #4 walked from his bedroom to the common living room. Client #4's shirt was saturated from the neckline of his shirt to his mid-abdomen. Additional saliva was present on client #4's chin. Client #4 did not have a towel present. Qualified Intellectual Disabilities Professional (QIDP) #1 prompted client #4 to change his wet shirt. QIDP #1 did not prompt client #4 to obtain a towel to assist with his excessive secretions. Client #4 was compliant with QIDP #1's request and walked to his bedroom to change his wet shirt. - At 4:01 PM, client #4 assisted in the dining room for meal preparation. Client #4's shirt was saturated from the neckline of his shirt to his mid-abdomen. Additional saliva was present on client #4's chin. Client #4 did not have a towel present. Staff #6 and #12 interacted with client #4 while he assisted in the dining room. Staff #6 and #12 did not prompt client #4 to change his shirt or obtain a towel for his excessive secretions.	W 0249	W 249 The facility ensures that each client receives continuous active treatment All individuals should be assessed, at least annually and ongoing for all needed interventions and opportunities for training and independence. The IDT for each client meets to assess changes and needs necessary. The IDT for client #4 will meet determine appropriate goal training to assist client #4 in addressing his excessive salivating. This goal will be incorporated into his ISP, and all staff will be trained to assist this individual in becoming more independent. Progress toward goals and objectives will be assessed at least monthly and documented on the monthly review form. All staff are trained upon hire, and ongoing on diabetic care plans for client #1. This happens in a number of ways: 1) all staff are trained on client HRP's 2) all staff are trained on client BSP's and 3) all staff are trained on client ISP's. Staff receive continuous and ongoing training anytime a component of a care plan is changed. This training is documented in the form of staff in-service forms, as well as initial new hire training. Training	11/04/2018

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	- At 4:19 PM, client #4 wiped his excessive secretions from his chin onto shirt while he talked to staff #6 and #12. Staff #6 and #12 did not prompt client #4 to change his shirt or obtain a towel for his excessive secretions. - At 4:35 PM, client #4 paced the living room. Staff #12 interacted with client #4. Client #4's shirt was saturated from the neckline of his shirt to his mid-abdomen. Additional saliva was present on client #4's chin. Client #4 did not have a towel present. Staff #4 did not prompt client #4 to change his shirt or obtain a towel for his excessive secretions. Client #4's record was reviewed on 10/2/18 at 9:40 AM. The review indicated the following: Client #4's Behavior Support Plan (BSP) dated 8/7/18 indicated client #4 had a plan for non-compliance. The plan indicated the following: - "Non-Compliance: Anytime he (client #4) is not engaging in programmatic requests and maintaining hygiene within three verbal prompts spaced out at least fifteen minutes apart." - "He (client #4) usually carries a towel with him due to excessive drooling ...". QIDP #1 was interviewed on 10/3/18 at 12:37 PM. QIDP #1 indicated client #4's BSP should be followed as written. QIDP #1 indicated client #4 has excessive salivation and should be carrying a towel to address this identified need. QIDP #1 indicated staff should prompt client #4 to utilize a towel to address this need per his BSP. 2) Client #1's record was reviewed on 10/2/18 at		occurs regularly and is ongoing. **please note that the care plans's for client #1 state that "…*client #1 will eat family style with the other clients for meals.* **Although he is not currently limited to a certain amount of food at scheduled meal times, he has been advised to "eat sensibly" and not overconsume. Snacks are restricted to be no more than 30 Carbs a snack. If his intake becomes excessive, *staff need to remind and prompt him that he's being excessive and to make wise food choices.*** *He can have sweets, sugars, and carbohydrates in moderation, but needs to mix with a protein. Tyler must be encouraged to make wise choices in the foods that he consumes."* On the occasion that Client #1 makes the choice to consume an item that is not recommended per his care plan (ex: a small frozen dessert) the food choice and carb amount will be reported to the nurse and insulin adjusted as needed, and per his written plans. All staff will follow client care plans to the full extent of their ability, while allowing client #1 some freedom of choice as well. Staff and nursing will follow diabetic guidelines to ensure that he remains healthy.	

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	1:55 PM. The review indicated the following: Client #1's Individual Support Plan (ISP) dated 4/26/18 indicated a goal for dietary compliance. The goal indicated the following: "Goal: To increase dietary compliance related to his diabetes thus increasing independence." "Objective: [Client #1] will consume a serving of a protein at snack and meal with two verbal prompts 70% of the opportunities per month ...". "Staff will explain to [client #1] the importance of eating protein at each meal to help stabilize his blood sugars." "Staff will ensure that [client #1] the (sic) protein offered or an appropriate substitute at each snack and meal." "Training Schedule: At all opportunities." Client #4's Dietary Progress Note (DPN) dated 7/31/18 indicated, "Significant change related to blood sugar control and weight gain. Resident (client #1) is showing less compliance with carbohydrate counting and staff is occasionally offering a [frozen dessert drink]. Blood sugar is up and down as a result ... Recommend consistent carbohydrate intake at meals of 5-6 carbohydrates ... Follow monthly and discuss with staff." Client #1's Diabetes Control Plan (DCP) dated 8/1/18 indicated, "Nursing is working with [client #1] on his diabetes care and management, providing information on proper food choices ... [Client #1's] doctor has ordered that [client #1] consume a protein with each meal and snack. For the sake of managing blood sugar, it is best of the		Client #1 has in his ISP goal training on the following: Self-Med administration (checking his blood sugar), dietary compliance (educating on the importance of consuming a protein at snack/meal time), Increasing dietary compliance (recording his meal intake and using the Carb manual to calculate carbs). All staff are trained on the components of the ISP and assisting him with managing his diabetes. Nursing will continue to communicate with the primary care physician and the endocrinologist to ensure that client #1 continues to become healthier and also to continue his increased levels of independence during the time that he has lived in this facility. Facility administration will conduct daily active treatment observations, on a variety shifts to ensure that active treatment needs for client #4 and all other clients are being met, and that staff demonstrate an understanding of individual goals and active treatment. Persons Responsible: Program Manager, Executive Director, QIDP, Nursing	

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	15G811	A. BUILDING 00 B. WING	10/05/2018

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	protein is consumed prior to the carbohydrate ... [Client #1] will have a 1:1 (one on one) staff to assist him in making wise choices when it comes to his food intake ... He is not currently limited to a certain amount of food at scheduled meal times, he has been advised to eat sensibly and not over consume. Snacks are recommended to be around 30-45 carbohydrates a snack ... He can have sweets, sugars, and carbohydrates in moderation, but needs to mix with protein. [Client #1] must be encouraged to make wise choices in the foods that he consumes. Large carbohydrate and sugary snacks, such as [frozen dessert drinks] must be done in moderation and on special occasions ... [Client #1] needs to be educated on the importance of making good choices with food and drink ...". Client #4's DPN dated 8/22/18 indicated, "Today's blood glucose is 425 ... Current A1C (blood test to measure sugar control) at 7.6. Highest level over the past year ... Highly recommend more consistent carbohydrate intake of 5 to 6 per meal." Client #1's Resource Ledger Sheet (RLS) dated September 2018 had client #1's financial receipts attached. The review indicated the following: "9/4/18 at 1:46 PM: [Fast Food Restaurant]. One small [frozen dessert drink]." "9/18/18 at 12:19 PM: [Fast Food Restaurant]. One large [frozen dessert drink]." "9/25/18 at 12:34 PM: [Fast Food Restaurant]. One large [frozen dessert drink]. One quarter pound cheeseburger." "10/1/18 at 3:00 PM: [Fast Food Restaurant]. One			

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	small [frozen ice cream dessert drink]." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a small frozen dessert drink from [fast food restaurant] was listed at 64 grams. The carbohydrate count for a small frozen dessert drink from [fast food restaurant] was listed at 96 grams. The carbohydrate count for a small frozen ice cream dessert drink from [fast food restaurant] was listed at 81 grams. Licensed Practical Nurse (LPN) #2 was interviewed on 10/3/18 at 1:00 PM. LPN #2 indicated client #1 was an unstable diabetic. LPN #2 stated, "His sugars are all over the place. He can be in the 40's or the 400's. It's really difficult to manage his sugar levels." LPN #2 indicated the nurses and staff work with client #1 to make healthy food choices. LPN #2 stated, "We don't have a formal plan in place to teach him about his diabetes and diet plan, but we talk to him about it when we can." Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 10/3/18 at 12:37 PM. QIDP #1 indicated client #1 has a goal to address health eating. QIDP #1 indicated client #1's ISP should be followed as written. QIDP #1 indicated client #1 is an unstable diabetic and needs assistance in making food choices appropriate to his medical needs. QIDP #1 indicated staff should prompt client #1 to make healthier choices and provide healthy alternatives.3) On 10/1/18 from 1:18 PM to 5:50 PM, an observation was conducted at the facility. At 5:27 PM client #1 was seated at the dining table with client #6 and observed to consume a beverage from a plastic cup and begin to eat in a			

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	family style dining arrangement. At 5:36 PM, staff #3 opened the door to the nursing station and asked Licensed Practical Nurse (LPN) #1 if she should check client #1's blood sugar level. LPN #1 indicated she should, but did not check client #1's blood sugar. Staff #3 and client #1 returned to the dining room and continued to consume his dinner. At 5:48 PM client #1 entered the nursing station and LPN #1 took the blood sugar level after his supper. On 10/1/18 at 6:03 PM, staff #3 indicated client #1's insulin was held because of a low blood sugar level of 166 and that client #1 had consumed ice cream earlier in the day. When asked what client #1's most current blood sugar level was after his supper, staff #3 indicated 298. On 10/2/18 at 12:35 PM, a review of client #1's records was conducted. -The 4/26/18 ISP indicated "[Client #1] will check his blood sugar independently 100% of the opportunities across 12 consecutive months by 8/1/19." "[Client #1] will check his blood sugar with 2 verbal prompts 50% of the opportunities across 6 consecutive months by 11/1/18." -The 4/26/18 Human Rights Committee (HRC) indicated under meal restriction "1:1 staffing for all meals and snacks." "Prior to eating anything, his blood sugar must be checked ...". On 10/3/18 at 12:34 PM, Qualified Intellectual Disability Professional (QIDP) #1 indicated she had heard client #1's blood sugar was not checked before eating supper on 10/1/18. QIDP #1 indicated as of 9/1/18 client #1's should be encouraged to check blood sugar and that blood			

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	sugar levels should be obtained before each meal. On 10/3/18 at 1:00 PM, LPN #2 indicated client #1 is an unstable diabetic. LPN #2 stated, "His sugars are all over the place. He can be either really high or really low. That's why we have to check his blood sugars before he eats anything." LPN #2 indicated a blood sugar check should never be skipped for client #1. LPN #2 stated, "His plan should be followed at all times because of his critical diabetes status." LPN #2 indicated the nurse of shift is responsible for ensuring client #1's blood sugar levels are checked. 5-7.1(a)			
W 0318 Bldg. 00	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 2 of 4 clients in the sample (#1 and #4), the facility failed to meet the Condition of Participation: Health Care Services. The facility nursing services failed to provide timely and appropriate monitoring and interventions for client #1's diabetes, communicate with client #1's Endocrinologist (diabetes specialist) as indicated, provide training to client #1 and staff on his dietary needs, and failed to ensure recommendations from specialists were implemented. The facility's nursing services failed to ensure client #4 was examined on a quarterly basis. The facility's nursing services failed to ensure client #4 was provided with timely dental services. Findings include: 1) Please refer to W331. For 1 of 4 sample	W 0318	Historically client #1 has a diabetes high risk plan which includes the following: **please note that the care plans's for client #1 state that "…*client #1 will eat family style with the other clients for meals.* Although he is not currently limited to a certain amount of food at scheduled meal times, he has been advised to "eat sensibly" and not overconsume. Snacks are restricted to be no more than 30 Carbs a snack. If his intake becomes excessive, *staff need to remind and prompt him that he's being excessive and to make wise food choices. He can have sweets, sugars, and carbohydrates in moderation, but needs to mix with a protein. Tyler*	11/04/2018

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	clients (#1), the facility's nursing services failed to provide timely and appropriate monitoring and interventions for his diabetes, communicate with client #1's Endocrinologist (diabetes specialist) as indicated, provide training to client #1 and staff on his dietary needs, and failed to ensure recommendations from specialists were implemented. 2) Please refer to W336. For 1 of 4 sample clients (#4), the facility's nursing services failed to ensure client #4 was examined on a quarterly basis. 3) Please refer to W348. For 1 of 4 sample clients (#4), the facility's nursing services failed to ensure client #4 was provided with timely dental services. 5-4		*must be encouraged to make wise choices in the foods that he consumes."* The IDT for client #1 will meet to determine if his current medical HRP continues to meet his needs for health and safety as related to his diabetes. The IDT will consult recommendations made by his physicians and registered dietician to ensure that the education, interventions and medical care plans meet his needs. This will include, but is not limited to: ·What specific restrictions need to be in his dining plan at this time ·How does the BSP need to be revised to assist this client and staff in maintaining his health ·How does the ISP need to be revised to assist this client and staff in maintaining his health ·Updating the physicians recommendations as it pertains to how frequently this client needs to be seen, and under what criteria does she need to be contacted, at what level ketones need to be tested (currently only when the glucometer registers as High) ·What freedoms does and should this client have in being able to choose food items that he enjoys. Upon completion of the review of the needs for this client, and approval by the physician, all care plans will be updated to reflect any current and updated information. Care plans will be reviewed for all	

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			individuals living within this facility. Physicians recommendations, interventions, needed monitoring, and all other needs will be reviewed at least monthly by the QIDP and nursing staff. In addition these will also be reviewed quarterly, and changed and adjusted as needed. All staff will be trained on any and all changes to this care plan. Facility management will conduct active treatment observations daily to ensure that client plans and protocols are being implemented as written and intended. Client needs and changes will be reviewed at least monthly, on the monthly review form and will be discussed no less than quarterly with the IDT. All staff, including nursing are trained on all client ISP's, BSP's and HRP's. Facility Q's, Behavior Clinician and nursing staff will ensure that all care plans are accurate, current and updated. A thorough review of all charts will be completed to ensure that all plans are current, and any out of date plan, or undated plan has been removed from the working chart and filed in the historical file. Nursing staff will be in-serviced on the requirement of conducting a quarterly nursing assessment on all clients. All client charts will be reviewed to ensure that a quarterly assessment has been	

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			completed for each client. The QIDP, when completing the quarterly review for each client, will also note on the quarterly that a quarterly nursing assessment has been completed. In addition, a monthly site review will be done at the facility, and each month a random sample of client charts will be checked to verify that a quarterly assessment is in place, in those charts. The facility provides for comprehensive and diagnostic treatment services for each client. Nursing staff will ensure that appropriate dental, and all other diagnostic treatment services are provided for all clients. Facility management, as well as nursing will ensure that all services, appointments and follow up appointments are made according to physician recommendation and that client health needs are met. Nursing will document all orders, and appointments in the medical chart. Nursing will send a documented list of all appointments and follow ups to the facility QIDP. The QIDP will document progress of medical appointments on the monthly review form as well as the quarterly review. The QIDP, along with the individual, nursing and the IDT will follow up at least quarterly to ensure that all diagnostic treatment services are in compliance.	

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			Persons Responsible: Nursing, QIDP	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview for 1 of 4 sample clients (#1), the facility nursing services failed to provide timely and appropriate monitoring and interventions for client #1's diabetes, communicate with client #1's Endocrinologist (diabetes specialist) as indicated, provide training to client #1 and staff on his dietary needs, and failed to ensure recommendations from specialists were implemented. Findings include: Client #1's record was reviewed on 10/2/18 at 1:55 PM. The review indicated the following: Client #1's Injury and Illness Report (IIR) dated 5/18/18 at 7:10 AM indicated, "Illness Description: [Client #1] vomiting." The IIR indicated, "Nursing Assessment: Temperature 96.9 degrees. Blood sugar 229. No complaints at this time. Advised rest and clear liquid diet." Client #1's IIR dated 5/18/18 did not indicate client #1's PCP or endocrinologist was consulted regarding client #1's condition. Client #1's IIR dated 5/19/18 at 8:10 PM indicated, "Illness Description: Whole body. [Client #1] went to use the bathroom and fell." The IIR indicated, "Nursing Assessment: Blood sugar 527.	W 0331	W331 The facility provides clients with nursing services in accordance with their needs Historically client #1 has a diabetes high risk plan which includes the following: **please note that the care plans's for client #1 state that "…*client #1 will eat family style with the other clients for meals.* **Although he is not currently limited to a certain amount of food at scheduled meal times, he has been advised to "eat sensibly" and not overconsume. Snacks are restricted to be no more than 30 Carbs a snack. If his intake becomes excessive, *staff need to remind and prompt him that he's being excessive and to make wise food choices.*** *He can have sweets, sugars, and carbohydrates in moderation, but needs to mix with a protein. Tyler must be encouraged to make wise choices in the foods that he consumes."* The IDT for client #1 will meet to determine if his current medical HRP continues to meet his needs for health and safety as related to	11/04/2018

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	Blood pressure 140/98. Pulse 110. Upon entering room, client (client #1) noted on bathroom floor on stomach. Skin pale, warm and dry to touch ... eyes closed, but appeared he was trying to open them. No verbal response. Had given [client #1] 20 units of Solostar (insulin) and 2 units more Novolog (insulin). Blood sugar at bedtime was 427. Spoke with staff. Nurse gave [client #1] 2 more units Novolog. Client had went on outing and drank two cups (of soda). No information as to amount (of soda) in each cup. Client up now and blood sugar down to 337. He is alert and verbal. Answers all questions appropriately. Instructed client only water for the rest of tonight. No acute distress noted at this time. Will continue to monitor." Client #1's IIR dated 5/19/18 did not indicate client #1's PCP or endocrinologist was consulted regarding client #1's condition. The IIR did not indicate client #1's urine was tested for ketones. The IIR did not indicate client #1 was seen by the Emergency Room (ER) or Urgent Care (UC) regarding his blood sugar levels. Client #1's Interdisciplinary Team (IDT) meeting dated 5/22/18 indicated, "On 5/191/18, [client #1] had been to the movies and had two regular soda pops. [Client #1] could not stop shaking. Nursing checked his blood sugar level which was 421. [Client #1] went to the bathroom and staff heard him fall, when staff went to check on him, [client #1] was unresponsive and nursing was radioed to come check on him. His blood sugar was above 500. Nursing treated [client #1] and got him in bed. [Client #1] was able to get up and walk to get a drink of water. [Client #1's] blood sugar was coming down from nursing treating him. [Client #1] returned to normal programming with no		his diabetes. The IDT will consult recommendations made by his physicians and registered dietician to ensure that the education, interventions and medical care plans meet his needs. This will include, but is not limited to: ·What specific restrictions need to be in his dining plan at this time ·How does the BSP need to be revised to assist this client and staff in maintaining his health ·How does the ISP need to be revised to assist this client and staff in maintaining his health ·Updating the physicians recommendations as it pertains to how frequently this client needs to be seen, and under what criteria does she need to be contacted, at what level ketones need to be tested (currently only when the glucometer registers as High) ·What freedoms does and should this client have in being able to choose food items that he enjoys. Upon completion of the review of the needs for this client, and approval by the physician, all care plans will be updated to reflect any current and updated information. Care plans will be reviewed for all individuals living within this facility. Physicians recommendations, interventions, needed monitoring, and all other needs will be reviewed at least monthly by the QIDP and nursing staff. In addition these will also	

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	known injuries ... IDT did talk about whether [client #1] needed to attend movie outings if he could not be compliant with his diet. [Client #1] was reminded that this kind of behavior was self injury and could seriously harm him. [Client #1's] team agreed to monitor and see if there was any pattern, but will be watching [client #] closely due to this incident. Staff will continue to follow approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) for [client #1] which currently meet his needs." Client #1's Individual Support Plan (ISP) dated 4/26/18 indicated the following: - "(Client #1) eats large amounts of food to intentionally manipulate his insulin level... He (client #1) receives insulin shots multiple times each day to control his diabetes... [Client #1] is unable to provide basic health, safety , and nutritional needs without continuous supervision, training and staff support...". - "Self Medication Administration Goal: To improve self medication administration skills thus increasing independence." "Objective: [Client #1] will check his blood sugar independently 100% of the opportunities...". "Before meals staff will inform [client #1] when it is his turn to go to the nurses station to take his blood sugar levels." "Staff will ask [client #1] to identify why it is important and what a health blood sugar is for him." "If [client #1] is not able to identify how to use		be reviewed quarterly, and changed and adjusted as needed. All staff will be trained on any and all changes to this care plan. Facility management will conduct active treatment observations daily to ensure that client plans and protocols are being implemented as written and intended. Client needs and changes will be reviewed at least monthly, on the monthly review form and will be discussed no less than quarterly with the IDT. Persons Responsible: nursing, Program Manager, QIDP, Behavior clinician.	

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	insulin or food or drink to maintain a health (sic) blood sugar, staff will assist him." "Training Schedule: At all opportunities." - "Dietary Compliance Goal: To increase dietary compliance related to his diabetes thus increasing independence." "Objective: [Client #1] will consume a serving of a protein at snack and meal with two verbal prompts 70% of the opportunities per month ...". "Staff will explain to [client #1] the importance of eating protein at each meal to help stabilize his blood sugars." "Staff will ensure that [client #1] the (sic) protein offered or an appropriate substitute at each snack and meal." "Training Schedule: At all opportunities." - "Healthy Living Goal: To increase dietary compliance related to his diabetes thus increasing independence." "Objective: [Client #1] will record his meal intake and use the carbohydrate manual to correctly calculate the number of carbohydrates he has eaten independently 100% of the opportunities...". "Staff will explain to [client #1] the importance of counting his carbohydrates to know how much insulin is needed to cover the food her is eating." "Staff will assist [client #1] in recording everything he eats and drinks."			

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	"Staff will assist [client #1] in using the carbohydrate manual to determine the number of carbohydrates he has eaten." "Training Schedule: At all opportunities." - Client #1's Human Rights Committee (HRC) dated 4/26/2018 indicated client #1 had a meal restriction. The HRC indicated, "1:1 (one on one) staffing for all meals and snacks... Prior to eating anything, his (client #1's) blood sugar must be checked ...". - Client #1's Behavior Support Plan (BSP) dated 8/22/18 indicated the following: "[Client #1] is a type 1 diabetic and his blood sugar levels are often unstable. He also has a history of trying to make his blood sugar levels unstable intentionally. In addition, [client #1] had historically faked diabetic or other medical attacks and would steal food thus altering his blood sugar levels. [Client #1] has enhanced supervision due to self harming behaviors and also due to requiring assistance with his diabetic needs...". "Target Behaviors: Non Compliance with Programming... includes non compliance with prescribed diet... Non Compliance with Insulin Injections...". "Staffing Requirements: [Client #1] will have an assigned staff during all meals and snacks. The assigned staff is responsible for tracking all food intake. [Client #1] will have a 1:1 staff during second shift only... Staff must be present with [client #1] when he is in the kitchen so that [client #1] does not ingest any food without the knowledge of nursing...".			

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	15G811	A. BUILDING 00 B. WING	10/05/2018

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	"Outing Restrictions: [Client #1] will have 1:1 staff supervision on outings. If [client #1] wants to purchase food and there is not a nurse on the outing to administer insulin, he must use the drive thruough (sic), the food must remain out of his reach in the front seat and must be brought back to the facility to to consume after his dietary protocol is followed." "Meal Restrictions for Diabetes: Assigned staff for all meals and snacks. Prior to eating anything, he must check with nursing to see if his blood sugar needs to be checked... When [client #1] is trying to raise his blood sugar intentionally by eating or drinking during off meal times, especially when his blood sugar is already high, above 300, he will not be allowed to continue consuming these items...". - Client #1's Diabetes Emergency Protocol (DEP) was undated. The DEP indicated the following: "Diabetic Emergencies would consist of the following: Unconsciousness or altered mental states along with a very low or very high blood sugar...". "Contact his (client #1's) endocrinologist if he has had two blood sugar readings below 70 within the week, or two blood sugar readings above 250 within the week. Keeping in mind that we fax blood sugar results every Monday. Also contact his doctor if his blood sugar is over 300 and he is positive for ketones above trace or small (on the testing strip)." "When his blood sugar is elevated, encourage him to drink water."			

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"If [client #1] is sick and refusing to eat or vomiting, contact his doctor.. She may want to alter his insulin schedule for the day."

"If [client #1] has a diabetic emergency, 911 will be called and he will be transported by ambulance."

- Client #1's undated Diabetic Dining Plan (DDP) indicated, "Blood sugars will be faxed to his diabetic doctor weekly."

- Client #1's Health Risk Plan (HRP) dated 7/25/18 indicated client #1 had a plan for diabetes management. The HRP indicated the following:

"Encourage doctor ordered healthy eating menu containing a protein at each snack and meal."

"His (client #1's) blood glucose must be tested prior to all of his meals. Staff must report any and all amounts of food and drink intake to the nurse. His carbohydrates must be counted by nursing and insulin given following carbohydrate intake as ordered. Blood glucose testing prior to snack is up to the nurse's discretion."

"Nurse will assure routine examinations are scheduled with the physician and endocrinologist."

"Nurse will assure all staff receive training regarding diet control, signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar), foot care, and emergency treatment if signs and symptoms occur."

- Client #1's Diabetes Control Plan (DCP) dated

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	8/1/18 indicated the following: "Nursing is working with [client #1] on his diabetes care and management, providing information on proper food choices ... [Client #1's] doctor has ordered that [client #1] consume a protein with each meal and snack. For the sake of managing blood sugar, it is best of the protein is consumed prior to the carbohydrate." "[Client #1] will have a 1:1 (one on one) staff to assist him in making wise choices when it comes to his food intake ... He is not currently limited to a certain amount of food at scheduled meal times, he has been advised to eat sensibly and not over consume. Snacks are recommended to be around 30-45 carbohydrates a snack ... He can have sweets, sugars, and carbohydrates in moderation, but needs to mix with protein. [Client #1] must be encouraged to make wise choices in the foods that he consumes. Large carbohydrate and sugary snacks, such as [frozen dessert drinks] must be done in moderation and on special occasions ... [Client #1] needs to be educated on the importance of making good choices with food and drink ...". "At any time, if his (client #1's) blood glucose is less than 70, he will need a snack involving protein and carbohydrates. If this is before a meal, he will be given four glucose tablets and a snack involving carbohydrates and protein. His blood glucose needs to be rechecked after fifteen minutes until is above 70... If it is a non-meal time, he will be given a snack that involves protein and carbohydrates and glucose tablets to raise his blood sugar. His blood glucose will need to be tested after fifteen minutes... Food is healthier for [client #1] than simply eating glucose tablets.			

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	These (the glucose tablets) put him on a roller coaster with his blood sugar where the protein and carbohydrate (snack) will help him maintain (a consistent blood sugar level)." "[Client #1] needs to be educated on the importance of making good choices with food and drink. He is aware of how to manipulate his food intake to get sudden highs that plummet quickly, due to lack of appropriate food combinations to hold him steady. As part of this education, he needs to be made aware of the dangers unsteady blood glucose can place on his body and organs...". - Client #1's Insulin Sliding Scale Orders (ISSO) were undated. The orders indicated, "Snacks: One unit of Novolog (insulin) for every 16 grams of carbohydrates. Snacks are at 10:30 AM and 2:30 PM. Carbohydrate count restriction not to exceed 45 grams per snack." - Client #1's Physician's Orders (POs) dated October 2018 indicated, "Blood sugar check before meals and at bedtime." - Client #1's Doctor Exam Form (DEF) dated 2/26/18 indicated client #1 had seen his endocrinologist for a regular visit. The DEF indicated a return appointment was needed in three months. Client #1's record did not indicate client #1 was seen at the endocrinologist until 7/10/18. - Client #1's Dietary Progress Note (DPN) dated 5/9/18 indicated, "Blood sugar continues to fluctuate. Responds quickly to carbohydrate intake. Closely monitor and treat as ordered. Medications adjusted on an ongoing basis.			

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	Carbohydrates are counted, but are allowed as resident (client #1) desires." - Client #1's DEF dated 7/10/18 indicated client #1 had seen his endocrinologist for a regular visit. Client #1's insulin regime was adjusted per the endocrinologist's accommodations. - Client #1's DPN dated 7/31/18 indicated, "Significant change related to blood sugar control and weight gain. Resident (client #1) is showing less compliance with carbohydrate counting and staff is occasionally offering a [frozen dessert drink]. Blood sugar is up and down as a result ... Recommend consistent carbohydrate intake at meals of 5-6 carbohydrates... Recommend endocrinologist referral and review of current medication and insulin orders. Follow monthly and discuss with staff." Client #1's record did not indicate client #1 was seen at the endocrinologist since his 7/10/18 visit. Client #1's DPN dated 8/22/18 indicated, "Today's blood glucose is 425 ... Current A1C (blood test to measure sugar control) at 7.6. Highest level over the past year ... Highly recommend more consistent carbohydrate intake of 5 to 6 per meal." Client #1's Blood Sugar Record (BSR) dated 8/30/18 indicated client #1 had a breakfast blood glucose reading of 334. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's Low Blood Sugar Sheet (LBSS) dated 8/30/18 at 3:00 PM indicated client #1 had a blood sugar of 56. The treatment given was four glucose tablets. The LBSS did not indicate client #1			

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	received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 3:20 PM and provided a result of 150. Client #1's BSR dated 8/30/18 indicated client #1 had a bedtime blood glucose reading of 354. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 8/31/18 indicated client #1 had a breakfast blood glucose reading of 377. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 8/31/18 indicated client #1 had a dinner blood glucose reading of 312. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 8/31/18 did not indicate client #1's blood glucose was tested at bedtime. Client #1's BSR dated 9/2/18 indicated client #1 had a lunch blood glucose reading of 312. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/2/18 indicated client #1 had a bedtime blood glucose reading of 363. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300.			

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	Client #1's BSR dated 9/3/18 indicated client #1 had a breakfast blood glucose reading of 323. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/3/18 did not indicate client #1's blood glucose was tested at bedtime. Client #1's BSR dated 9/4/18 indicated client #1 had a breakfast blood glucose reading of 322. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/4/18 indicated client #1 had a lunch blood glucose reading of 411. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's LBSS dated 9/4/18 at 4:30 PM indicated client #1 had a blood sugar of 56. The treatment given was four glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 4:50 PM and provided a result of 100. Client #1's Resource Ledger Sheet (RLS) dated September 2018 indicated, "9/4/18 at 1:46 PM: [Fast Food Restaurant]. One small [frozen dessert drink]." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a small frozen dessert drink from [fast food restaurant] was listed at 64 grams.			

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	Client #1's BSR dated 9/3/18 did not indicate client #1's blood glucose was tested at bedtime. Client #1's record did not indicate documentation of contact with client #1's endocrinologist on 9/3/18 for weekly review of client #1's blood glucose levels. Client #1's BSR dated 9/6/18 indicated client #1 had a dinner blood glucose reading of 457. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/7/18 did not indicate client #1's blood glucose was tested at breakfast. The BSR indicated her refused his check. Client #1's BSR dated 9/7/18 indicated client #1 had a dinner blood glucose reading of 301. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/7/18 indicated client #1 had a bedtime blood glucose reading of 308. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's Nursing Progress Notes (NPN) dated 9/7/18 at 11:00 PM indicated, "[Client #1] notified nurse that he had been eating candy. Showed candy wrappers in his trash can. States the candy was found in the chair in his room and that it had, 'fallen out of staffs (unknown staff) pockets.' Blood glucose level 308. Will continue to monitor. Residential Manager made aware of candy wrappers and client statement."			

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	Client #1's BSR dated 9/8/18 indicated client #1 had a lunch blood glucose reading of 432. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/8/18 indicated client #1 had a dinner blood glucose reading of 409. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/9/18 indicated client #1 had a bedtime blood glucose reading of 357. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's record did not indicate documentation of contact with client #1's endocrinologist on 9/10/18 for weekly review of client #1's blood glucose levels. Client #1's LBSS dated 9/14/18 at 4:40 PM indicated client #1 had a blood sugar of 59. The treatment given was four glucose tablets. The LBSS indicated client #1's blood glucose was rechecked at 4:54 PM and provided a result of 66. The LBSS did not indicate additional monitoring was completed due to client #1's blood sugar remaining under 70. Client #1's BSR dated 9/14/18 indicated client #1 had a bedtime blood glucose reading of 312. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300.			

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	Client #1's BSR dated 9/15/18 indicated client #1 had a lunch blood glucose reading of 353. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/16/18 indicated client #1 had a breakfast blood glucose reading of 459. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/16/18 indicated client #1 had a lunch blood glucose reading of 354. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's LBSS dated 9/16/18 at 4:30 PM indicated client #1 had a blood sugar of 67. The treatment given was four glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 5:30 PM and provided a result of 77. Client #1's BSR dated 9/17/18 indicated client #1 had a bedtime blood glucose reading of 312. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's record did not indicate documentation of contact with client #1's endocrinologist on 9/17/18 for weekly review of client #1's blood glucose levels. Client #1's NPN dated 9/18/18 at 12:45 AM indicated, "Client came to nurses station claiming he threw up in his toilet. Complained of headache,			

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	Tylenol (pain reliever) given. Temperature 97.9. Blood glucose 97. Advised to get rest." Client #1's NPN dated 9/18/18 at 2:15 AM indicated, "Checked on client while sleeping. Blood glucose 53. Gave four glucose tablets and encouraged to have a protein snack. Client had two peanut butter sandwiches and one milk. Will continue to monitor." Client #1's NPN dated 9/18/18 at 2:35 AM indicated, "Blood glucose at 2:24 AM was 49. Blood glucose at 2:25 AM was 50. Blood glucose at 2:34 AM was 100. Resting in bed." Client #1's RLS dated September 2018 indicated, "9/18/18 at 12:19 PM: [Fast Food Restaurant]. One large [frozen dessert drink]." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a large frozen dessert drink from [fast food restaurant] was listed at 96 grams. Client #1's BSR dated 9/19/18 indicated client #1 had a bedtime blood glucose reading of 306. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/21/18 indicated client #1 had a lunch blood glucose reading of 310. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's LBSS dated 9/21/18 at 4:40 PM indicated client #1 had a blood sugar of 66. The			

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	treatment given was four glucose tablets. The LBSS did not indicate client #1 received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 5:15 PM and provided a result of 119. Client #1's BSR dated 9/22/18 indicated client #1 had a lunch blood glucose reading of 324. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's record indicated a fax was sent to client #1's endocrinologist on 9/24/18. The fax indicated client #1's blood glucose levels for the week were sent for weekly review. Client #1's BSR dated 9/24/18 did not indicate client #1's blood glucose was tested at dinner or bedtime. Client #1's RLS dated September 2018 indicated, "9/25/18 at 12:34 PM: [Fast Food Restaurant]. One large [frozen dessert drink]. One quarter pound cheeseburger." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a large frozen dessert drink from [fast food restaurant] was listed at 96 grams. Client #1's BSR dated 9/25/18 indicated client #1 had a dinner blood glucose reading of 343. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300.			

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	Client #1's BSR dated 9/26/18 indicated client #1 had a lunch blood glucose reading of 330. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's BSR dated 9/28/18 indicated client #1 had a lunch blood glucose reading of 348. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's LBSS dated 9/28/18 at 3:26 PM indicated client #1 had a blood sugar of low on the testing machine. The low reading meant client #1's blood glucose level was too low for the machine to read. The treatment given was four glucose tablets and juice. The LBSS did not indicate client #1 received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 4:15 PM and provided a result of 86. Client #1's LBSS dated 9/29/18 at 4:00 PM indicated client #1 had a blood sugar 64. The treatment given was four glucose tablets. The LBSS did not indicate client #1 received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS indicated client #1's blood glucose was not rechecked until 4:30 PM and provided a result of 103. Client #1's LBSS dated 9/30/18 at 2:00 PM indicated client #1 had a blood sugar 58. The treatment given was four glucose tablets and juice. The LBSS did not indicate client #1 received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS			

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RES-CARE INC	1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135

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	indicated client #1's blood glucose was rechecked at 2:35 PM and provided a result of 107. Client #1's BSR dated 9/30/18 indicated client #1 had a bedtime blood glucose reading of 333. The BSR did not indicate client #1's ketones were tested due to his blood glucose reading being over 300. Client #1's record did not indicate documentation of contact with client #1's endocrinologist on 10/1/18 for weekly review of client #1's blood glucose levels. Client #1's LBSS dated 10/1/18 at 3:00 PM indicated client #1 had a blood sugar of 49. The treatment given was four glucose tablets. The LBSS did not indicate client #1 received a carbohydrate and protein snack in addition to the glucose tablets. The LBSS indicated client #1's blood glucose was rechecked at 3:15 PM and provided a result of 83. Client #1's RLS dated October 2018 indicated, "10/1/18 at 3:00 PM: [Fast Food Restaurant]. One small [frozen ice cream dessert drink]." Client #1's dietary book included carbohydrate counts for regularly consumed foods. The carbohydrate count for a small frozen ice cream dessert drink from [fast food restaurant] was listed at 81 grams. Observations were done at the facility on 10/1/18 from 1:18 PM to 5:50 PM. At 5:27 PM client #1 was seated at the dining table with client #6. Client #1 began to eat in a family style dining arrangement. At 5:36 PM, staff #3 opened the door to the nursing station and asked LPN #1 if			

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	she should check client #1's blood sugar. LPN #1 indicated she should, but did not check client #1's blood sugar. Staff #3 and client #1 returned to the dining room, and client #1 continued to eat his dinner. At 5:48 PM client #1 entered the nursing station and LPN #1 took the blood sugar after eating his dinner. Staff #3 was interviewed on 10/1/18 at 6:03 PM. Staff #3 indicated client #1 had consumed a [frozen ice cream drink] for an afternoon snack to help raise his blood sugar levels. Staff #3 indicated client #1's blood sugar level after supper was 298. Observations were conducted at the facility on 10/2/18 from 6:48 AM through 9:00 AM. At 7:08 AM, client #1's blood sugar was taken by LPN #1. Staff #28 indicated client #1's blood sugar was 199 and a little high. Staff #28 stated, "If blood sugar was below 70, a glucose tablet would be administered. But, if it was below 140 like yesterday morning's 118 the insulin would be held." At 7:27 AM, LPN #1 administered client #1's insulin injection using an insulin pen. LPN #1 did not prime the pen. Client #1 administered his own insulin from the pen after it was passed to him by LPN #1. LPN #1 was interviewed on 10/2/18 at 7:27 AM. LPN #1 indicated she was unsure who had trained her on medication administration using the insulin pen. LPN #1 stated, "The insulin pen for [client #1] does not require priming each time. We only have to prime the new pens before we use them the first time." Qualified Intellectual Disability Professional (QIDP) #1 was interviewed on 10/3/18 at 12:34 PM. QIDP #1 indicated she had heard client #1's			

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	blood sugar was not checked before eating supper on 10/1/18. QIDP #1 indicated client #1 should be encouraged to check blood sugar and that blood sugar levels should be obtained before each meal. QIDP #1 stated, "Ultimately the nurse and staff caring for [client #1] is responsible for ensuring his levels are checked before he eats." QIDP #1 indicated client #1 has a goal to address health eating. QIDP #1 indicated client #1's ISP should be followed as written. QIDP #1 indicated client #1 is an unstable diabetic and needs assistance in making food choices appropriate to his medical needs. QIDP #1 indicated staff should prompt client #1 to make healthier choices and provide healthy alternatives. LPN #2 was interviewed on 10/3/18 at 1:00 PM. LPN #1 indicated the facility's health care services department consists of four LPNs. LPN #2 indicated the RN who was managing the department left at the end of August 2018. LPN #1 stated, "We haven't had a regular RN on staff since then. We have a PRN (as needed) RN who attends to paperwork needs. She was last on site about a month ago." LPN #2 stated, "Our facility's regional RN can cover the unit. I've never seen even met her though. I don't think she's ever been on site." LPN #2 indicated client #1 is an unstable diabetic. LPN #2 stated, "His sugars are all over the place. He can be either really high or really low. That's why we have to check his blood sugars before he eats anything." LPN #2 indicated a blood sugar check should never be skipped for client #1. LPN #2 stated, "His plan should be followed at all times because of his critical diabetes status." LPN #2 indicated the nurse on shift is responsible for ensuring client #1's blood sugar levels are checked. LPN #2 indicated client #1 receives insulin injections using an insulin pen.			

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	LPN #2 indicated nursing staff are trained on how to administer insulin using the pen. LPN #2 indicated staff should prime the pen before using it on client #1. LPN #2 stated, "Staff should prime the pen by setting it at 1.0 and pushing the insulin out. This way, there is no air in the needle." LPN #2 indicated the insulin pen should be primed before each insulin administration. LPN #2 stated, "Normally the RN manager trains staff on insulin administration." LPN #1 stated, "If the insulin pen is not primed for [client #1] we can't be sure he is receiving the correct amount of insulin." LPN #2 stated, "[Client #1] attends endocrinologist appointments every three months. He shouldn't miss an appointment because his diabetes is so unstable." LPN #2 indicated she was unsure why client #1 missed a May 2018 visit. LPN #2 stated, "[Client #1's] food choices are always difficult. He is a very picky eater. He has a sweet tooth and likes to eat whatever he wants." LPN #2 indicated the nurses and staff work with client #1 to make healthy food choices. LPN #2 stated, "We have talked about putting him on a special diet for diabetics, but it just hasn't happened. I think he needs more monitoring around his food choices." LPN #2 stated, "We don't have a formal plan in place to teach him about his diabetes and diet plan, but we talk to him about it when we can." LPN #2 indicated recommendations from specialists should be followed. LPN #2 stated, "After the dietician's recommendation of visiting his endocrinologist was made, I don't know why [client #1] didn't go. He should have gone or nursing should have called to see if the doctor wanted to see him." LPN #2 stated, "When [client #1] goes on an outing, a nurse should either go with him, or he should come back to the facility without eating food. It's very important his carbohydrates be counted and insulin			

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	delivered when he has a meal or snack." LPN #2 indicated a blood sugar reading of 70 is too low for client #1. LPN #2 stated, "If [client #1] is 70 or below, we have to provide him a snack with carbohydrates and protein along with the glucose tablets." LPN #2 indicated an example of client #1's snack would be half a peanut butter sandwich and juice. LPN #2 stated, "Sugary drinks are not an appropriate snack for [client #1]." LPN #2 stated, "Giving food for low blood sugar readings is much better than the glucose tablets. The glucose tablets make his sugars so unstable." LPN #2 stated, "We have to give the food and glucose tablets and recheck his blood sugar in fifteen minutes. That's really important." LPN #2 indicated a glucose level of 350 is too high for client #1. LPN #2 stated. "When [client #1's] blood sugar is too high we give him insulin." LPN #2 indicated the unit did not have a urine ketones test, but did have urine test strips which could test ketones. LPN #2 stated, "[Client #1's] ketones are not being tested like they should be. If his sugar is over 300 we should be testing for the presence of ketones in his urine." LPN #2 indicated client #1's blood sugar tests are sent to the doctor every two weeks. LPN #2 stated, "I didn't know one of [client #1's] plans said we had to be sending them weekly. We don't do that." LPN #2			

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	stated, "The different plans in [client #1's] chart are confusing. None of them are dated and the information is different on each of them. I'm not sure which one is right." LPN #2 indicated client #1's doctor should be called in a diabetic emergency or if client #1 was ill. LPN #2 stated, "If [client #1] is vomiting or has a blood glucose reading over 410, I would call the doctor or take him to the ER." LPN #2 stated, "[Client #1's] A1C level is the highest it has been in the last year. A high A1C means [client #1's] diabetes is not being managed." LPN #2 stated, "The nurses on staff should be following the doctors orders to ensure [client #1's] diabetes is managed properly."5-4			
W 0336 Bldg. 00	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 1 of 4 sample clients (#4), the facility's nursing services failed to ensure client #4 was examined on a quarterly basis. Findings include: Client #4's record was reviewed on 10/2/18 at 9:40 AM. Client #4's record review indicated client #4 was assessed by the nurse in the first quarter of 2018 on 2/24/18 and the second quarter of 2018 on 6/15/18. Client #4's record did not indicate documentation of any quarterly nursing	W 0336	W336 Nursing services include, for those clients certified as not needing a medical care plan, a review of their health status done on at least a quarterly basis. All staff, including nursing are trained on all client ISP's, BSP's and HRP's. Facility Q's, Behavior Clinician and nursing staff will ensure that all care plans are accurate, current and updated. A thorough review of all charts will be completed to ensure that all plans are current, and any out of	11/04/2018

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	reviews for client #4 for the third quarter of 2018. Licensed Practical Nurse (LPN) #2 was interviewed on 10/3/18 at 1:00 PM. LPN #1 indicated client #4 should be evaluated on a quarterly basis by nursing staff. LPN #1 did not provide additional documentation of client #4's quarterly nursing assessments for 2018. 5-4		date plan, or undated plan has been removed from the working chart and filed in the historical file. Nursing staff will be in-serviced on the requirement of conducting a quarterly nursing assessment on all clients. All client charts will be reviewed to ensure that a quarterly assessment has been completed for each client. The QIDP, when completing the quarterly review for each client, will also note on the quarterly that a quarterly nursing assessment has been completed. In addition, a monthly site review will be done at the facility, and each month a random sample of client charts will be checked to verify that a quarterly assessment is in place, in those charts. Persons Responsible: Nursing, QIDP	
W 0348 Bldg. 00	483.460(e)(1) DENTAL SERVICES The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. Based on record review and interview for 1 of 4 sample clients (#4), the facility failed to ensure client #4 was provided with timely dental services. Findings include: Client #4's record was reviewed on 10/2/18 at 9:40 AM. Client #4's record indicated the	W 0348	W348 The facility provides for comprehensive and diagnostic treatment services for each client. Nursing staff will ensure that appropriate dental, and all other diagnostic treatment services are provided for all clients. Facility management, as well as	11/04/2018

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	following: - Client #4's Dental Exam Form (DEF) dated 3/5/18 indicated client #4 had been seen by [General Dentist (GD)] for an annual visit with complaints of tooth pain. The DEF indicated, "Due to health history and medications, we have to refer to [Oral Surgeon (OS)]." - Client #4's PRN (as needed) Medication Administration Record (MAR) dated March 2018 indicated client #4 had received Ibuprofen (pain reliever) 36 times. The MAR indicated the administration was effective 14 times, and partially effective 22 times. - Client #4's PRN MAR dated April 2018 indicated client #4 had received Ibuprofen 22 times. The MAR indicated the administration was effective 7 times, and partially effective 15 times. - Client #4's DEF dated 4/11/18 indicated client #4 had been seen by OS. The DEF indicated the following: "Chief Complaint: Tooth pain. Client has been in severe pain requiring Ibuprofen around the clock with little relief." "Doctor Orders: Need total exam from doctor comfortable with his medical condition. Will develop surgical plan after [client #4] is evaluated by dentist ... Follow up appointment TBD (To Be Determined)." - Client #4's DEF dated 4/24/18 indicated client #4 had been seen by GD. The DEF indicated the following: "Result of Exam: Needs extractions of teeth #11		nursing will ensure that all services, appointments and follow up appointments are made according to physician recommendation and that client health needs are met. Nursing will document all orders, and appointments in the medical chart. Nursing will send a documented list of all appointments and follow ups to the facility QIDP. The QIDP will document progress of medical appointments on the monthly review form as well as the quarterly review. The QIDP, along with the individual, nursing and the IDT will follow up at least quarterly to ensure that all diagnostic treatment services are in compliance. Persons Responsible: Nursing, QIDP	

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	and #12. No exam or cleaning completed today, only consult with the doctor. Call with questions. Patient (client #4) needs care of specialist due to extensive medical history and extensive dental care that is needed ... Consult OS." "Recommendations: Consult OS for extractions ...". - Client #4's Referral Order dated 8/14/18 indicated client #4 had been referred by GD to the oral surgeon for evaluation. Licensed Practical Nurse (LPN) #2 was interviewed on 10/3/18 at 1:00 PM. LPN #1 indicated recommendations from specialists should be followed. LPN #2 indicated client #4 has an appointment with the oral surgeon on 10/31/18. LPN #2 stated, "It's been difficult to get him in to the OS. It's not acceptable to make him wait six months for recommended dental care and treatment." 5-4			
W 0460 Bldg. 00	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 record review and interview for 1 of 16 additional clients (#5), the facility failed to ensure client #5 followed his prescribed diet when he went out to eat in the community. Findings include: On 10/1/18 at 3:03 PM, a review of client #5's finances was conducted. Client #5's receipts for meals indicated the following items were	W 0460	W460 Each client receives a nourishing , well-balanced diet including modified and specially-prescribed diets. The facility contracts with a registered dietician to review and make recommendations regarding the individuals living the facility.	11/04/2018

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	purchased: -3/8/18: 3 double cheeseburgers, large soda and a large shake -3/15/18: 3 double cheeseburgers and a large shake -5/17/18: 3 double cheeseburgers and a large shake -5/24/18: 3 double cheeseburgers and a large shake -5/31/18: 3 double cheeseburgers, large soda and a large shake. Client #5 also purchased soda, Cheetos and donuts on the same date. -6/7/18: 3 double cheeseburgers and a large shake -6/21/18: 3 double cheeseburgers and a large soda -7/12/18: 3 double cheeseburgers, large soda and a large shake -7/26/18: 3 double cheeseburgers, large soda and a large shake. He also purchased a 44 ounce soda after the meal. -8/16/18: 3 double cheeseburgers -8/23/18: 3 double cheeseburgers and a large soda -8/30/18: 3 double cheeseburgers -9/6/18: 3 double cheeseburgers and a large shake On 10/2/18 at 11:07 AM, a focused review of client #5's record was conducted. -Client #5's 9/26/18 Dietary Progress Note indicated in the Diet Order section, "Regular - no seconds, single serving portions. -Client #5's 9/1/18 Physician's Orders (POs) indicated, "Diet: Regular diet. Single serving portions. No seconds." The POs indicated the diet started on 10/19/15. -There was no documentation in client #5's 6/20/18 Individual Support Plan (ISP) addressing his eating habits. -The 9/5/18 Behavior Support Plan (BSP) indicated, in part, "...Historically in waiver settings and as a youth, [client #5] exhibited a significant		All staff will be in-serviced on individual's prescribed and modified diets. The IDT will meet to discuss how to address the issue of client #5 purchasing large amounts of food when he goes out to eat. The team and guardian will, in conjunction with client #5 will develop a positive interventional strategy to help educate, teach and assist client #5 to make healthier food choices when out to eat. The BSP does currently address non-compliance with the dietary plan for client #5, however, the IDT will meet to discuss what revisions should be made, to the BSP, in order assist client #5 and support staff in helping him make healthier choices when buying food while outside the facility. The BSP and ISP will be updated to reflect these changes. All staff will be in-serviced on the program plan changes. Progress toward objectives will be documented on the monthly and quarterly review forms, and discussed in IDT as needed. The facility staff and individuals, and their IDT review progress and needs for ALL cllients at least monthly. The QIDP staff will document on the monthly review form, as well as the quarterly assessment to ensure that all interventions and needs for each individual are being met, addressed and adjusted as needed.	

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	number of behaviors and has engaged in dangerous activities such as running away, jumping off a bridge, and attacking his staff. He would tend to become focused, almost obsessive, about tasks that he felt he 'needed' to complete immediately such as buying/returning clothing or purchasing certain items. He has shown that he can easily become obsessive about purchasing items. This preoccupation has historically resulted in [client #5] engaging in extreme behaviors in order to get what he wants. He would try to intimidate staff members, would put his hands down his pants and rub feces on himself/items, or would engage in sexual behaviors in public spaces. Over the years however, [client #5] has made significant improvements in managing his impulses and being more realistic about his purchasing desires. With structure, he has been able to successfully manage his emotions, money, and time in a more reasonable manner...." The BSP did not address client #5's purchasing of large amounts of food when he went out to eat. On 10/2/18 at 10:54 AM, Qualified Intellectual Disabilities Professional (QIDP) #1 stated client #5's interdisciplinary team (IDT) "constantly talk about it (overeating when he goes out)." The QIDP stated going out to eat was the "one thing he can control." The QIDP indicated she was unable to locate documentation the IDT discussed client #5's choices for his meals when he went out to eat. The QIDP stated, "I should have documented it." The QIDP indicated client #5 needed a goal to address his eating habits. The QIDP stated it "looks like we are not doing anything" to address his purchases at community restaurants. On 10/3/18 at 10:02 AM, the QIDP indicated client #5 needed a goal to follow his diet.		Persons Responsible: Program Manager, QIDP, Behavior Clinician, nursing	

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	On 10/3/18 at 9:58 AM, the Quality Assurance Manager (QAM) indicated client #5 needed to be encouraged by staff to follow his diet. 5-5.1			