

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G390	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2014
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NAME OF PROVIDER OR SUPPLIER BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 825 MENDLESON DR RICHMOND, IN 47374
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W000000	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the investigation of complaint #IN00154234.</p> <p>Complaint #IN00154234: Substantiated, Federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W153, W154, W159, W210, W318, W331.</p> <p>Dates of Survey: September 8, 10, 11, 12 and 22, 2014.</p> <p>Facility Number: 000904 Provider Number: 15G390 AIMS Number: 100233320</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sample clients (A, B and C) and 4 additional clients (D, E, F and G).</p> <p>__The governing body failed to exercise general policy and operating direction over the facility to prevent the neglect of client G resulting in a fractured hip and failed to ensure client C's medical needs were met.</p> <p>__The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E and to ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F.</p> <p>__The governing body failed to exercise general policy and operating direction over the facility to ensure client A's, B's and C's records were maintained, to ensure a full and complete accounting of client A's and C's funds and expenditures,</p>	W000102	See 104, 122, and 318	10/17/2014

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	<p>and to ensure the facility was maintained and in good repair for the clients living in the home (clients A, B, C, D, E and F).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to prevent the neglect of client G resulting in a fractured hip and to ensure client C's medical needs were met. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E and to ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F. The governing body failed to exercise general policy and operating direction over the facility to ensure client A's, B's and C's records were maintained, to ensure a full and complete accounting of client A's and C's funds and expenditures, and to ensure the facility was maintained and in good repair for the clients living in the home (clients A, B, C, D, E and F). Please see</p>				

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	<p>W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for clients A, B, C, D, E, F and G. The governing body failed to prevent the neglect of client G resulting in a fractured hip and failed to ensure client C's medical needs were met in regard to client C's frequent falls and seizures. The governing body failed to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E. The governing body failed to ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F. Please see W122.</p> <p>3. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for clients A, B, C, D, E, F and G. The governing body failed to ensure the health care services met the needs of the clients: The facility nursing services failed to develop and implement a specific plan of care that included how</p>						

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	<p>the staff were to monitor and assist client C throughout the day inside and outside of the home in regard to client C's frequent falls and seizures, to ensure client C's PT (Physical Therapy) assessment addressed client C's ambulatory and fine/gross motor skills (the use of steps and getting on and off the facility van) and to ensure client C's pharmacy recommendations were addressed. The facility nursing services failed to review and revise client G's Risk Summary in regard to client G's injuries and falls, to ensure an assessment from PT/OT (Physical Therapy/Occupational Therapy) was completed and to assess and monitor client G in regard to skin integrity and identified skin breakdown of her buttocks. The facility nursing services failed to develop and implement a specific plan of care to address client A's refusals of medications and medical requests. The facility nursing services failed to ensure all medications were labeled with the client's name, medication, dosage, route, time to be given and all pharmacy recommendations for client B, to ensure annual physical examinations and routine screening for early detection of cancer for clients B and C, to ensure annual hearing, vision and dental evaluations for clients A, B and C, to ensure annual TB (Tuberculosis) testing and/or screening for clients B and</p>			

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W000104	<p>C, to ensure quarterly nursing/health assessments for clients A, B and C, to ensure the pharmacist conducted quarterly reviews of the clients' drug regimens for clients A, B and C and to ensure all drugs were administered in compliance with the clients' physicians' orders for clients B, C, D, E, F and G. Please see W318.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 4 additional clients (D, E, F and G), the governing body failed to exercise general policy and operating direction over the facility to prevent the neglect of client G resulting in a fractured hip and to ensure client C's medical needs were met.</p> <p>The governing body failed to exercise</p>	W000104	<p>In addition to below, please see W110, W140, W149, W153, and W154.</p> <p>Corrective action for resident(s) found to have been affected Maintenance work order was submitted on 10-7-14 by the RD. The maintenance department will fix the linoleum, the plaster, the veneer, the shower curtain, and the door knob. These will be fixed by the maintenance department or outside vendors will be secured no later than</p>	10/17/2014

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	<p>general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E and to ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure client A's, B's and C's records were maintained, to ensure a full and complete accounting of client A's and C's funds and expenditures, and to ensure the facility was maintained and in good repair for the clients living in the home (clients A, B, C, D, E and F).</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility (client A's, B's, C's, D's, E's and F's home) on 9/8/14 between 3:30 PM and 7:15 PM.</p> <p>__A portion of the linoleum was missing on the floor between the shower and the sink, the plaster along the shower stall was black, broken and crumbling. The</p>		<p>10-17-14.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents could be affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure recurrence The Group Home Manager, Q, and Supervisors were retrained on facility maintenance by the Regional Director on 10-1-14 and 10-3-14. The GHM and the Q will be retrained on conducting and following up on monthly Quality Environmental Checks by the RD on 10-3-14.</p> <p>How corrective actions will be monitored to ensure recurrence The GHM will submit all maintenance requests to the AWS/Benchmark maintenance department and will copy the RD. The maintenance department will document on each request the date they fulfilled the maintenance request and will turn a copy back in to the GHM. Monthly a member of the management team conduct an environmental quality check (CQA) and turn it into the RD for tracking and compliance. A member of management is in each home daily and will report any facility maintenance concerns to the GHM immediately.</p>				

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	<p>veneer on the cabinet around the sink was broken, splintered and peeling. The shower curtain was stuck on the rod in an open position and very difficult to move and/or slide into a closed position for showering.</p> <p>___The door knob on client A's door was broken and hanging from the door.</p> <p>Interview with the RM (Residential Manager) and QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/12/14 at 3:15 PM indicated the facility was to be maintained and in good repair at all times.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the client A's, B's and C's records were maintained. Please see W110.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure a full and complete accounting of client A's and C's funds and expenditures. Please see W140.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to prevent the neglect of client G resulting in a fractured hip and to ensure client C's medical needs were met.</p>			

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	<p>The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS and APS according to state law for client E and to ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F. Please see W149.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS and APS according to state law for client E. Please see W153.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse/neglect, client to client abuse and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F. Please see W154.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-1(a)</p>						

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W000110	<p>483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that includes a separate record for each client. Based on record review and interview for 3 of 3 sample clients (A, B and C), the facility failed to maintain the clients' records.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client B's record was reviewed on 9/10/14 at 3 PM. Client C's record was reviewed on 9/11/14 at 10 AM. The clients' records did not include the clients' current medical information and/or program data.</p> <p>Interview with LPN #1 on 9/11/14 at 1 PM indicated LPN #3 terminated employment with the facility on 12/31/13 and LPN #1 filled in for the facility from January through April 2014 when the facility hired LPN #4 in April 2014. LPN #4 worked four months and then LPN #4 terminated her employment with the facility on August 15, 2014. LPN #1 indicated she was still trying to find and organize the clients' medical records.</p>	W000110	<p>Correctiveactionforresident(s)fou dthavebeenaffected Filing days were held on 10-2-14 and 10-3-14. On these dates all main files and medicalfiles were filled with all required documentation for the current 12months. These charts will be maintainedby the QIDP and the LPN with assistance from the Medical Floater and theGHM.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The QIDP and LPNwill be retained on filing and purging all client documentation. Documentation is to be filed at least monthlyand previous year information purged according to AWS/Benchmark purging policy. A QIDP-d has been hiredto maintain filing. This QIDP-d willmaintain files daily and turn a monthly file audits into the QIDP and theRD.</p>	10/17/2014			

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	<p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and #2, the RM (Residential Manager), LPN #1 and LPN #2 on 9/12/14 at 3:15 PM:</p> <p>__The RM indicated the clients' records were currently being stored in her office in card board boxes and in stacks/reams of papers on the floor, not filed and not organized.</p> <p>__QIDP #1 and the RM stated they had to sort through "piles of paper" to find the requested survey items and still were not able to find everything requested.</p> <p>__QIDP #1 stated the clients' records had not been filed for "Six to twelve months and maybe longer" and "We are still trying to locate things."</p> <p>__The RM and both QIDPs both indicated they were hired in May 2014.</p> <p>__The RM stated the facility had recently had a large turnover of administrative staff and stated, "We are still not sure where everything is."</p> <p>__QIDP #1 stated they were unable to do their jobs efficiently because "of the mess we walked into." QIDP #1 stated the responsibility of maintaining the clients' records was the responsibility of the QIDPs, "But they (the previous QIDPs) apparently weren't doing their job because it hasn't been done for a long time."</p> <p>__QIDP #1 stated she did not know the</p>		<p>Howcorrectiveactionswillbemonitortoensurenorecurrence</p> <p>A QIDP-d has beenhired to maintain filing. This QIDP-dwill maintain files daily and turn monthly file audits into the QIDP and the RDto ensure 100% compliance.</p> <p>The RD will conducta random file audit to ensure compliance with purging and filing at leastquarterly.</p>	

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W000122	<p>records were in "as bad a shape as they were in."</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C) and 4 additional clients (D, E, F and G). The facility failed to implement written policy and procedures: ___ To prevent the neglect of client G resulting in a fractured hip. ___ To ensure nursing services developed and implemented a specific plan of care in regard to client C's frequent falls and seizures. ___ To ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E. ___ To ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an</p>	W000122	Please see W149, W153, and W154.	10/17/2014

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	<p>investigation was conducted for clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>1. The facility failed to implement their abuse/neglect policy: ___ To prevent the neglect of client G resulting in a fractured hip. ___ To ensure nursing services developed and implemented a specific plan of care in regard to client C's frequent falls and seizures that included how the staff were to monitor and assist client C throughout the day while inside the home, in the bedroom or bathroom and while outside the home and on the facility van. The facility nursing services failed to ensure client C's PT (Physical Therapy) assessment addressed all of client C's mobility needs in regard to client C's fine and gross motor skills, going up and down steps and getting on and off the facility van. ___ To ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E. ___ To ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an</p>			

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W000130	<p>investigation was conducted for clients A, B, C, D, E and F. Please see W149.</p> <p>2. The facility failed to ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E. Please see W153.</p> <p>3. The facility failed to ensure all allegations of abuse/neglect, client to client abuse and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E, F and G. Please see W154.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-2(a)</p> <p>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 additional client (E), the facility failed to</p>	W000130	<p>Corrective action for resident(s) found to have beenaffected All consumers are tohave privacy</p>	10/17/2014			

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	<p>ensure client E was provided privacy while showering and dressing.</p> <p>Findings include:</p> <p>Observations were conducted at the facility home on 9/10/14 between 5:30 AM and 8:35 AM. At 7:10 AM staff #4 was in the bathroom with client E assisting client E to get dressed after showering. Client E was standing on a towel and wearing nothing but a top and underwear. Staff #4 was bent down at client E's feet and trying to get client E to step into the pant legs she was holding. The bathroom door was fully open and the wet towel under client E's feet was in front of the door. Staff #4 did not close the door and/or provide client E privacy while showering and/or dressing.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) on 9/12/14 at 3:15 PM, QIDP #1 indicated the staff were to provide the clients privacy while bathing, toileting and dressing. The RM stated the staff "should have closed the door."</p> <p>9-3-2(a)</p>		<p>while changing or showering. All staff will receive retraining on privacy for clients while showering or changing and the records of training will be placed in the employee HRfile.</p> <p>How facility will identify other residents potentially affected and what measures taken All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Staff will be trained to provide clients privacy while showering or changing. This record of training will be placed in the employee HR file as proof of training.</p> <p>How corrective actions will be monitored to ensure no recurrence The GHM, Supervisors, and QIDP will monitor for all health and safety issues including privacy at the weekly and daily visits. One member of management stays in the home weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to monitor health and safety of the clients. The member of management will record their observations and any teachable moments on the Manager Observation Log. Also a member of management will conduct random pop in visits at varying times on different shifts and</p>		

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on interview and record review for 2 of 3 sampled clients (A and C), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures.</p> <p>Findings include:</p> <p>Client A's financial records were reviewed on 9/11/14 at 1:30 PM. Client A's records indicated the following withdrawals from client A's COH and checking account for "workshop": 3/7/14 for \$12.00 3/19/14 for \$16.00 3/28/14 for \$12.00 4/21/14 for \$6.00 4/21/14 for \$20.00 4/30/14 for \$18.00 5/9/14 for \$5.00 5/22/14 for \$20.25</p>	W000140	<p>days at least weekly. A member of management staff will conduct observations in the home daily to provide on the spot training and ensure the completion of active treatment both formal and informal. The managers will record their observations and visits on the MOL.</p> <p>Corrective action for resident(s) found to have been affected The AWS/Benchmark client finance policy is already in place. All consumer finances, deposits and expenditures, are to be tracked on the cash on hand ledger. When a client requests money from the COH bag, the client and a staff must sign that the consumer has been given money. When a new deposit is made into the COH bag, the client and the staff must sign that money has been deposited. The day services PC will audit the COH bag at the day program at least weekly to ensure the correct money is present and will initial the ledger. The GHM or GHS will audit the COH bag at the home at least weekly to ensure the correct money is present and will initial the ledger.</p> <p>How facility will identify other residents potentially affected and</p>	10/17/2014

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	<p>6/15/14 for \$20.00 6/23/14 for \$20.00 7/3/14 for \$40.00 7/28/14 for \$12.00 8/7/14 for \$40.00 a check written to client A for the workshop by the RM (Residential Manager). The CFTR did not indicate client A's signature. Client A's financial records indicated no ledger/balance of the money given to client A for the workshop. All of the CFTRs were not signed by the client.</p> <p>Client C's financial records were reviewed on 9/11/14 at 1:45 PM. Client C's records indicated the following withdrawals from client C's COH for "workshop": 2/4/14 for \$10.00 5/29/14 for \$10.00 7/3/14 for \$40.00 Client C's financial records indicated no ledger/balance of the money given to client C for the workshop. All of the CFTRs were not signed by the client.</p> <p>Interview with the RM on 9/11/14 at 1:45 PM indicated money was stored in the medication cabinet for clients A and C for the workshop. The RM indicated she would write a check for cash out of each of the clients' checking accounts, cash the checks and then place the money in the locked medication cabinet for the staff to</p>		<p>what measures taken All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The Day Services PC and GHM were retrained on client finances by the RD on 10-3-14. The PC and GHM or GHS will audit the COH bags at least weekly to ensure the money is correct and will initial the ledger.</p> <p>How corrective actions will be monitored to ensure no recurrence Monthly the DPC will give a copy of each client's COH ledger to the GHM for tracking and to keep in the monthly finance packet. The original finance packet will be turned into the RD for review and signature before forwarding to the corporate AWS/Benchmark client finance compliance specialist.</p>				

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W000149	<p>give clients A and C for the vending machines at work. The RM stated client C had been taking her own pop "But apparently she just started taking money again for some reason." The RM indicated clients A and C did not have to sign a CFTR, "But you know, that's a good idea." The RM indicated the facility did not keep a ledger of the money that was stored in the medication room and/or a ledger of the money the clients received each day to take to the workshop. When asked how much money was in the medication drawer, the RM indicated she did not know. The RM indicated the clients were to have no more than \$50.00 in their COH at one time. The RM indicated with the money in the medication room, clients A and C would have more than \$50.00 in the home at one time and their was no specific record of the money in the medication room and all staff had access to the money in the medication room.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			
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	<p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 4 additional clients (D, E, F and G), the facility failed to implement written policy and procedures:</p> <p>__ To prevent the neglect of client G resulting in a fractured hip.</p> <p>__ To ensure nursing services developed and implemented a specific plan of care in regard to client C's frequent falls and seizures that included how the staff were to monitor and assist client C throughout the day while inside the home, in the bedroom or bathroom and while outside the home and on the facility van. The facility nursing services failed to ensure client C's PT (Physical Therapy) assessment addressed all of client C's mobility needs in regard to client C's fine and gross motor skills, going up and down steps and getting on and off the facility van.</p> <p>__ To ensure all allegations of abuse were reported immediately to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) according to state law for client E.</p> <p>__ To ensure all allegations of abuse/neglect, all client to client abuse and all injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients A, B, C, D, E and F.</p>	W000149	<p>Corrective action for resident(s) found to have beenaffected</p> <p>Risk plans, ISPs, and BSPs for all consumers are updated annually and as needed when new diagnoses or behaviors present. The LPN will update the risk plan and the QIDP will update the ISP to reflect how client C should be assisted while ambulating due to falls and seizures. These plans will be updated no later than 10-17-14.</p> <p>RD retrained all group home staff at staff meetings on 10-1-14 and 10-3-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable, and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room.</p> <p>RD will retrain the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p>	10/17/2014			

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	<p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM. The 8/6/14 BDDS report indicated on 8/6/14 at 7:30 AM client G "lost her balance and fell inside her home. [Client G] was taken by ambulance to the emergency room due to pain in her right hip/leg. [Client G] was admitted to [name of hospital] after X-rays showed a fracture to her hip requiring surgery for a partial hip replacement. [Client G] also sustained a laceration to her left elbow, not requiring more than a bandage." __The 8/13/14 follow up BDDS report indicated "[Client G] had a fall that resulted in a broken hip, hospitalization and a partial hip replacement." The facility records indicated no investigation of client G's injury resulting in a fracture.</p> <p>The 5/10/14 I/A (Incident/Accident) report and BDDS report indicated while helping client G with her shower staff noted client G's right index finger was swollen with a "large black and red bruise" at the knuckle. The report indicated client G did not know how she injured herself and was transported to the local hospital for an evaluation where she was diagnosed with a bruise, given pain</p>		<p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence RD retrained allgroup home staff at staff meetings on 10-1-14 and 10-3-14 on the AWSAbuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, whatincidents are reportable and the mandate for immediate reporting to theQIDP. The RD will pass out IncidentReport cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of whatincidents are reportable on the Staff Communication Board in the medicationroom. Any current group home staff notattending one of these meetings will be removed from the schedule until theyreceive this training from the RD or a designated representative. The RD will sign off on these trainings andwill give copies to HR to be placed in each employee's HR file. The RD retrained theQIDP, the LPN, and the GHM on 10-3-14 on necessary components ofinvestigations. This included conductingthorough interviews of all relevant individuals, and immediate reporting. The RD will sign off on these trainings andwill give copies to HR to be placed in each employee's HR file. Each client will also be asked about theirhome and living environment in their quarterly meetings. This will be documented on the meeting notesand saved in their main chart in the office. The RD retrained theQIDP and LPN</p>				

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	<p>medication and returned to the facility.</p> <p>The 12/5/13 BDDS report indicated on 12/5/13 at 3:10 PM while trying to board the group home van, client G fell up the three steps of the van and landed on the van steps. The report indicated the staff were able to catch client G from landing onto the pavement. "She (client G) sustained injuries of scrapes and redness on her right cheek, right rib area and right shin. The report indicated client G's ability to climb the van steps would be assessed.</p> <p>Client G's record was reviewed on 9/10/14 at 1 PM. __ Client G's record indicated an elderly woman over 90 years of age and diagnoses of, but not limited to, Osteoporosis (brittle bones), Urinary Incontinence, High Blood Pressure, Dementia (loss of memory) and Arthritis (an inflammation of one or more joints).</p> <p>Client G's nursing notes, not all inclusive, indicated: 10/7/13 "Rt (right) small finger with dark purple bruise to palm side at first joint. Appears could have been pinched in something." 10/23/13 "dime sized deep purple bruise to abd (abdomen). Area in alignment with counter at house</p>		<p>on 10-3-14 on updating ISPs and Risk plans as well as sending clients for pt/ot assessments as needed.</p> <p>How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to file. The RD will review 100% of incident reports. All incident reports are submitted to the RD as soon as they are submitted and the RD reviews all incident reports. If an incident report is not correct or needs additional information the RD will notify the QIDP to submit a follow up report.</p>	

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	<p>3."</p> <p>10/30/13 "1 (inch) oblong bruise to outer aspect of arm between should (shoulder) and elbow. Area is correct height to line up with towel bar in bathroom. [Client G] states she might have bumped it. 'It doesn't hurt honey, don't worry, I'm alright.' she stated."</p> <p>12/4/13 "fall from bus steps. No apparent injury.</p> <p>12/6/13 "bruising to rt (right) hip/buttock, rib area..."</p> <p>1/16/14 "Annual Physical Exam... some muscle weakness.... PT (Physical Therapy) for muscle strengthening."</p> <p>1/26/14 "[Client G] got up to go to the bathroom when she bumped into her bed frame. Noted quarter size bruise, dark blue/purplish in color on upper left thigh/peri area."</p> <p>1/30/14 PT Eval- "Difficulty ascending steps to get into van. Difficulty rising from chair, worsening over past few months. Recommendations for PT tx (treatment) for 6 - 8 weeks."</p> <p>2/10/14 "Mammo (Mammogram) completed... Study indicates osteoporosis, fracture risk is considered high."</p> <p>3/19/14 "was seen by PT for gait balance and strengthening. Dischg</p>			

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	(Discharged) from PT at this time. Recommended that staff continue to assist patient PRN (as needed) for safety especially in/out of van." 5/22/14 "Reviewed report of injury from 5/10/14 in which client (G) was reported to have large black and red area of discoloration with swelling on index finger..." 6/30/14 "Received health care concern form in which it is reported that client (G) has redness on her bottom from frequent loose stools from the day prior. Instructed staff to apply the Desitin cream client has ordered for redness to peri area and report back if the area worsens or does not show signs of healing." 7/19/14 "Received report of injury that client (G) has a bruise and a scab on her left arm/elbow. Client (G) reports that she fell out of bed and that is how she got the bruise." 7/24/14 "Received and reviewed health care concern form dated for 7/19/14 which discusses client (G's) areas of concerns on left and right buttocks. These areas have been addressed and are slowly healing. Record of training on skin care and toileting developed and sent to the group home			

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	<p>manager and the day service coordinator for training." Client G's record indicated no further nursing notes after the note of 7/24/14. Client G's nursing notes indicated nursing services did not assess and/or monitor client G's buttocks and/or skin issues.</p> <p>Client G's Risk Summary dated 10/1/13 indicated client G was at risk for Osteoporosis and had a history of falls. The summary indicated client G was given a home exercise program to help strengthen her lower extremities. The Risk Summary indicated the staff were to be within arms reach of client G at all times when client G was ambulating in familiar areas and provide hands on assist whenever ambulating on uneven or changing surfaces. The Risk Summary did not indicate how the staff were to assist and monitor client G in regard to getting on and off the facility van and while in bed and/or in her bedroom to ensure the client's safety from falls.</p> <p>Client G's record indicated: ___ No screening for bone density and/or routine annual lab testing. ___ No assessment from PT/OT (Occupational Therapy) in regard to client G's fine and gross motor skills/abilities, ability to go up and down</p>			

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	<p>steps and/or to get on and off the facility van.</p> <p>__No IDT (Interdisciplinary Team) notes and/or meetings in regard to client G's ambulatory needs and/or injuries.</p> <p>__No daily skin assessments by the staff and/or the nurse in regard to skin breakdown.</p> <p>The facility records indicated no investigations in regard to client G's injuries of unknown origin reported on 10/7/13, 10/23/13, 10/30/13 and 7/19/14.</p> <p>Interview with staff #5 on 9/10/14 at 6 AM indicated she was working the morning of 8/6/14 when client G was injured. Staff #5 indicated there were three staff in the home the morning of client G's injury, one staff in the kitchen, one staff in the medication room and one staff in the bathroom assisting another client with a shower. Staff #5 indicated she (staff #5) had already assisted client G with her shower and client G had returned to her (client G's) bedroom when all the staff heard a noise and found client G on the floor in the hallway outside of client G's bedroom. Staff #5 stated, "She (client G) said she was ok, denied hurting anywhere and just wanted to get up. When she tried to get up she couldn't. We had to get the rolling desk chair and lift her up into the chair. We knew something</p>			

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	<p>was wrong and that's when we called 911." Staff #5 indicated client G was elderly and had issues with memory loss and did not always remember how she was injured. Staff #5 indicated no staff were with client G at the time of her last fall. Staff #5 stated, "It gets kinda crazy at times and we (the staff) aren't always right with her when she's up."</p> <p>Interview with the facility's LPN on 9/11/14 at 1 PM indicated LPN #3 terminated employment with the facility on 12/31/13 and LPN #1 filled in for the facility from January through April 2014 when the facility hired LPN #4 in April 2014. LPN #4 worked four months and then LPN #4 terminated her employment with the facility on August 15, 2014. The LPN stated, "I've done my best to try to keep up, but not being here all the time and just filling in when they don't have anyone has been rough." The LPN indicated she had provided all nursing assessments and notes she was able to locate for client G. The LPN indicated she was not able to locate client G's last PT assessment.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. __ The RM and QIDP #1 indicated they</p>			

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	<p>were unable to locate a PT assessment for client G.</p> <p>__ The LPN indicated client G's Risk Summary was last updated 10/1/13 when LPN #3 was still with the facility.</p> <p>__ QIDP #1 stated the facility filing system was behind six to twelve months "or more" and they were unable to find all of client G's assessments and records.</p> <p>__ QIDP #1 indicated there were no IDT meetings in regard to client G's health, mobility and or injuries.</p> <p>__ QIDP #1 indicated she did not conduct an investigation in regard to client G's injury that resulted in a fracture. QIDP stated, "She fell. I didn't think I would need to do an investigation." When asked was the fall observed, QIDP stated "No." When asked could there be a possibility client G might have fallen and/or injured herself prior to the date she was found on the floor, QIDP #1 stated, "I guess it's possible. I see what you mean." QIDP #1 indicated her employment with the facility began in May 2014 and she was not aware that she needed to conduct an investigation for a fall resulting in a fracture. QIDP #1 indicated all reportable and investigative records were provided for review.</p> <p>An email from the RM on 9/15/14 at 9 AM indicated "typically" the staff assist client G in getting out of bed, showering,</p>						

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	<p>drying off and getting dressed and the staff would "follow behind her (client G) or walk beside her." On 8/6/14 staff had assisted client G with her shower, drying and dressing. Client G had finished her breakfast and went to the living room to sit in her chair until the staff were ready to take client G to the center. "[Client G] had got (sic) up and went to her bedroom for something. A staff was busy with giving meds, a staff was busy helping other clients with getting dressed and another staff was helping with breakfast. No staff was right beside her or behind her at the time of the fall."</p> <p>2. Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period client C wore a brace on her left lower leg and walked with a forward lean and an unsteady gait.</p> <p>Observations were conducted at the group home on 9/10/14 between 5:30 AM and 8:35 AM. During this observation period client C was out of bed at 6 AM and ambulated independently wearing only socks on her feet and no brace on her left lower leg. Client C's gait was unsteady.</p> <p>The facility's reportable records were reviewed on 9/10/14 at 10 AM.</p>						

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	<p>The 5/26/14 BDDS report indicated client C did not receive her 1 PM dose of Divalproex 250 mg (milligrams) for seizure control on 5/26/14.</p> <p>The 6/16/14 BDDS report indicated client C did not receive her 7 AM dose of Divalproex 250 mg on 6/14/14.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated diagnoses of, but not limited to, Seizure Disorder and Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage). Client C's July 2014 physician's orders indicated client C was taking Depakote 250 mg (milligrams) three times a day, Lamictal 100 mg twice a day, Oxcarbazepine 600 mg twice a day and Onfi 20 mg twice a day for control of seizures.</p> <p>Client C's Seizure Reports indicated: On 5/3/14 at 4:34 PM client C was helping to set the table and "got stiff and began to pee her pants." On 5/29/14 at 6 PM client C "yelped, peed on the floor after grabbing her crotch and said she was okay." On 6/2/14 at 5:10 PM client C "Yelped, grabbed her crotch, pee'd (sic) and</p>			

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	<p>took off for the bathroom."</p> <p>On 6/9/14 at 4:30 PM client C "Yelped, shook, pee'd (sic) herself and took off for the bathroom holding her crotch."</p> <p>On 6/15/14 at 5:47 PM client C "Was at the dinner table eating her dinner and talking to staff. Client (C) let out a yelp or cry, then her whole body stiffened, eyes got big and she was holding her private area, because she started peeing."</p> <p>On 6/16/14 at 7:51 PM client C "Yelped, grabbed crotch and wet on the couch and immediately got up to go change her clothes."</p> <p>On 6/17/14 at 6:17 PM client C "Yelped, shook, pee'd (sic) on the floor and started saying she's sorry."</p> <p>On 6/22/14 at 5:25 PM client C "Yelled out, whole body stiffened and she grabbed her private area because she wet herself."</p> <p>On 6/28/14 at 4:10 PM client C "yelled, her body stiffened at first then started shaking. Client was also holding her private area but didn't pee."</p> <p>On 7/1/14 at 5:30 PM client C "started shaking and her head was shaking and [client C] kept saying I'm sorry and her body shook and was shaking."</p> <p>On 7/6/14 5:31 PM client C was eating</p>			

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	<p>her dinner and "grown (sic) and chew her food. Kept eaten her dinner (sic)."</p> <p>On 8/16/14 at 6:50 PM client C was sitting in a chair and "said a few words, wet herself and shook."</p> <p>Client C's Post Fall Assessment forms indicated</p> <p>On 11/8/13 11:55 AM while at the DP (Day Program) client C was walking up the sidewalk incline to the DP and she tripped on her feet and fell. The assessment indicated actions to prevent future falls "Direct client to point toes forward and plant feet before attempting to walk."</p> <p>On 11/17/13 at 7:50 AM client C was "walking to the bathroom to get some water to take her pills when she leaned into a chair and fell on her butt." The assessment indicated actions to prevent future falls "Try to make sure she is walking okay to the whatever it is she's going and maybe keep an eye on her more when walking around without her shoes."</p> <p>On 6/2/14 at 8:20 AM client C rode to the DP on the house bus, exited the bus and was walking up a slight incline to enter the DP and fell.</p>			

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	<p>On 7/5/14 at 12:50 PM client C was going down some steps and was holding onto the railing. "After taking a step and having both feet on a step she lost her balance a feel but still had her right hand on the railing (sic)." The Assessment indicated client C was wearing a brace on her left ankle and indicated immediate actions to prevent future falls "Walk in front of client and have someone walk behind."</p> <p>On 7/13/14 at 5:45 PM client C was at the group home in the living room and was arguing with a peer. When the peer went to hit client C, client C took a step back and lost her balance, fell and knocked over a lamp.</p> <p>On 8/18/14 at 1:30 PM client C was walking to the break room at the DP and fell.</p> <p>Client C's nursing notes indicated 5/3/14 "Received report of seizure in which client had seizure activity while assisting with prepping meal. Client had urinary incontinence but was able to change her clothes with assist of staff. No injury to report."</p> <p>5/20/14 "Received report of injury form from 5/16 (5/16/14) in which it is</p>						

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	<p>reported that client fell out of her seat in the van when coming home from group home outing. Per report no treatment was needed."</p> <p>5/24/14 "Received report of seizure. Per report client was having dinner with roommates. She was joking around with peer and then grabbed herself and was incont (incontinent) of urine. Per report, client stated she wanted to go home but did was oriented to self and did no (sic) show signs of confusion (sic)."</p> <p>5/28/14 client C's doctor "is aware that client did not have her Divalproex 25 mg tab at 1 PM on this day."</p> <p>6/2/14 "Received post fall assessment form in which it is reported that client fell walking up a slight incline into the main center building. No reports of injury noted."</p> <p>6/3/14 "Reviewed report of seizure on 6/2/14 in which it is reported that client had 5 seconds of seizure activity during evening meal. Client ran to bathroom when activity ceased, no reports of injury noted."</p> <p>6/10/14 "Reviewed report of seizure dated 6/9/14 in which it is reported that client had 10</p>			

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	<p>seconds of seizure activity with incontinence. Client has no reports of injury with this incident."</p> <p>6/14/14 "Received report of seizure activity from 6/15/14. Client noted to have 15-20 seconds of activity. Client had episodes of incontinence during activity."</p> <p>7/1/14 "Report of seizure form received. Approx 30 second duration. No injury reported. Client (C) seen by [name of neurologist] on this date. New orders obtained to begin increase of Onfi to 20 mg (milligrams) BID (twice a day)."</p> <p>7/2/14 "Received report of fall with no injury." "Received report of injury in which it is stated that client got out of her chair, hit her left leg and fell on buttocks. Client required no medical intervention related to this incident and has had no complaints of pain or other."</p> <p>7/5/14 "Received report of fall with no injury."</p> <p>7/9/14 "Received report of seizure form for seizure lasting 20 seconds with no injury to report."</p> <p>7/14/14 "Reviewed report of injury for this date in which it is stated that client landed on her bottom while attempting to get off of the van</p>			

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	<p>after declining assistance from staff. Client denies injury. No medical intervention was required related to this incident."</p> <p>7/20/14 "Received report of seizure for this date. Seizure lasted approx 1 minute per this report. Client was not injured and returned to her usual level of daily activities shortly after seizure ended."</p> <p>7/21/14 "Received report of fall on 7/13/14 in which it is reported that client fell and knocked over a lamp. Per staff she has a red area on her back."</p> <p>8/4/14 "Client (C) sent to [name of hospital] ER (Emergency Room) on this date in the early morning for fall in which she stuck (sic) her head and was bleeding. Client was treated in the ER where head lac (laceration) was sutured. She remained at home and was observed by staff per protocol with neuro checks."</p> <p>8/7/14 "Reviewed report of seizure dated 8/6/14. No injury to report."</p> <p>8/7/14 "Received to (sic) report of seizure on this date each lasting approx (approximately) 30 seconds. No injury to report."</p> <p>8/8/14 client C was seen in the ER to have sutures removed.</p> <p>8/13/14 client C's doctor signed order for</p>			

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	<p>client to have a PT (Physical Therapy) evaluation.</p> <p>8/12/14 "Received three reports of seizure on this client (C) for separate occasions on this date. Clients (sic) seizure each lasted less then (sic) one minute, no injuries have been reported."</p> <p>8/14/14 client C scheduled for PT evaluation and treatment.</p> <p>8/16/14 client C had a seizure lasting 15 seconds.</p> <p>8/19/14 "Rec'd (Received) a (sic) injury report stating that [client C] was walking in the break room at the workshop and lost her balance and fell landing on her right hip. Staff assisted her to here (sic) feet and she was assessed for injury. None noted."</p> <p>8/19/14 at 6:10 PM client C had a 30 second seizure. "Started to shake and was incontinent. No injury."</p> <p>8/19/14 at 7:45 PM client C had a seizure while sitting in a chair that lasted one minute. "Hand shaking and was incontinent. No injury."</p> <p>8/22/14 at 5:40 PM client C had a 30 second seizure while sitting at the dinner table. No injury.</p> <p>8/22/14 at 7:30 PM client C had a seizure while sitting on the couch. Client C was shaking all over and was incontinent of urine. No injury.</p>			

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	<p>8/23/14 at 6 PM client C had a 30 second seizure. No injury.</p> <p>8/24/14 at 6:27 PM client C had a 30 second seizure while getting off the facility van at church. "Body stiffened, got goose bumps and saying 'No' during seizure. Also incontinent of urine. No injury."</p> <p>Client C's nursing notes indicated no visual assessments of client C by the facility nurse after falls and/or seizures.</p> <p>Client C's PT evaluation dated 8/26/14 indicated "Pt (patient) is a 40 yo (year old) female with CP and a resident of a group home. She (client C) has recently had an increased incidence of falls as well as reports of declining posture which has affected her balance and safety while eating. She presents today in a left AFO (ankle-foot-orthotic) with left LE (lower extremity) internally rotated starting at the hip. She has decreased strength through left LE and flexion contracture (a shortening of muscle tissue and tendons, which forces a joint into a flexed position) of left UE (upper extremity). She has a severe forward head with increased thoracic kyphosis (an excess curvature in the upper back causing a hump). Berg balance assessment (a test to measure balance) was performed in which she scored a 31/56. Any score less</p>			

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	<p>than 46 indicates an increased risk for falls. This patient would benefit from PT to address above issues to decreased likelihood of falls."</p> <p>__The PT assessment indicated client C was not assessed in regard to transfers and was not assessed for her ability to go up and down the steps. Client C's PT evaluation indicated no assessment of client C's ability to get on and off the facility van. Client C's PT assessment indicated no level of assistance and/or supervision by the staff that client C required at the group home and/or the DP. The PT assessment indicated no recommendations to address how the facility staff were to supervise/monitor and assist client C throughout the day to prevent injury from falls.</p> <p>Client C's Risk Summary dated 10/1/13 indicated client C was at risk for falls and had a history of falls. The Summary indicated "[Client C] has a history of falls. [Client C] was evaluated to [name of hospital] physical therapy. Most recent PT evaluation was completed 4/15/13 and re-eval 8/1/13 resulting in discharge from PT 8/19/13. Pt (patient) requires guard assist if walking on uneven ground (grass). Independent on level ground. Staff are to prompt [client C] when walking to point toe forward. Staff are to check brace daily to be sure it is on</p>			

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	<p>properly. Staff will assist [client C] in doing home exercise program 5 days a week scheduled while at the center Monday thru Friday. If [client C] falls staff are to assess to see if treatment is necessary. Staff will notify nurse of fall. Staff will complete injury report along with post fall assessment and document the fall on the nursing notes. Nurse will review nursing notes and MAR (Medication Administration Record) at least monthly."</p> <p>Client C's record indicated no IDT (Interdisciplinary Team) meetings in regard to client C's increased number of seizures and falls. Client C's record indicated no lab tests and/or Depakote (Divalproex) levels in regard to client C's increased seizure activity. Client C's ISP/Risk Summary failed to indicate how the staff were to supervise/monitor and assist client C throughout the day while ambulating to prevent further injury from falls. Client C's ISP/Risk plan failed to indicate how the staff were to monitor client C throughout the day due to seizures in regard to while was alone and showering, while in the bathroom and/or alone in her bedroom.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were</p>				

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	<p>interviewed on 9/12/14 at 3:15 PM.</p> <p>The LPN indicated she was unable to find all of client C's records in regard to the client's visits with her neurologist and the client's lab work. The LPN stated, "I know she saw her neurologist recently and her Onfi medication was increased."</p> <p>QIDP #1 indicated she was unable to locate any IDT meetings in regard to client C's increased seizures and recurring falls. QIDP #1 stated, "I know I haven't had any meetings since I've been here."</p> <p>The LPN stated, "She [client C] just recently went to PT."</p> <p>When asked how are the staff to supervise, monitor and assist client C throughout the day to ensure client C's safety in regard to falls, the RM indicated client C ambulated independently and the staff assist her as needed.</p> <p>QIDP #1 indicated no changes in client C's care, client C's ISP and/or Risk Summary in regard to increased falls, injury with falls and increased seizures.</p> <p>QIDP #1 indicated the PT evaluation and PT therapy did not address client C's needs at the facility and at the DP.</p> <p>QIDP #1 indicated the staff were to</p>			

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	<p>follow client C's Risk Summary. QIDP #1 and the RM indicated they were new to the facility as of May 2014 and were still getting to know the clients and their needs.</p> <p>3. The facility's reportable records were reviewed on 9/10/14 at 10 AM. The 6/12/14 BDDS report indicated on 6/7/14 at 8 AM a facility staff overheard another staff telling client E "that she (client E) needed to be quiet and go to her room because she was tired of hearing her (client E). The staff reported this on 6/12/14 at a staff training on abuse and neglect." The facility records indicated the facility staff failed to report an allegation of abuse immediately to the administrator and to APS.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professionals) #1 on 9/12/14 at 3:15 PM indicated all allegations of abuse were to be reported immediately to the administrator and to the BDDS and APS within 24 hours of knowledge of the abuse/neglect/mistreatment.</p> <p>4. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM.</p> <p>The 2/20/14 BDDS report indicated on</p>			

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	<p>2/19/14 at 5:15 PM client E became angry and hit two of her housemates, clients A and D. The 2/24/14 Investigative Report/Summary indicated the clients in the home were sitting down to eat their evening meal. The report did not indicate which clients and/or staff were in the home at the time of the abuse. The Report indicated statements from two staff and client E was asked why she hit clients A and D. Client D stated, "That girl hit me." Client A stated "She hit me hard on my back, very hard." The facility records did not indicate a thorough investigation was conducted.</p> <p>The 4/21/14 BDDS report indicated on 4/20/14 "[Client F] has orders to take Calcium, Wellbutrin, Evista, Pepcid, Metformin, Oxybutynin, Risperdal, Sertraline, Simvastatin, Thera-tab and Vitamin D at 7:00 AM. It was discovered during the p.m. med (medication) buddy check on 4/21/14 that none of these medications had been given the morning of 4/20/14. The medications had been signed for as given on the MAR (Medication Administration Record), but all of the pills were still present in the med packs.... [Client F's] team needs to investigate how this happened and who is responsible." The facility records indicated no investigation.</p>						

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	<p>The 5/26/14 BDDS report indicated on 5/25/14 at 10:20 AM client A hit client C on the upper left arm. "During the course of the day [client C] continued to aggravate [client A] and they exchanged words several times They also slapped or hit each other several times, never resulting in injuries. This continued until 9:30 pm when [client C] and her housemate went to their separate bedrooms." The 5/29/14 Investigative Report/Summary indicated statements from two staff and clients A and C. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 5/28/14 BDDS report indicated on 5/27/14 at 6 PM client D told client E to "shut up" and hit client E on the back of the head with an open hand. The 5/30/14 Investigative Report/Summary indicated statements from one staff and clients D and E. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 6/12/14 BDDS report indicated on 6/7/14 at 8 AM a facility staff overheard another staff telling client E "that she (client E) needed to be quiet and go to her room because she was tired of hearing her (client E). The staff reported this on 6/12/14 at a staff training on abuse and neglect." The 6/19/14</p>			

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	<p>Investigative Report/Summary indicated a statement from the staff accused of abuse and the staff that reported the abuse and client E. The investigative records indicate no further staff and/or client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 8/4/14 BDDS report indicated on 8/4/14 at 8:50 AM while at the DP client E approached client B from the rear and "smacked" client B with an open hand one time on her right shoulder blade. The 8/4/14 Investigative Report/Summary indicated statements from two staff and clients B and E. The statement form dated 8/4/14 for client B indicated client B was non verbal. The facility records did not indicate a thorough investigation was conducted.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) on 9/12/14 at 3:15 PM, QIDP #1 and the RM indicated when conducting an investigation all clients and all staff in the home/area at the time of the client to client abuse should be noted in the investigative paperwork and all staff and clients should then be interviewed for the investigation to be considered thorough. QIDP #1 indicated she had provided all</p>						

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	<p>investigations and reportable incidents for review.</p> <p>The facility policies were reviewed on 9/10/14 at 10 AM.</p> <p>__The 3/2011 revised "Indiana Abuse and Neglect" policy indicated "AWS does not tolerate abuse, neglect or exploitation in any form by any person.... Alleged, suspected or actual abuse, (which must be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to: physical abuse, including but not limited to: intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury.... Alleged, suspected or actual neglect... which includes but is not limited to: failure to provide appropriate supervision, care or training, failure to provide a safe, clean and sanitary environment, failure to provide food and medical services as needed...."</p> <p>__The 6/13/13 revised "Incident Reporting and Investigation Policy - Indiana" indicated "Peer to peer aggression that results in significant injury. For Group Homes: All peer to peer aggression is reportable; including allegations of peer-to-peer aggression. Each of these types of incidents requires completion of an investigation.... Any injury to an individual when the cause is</p>						

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W000153	<p>unknown and/or the injury could be indicative of abuse, neglect or exploitation. Any injury to an individual when the cause of the injury is unknown and the injury requires a medical evaluation or treatment.... Investigating and Incident: The investigator conducts interviews and collects written statement from all relevant individuals. Upon review of all evidence the investigator will complete the Investigative Report and will determine if the allegation(s) are substantiated or unsubstantiated and will make recommendations as needed."</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 1 allegation of abuse reviewed, the facility failed to immediately report all allegations of abuse to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services)</p>	W000153	<p>Correctiveactionforresident(s)fou dthavebeenaffected RD retrained allgroup home staff at staff meetings on 10-1-14 and 10-3-14 on the AWSAbuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, whatincidents</p>	10/17/2014

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	<p>according to state law for client E.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 9/10/14 at 10 AM.</p> <p>The 6/12/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 6/7/14 at 8 AM a facility staff overheard another staff telling client E "that she (client E) needed to be quiet and go to her room because she was tired of hearing her (client E). The staff reported this on 6/12/14 at a staff training on abuse and neglect." The facility records indicated the facility staff failed to report an allegation of abuse immediately to the administrator and to APS</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/12/14 at 3:15 PM indicated all allegations of abuse were to be reported immediately to the administrator and to the BDDS and APS within 24 hours of knowledge of the abuse/neglect/mistreatment.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-2(a)</p>		<p>are reportable, and the mandate for immediate reporting to the QIDP. The RD will pass out IncidentReport cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room.</p> <p>RD will retrain the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence RD retrained all group home staff at staff meetings on 10-1-14 and 10-3-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room. Any current group home staff not attending one of these</p>		

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			<p>meetings will be removed from the schedule until they receive this training from the RD or a designated representative. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file.</p> <p>The RD will retrain the QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. Each client will also be asked about their home and living environment in their quarterly meetings. This will be documented on the meeting notes and saved in their main chart in the office.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to</p>	

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 11 of 18 allegations of abuse/neglect, client to client abuse and injuries of unknown origin reviewed, the facility failed to ensure a thorough investigation and/or an investigation was conducted for clients A, B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM. The 8/6/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/6/14 at 7:30 AM client G "lost her balance and fell inside her home. [Client G] was taken by ambulance to the emergency room due to pain in her right hip/leg. [Client G] was admitted to [name of hospital] after X-rays showed a fracture</p>	W000154	<p>file. The RD will review 100% of incident reports. All incident reports are submitted to the RD as soon as they are submitted and the RD reviews all incident reports. If an incident report is not correct or needs additional information the RD will notify the QIDP to submit a follow up report.</p> <p>Corrective action for resident(s) found to have been affected RD retrained all group home staff at staff meetings on 10-1-14 and 10-3-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse, neglect, exploitation, and injuries of unknown origin, what incidents are reportable, and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room. RD retrained the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</p>	10/17/2014

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	<p>to her hip requiring surgery for a partial hip replacement. [Client G] also sustained a laceration to her left elbow, not requiring more than a bandage." ___The 8/13/14 follow up BDDS report indicated "[Client G] had a fall that resulted in a broken hip, hospitalization and a partial hip replacement." The facility records indicated no investigation of client G's injury resulting in a fracture.</p> <p>Client G's record was reviewed on 9/10/14 at 1 PM. Client G's nursing notes, not all inclusive, indicated: 10/7/13 "Rt (right) small finger with dark purple bruise to palm side at first joint. Appears could have been pinched in something." 10/23/13 "dime sized deep purple bruise to abd (abdomen). Area in alignment with counter at house 3 (client G's home)." 10/30/13 "1 (inch) oblong bruise to outer aspect of arm between should (shoulder) and elbow. Area is correct height to line up with towel bar in bathroom. [Client G] states she might have bumped it. 'It doesn't hurt honey, don't worry, I'm alright.' she stated." 7/19/14 "Received report of injury that client (G) has a bruise and a scab on her left arm/elbow. Client (G) reports that she fell out of bed and</p>		<p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure recurrence RD retrained all group home staff at staff meetings on 10-1-14 and 10-3-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The AWS Reportable Incident Policy states that any unknown injuries over 3 inches in size in any way or indicative of abuse are to be reported. This is the policy that the staff will be trained on. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the RD or a designated representative. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The RD retrained the QIDP, the LPN, and the GHM on necessary</p>	

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	<p>that is how she got the bruise."</p> <p>The facility records indicated no investigations in regard to client G's injuries of unknown origin reported on 10/7/13, 10/23/13, 10/30/13 and 7/19/14.</p> <p>Interview with staff #5 on 9/10/14 at 6 AM indicated she was working the morning of 8/6/14 when client G was injured. Staff #5 indicated there were three staff in the home the morning of client G's injury, one staff in the kitchen, one staff in the medication room and one staff in the bathroom assisting another client with a shower. Staff #5 indicated she (staff #5) had already assisted client G with her shower and client G had returned to her (client G's) bedroom when all the staff heard a noise and found client G on the floor in the hallway outside of client G's bedroom. Staff #5 stated, "She (client G) said she was ok, denied hurting anywhere and just wanted to get up. When she tried to get up she couldn't. We had to get the rolling desk chair and lift her up into the chair. We knew something was wrong and that's when we called 911." Staff #5 indicated client G was elderly and had issues with memory loss and did not always remember how she was injured. Staff #5 indicated no staff were with client G at the time of her last fall. Staff #5 stated, "It gets kinda crazy</p>		<p>components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. Each client will also be asked about their home and living environment in their quarterly meetings. This will be documented on the meeting notes and saved in their main chart in the office.</p> <p>How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to file. The RD will review 100% of incident reports. The AWS Policy on Reportable Incidents states that any injury of unknown origin must be reported and investigated if it is 3 inches in size in any direction or indicative of abuse. This is the policy that staff</p>				

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	<p>at times and we (the staff) aren't always right with her when she's up.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM.</p> <p>__QIDP #1 indicated she did not conduct an investigation in regard to client G's injury that resulted in a fracture. QIDP stated, "She fell. I didn't think I would need to do an investigation." When asked was the fall observed, QIDP stated "No." When asked could there be a possibility client G might have fallen and/or injured herself prior to the date she was found on the floor, QIDP #1 stated, "I guess it's possible. I see what you mean." QIDP #1 indicated her employment with the facility began in May 2014 and she was not aware that she needed to conduct an investigation for a fall resulting in a fracture. QIDP #1 indicated all reportable and investigative records were provided for review.</p> <p>An email from the RM on 9/15/14 at 9 AM indicated "typically" the staff assist client G in getting out of bed, showering, drying off and getting dressed and the staff would "follow behind her (client G) or walk beside her." On 8/6/14 staff had assisted client G with her shower, drying and dressing. Client G had finished her</p>		<p>will be trained on.</p> <p>All allegations of abuse or neglect or exploitation will bereported and investigated per AWS policy. If an allegation is found to not be substantiated that will bedocumented on the incident report follow up.</p>	

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	<p>breakfast and went to the living room to sit in her chair until the staff were ready to take client G to center. "[Client G] had got (sic) up and went to her bedroom for something. A staff was busy with giving meds, a staff was busy helping other clients with getting dressed and another staff was helping with breakfast. No staff was right beside her or behind her at the time of the fall."</p> <p>2. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM.</p> <p>The 2/20/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 2/19/14 at 5:15 PM client E became angry and hit two of her housemates, clients A and D. The 2/24/14 Investigative Report/Summary indicated the clients in the home were sitting down to eat their evening meal. The report did not indicate which clients and/or staff were in the home at the time of the abuse. The Report indicated statements from two staff and client E was asked why she hit clients A and D. Client D stated, "That girl hit me." Client A stated "She hit me hard on my back, very hard." The facility records did not indicate a thorough investigation was conducted.</p>						

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	<p>The 4/21/14 BDDS report indicated on 4/20/14 "[Client F] has orders to take Calcium, Wellbutrin, Evista, Pepcid, Metformin, Oxybutynin, Risperdal, Sertraline, Simvastatin, Thera-tab and Vitamin D at 7:00 AM. It was discovered during the p.m. med (medication) buddy check on 4/21/14 that none of these medications had been given the morning of 4/20/14. The medications had been signed for as given on the MAR (Medication Administration Record), but all of the pills were still present in the med packs.... [Client F's] team needs to investigate how this happened and who is responsible." The facility records indicated no investigation.</p> <p>The 5/26/14 BDDS report indicated on 5/25/14 at 10:20 AM client A hit client C on the upper left arm. "During the course of the day [client C] continued to aggravate [client A] and they exchanged words several times They also slapped or hit each other several times, never resulting in injuries. This continued until 9:30 pm when [client C] and her housemate went to their separate bedrooms." The 5/29/14 Investigative Report/Summary indicated statements from two staff and clients A and C. The facility records did not indicate a thorough investigation was conducted.</p>						

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	<p>The 5/28/14 BDDS report indicated on 5/27/14 at 6 PM client D told client E to "shut up" and hit client E on the back of the head with an open hand. The 5/30/14 Investigative Report/Summary indicated statements from one staff and clients D and E. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 6/12/14 BDDS report indicated on 6/7/14 at 8 AM a facility staff overheard another staff telling client E "that she (client E) needed to be quiet and go to her room because she was tired of hearing her (client E). The staff reported this on 6/12/14 at a staff training on abuse and neglect." The 6/19/14 Investigative Report/Summary indicated a statement from the staff accused of abuse and the staff that reported the abuse and client E. The investigative records indicated no further staff and/or client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 8/4/14 BDDS report indicated on 8/4/14 at 8:50 AM while at the DP (Day Program) client E approached client B from the rear and "smacked" client B with an open hand one time on her right shoulder blade. The 8/4/14 Investigative Report/Summary indicated statements</p>			

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W000159	<p>from two staff and clients B and E. The statement form dated 8/4/14 for client B indicated client B was non verbal. The facility records did not indicate a thorough investigation was conducted.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) on 9/12/14 at 3:15 PM, QIDP #1 and the RM indicated when conducting an investigation all clients and all staff in the home/area at the time of the client to client abuse should be noted in the investigative paperwork and all staff and clients should then be interviewed for the investigation to be considered thorough. QIDP #1 indicated she had provided all investigations and reportable incidents for review.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>			

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	<p>Based on observation, interview and record review for 3 of 3 sample clients (A, B and C) and 4 additional clients (D, E, F and G), the facility QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor each client's active treatment program.</p> <p>The QIDP failed to ensure: Client A's, B's and C's objectives were reviewed and revised quarterly. A full and complete accounting of client A's and C's funds and expenditures.</p> <p>The Interdisciplinary Team (IDT) assessed/reassessed client A's repeated refusals to take her prescribed medications and refusals to comply with medical requests, client B's fine and gross motor skills, client C's pattern of increased falls and seizures and ability to ambulate over uneven surfaces, inclines, going up and down steps and getting on and off the facility van and client G's ambulatory needs to prevent further injury from falls.</p> <p>Vocational assessments were conducted and the clients' present and future employment options were reviewed for clients A, B and C. Client C's ISP/BSP (Individual Support Plan/Behavior Support Plan)</p>	W000159	<p>In addition to below, please see W140, W210, W225, W240, W249, W262, W263, W312, and W488.</p> <p>Corrective action for resident(s) found to have been affected The QIDP was retrained by the RD on conducting monthly reviews of all client objectives on 10/3/14. This includes reviewing, tracking, and reporting on the objectives. The QIDP will write and submit a Monthly Summary report to the RD and Compliance Officer by the 20th of the following month.</p> <p>How facility will identify other residents potentially affected and what measures taken All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The QIDP will receive the objective tracking from the Team Leader no later than the 1st business day of the month. The QIDP will review the monthly objectives, track them, and then report on them on the monthly summary report.</p> <p>How corrective actions will be monitored to ensure no recurrence The QIDP will report on the monthly objectives on a monthly summary report. The QIDP will turn each monthly report into the RD and the Compliance Officer no later than</p>	10/17/2014			

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	<p>addressed how the staff were to supervise/monitor and assist client C throughout the day to prevent further injury from falls and how the staff were to supervise and monitor client C due to seizure activity. The QIDP failed to ensure client A's ISP/BSP addressed what the staff were to do when client A refused her medications and/or refused to comply with medical requests.</p> <p>The staff implemented the clients' dining plans and provided formal and informal training when opportunity existed for clients B, D, E and F.</p> <p>The facility's HRC (Human Rights Committee) reviewed, approved and monitored client A's and C's restrictive programs.</p> <p>Written informed consent from the clients and/or the clients' legal representatives for the clients' restrictive programs including the use of behavior modification medication for clients A and C and the locking of the sharps within the home for client A.</p> <p>Client A's use of Sertraline was included in client A's BSP (Behavior Support Plan) with a specific plans of reduction to reduce and eventually eliminate the behaviors</p>		<p>the 20th of each month. The QIDP will review and discuss objectives at each quarterly meeting, record meeting notes on the meeting notes form, and fill out the Meeting Checklist which will be turned into the RD within 24 hour of each meeting.</p>				

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	<p>for which the Sertraline was to target.</p> <p>The staff provided training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program for clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/10/14 at 2 PM. Client A's 10/1/13 ISP indicated objectives: To brush her teeth for thirty seconds. To clean her bedroom. To make one dinner item. To bathe independently. To choose a leisure activity of her choice. To purchase an item in the community and receive the correct change. To go to staff and talk about her feelings. To be able to name her medications and to state why she takes them. Client A's record indicated the QIDP did not review client A's objectives from August 2013 through May 2014.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's 10/1/13 ISP indicated objectives: To identify coins.</p>						

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	<p>To identify the cold water knob. To put her utensil down between bites. To clean her bedroom. To brush her teeth for 15 seconds. To complete the steps in making one dinner item. To get into the shower independently. To participate in a leisure item of her choice.</p> <p>Client B's record indicated the QIDP did not review client B's objectives from August 2013 through May 2014.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's 10/1/13 ISP indicated objectives: To clean her bedroom. To identify coins and know the value. To talk to the staff about her feelings. To brush her teeth. To prepare a menu item. To shower independently To participate in a leisure activity of her choice.</p> <p>Client C's record indicated the QIDP did not review client C's objectives from August 2013 through May 2014.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/12/14 at 3:15 PM, QIDP #2 stated, "The only reviews I can find are the ones I did for June and July." The QIDP indicated she was employed with the</p>			

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	<p>facility in May 2014 and was unable to find evidence of reviews prior to her hire for the previous QIDPs that worked at the facility.</p> <p>2. The QIDP failed to ensure a full and complete accounting of client A's and C's funds and expenditures. Please see W140.</p> <p>3. The QIDP failed to ensure client B's and G's Comprehensive Functional Assessments (CFAs) included an assessment of the clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment to address the clients' mobility needs and to ensure client C's PT evaluation included an assessment of client C's ability to ambulate over uneven surfaces, inclines, going up and down steps and getting on and off the facility van. The QIDP failed to ensure the IDT (Interdisciplinary Team) assessed/reassessed client C's pattern of increased falls and seizures and to address/assess client A's repeated refusals to take her prescribed medications and/or to comply with medical requests. Please see W210.</p> <p>4. The QIDP failed to ensure vocational assessments were conducted and the clients' present and future employment</p>						

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	<p>options were reviewed for clients A, B and C. Please see W225.</p> <p>5. The QIDP failed to ensure client C's ISP/BSP (Individual Support Plan/Behavior Support Plan) addressed how the staff were to supervise/monitor and assist client C throughout the day to prevent further injury from falls and how the staff were to supervise and monitor client C due to seizure activity. The QIDP failed to ensure client A's ISP/BSP addressed what the staff were to do when client A refused her medications and/or refused to comply with medical requests. Please see W240.</p> <p>6. The QIDP failed to ensure the staff implemented the clients' dining plans and provided formal and informal training when opportunity existed for clients B, D, E and F. Please see W249.</p> <p>7. The QIDP failed to ensure the facility's HRC (Human Rights Committee) reviewed, approved and monitored client A's and C's restrictive programs. Please W262.</p> <p>8. The QIDP failed to obtain written informed consent from the clients and/or the clients' legal representatives for the clients' restrictive programs including the use of behavior modification medication</p>			

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W000210	<p>for clients A and C and the locking of the sharps within the home for client A. Please see W263.</p> <p>9. The QIDP failed to ensure client A's use of Sertraline was included in client A's BSP (Behavior Support Plan) with a specific plans of reduction to reduce and eventually eliminate the behaviors for which the Sertraline was to target. Please see W312.</p> <p>10. The QIDP failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program for clients A, B, C, D, E and F. Please see W488.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p>						

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	<p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and 1 additional client G, the facility failed:</p> <p>__To ensure client B's and G's Comprehensive Functional Assessments (CFAs) included an assessment of the clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment to address the clients' mobility needs.</p> <p>__To ensure the IDT (Interdisciplinary Team) assessed/reassessed client C's pattern of increased falls and seizures and client A's repeated refusals to take her prescribed medications and/or to comply with medical requests.</p> <p>__To ensure client C's PT evaluation included an assessment of client C's ability to ambulate over uneven surfaces, inclines, going up and down steps and getting on and off the facility van.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM.</p> <p>The 8/6/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/6/14 at 7:30 AM client G "lost her balance and fell inside her home. [Client G] was taken by</p>	W000210	<p>Corrective action for resident(s) found to have beenaffected</p> <p>All clients willhave an annual Comprehensive Functional Assessment as well as other necessaryassessments such as OT and PT. The QIDPwill ensure the CFAs are completed by 10-17-14. The LPN will ensure the clients receive OT/PT evaluations or thatappointments are scheduled by 10-17-14.</p> <p>The QIDP and LPNwill monitor client patterns like falls and medication refusals and will reportany patters to the IDT. The IDT willmeet and document the findings from the meeting on an meeting notes form.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken</p> <p>All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence</p> <p>The QIDP and LPNwill be retrained on the need for annual assessments including but not limitedto the CFA and OT/PT by the RD on 10-3-14. The QIDP and the LPN will secure the assessments are completed orappointments scheduled by 10-17-14.</p> <p>This training willalso include watching for patterns in client falls or medication refusals tobring to the</p>	10/17/2014			

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	<p>ambulance to the emergency room due to pain in her right hip/leg. [Client G] was admitted to [name of hospital] after X-rays showed a fracture to her hip requiring surgery for a partial hip replacement. [Client G] also sustained a laceration to her left elbow, not requiring more than a bandage."</p> <p>__The 8/13/14 follow up BDDS report indicated "[Client G] had a fall that resulted in a broken hip, hospitalization and a partial hip replacement."</p> <p>The 5/10/14 I/A (Incident/Accident) report and BDDS report indicated while helping client G with her shower staff noted client G's right index finger was swollen with a "large black and red bruise" at the knuckle. The report indicated client G did not know how she injured herself and was transported to the local hospital for an evaluation where she was diagnosed with a bruise, given pain medication and returned to the facility.</p> <p>The 12/5/13 BDDS report indicated on 12/5/13 at 3:10 PM while trying to board the group home van, client G fell up the three steps of the van and landed on the van steps. The report indicated the staff were able to catch client G from landing onto the pavement. "She (client G) sustained injuries of scrapes and redness on her right cheek, right rib area and right</p>		<p>attention of the IDT. The IDT will meet and will document their findings on the meeting notes form.</p> <p>How corrective actions will be monitored to ensure norecurrence The RD will sign off on the record of training for the QIDP and LPN. The RD will conduct quarterly random file reviews to ensure current assessments are present for each client. A QIDP-d has been hired to maintain filing and to conduct monthly file audits. These file audits will be turned in to the RD for tracking and compliance.</p>	

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	<p>shin." The report indicated client G's ability to climb the van steps would be assessed.</p> <p>Client G's record was reviewed on 9/10/14 at 1 PM.</p> <p>__ Client G's record indicated an elderly woman over 90 years of age and diagnoses of, but not limited to, Osteoporosis (brittle bones), Urinary Incontinence, High Blood Pressure, Dementia (loss of memory) and Arthritis (an inflammation of one or more joints).</p> <p>Client G's nursing notes, not all inclusive, indicated:</p> <p>10/7/13 "Rt (right) small finger with dark purple bruise to palm side at first joint. Appears could have been pinched in something."</p> <p>10/23/13 "dime sized deep purple bruise to abd (abdomen). Area in alignment with counter at house 3 (client G's home)."</p> <p>10/30/13 "1 (inch) oblong bruise to outer aspect of arm between should (shoulder) and elbow. Area is correct height to line up with towel bar in bathroom. [Client G] states she might have bumped it. 'It doesn't hurt honey, don't worry, I'm alright.' she stated."</p> <p>12/4/13 "fall from bus steps. No apparent injury."</p>			

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	<p>12/6/13 "bruising to rt (right) hip/buttock, rib area..."</p> <p>1/16/14 "Annual Physical Exam... some muscle weakness.... PT (Physical Therapy) for muscle strengthening."</p> <p>1/26/14 "[Client G] got up to go to the bathroom when she bumped into her bed frame. Noted quarter size bruise, dark blue/purplish in color on upper left thigh/peri area."</p> <p>1/30/14 PT Eval- Difficulty ascending steps to get into van. Difficulty rising from chair, worsening over past few months. Recommendations for PT tx (treatment) for 6 - 8 weeks."</p> <p>2/10/14 "Mammo (Mammogram) completed... Study indicates osteoporosis, fracture risk is considered high."</p> <p>3/19/14 "was seen by PT for gait balance and strengthening. Dischg (Discharged) from PT at this time. Recommended that staff continue to assist patient PRN (as needed) for safety especially in/out of van."</p> <p>5/22/14 "Reviewed report of injury from 5/10/14 in which client (G) was reported to have large black and red area of discoloration with swelling on index finger..."</p> <p>7/19/14 "Received report of injury that</p>			

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	<p>client (G) has a bruise and a scab on her left arm/elbow. Client (G) reports that she fell out of bed and that is how she got the bruise."</p> <p>Client G's record indicated no assessment from PT/OT in regard to client G's fine and gross motor skills/abilities, client G's ability to go up and down steps and/or to get on and off the facility van. Client G's record indicated no IDT meetings in regard to client G's ambulatory needs and/or injuries from falls.</p> <p>Interview with the facility's LPN on 9/11/14 at 1 PM indicated LPN #3 terminated employment with the facility on 12/31/13 and LPN #1 filled in for the facility from January through April 2014 when the facility hired LPN #4 in April 2014. LPN #4 worked four months and then LPN #4 terminated her employment with the facility on August 15, 2014. The LPN stated, "I've done my best to try to keep up, but not being here all the time and just filling in when they don't have anyone has been rough." The LPN indicated she had provided all nursing assessments and notes she was able to locate for client G. The LPN indicated she was not able to locate client G's last PT assessment.</p> <p>QIDP (Qualified Intellectual Disabilities</p>			

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	<p>Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM.</p> <p>__ The RM and QIDP #1 indicated they were unable to locate a PT assessment for client G.</p> <p>__ The LPN indicated client G's Risk Summary was last updated 10/1/13 when LPN #3 was still with the facility.</p> <p>__ QIDP #1 stated the facility filing system was behind six to twelve months "or more" and they were unable to find all of client G's assessments and records.</p> <p>__ QIDP #1 indicated no IDT meetings in regard to client G's health, mobility and or injuries.</p> <p>2. Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM and on 9/10/14 between 5:30 AM and 8:35 AM. During both observation periods client C wore a brace on her left lower leg and ambulated independently with a forward lean and an unsteady gait. The staff did not supervise client C while ambulating. During the AM observation period at 6 AM client C got out of bed and ambulated independently to the bathroom wearing socks on her feet and no brace on her left lower leg. After going to the bathroom client C walked to the kitchen area and then back to her bedroom. The staff did not supervise or assist client C while</p>			

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	<p>ambulating.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated diagnoses of, but not limited to, Seizure Disorder and Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage). Client C's July 2014 physician's orders indicated client C was taking Depakote 250 mg (milligrams) three times a day, Lamictal 100 mg twice a day, Oxcarbazepine 600 mg twice a day and Onfi 20 mg twice a day for control of seizures.</p> <p>Client C's Seizure Reports indicated: On 5/3/14 at 4:34 PM client C was helping to set the table and "got stiff and began to pee her pants." On 5/29/14 at 6 PM client C "yelped, peed on the floor after grabbing her crotch and said she was okay." On 6/2/14 at 5:10 PM client C "Yelped, grabbed her crotch, pee'd (sic) and took off for the bathroom." On 6/9/14 at 4:30 PM client C "Yelped, shook, pee'd (sic) herself and took off for the bathroom holding her crotch." On 6/15/14 at 5:47 PM client C "Was at the dinner table eating her dinner and talking to staff. Client (C) let out a yelp or cry, then her whole</p>			

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	<p>body stiffened, eyes got big and she was holding her private area, because she started peeing."</p> <p>On 6/16/14 at 7:51 PM client C "Yelped, grabbed crotch and wet on the couch and immediately got up to go change her clothes."</p> <p>On 6/17/14 at 6:17 PM client C "Yelped, shook, pee'd (sic) on the floor and started saying she's sorry."</p> <p>On 6/22/14 at 5:25 PM client C "Yelled out, whole body stiffened and she grabbed her private area because she wet herself."</p> <p>On 6/28/14 at 4:10 PM client C "yelled, her body stiffened at first then started shaking. Client was also holding her private area but didn't pee."</p> <p>On 7/1/14 at 5:30 PM client C "started shaking and her head was shaking and [client C] kept saying I'm sorry and her body shook and was shaking."</p> <p>On 7/6/14 5:31 PM client C was eating her dinner and "grown (sic) and chew her food. Kept eaten her dinner (sic)."</p> <p>On 8/16/14 at 6:50 PM client C was sitting in a chair and "said a few words, wet herself and shook."</p> <p>Client C's Post Fall Assessment forms indicated</p>			

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	<p>On 11/8/13 11:55 AM while at the DP client C was walking up the sidewalk incline to the DP and she tripped on her feet and fell. The assessment indicated actions to prevent future falls "Direct client to point toes forward and plant feet before attempting to walk."</p> <p>On 11/17/13 at 7:50 AM client C was "walking to the bathroom to get some water to take her pills when she leaned into a chair and fell on her butt." The assessment indicated actions to prevent future falls "Try to make sure she is walking okay to the whatever it is she's going and maybe keep an eye on her more when walking around without her shoes."</p> <p>On 6/2/14 at 8:20 AM client C rode to the DP (Day Program) on the house bus, exited the bus and was walking up a slight incline to enter the DP and fell.</p> <p>On 7/5/14 at 12:50 PM client C was going down some steps and was holding onto the railing. "After taking a step and having both feet on a step she lost her balance a feel but still had her right hand on the railing (sic)." The Assessment indicated client C was wearing a brace on her left ankle and</p>			

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	<p>indicated immediate actions to prevent future falls "Walk in front of client and have someone walk behind."</p> <p>On 7/13/14 at 5:45 PM client C was at the group home in the living room and was arguing with a peer. When the peer went to hit client C, client C took a step back and lost her balance, fell and knocked over a lamp.</p> <p>On 8/18/14 at 1:30 PM client C was walking to the break room at the DP and fell.</p> <p>Client C's nursing notes indicated 5/3/14 "Received report of seizure in which client (C) had seizure activity while assisting with prepping meal. Client had urinary incontinence but was able to change her clothes with assist of staff. No injury to report."</p> <p>5/20/14 "Received report of injury form from 5/16 (5/16/14) in which it is reported that client (C) fell out of her seat in the van when coming home from group home outing. Per report no treatment was needed."</p> <p>5/24/14 "Received report of seizure. Per report client (C) was having dinner with roommates. She was joking around with peer and then</p>			

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	<p>grabbed herself and was incont (incontinent) of urine. Per report, client stated she wanted to go home but did was oriented to self and did no show signs of confusion (sic)."</p> <p>5/28/14 client C's doctor "is aware that client did not have her Divalproex 25 mg tab at 1 PM on this day."</p> <p>6/2/14 "Received post fall assessment form in which it is reported that client (C) fell walking up a slight incline into the main center building. No reports of injury noted."</p> <p>6/3/14 "Reviewed report of seizure on 6/2/14 in which it is reported that client (C) had 5 seconds of seizure activity during evening meal. Client ran to bathroom when activity ceased, no reports of injury noted."</p> <p>6/10/14 "Reviewed report of seizure dated 6/9/14 in which it is reported that client (C) had 10 seconds of seizure activity with incontinence. Client has no reports of injury with this incident."</p> <p>6/14/14 "Received report of seizure activity from 6/15/14. Client (C) noted to have 15-20 seconds of activity. Client had episodes of incontinence during activity."</p>			

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	<p>7/1/14 "Report of seizure form received. Approx 30 second duration. No injury reported. Client (C) seem by [name of neurologist] on this date. New orders obtained to begin increase of Onfi to 20 mg (milligrams) BID (twice a day)."</p> <p>7/2/14 "Received report of fall with no injury." "Received report of injury in which it is stated that client (C) got out of her chair, hit her left leg and fell on buttocks. Client required no medical intervention related to this incident and has had no complaints of pain or other."</p> <p>7/5/14 "Received report of fall with no injury."</p> <p>7/9/14 "Received report of seizure form for seizure lasting 20 seconds with no injury to report."</p> <p>7/14/14 "Reviewed report of injury for this date in which it is stated that client (C) landed on her bottom while attempting to get off of the van after declining assistance from staff. Client denies injury. No medical intervention was required related to this incident."</p> <p>7/20/14 "Received report of seizure for this date. Seizure lasted approx 1 minute per this report. Client (C) was not injured and returned to her usual level of daily activities</p>						

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	<p>shortly after seizure ended."</p> <p>7/21/14 "Received report of fall on 7/13/14 in which it is reported that client (C) fell and knocked over a lamp. Per staff she has a red area on her back."</p> <p>8/4/14 "Client (C) sent to [name of hospital] ER (Emergency Room) on this date in the early morning for fall in which she stuck (sic) her head and was bleeding. Client was treated in the ER where head lac (laceration) was sutured. She remained at home and was observed by staff per protocol with neuro checks."</p> <p>8/7/14 "Reviewed report of seizure dated 8/6/14. No injury to report."</p> <p>8/7/14 "Received to (sic) report of seizure on this date each lasting approx (approximately) 30 seconds. No injury to report."</p> <p>8/8/14 client C was seen in the ER to have sutures removed.</p> <p>8/13/14 client C's doctor signed order for client to have a PT (Physical Therapy) evaluation.</p> <p>8/12/14 "Received three reports of seizure on this client (C) for separate occasions on this date. Clients (sic) seizure each lasted less then (sic) one minute, no injuries have been reported."</p> <p>8/14/14 client C scheduled for PT</p>			

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	<p>evaluation and treatment.</p> <p>8/16/14 client C had a seizure lasting 15 seconds.</p> <p>8/19/14 "Rec'd (Received) a (sic) injury report stating that [client C] was walking in the break room at the workshop and lost her balance and fell landing on her right hip. Staff assisted her to here (sic) feet and she was assessed for injury. None noted."</p> <p>8/19/14 at 6:10 PM client C had a 30 second seizure. "Started to shake and was incontinent. No injury."</p> <p>8/19/14 at 7:45 PM client C had a seizure while sitting in a chair that lasted one minute. "Hand shaking and was incontinent. No injury."</p> <p>8/22/14 at 5:40 PM client C had a 30 second seizure while sitting at the dinner table. No injury.</p> <p>8/22/14 at 7:30 PM client C had a seizure while sitting on the couch. Client C was shaking all over and was incontinent of urine. No injury.</p> <p>8/23/14 at 6 PM client C had a 30 second seizure. No injury.</p> <p>8/24/14 at 6:27 PM client C had a 30 second seizure while getting off the facility van at church. "Body stiffened, got goose bumps and saying 'No' during seizure. Also incontinent of urine. No injury."</p>			

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	<p>Client C's PT evaluation dated 8/26/14 indicated "Pt (patient) is a 40 yo (year old) female with CP and a resident of a group home. She (client C) has recently had an increased incidence of falls as well as reports of declining posture which has affected her balance and safety while eating. She presents today in a left AFO (ankle-foot-orthotic) with left LE (lower extremity) internally rotated starting at the hip. She has decreased strength through left LE and flexion contracture (a shortening of muscle tissue and tendons, which forces a joint into a flexed position) of left UE (upper extremity). She has a severe forward head with increased thoracic kyphosis (an excess curvature in the upper back causing a hump). Berg balance assessment (a test to measure balance) was performed in which she scored a 31/56. Any score less than 46 indicates an increased risk for falls. This patient would benefit from PT to address above issues to decreased likelihood of falls."</p> <p>__The PT assessment indicated client C was not assessed in regard to transfers and her ability to go up and down steps. Client C's PT evaluation indicated no assessment of client C's ability to get on and off the facility van. Client C's PT failed to indicate the level of assistance and/or supervision required by the staff while client C was at home or at the DP.</p>			

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	<p>Client C's record indicated no IDT meetings in regard to client C's increase number of seizures and falls.</p> <p>QIDP #1, the RM and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. The LPN indicated she was unable to find all of client C's records in regard to the client's visits with her neurologist and the client's lab work. The LPN stated, "I know she saw her neurologist recently and her Onfi medication was increased."</p> <p>QIDP #1 indicated she was unable to locate any IDT meetings in regard to client C's increased seizures and recurring falls. QIDP #1 stated, "I know I haven't had any meetings since I've been here."</p> <p>The LPN stated, "She [client C] just recently went to PT."</p> <p>QIDP #1 indicated no changes in client C's care, client C's ISP and/or Risk Summary in regard to increased falls, injury with falls and increased seizures.</p> <p>QIDP #1 indicated no change in client C's care after client C's PT evaluation of 8/26/14. QIDP #1 indicated client C's PT evaluation did not address client C in regards to going up and down steps,</p>			

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	<p>inclines and/or getting on and off the facility van.</p> <p>3. Client A's record was reviewed on 9/10/14 at 2 PM. Client A's Medication Refusal Reports (MRRs) indicated:</p> <p>On 9/13/13 at 4 PM client A refused her 4 PM meds (medications): Divalproex Sodium 500 mg (milligram) for mood stabilization, Gabapentin 200 mg for Schizoaffective Disorder and Fexofenadine HCL 180 mg for allergies. The report indicated client A was upset about not getting to have orange juice and went to her room and wrote. "She refused multiple times for multiple staff."</p> <p>On 9/30/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Asked 4 times and other staff tried to talk to her also but she would not take them."</p> <p>On 11/11/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Just refused meds and told staff 'No'."</p>			

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	<p>On 11/12/13 at 10:20 AM client A refused to go to her dental appointment.</p> <p>On 11/12/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Client was very upset and refused meds."</p> <p>On 12/27/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Staff asked her 3x (three times) over the period of 4 PM and 5 PM for meds and was cursed at. Staff notified nurse [client A] never wanted to take them." The nurse instructed the staff to "Just wait and see if she takes them and fill out a refusal."</p> <p>On 1/19/14 client A refused her 7 AM medications: Bupropion and Sertraline for depression, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Seroquel (an antipsychotic), Hydrochlorothiazide (a diuretic), a Multi Vitamin and Zovia (for menses regulation). The report indicated "Staff knocked on [client A's] door, she (client A)</p>			

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	<p>refused meds. Staff waited 20 minutes. She (client A) refused again. Staff waited another 20 minutes and she (client A) told staff to 'leave me alone'."</p> <p>On 2/5/14 client A refused her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin, Zovia and Prevident 5000 Sensitive tooth paste. The report indicated "Ask (sic) 3x's at different times to take her meds and she (client A) wouldn't even talk to staff. She (client A) shook her head no and that was it."</p> <p>On 2/12/14 client A refused all of her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin and Zovia. The report indicated "Staff asked her to come take her meds then she slapped them and cussed them out."</p> <p>On 6/9/14 client A refused to take her 4 PM Divalproex Sodium 500 mg tab and two Gabapentin 100 mg</p>			

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	<p>caps. The report indicated "She just keeps saying will not take drs (doctors) orders."</p> <p>On 6/12/14 client A refused her 8 PM Crest Pro Health mouth wash.</p> <p>On 6/13/14 client A refused her 8 PM Crest Pro Health mouth wash.</p> <p>On 6/29/14 client A refused her 8 AM medications of Bupropion and Sertraline for depression, Calcium, Divalproex Sodium, Gabapentin, Hydrochlorothiazide (a diuretic), Seroquel (an antipsychotic), Multi Vitamin and Zovia (for menses regulation). The report indicated "Kept saying no, refusing to get out of bed, saying 'Shut up!'"</p> <p>On 6/30/14 fax "Please be advised [client A] refused all morning meds on 9/29/14."</p> <p>On 8/16/14 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "I (the staff) asked her to please take her meds 5x she kept telling me (the staff) NO!"</p>			

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	<p>Client A's Monthly Health Reviews for 2014/2013 indicated:</p> <p>On 8/1/14 client A refused AM meds and labs ordered by her PCP.</p> <p>On 8/10/14 client A refused 7 AM meds.</p> <p>On 8/14/14 client A refused her 8 PM mouthwash.</p> <p>On 12/9/13 refusing to see optometrist.</p> <p>Client A's 8/12/13 BSP (Behavior Support Plan indicated client A had a targeted behavior of "Refusals: Refusing to complete chores, refusing available work, not following directions given by parents or supervisors." Client A's BSP did not include refusals of medications, labs and/or refusal to comply with medical requests.</p> <p>Interview with staff #5 on 9/10/14 at 7:30 AM stated, "She [client A] refuses all the time." When asked what the staff were to do when she refused, staff #5 stated, "Just ask her to take it and if she doesn't she doesn't. There's not much we can do."</p> <p>QIDP #1, the RM and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. ___ QIDP #1 indicated client A's ISP/BSP did not address client A's refusals of medications and/or medical requests. ___ QIDP #1 and the LPN indicated no IDT meetings in regard to client A's refusals of medications and medical</p>			

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	<p>requests.</p> <p>4. Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM and on 9/10/14 between 5:30 AM and 8:35 AM. Client B was short in stature and ambulated with a slow unsteady gait while holding her hands together. Client B would stand for long periods in the same place, wringing her hands and watching the activities in the room.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's CFA dated 9/17/13 failed to include an assessment of client B's fine and gross motor skills. Client B's record indicated no assessment from PT/OT.</p> <p>During interview with QIDP #1, the RM and the facility's LPN on 9/12/14 at 3:15 PM, QIDP #1 indicated she did not know if client B's CFA included an assessment of client B's fine and gross motor skills. QIDP #1, the RM and the LPN did not know if client B had a PT/OT assessment. QIDP #1 and the RM indicated the clients' records had not been organized and or filed for 6 months to a year and they were unable to find much of the clients' records and were in the process of trying to get organized.</p>						

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W000225	<p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview for 3 of 3 sample clients (A, B and C), the facility failed to insure vocational assessments were conducted and the clients' present and future employment options were reviewed.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's record did not include an assessment of client A's vocational skills, work interests, attitudes and/or work-related behaviors and/or present and future employment options. Client A's record indicated no vocational assessment.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's record did not include an assessment of client B's vocational skills, work interests, attitudes and/or work-related behaviors and/or present and future employment options.</p>	W000225	<p>Corrective action for resident(s) found to have beenaffected All clients willhave an annual Vocational Assessment as well as other necessaryassessments. The QIDP will ensure theVAs are completed by 10-17-14. The VAs arecompleted at they day program, either day services or workshop, by the DayPC. The Day PC will turn a copy of theVA into the QIDP for tracking and to place in the client's main chart.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence The QIDP and LPNwill be retrained on the need for annual assessments including but not limitedto the VA by the RD on 10-3-14. The QIDP and the LPN will secure the</p>	10/17/2014

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W000240	<p>Client B's record indicated no vocational assessment.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record did not include an assessment of client C's vocational skills, work interests, attitudes and/or work-related behaviors and/or present and future employment options. Client C's record indicated no vocational assessment.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/12/14 at 3:15 PM indicated she did not know if vocational assessments had been conducted.</p> <p>9-3-4(a)</p> <p>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 3 sampled clients (A and C), __ Client C's ISP/BSP (Individual Support Plan/Behavior Support Plan) failed to address how the staff were to supervise/monitor and assist client C</p>	W000240	<p>assessments are completed or appointments scheduled by 10-17-14.</p> <p>How corrective actions will be monitored to ensure norecurrence The RD will sign off on the record of training for the QIDP and LPN. The RD will conduct quarterly random file reviews to ensure current assessments are present for each client. A QIDP-d has been hired to maintain filing and to conduct monthly file audits. These file audits will be turned in to the RD for tracking and compliance.</p> <p>Corrective action for resident(s) found to have been affected Risk plans, ISPs, and BSPs for all consumers are updated annually and as needed when new diagnoses or behaviors present. This will include patterns of falls, medication refusals, and seizures. These plans will be updated no later than 10-17-14.</p>	10/17/2014

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	<p>throughout the day to prevent further injury from falls.</p> <p>__ Client C's ISP failed to address and how the staff were to supervise and monitor client C due to seizure activity.</p> <p>__ Client A's ISP/BSP failed to address what the staff were to do when client A refused medications and/or refused to comply with medical requests.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period client C wore a brace on her left lower leg and walked with a forward lean and an unsteady gait.</p> <p>Observations were conducted at the group home on 9/10/14 between 5:30 AM and 8:35 AM. During this observation period client C was out of bed at 6 AM and ambulated independently wearing only socks on her feet and no brace on her left lower leg. Client C's gait was unsteady.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated diagnoses of, but not limited to, Seizure Disorder and Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p>		<p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure recurrence</p> <p>The RD retrained the GHM, QIDP, and LPN on 10-3-14 on updating ISP, BSPs and Risk plans as well as sending clients for pt/ot assessments annually and as needed.</p> <p>How corrective actions will be monitored to ensure recurrence</p> <p>The IDT meets quarterly and more frequently as needed. At these quarterly meetings the team will review and discuss any new illnesses, risks, or behaviors, record meeting notes on the meeting notes form, and fill out the Meeting Checklist which will be returned into the RD within 24 hours of each meeting.</p>		

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	<p>Client C's Seizure Reports indicated:</p> <p>On 5/3/14 at 4:34 PM client C was helping to set the table and "got stiff and began to pee her pants."</p> <p>On 5/29/14 at 6 PM client C "yelped, peed on the floor after grabbing her crotch and said she was okay."</p> <p>On 6/2/14 at 5:10 PM client C "Yelped, grabbed her crotch, pee'd (sic) and took off for the bathroom."</p> <p>On 6/9/14 at 4:30 PM client C "Yelped, shook, pee'd (sic) herself and took off for the bathroom holding her crotch."</p> <p>On 6/15/14 at 5:47 PM client C "Was at the dinner table eating her dinner and talking to staff. Client (C) let out a yelp or cry, then her whole body stiffened, eyes got big and she was holding her private area, because she started peeing."</p> <p>On 6/16/14 at 7:51 PM client C "Yelped, grabbed crotch and wet on the couch and immediately got up to go change her clothes."</p> <p>On 6/17/14 at 6:17 PM client C "Yelped, shook, pee'd (sic) on the floor and started saying she's sorry."</p> <p>On 6/22/14 at 5:25 PM client C "Yelled out, whole body stiffened and she grabbed her private area because she wet herself."</p> <p>On 6/28/14 at 4:10 PM client C "yelled,</p>			

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	<p>her body stiffened at first then started shaking. Client was also holding her private area but didn't pee."</p> <p>On 7/1/14 at 5:30 PM client C "started shaking and her head was shaking and [client C] kept saying I'm sorry and her body shook and was shaking."</p> <p>On 7/6/14 5:31 PM client C was eating her dinner and "grown (sic) and chew her food. Kept eaten her dinner (sic)."</p> <p>On 8/16/14 at 6:50 PM client C was sitting in a chair and "said a few words, wet herself and shook."</p> <p>Client C's Post Fall Assessment forms indicated</p> <p>On 11/8/13 11:55 AM while at the DP (Day Program) client C was walking up the sidewalk incline to the DP and she tripped on her feet and fell. The assessment indicated actions to prevent future falls "Direct client to point toes forward and plant feet before attempting to walk."</p> <p>On 11/17/13 at 7:50 AM client C was "walking to the bathroom to get some water to take her pills when she leaned into a chair and fell on her butt." The assessment indicated actions to prevent future</p>			

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	<p>falls "Try to make sure she is walking okay to the whatever it is she's going and maybe keep an eye on her more when walking around without her shoes."</p> <p>On 6/2/14 at 8:20 AM client C rode to the DP (Day Program) on the house bus, exited the bus and was walking up a slight incline to enter the DP and fell.</p> <p>On 7/5/14 at 12:50 PM client C was going down some steps and was holding onto the railing. "After taking a step and having both feet on a step she lost her balance a feel but still had her right hand on the railing (sic)." The Assessment indicated client C was wearing a brace on her left ankle and indicated immediate actions to prevent future falls "Walk in front of client and have someone walk behind."</p> <p>On 7/13/14 at 5:45 PM client C was at the group home in the living room and was arguing with a peer. When the peer went to hit client C, client C took a step back and lost her balance, fell and knocked over a lamp.</p> <p>On 8/18/14 at 1:30 PM client C was walking to the break room at the DP and fell.</p>			

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	<p>Client C's nursing notes indicated</p> <p>5/3/14 "Received report of seizure in which client had seizure activity while assisting with prepping meal. Client had urinary incontinence but was able to change her clothes with assist of staff."</p> <p>5/20/14 "Received report of injury form from 5/16 (5/16/14) in which it is reported that client fell out of her seat in the van when coming home from group home outing."</p> <p>5/24/14 "Received report of seizure. Per report client was having dinner with room mates. She was joking around with peer and then grabbed herself and was incont (incontinent) of urine. Per report, client stated she wanted to go home but did was oriented to self and did no show signs of confusion (sic)."</p> <p>6/2/14 "Received post fall assessment form in which it is reported that client fell walking up a slight incline into the main center building."</p> <p>6/3/14 "Reviewed report of seizure on 6/2/14 in which it is reported that client had 5 seconds of seizure activity during evening meal."</p> <p>6/10/14 "Reviewed report of seizure dated 6/9/14 in which it is</p>			

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	<p>reported that client had 10 seconds of seizure activity with incontinence."</p> <p>6/14/14 "Received report of seizure activity from 6/15/14. Client noted to have 15-20 seconds of activity."</p> <p>7/1/14 "Report of seizure form received. Approx 30 second duration."</p> <p>7/2/14 "Received report of fall with no injury." "Received report of injury in which it is stated that client got out of her chair, hit her left leg and fell on buttocks."</p> <p>7/5/14 "Received report of fall with no injury."</p> <p>7/9/14 "Received report of seizure form for seizure lasting 20 seconds."</p> <p>7/14/14 "Reviewed report of injury for this date in which it is stated that client landed on her bottom while attempting to get off of the van after declining assistance from staff."</p> <p>7/20/14 "Received report of seizure for this date. Seizure lasted approx 1 minute."</p> <p>7/21/14 "Received report of fall on 7/13/14 in which it is reported that client fell and knocked over a lamp. Per staff she has a red area on her back."</p> <p>8/4/14 "Client (C) sent to [name of hospital] ER (Emergency Room)</p>			

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	<p>on this date in the early morning for fall in which she stuck (sic) her head and was bleeding. Client was treated in the ER where head lac (laceration) was sutured. She remained at home and was observed by staff per protocol with neuro checks."</p> <p>8/7/14 "Reviewed report of seizure dated 8/6/14. No injury to report."</p> <p>8/7/14 "Received to (sic) report of seizure on this date each lasting approx (approximately) 30 seconds."</p> <p>8/12/14 "Received three reports of seizure on this client (C) for separate occasions on this date. Clients (sic) seizure each lasted less then (sic) one minute."</p> <p>8/16/14 client C had a seizure lasting 15 seconds.</p> <p>8/19/14 "Rec'd (Received) a (sic) injury report stating that [client C] was walking in the break room at the workshop and lost her balance and fell landing on her right hip. Staff assisted her to here (sic) feet and she was assessed for injury. None noted."</p> <p>8/19/14 at 6:10 PM client C had a 30 second seizure. "Started to shake and was incontinent."</p> <p>8/19/14 at 7:45 PM client C had a seizure while sitting in a chair that lasted</p>			

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	<p>one minute. "Hand shaking and was incontinent."</p> <p>8/22/14 at 5:40 PM client C had a 30 second seizure while sitting at the dinner table.</p> <p>8/22/14 at 7:30 PM client C had a seizure while sitting on the couch. Client C was shaking all over and was incontinent of urine.</p> <p>8/23/14 at 6 PM client C had a 30 second seizure.</p> <p>8/24/14 at 6:27 PM client C had a 30 second seizure while getting off the facility van at church. "Body stiffened, got goose bumps and saying 'No' during seizure. Also incontinent of urine."</p> <p>Client C's PT evaluation dated 8/26/14 indicated "Pt (patient) is a 40 yo (year old) female with CP and a resident of a group home. She (client C) has recently had an increased incidence of falls as well as reports of declining posture which has affected her balance and safety while eating. She presents today in a left AFO (ankle-foot-orthotic) with left LE (lower extremity) internally rotated starting at the hip. She has decreased strength through left LE and flexion contracture (a shortening of muscle tissue and tendons, which forces a joint into a flexed position) of left UE (upper extremity). She has a severe forward head with</p>			

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	<p>increased thoracic kyphosis (an excess curvature in the upper back causing a hump). Berg balance assessment (a test to measure balance) was performed in which she scored a 31/56. Any score less than 46 indicates an increased risk for falls. This patient would benefit from PT to address above issues to decreased likelihood of falls." Client C's PT assessment indicated no level of staff assistance and/or supervision client C required at the group home and/or the DP. The PT assessment indicated no recommendations to address how the facility staff were to assist and monitor the client throughout the day to prevent injury from falls.</p> <p>Client C's Risk Summary dated 10/1/13 indicated: Client C was at risk for falls and had a history of falls. The Summary indicated "[Client C] has a history of falls. [Client C] was evaluated to [name of hospital] physical therapy. Most recent PT evaluation was completed 4/15/13 and re-eval 8/1/13 resulting in discharge from PT 8/19/13. Pt (patient) requires guard assist if walking on uneven ground (grass). Independent on level ground. Staff are to prompt [client C] when walking to point toe</p>			

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	<p>forward. Staff are to check brace daily to be sure it is on properly. Staff will assist [client C] in doing home exercise program 5 days a week scheduled while at the center Monday thru Friday. If [client C] falls staff are to assess to see if treatment is necessary. Staff will notify nurse of fall. Staff will complete injury report along with post fall assessment and document the fall on the nursing notes. Nurse will review nursing notes and MAR (Medication Administration Record) at least monthly."</p> <p>Client C was at risk due to seizures. The Summary indicated while having a seizure the staff were to stay with client C, to keep her safe, to loosen her clothing if tight, to remove any hard objects and padding/pillow under her head, turn her to her side and not to put anything in her mouth. Client C's risk summary did not indicate how the staff were to supervise and monitor client C throughout the day, including when showering, when toileting and when in her bedroom.</p> <p>Client C's 10/1/13 ISP/Risk Summary</p>			
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	<p>failed to indicate how the staff were to supervise, monitor and assist client C throughout the day while ambulating to prevent further injury from falls. The ISP/Risk plan failed to indicate how the staff were to supervise and monitor client C throughout the day due to seizures including while in her bedroom and bathroom.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. When asked how are the staff to supervise, monitor and assist client C throughout the day to ensure client C's safety in regard to falls, the RM indicated client C ambulated independently and the staff assist her as needed. QIDP #1 indicated no changes in client C's care, client C's ISP and/or Risk Summary in regard to increased falls, injury with falls and increased seizures. QIDP #1 indicated the staff were to follow client C's Risk Summary.</p> <p>2. Observations were conducted at the group home on 9/10/14 between 5:30 AM and 8:35 AM. At 7:30 AM client A had left the home to go next door to another facility. Client A had not received her AM medications prior to leaving the home. Staff #2 called the</p>						

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	<p>other facility and instructed the staff to ask client A to return to the home to get her AM medications. Client A refused at first and then after much prompting from the staff, client A returned to her home and took her AM medications.</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's Medication Refusal Reports (MRRs) indicated: On 9/13/13 at 4 PM client A refused her 4 PM meds (medications): Divalproex Sodium 500 mg (milligram) for mood stabilization, Gabapentin 200 mg for Schizoaffective Disorder and Fexofenadine HCL 180 mg for allergies. The report indicated client A was upset about not getting to have orange juice and went to her room and wrote. "She refused multiple times for multiple staff."</p> <p>On 9/30/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Asked 4 times and other staff tried to talk to her also but she would not take them."</p> <p>On 11/11/13 client A refused her 4 PM meds: Divalproex Sodium 500</p>			

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	<p>mg and Gabapentin 200 mg. The report indicated "Just refused meds and told staff 'No'."</p> <p>On 11/12/13 at 10:20 AM client A refused to go to her dental appointment.</p> <p>On 11/12/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Client was very upset and refused meds."</p> <p>On 12/27/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Staff asked her 3x (three times) over the period of 4 PM and 5 PM for meds and was cursed at. Staff notified nurse [client A] never wanted to take them." The nurse instructed the staff to "Just wait and see if she takes them and fill out a refusal."</p> <p>On 1/19/14 client A refused her 7 AM medications: Bupropion and Sertraline for depression, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Seroquel (an antipsychotic), Hydrochlorothiazide (a diuretic), a Multi Vitamin and Zovia (for menses regulation). The report</p>			

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	<p>indicated "Staff knocked on [client A's] door, she (client A) refused meds. Staff waited 20 minutes. She (client A) refused again. Staff waited another 20 minutes and she (client A) told staff to 'leave me alone'."</p> <p>On 2/5/14 client A refused her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin, Zovia and Prevident 5000 Sensitive tooth paste. The report indicated "Ask (sic) 3x's at different times to take her meds and she (client A) wouldn't even talk to staff. She (client A) shook her head no and that was it."</p> <p>On 2/12/14 client A refused all of her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin and Zovia. The report indicated "Staff asked her to come take her meds then she slapped them and cussed them out."</p> <p>On 6/9/14 client A refused to take her 4</p>						

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	<p>PM Divalproex Sodium 500 mg tab and two Gabapentin 100 mg caps. The report indicated "She just keeps saying will not take drs (doctors) orders."</p> <p>On 6/12/14 client A refused her 8 PM Crest Pro Health mouth wash.</p> <p>On 6/13/14 client A refused her 8 PM Crest Pro Health mouth wash.</p> <p>On 6/29/14 client A refused her 8 AM medications of Bupropion and Sertraline for depression, Calcium, Divalproex Sodium, Gabapentin, Hydrochlorothiazide (a diuretic), Seroquel (an antipsychotic), Multi Vitamin and Zovia (for menses regulation). The report indicated "Kept saying no, refusing to get out of bed, saying 'Shut up'."</p> <p>On 6/30/14 fax "Please be advised [client A] refused all morning meds on 9/29/14."</p> <p>On 8/16/14 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "I (the staff) asked her to please take her meds 5x she kept telling me (the staff)</p>			

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	<p>NO!"</p> <p>Client A's Monthly Health Reviews for 2014/2013 indicated: On 8/1/14 client A refused AM meds and labs ordered by her PCP. On 8/10/14 client A refused 7 AM meds. On 8/14/14 client A refused her 8 PM mouthwash. On 12/9/13 refusing to see optometrist.</p> <p>Client A's 8/12/13 BSP (Behavior Support Plan indicated client A had a targeted behavior of "Refusals: Refusing to complete chores, refusing available work, not following directions given by parents or supervisors.</p> <p>Client A's BSP did not include refusals of medications, labs and/or refusal to comply with medical requests. Client A's ISP of 10/1/13 and client A's Updated Risk Summary dated 6/26/14 did not include refusals of medications, treatments and/or refusals of medical requests and what the staff were to do when the client refused.</p> <p>Interview with staff #5 on 9/10/14 at 7:30 AM stated, "She [client A] refuses all the time." When asked what the staff were to do when she refused, staff #5 stated, "Just ask her to take it and if she doesn't she doesn't. There's not much we can do."</p>						

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W000249	<p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager), LPN #1 and LPN #2 on 9/12/14 at 3:15 PM, the QIDP indicated client A's ISP/BSP did not address client A's refusals for medication and/or medical requests.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 1 of 3 sample clients (B) and 3 additional clients (D, E and F), the facility failed to ensure the staff implemented the clients' dining plans and provided formal and informal training when opportunity existed.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W000249	<p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. Staff were retrained by the RD at an allstaff meeting on 10-1-14 and 10-3-14 and the record of training will be placedin the employee HR file. This training willinclude the requirement to follow dining plans which includes 1:1 staffingduring meal times.</p>	10/17/2014			

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	<p>group home on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period tuna salad, broccoli, tater tots and crushed pineapple were prepared for the evening meal.</p> <p>__At 3:45 PM staff #1 and #2 were in the kitchen starting the evening snack/meal while staff #3 began the evening medication pass.</p> <p>__At 3:45 PM client B stood watching staff #1 and #2 preparing snacks and the evening meal. Client E was sitting at the table eating cheese curls and drinking juice. The staff did not directly supervise client E while she ate her snack.</p> <p>__At 3:53 PM staff #1 prompted clients B and D to the dining room table for a snack. Staff #1 placed a clothing protector on client B and provided clients B and D with a snack of a broken granola bar in milk and a cup of juice. Clients B and D began eating immediately.</p> <p>__At 3:55 PM staff #3 sat down next to client E and stated, "Slow down and sit up straight." Staff #2 sat down next to client D and stated, "You need to put your spoon down." Staff #2 got up from the table to get something, leaving client D and client D began coughing. Staff #2 looked at client D and stated, "Are you ok? Take a drink." Staff #2 retrieved something from the kitchen and then returned to sit beside client D.</p> <p>__At 3:58 PM staff #2 sat down beside</p>		<p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence One member of management stays in the home at least weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to provide active treatment and how to follow formal training programs. The member of management will record their observations and any teachable moments on the Manager Observation Log. A member of management will conduct random pop in visits no less than weekly on varying days and shifts to ensure staff are providing active treatment. These random pop in visits will be documented on the MOL. Also a member of management (GHM, LPN, Q, Q-d, GHS, or RD) will observe in the home daily to ensure active treatment is being conducted at all times. These observations will be documented on the MOL.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will ensure all staff are retrained on active treatment and formal training programs. The RD</p>				

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	<p>client B.</p> <p>__At 4 PM clients B, D and E had finished their snack. Clients B and D were not provided 1:1 (one staff to one client) supervision while eating their snack.</p> <p>__At 4:05 PM client B was asked "Do you want to do your quarters." Staff #1 opened a zip-lock plastic bag full of fake coins and dumped a few on the table. Client B walked slowly over to the table reached for a coin and then turned and walked away from the table. Staff #1 put the fake money away and returned to preparing the evening meal. Client B stood without expression in the dining room near the kitchen and watched the meal preparation.</p> <p>__At 4:34 PM staff #2 walked client B to the living room and prompted client B to sit down and stated, "Here, you want to watch TV (television)?" Staff #2 returned to the kitchen to help with the evening meal. Client B stood for a few seconds and returned to the dining room and stood without expression and wringing her hands together, non verbal and not involved in any activities. Until time to eat the evening meal, client B continued to walk around the kitchen/dining room area, not involved in any activity.</p> <p>__From 4 PM until 5:23 PM client D sat in the living room in a recliner, the television on but not actively watching it</p>		<p>will monitor Provide, the time entryprogram, and the Manager Observation Log, to ensure a member of management is observing in the home until 7pm at least weekly and to ensure management staffare providing random pop in visits no less than weekly at varying shifts anddays.</p> <p>A member ofmanagement (GHM, LPN, Q, Q-d, GHS, or RD) will observe in the home daily to ensureactive treatment is being conducted at all times. These observations will be documented on theMOL.</p>	

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	<p>and occasionally talking to herself.</p> <p>__ From 3:45 PM until 5:23 PM client F sat in the living room in a recliner, the television on but not actively watching it. Client F sat with her eyes closed off and on during this time.</p> <p>__ At 5:23 PM all clients were prompted to wash their hands for the evening meal. Client B slowly walked to the dining room table and sat down. Staff #1 placed a clothing protector on client B and served client B her evening meal of tater tots, broccoli, tuna salad with chopped bread and crushed pineapple. Client B immediately began eating at a fast pace, not taking a drink between bites and not placing her utensil down between bites. Clients D and E also began eating as soon as food was placed in their plates, also not alternating food and liquids and not putting down their utensils between bites. Clients B, D and E were eating while staff #1, #2 and #3 were serving the remainder of the meal to all of the clients.</p> <p>__ At 5:32 PM staff #1 asked client B, "You want some ketchup?" Client B had already eaten all of her tater tots. Staff #1 squeezed a large portion of ketchup onto client B's plate and client B immediately scooped up the ketchup and ate it by itself.</p> <p>__ At 5:35 PM staff #1 sat down between clients B and C. Staff #1 got up and down from the table several times while client</p>			
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	<p>B ate her evening meal, leaving client B without direct supervision while eating.</p> <p>__At 5:45 PM client D finished her evening meal and returned to sit in a recliner in the living room. The TV was on and client D sat quietly talking to herself, not actively watching the TV throughout the remainder of the observation.</p> <p>__At 5:50 PM client B finished her evening meal. For the remainder of the observation client B stood watching the staff prepare the lunch boxes for the next day and/or sat in a recliner near the dining room without activity.</p> <p>During this observation period:</p> <p>__The staff did not provide clients B and D 1:1 supervision and client E direct supervision while eating their snacks and meals.</p> <p>__The staff did not prompt clients B, D and E to put their utensils down between bites, to slow their rate of eating, to alternate consistency between food and liquid and/or to take extra swallows throughout the snack/meal with each bite of food.</p> <p>__The staff did not offer or provide clients B, D and F any leisure time activities or training activities when training opportunities existed.</p> <p>Client B's record was reviewed on</p>						

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	<p>9/10/14 at 3 PM. Client B's revised dining plan dated 9/18/13 indicated client B was at "moderate" risk for choking and at risk for aspiration. Client B's dining plan indicated (not all inclusive): "FOOD TEXTURE: Regular. It is appropriate for staff to cut food into 1/4" (inch) to 1/2" pieces due to her tendency to grab foods and put them into her mouth. She does not always chew her food well.</p> <p>EATING/DRINKING STRATEGIES: She is to have 1:1 supervision during meal times. Staff need to encourage her to alternate food/liquid. Food should be cut into 1/4" to 1/2" pieces to prevent choking."</p> <p>Client B's 10/1/13 ISP indicated client B had the following objectives: To identify different coins. To identify the cold water knob. To eat at a slower pace. To put her utensil down between bites. To complete one step of cleaning her bedroom. To brush her teeth for 15 seconds. To complete the steps in making one dinner item. To get into the shower independently. To participate in a leisure item of her choice for 15 minutes. To identify her medications.</p> <p>Client B's ISP indicated "[Client B] is a</p>			

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	<p>choking risk due to eating large bites, eating too quickly, and not chewing thoroughly. She requires 1:1 monitoring during lunchtime to prevent these issues."</p> <p>Client D's record was reviewed on 9/11/14 at 2 PM. Client D's revised dining plan dated 9/18/13 indicated client D was at risk for choking and aspiration. Client D's dining plan indicated (not all inclusive): "EATING/DRINKING STRATEGIES: 1:1 supervision is required. Small sips/bites. Must be alert and sitting upright (90 degrees if possible)."</p> <p>Client D's 10/1/13 ISP indicated client D had the following objectives: To eat at safer pace by placing her utensils down between bites and taking a drink between bites. To help clean up after dinner. To be able to identify different coins. To be able to complete the basic steps to cleaning her room. To be able to regulate the water temperature. To be able to choose and participate in a leisure activity.</p> <p>Client D's ISP indicated "[Client D] is at a high risk for choking due to history, medication, and eating too fast. Food must be cut HAND OVER HAND prior</p>			

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	<p>to her eating. Needs constant prompting to slow down. Staff are to be sitting next to [client D] while she is eating to prompt her and ensure safety."</p> <p>Client E's record was reviewed on 9/11/14 at 2:30 PM. Client E's revised dining plan dated 7/24/14 indicated client E was at risk for choking and aspiration. Client E's dining plan indicated (not all inclusive): "EATING/DRINKING STRATEGIES: Must sit upright with head in neutral position. Supervision required for eating and drinking. Prompt to take small bites/sips, slowing rate, alternating consistencies and to use extra swallows.... Specific skills to maintain/acquire: Place spon (sic) down between bites to slow eating pace."</p> <p>Client F's record was reviewed on 9/11/14 at 3 PM. Client F's 10/1/13 ISP indicated client F had the following objectives:</p> <ul style="list-style-type: none"> To be able to regulate the water temperature. To place her utensil down between bites of food and take a drink of liquid. To clean her gums and swab her moth with mouthwash. To identify different coins. To assist with the preparation of one dinner item. To participate in a leisure activity of her 			

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W000262	<p>choice.</p> <p>To increase her social skills by repeating three simple words after staff.</p> <p>To repeat the names of her medications.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) on 9/12/14 at 3:15 PM, QIDP #2 stated the staff were to provide the clients with formal and informal training at every opportunity and "no one should be just sitting for long periods of time." The RM indicated the staff were to follow the clients' dining plans whenever the clients were eating their snacks and/or their meals. The RM indicated clients B and D were to be provided 1:1 staff supervision while eating and the staff were not to leave clients B and/or client D unsupervised while serving the meal and/or to get up from the table to retrieve something.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the</p>						

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	<p>committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and C), the facility's HRC (Human Rights Committee) failed to review, approve and monitor client A's and C's restrictive programs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period while preparing the evening meal staff #1 used a pair of sharp scissors to cut the vegetables. At 5:10 PM staff #1 rinsed the scissors, dried them off and placed them in an unlocked cabinet above the kitchen stove.</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's 8/13/14 physician's orders indicated client A was taking Wellbutrin SR 200 mg (milligrams) and Sertraline 50 mg qd (every day) for depression, Depakote 500 mg bid (twice a day) for mood stabilization, Seroquel 300 mg qd for impulse control and depression and Neurontin 200 mg bid for Schizoaffective disorder (a mental condition that causes both a loss of contact with reality and mood problems). Client A's record did</p>	W000262	<p>Correctiveactionforresident(s)fou dthavebeenaffected</p> <p>The LPN is responsible for seeking HRC approval for a new or changed psychotropic medication order. Once guardian or client approval is received, the LPN will seek HRC approval and will update the BC who will update the BSP. The QIDP will ensure the BSP is complete and accurate. The QIDP will seek HRC approval for restrictive programs integrated into the BSP. The QIDP will seek guardian and or client approval and then will forward to HRC for approval.</p> <p>Staff will be trained on all new or updated BSPs by the BC or a Q or supervisor trained by the BC.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents receiving psychotropic medications are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Monitoring the BSP and physician orders will be added to the meeting checklist. The team including the BC, QIDP, and LPN will compare the physician orders to the BSP at each quarterly to ensure compliance, HRC approval, and guardian approval. The QIDP is responsible for the meeting agenda.</p>	10/17/2014

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	<p>not indicate HRC review and/or approval for the use of psychotropic medications. Client A's record did not indicate HRC review and/or approval of the facility locking the knives and sharp objects.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's Physicians Orders dated 8/13/14 indicated client C was taking Buspirone HCL 10 mg qd for Anxiety and Risperidone 2.5 mg qd for Mood Disorder. Client C's record did not indicate HRC review and/or approval for the use of psychotropic medications.</p> <p>Interview with staff #3 on 9/8/14 at 5:50 PM indicated the knives and sharps (including scissors) were locked inside the medication cabinet in the staff office. Staff #3 stated the sharp scissors above the stove "should have been locked up." Staff #3 indicated the sharps were locked because client A had threatened harm with a knife on more than one occasion. When asked how long the sharps had been locked up, staff #3 stated, "I think a couple of months."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #2 on 9/12/14 at 3:15 PM indicated she was new to the facility as of May 2013. QIDP #2 indicated she did not know if the facility HRC had reviewed and/or</p>		<p>How corrective actions will be monitored to ensure no recurrence</p> <p>The QIDP will update all BSPs and ensure all staff are trained on new or updated plans.</p> <p>The Regional Director will be sent the meeting checklist following each consumer meeting by the QIDP to ensure compliance.</p>		

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W000263	<p>approved client A's and C's restrictive BSPs (Behavior Support Plans) that included the use of psychotropic medications and restrictions within the group home. QIDP #2 indicated she was waiting on HRC approval of client A's addendum to her BSP that included the locking of the knives in the garage due to client A's threatening behaviors. QIDP #2 stated, "We are locking them (the sharps) in the medication cabinet in the office for the time being until I can get approval to move them to the garage." QIDP #2 indicated the knives/sharps had been locked in the facility since July. When asked why it was taking so long to obtain approval from HRC, QIDP #2 stated, "I don't know."</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, interview and record review for 2 of 3 sampled clients (A and C) with restrictive programs, the facility failed to obtain written informed consent from the clients and/or the</p>	W000263	<p>Correctiveactionforresident(s)foun dtohavebeenaffected The LPN is responsiblefor seeking HRC approval for a new or changed psychotropic medicationorder. Once guardian or client approvalis</p>	10/17/2014

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	<p>clients' legal representatives for the clients' restrictive programs including the use of behavior modification medication and the locking of the sharps within the home.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period while preparing the evening meal staff #1 used a pair of sharp scissors to cut the vegetables. At 5:10 PM staff #1 rinsed the scissors, dried them off and placed them in an unlocked cabinet above the kitchen stove. At 5:50 PM staff #3 indicated the knives and sharps (including scissors) were locked inside the medication cabinet in the staff office. Staff #3 stated the sharp scissors above the stove "should have been locked up." Staff #3 indicated the sharps were locked because client A had threatened harm with a knife on more than one occasion. When asked how long the sharps had been locked up, staff #3 stated, "I think a couple of months."</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. _ Client A's revised 10/17/13 BSP (Behavior Support Plan) indicated client A was taking Wellbutrin SR 200 mg</p>		<p>received, the LPN will seek HRC approval and will update the BC who will update the BSP. The QIDP will ensure the BSP is complete and accurate. Staff will be trained on all new or updated BSPs by the BC or a Q or supervisor trained by the BC.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents receiving psychotropic medications are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Monitoring the BSP and physician orders will be added to the meeting checklist. The team including the BC, QIDP, and LPN will compare the physician orders to the BSP at each quarterly to ensure compliance, HRC approval, and guardian approval. The QIDP is responsible for the meeting agenda.</p> <p>How corrective actions will be monitored to ensure no recurrence The QIDP will follow up to ensure the BC updates all BSPs and all staff are trained on new or updated plans. The Regional Director will be sent the meeting checklist following each consumer meeting by the QIDP to ensure compliance.</p>				

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	<p>(milligrams) qd (every day) for depression, Depakote 500 mg bid (twice a day) for mood stabilization, Seroquel 300 mg qd for impulse control and depression and Neurontin 200 mg bid for Schizoaffective disorder (a mental condition that causes both a loss of contact with reality and mood problems). __ Client A's 8/13/14 physician's orders indicated client A was also taking Sertraline (an antidepressant) 50 mg qd. The Sertraline was not included in client A's BSP. __ Client A's record indicated client A was represented by a legal guardian. __ Client A's record indicated the facility had not obtained written informed consent from client A's legal representative for the restrictive BSP that included the use of Wellbutrin, Depakote, Seroquel and Neurontin and/or for the written informed consent for the use of Sertraline. __ Client A's record indicated no written informed consent to lock the sharps in the home in regard to client A.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's updated 9/22/13 BSP indicated client C was taking Buspirone 10 mg qd for anxiety and Risperidone 2.5 mg for mood disorder. Client C's record indicated client C was represented by a legal</p>						

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	<p>representative. Client C's record indicated the facility had not obtained written informed consent from client C and/or client C's legal representative for the restrictive BSP that included the use of Bupirone and Risperidone.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #2 on 9/12/14 at 3:15 PM, QIDP #2 indicated she was unable to locate client A's and C's written informed consents for their restrictive BSPs including the use of the clients' behavior modification medications. QIDP #2 indicated client A's legal guardian had given approval over the telephone in July to lock the knives. QIDP #2 indicated an addendum to client A's plan was written in August to include the locking of the knives. QIDP #2 indicated she had not obtained written informed consent from client A's guardian for the BSP that included the locking of the knives and/or for the use of Sertraline.</p> <p>An email dated 9/15/14 at 9:29 AM was received from QIDP #2 and reviewed on 9/15/14 at 9:45 AM. The email indicated the Addendum to client A's BSP. The Addendum dated 8/14 indicated: "[Client A] has had a history of self injurious behaviors and injuries related to these attempts. In order</p>						

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W000312	<p>to keep [client A] and her housemates safe restrictive measures have needed to be placed within the home. Restrictions: [Client A] will not be permitted to enter the garage if not accompanied by staff. The garage will be kept locked at all times and the sharps (the knife, scissors, and pizza cutter) will be held in there as well as other sharp utensils as determined by the IDT. This restriction is in place to maintain control over sharps in order to keep [client A] and her housemates safe. Review: [Client A's] IDT will review these restrictions at least on a quarterly basis. If the team decides at any time to reduce restrictions, it can be implemented immediately. A team member will simply need to cross out the restriction in the book, date the change, and sign/initial. All new restrictions need HRC approval."</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate</p>			

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	<p>behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients receiving medications to control behaviors (A), the facility failed to ensure client A's use of Sertraline was included in client A's BSP (Behavior Support Plan) with a specific plans of reduction to reduce and eventually eliminate the behaviors for which the Sertraline was to target.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's 8/13/14 physician's orders indicated client A was taking Sertraline (an antidepressant) 50 milligrams a day. The use of Sertraline was not included in Client A's revised BSP dated 10/17/13.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #2 on 9/12/14 at 3:15 PM indicated she was not aware client A had been started on Sertraline. QIDP #2 indicated her employment began with the facility in May 2014 as the behavior specialist and she was still getting to know the clients and had not had time to update and/or revise all of the clients' BSPs.</p>	W000312	<p>Correctiveactionforresident(s)fou dtohavebeenaffected The BC will update the BSP to include a titration plan orplan of reduction for any consumer prescribed a psychotropic medication. The BC or supervisor trained by the BC willtrain all staff on the updated BSP.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence A pharmacist comes to the group homesquarterly to check medications and discuss titration plans. These titration plans will be included in theBSP by the BC. The QIDP is responsiblefor ensuring the BSPs are updated and complete. The QIDP will seek guardian, client, and HRC approval for any new orupdated BSP.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence Monitoring the BSPand physician orders willbe added to thequarterly meeting checklist. The team includingthe BC, QIDP, andLPN will</p>	10/17/2014

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W000318	<p>9-3-5(a)</p> <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 3 of 3 sampled clients (A, B and C) and 4 additional clients (D, E, F and G). __The facility nursing services failed to develop and implement a specific plan of care that included how the staff were to monitor and assist client C throughout the day inside and outside of the home in regard to client C's frequent falls and seizures, to ensure client C's PT (Physical Therapy) assessment addressed client C's ambulatory and fine/gross motor skills (the use of steps and getting on and off the facility van) and to ensure client C's pharmacy recommendations were addressed. __The facility nursing services failed to review and revise client G's Risk Summary in regard to client G's injuries</p>	W000318	<p>compare the physician orders to the BSP at each quarterly meeting to ensure compliance, HRC approval, and guardian/client approval. The QIDP is responsible for the meeting agenda. The Regional Director will be sent the meeting checklist following each consumer meeting by the QIDP to ensure compliance.</p> <p>See W322, W323, W327, W331, W336, W352, W362, and W368.</p>	10/17/2014

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	<p>and falls, to ensure an assessment from PT/OT (Physical Therapy/Occupational Therapy) and to assess and monitor client G in regard to skin integrity and identified skin breakdown of her buttocks.</p> <p>The facility nursing services failed to:</p> <p>___ Develop and implement a specific plan of care to address client A's refusals of medications and medical requests.</p> <p>___ Ensure all medications were labeled with the client's name, medication, dosage, route, time to be given and all pharmacy recommendations for client B.</p> <p>___ Ensure annual physical examinations and routine screening for early detection of cancer for clients B and C.</p> <p>___ Ensure annual hearing, vision and dental evaluations for clients A, B and C.</p> <p>___ Ensure annual TB (Tuberculosis) testing and/or screening for clients B and C.</p> <p>___ Ensure quarterly nursing/health assessments for clients A, B and C.</p> <p>___ Ensure the pharmacist conducted quarterly reviews of the clients' drug regimens for clients A, B and C.</p> <p>___ Ensure all drugs were administered in compliance with the each clients' physicians' orders for clients B, C, D, E, F and G.</p> <p>Findings include:</p>						

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	<p>1. Nursing services failed to ensure clients B and C were provided annual physical examinations and routine annual screening for early detection of cancer. Please see W322.</p> <p>2. Nursing services failed to ensure the clients' hearing and vision were evaluated annually for clients A, B and C. Please see W323.</p> <p>3. Nursing services failed to ensure clients B and C received an annual TB (Tuberculosis) testing and/or screening. Please see W327.</p> <p>4. Nursing services failed to develop and implement a specific plan of care that included how the staff were to monitor and assist client C throughout the day inside and outside of the home in regard to client C's frequent falls and seizures, to ensure client C's PT (Physical Therapy) assessment addressed client C's ambulatory and fine/gross motor skills (the use of steps and getting on and off the facility van) and to ensure client C's pharmacy recommendations were addressed. Nursing services failed to review and revise client G's Risk Summary in regard to client G's injuries and falls, to ensure an assessment from PT/OT (Physical Therapy/Occupational</p>			

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	<p>Therapy) and to assess and monitor client G in regard to skin integrity and identified skin breakdown of her buttocks. Nursing services failed to develop and implement a specific plan of care to address client A's refusals of medications and medical requests, to ensure all medications were labeled with the client's name, medication, dosage, route, time to be given and all pharmacy recommendations for client B, to ensure annual physical examinations and routine screening for early detection of cancer for clients B and C, to ensure annual hearing, vision and dental evaluations for clients A, B and C, to ensure annual TB (Tuberculosis) testing and/or screening for clients B and C, to ensure quarterly nursing/health assessments for clients A, B and C, to ensure the pharmacist conducted quarterly reviews of the clients' drug regimens for clients A, B and C and to ensure all medications were administered in compliance with the each clients' physicians' orders for clients B, C, D, E, F and G. Please see W331.</p> <p>5. Nursing services failed to ensure clients A, B and C were provided quarterly nursing/health assessments. Please see W336.</p> <p>6. Nursing services failed to ensure annual dental examinations for clients B</p>						

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W000322	<p>and C. Please see W352.</p> <p>7. Nursing services failed to ensure the facility pharmacist conducted quarterly reviews of the clients' drug regimens for clients A, B and C. Please see W362.</p> <p>8. Nursing services failed to ensure all medications were administered in compliance with each clients' physicians' orders for clients B, C, D, E, F and G. Please see W368.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-6(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 2 of 3 sampled clients (B and C), the facility failed to ensure the clients were provided annual physical examinations and routine annual screening for early detection of cancer.</p> <p>Findings include: Client B's record was reviewed on 9/10/14 at 3 PM. Client B's record</p>	W000322	<p>Corrective action for resident(s) found to have been affected The LPN was retrained by the RD on 10-3-14 that all consumers must have annual physicals including pre cancer screenings able to be located in their medical file. All consumers must have a physical annually. All consumers will have annual physicals in their medical chart by 10-17-14.</p> <p>How facility will identify other residents potentially affected and what mea</p>	10/17/2014			

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	<p>indicated no annual physical by the client's physician. Client B's record indicated client B was over the age of 20. Client B's record indicated no preventative Pap screening for early detection of cancer.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated no annual physical by the client's physician. Client C's record indicated client C was over the age of 40. Client C's record indicate no preventative Pap screening and/or a mammogram for early detection of cancer.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager), LPN #1 and LPN #2 on 9/12/14 at 3:15 PM, QIDP #1 indicated the clients' records had not been filed for "Six to twelve months and maybe longer" and "We are still trying to locate things." LPN #1 indicated all clients were to have an annual physical and were to be provided annual screening for cancer. LPN #1 indicated she was unable to locate all of the clients' current medical records.</p> <p>9-3-6(a)</p>		<p>surestaken All residents could be affected and corrective action plan will be put in place to protect all consumers.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The LPN has included on the monthly nursing summary the dates of each client's last physical. This will ensure the dates are reviewed monthly to ensure compliance. Also these dates will be included on the quarterly meeting checklist that will be reviewed at each quarterly meeting and signed off on by the RD.</p> <p>How corrective actions will be monitored to ensure no recurrence The LPN's monthly nursing summary is sent to the QIDP monthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the AWS compliance department. The dates will also be included and reviewed on the quarterly meeting checklist. This checklist will be sent to the RD after each meeting to be reviewed and signed off on.</p>		

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C), the facility failed to ensure the clients' hearing and vision were evaluated annually.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's record indicated client A's most recent physical evaluation was conducted on 1/28/14. Client A's physical did not address client A's hearing. Client A's record indicated no hearing evaluation. Client A's record indicated client A's hearing was not evaluated annually.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's record indicated no hearing evaluation and client B's most current vision evaluation was 9/8/12. Client B's record indicated client B's hearing and vision were not evaluated annually.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated no annual physical evaluation</p>	W000323	<p>Correctiveactionforresident(s)fou dthohavebeenaffected</p> <p>The LPN was retrained by the RD on 10-3-14 that allconsumers must have annual vision and hearing appointments able to be locatedin their medical file. All consumersmust have a physical annually. Allconsumers will have annual physicals in their medical chart by 10-17-14.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken</p> <p>All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The LPN has included on the monthlynursing summary the dates of each client's last physical. This will ensure the dates are reviewedmonthly to ensure compliance. Also thesedates will be included on the quarterly meeting checklist that will be reviewedat each quarterly meeting and signed off on by the RD.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence</p> <p>The LPN's monthly nursing summary is sent to the QIDPmonthly to</p>	10/17/2014
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W000327	<p>and/or hearing evaluation. Client C's record indicated Client C's most recent vision evaluation was conducted on 7/7/13. Client C's record indicated client C's hearing and vision were not evaluated annually.</p> <p>Interview with the facility's LPN on 9/12/14 at 3:15 PM indicated the LPN was unable to locate all of client A's, B's and C's hearing and vision evaluations. The LPN indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to find all of the clients' records.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 2 of 3 sampled clients (B and C), the facility failed to ensure the clients received an annual TB (Tuberculosis) testing and/or screening.</p> <p>Findings include:</p>	W000327	<p>include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the AWS compliance department. The dates will also be included and reviewed on the quarterly meeting checklist. This checklist will be sent to the RD after each meeting to be reviewed and signed off on.</p> <p>Corrective action for resident(s) found to have been affected All consumers must have a physical annually which includes a TB test. The LPN was retrained by the RD on 10-3-14 that all consumers must have an annual TD test and that must be located in the medical file. All consumers will have a TB test in</p>	10/17/2014			

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W000331	<p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's June 2014 nursing Monthly Health Review indicated client B received a TB test on 3/10/14. Client B's record indicated no results for the TB test.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's June 2014 nursing Monthly Health Review indicated client C received a TB test on 3/10/14. Client C's record indicated no results for the TB test.</p> <p>Interview with the facility's LPN on 9/12/14 at 3:15 PM indicated the clients' records had not been filed for 6 to 12 months and she was unable to locate the results of the TB tests and/or verify the tests were given for clients B and C.</p> <p>9-3-6(a)</p>		<p>the main file or an appointment scheduled by 10-17-14.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents could be affected and corrective action plan will be put in place to protect all consumers.</p> <p>Measures or systemic changes facility put in place to ensure recurrence The LPN has included on the monthly nursing summary the dates of each client's last physical and TB test. This will ensure the dates are reviewed monthly to ensure compliance. These dates will be included on the meeting checklist that will be reviewed at each quarterly meeting and signed off on by the Regional Director.</p> <p>How corrective actions will be monitored to ensure recurrence The LPN's monthly nursing summary is sent to the QIDP monthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the RD and the AWS compliance department. The dates will also be included and reviewed on the meeting checklist. This will be sent to the Regional Director after each quarterly meeting to be reviewed and signed off on.</p>		

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	<p>NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility nursing services failed to:</p> <p>___ Develop and implement a specific plan of care in regard to client C's frequent falls and seizures that included how the staff were to monitor and assist client C throughout the day while inside the home, in her bedroom and bathroom, while outside of the home and while on the facility van. The facility nursing services failed to ensure client C's PT (Physical Therapy) assessment addressed all of client C's mobility needs in regard to client C's fine and gross motor skills, going up and down steps and getting on and off the facility van.</p> <p>___ Ensure client C's pharmacy recommendations were addressed.</p> <p>___ Review and revise client G's Risk Summary in regard to client G's history of falls and frequent injuries and to ensure an assessment from PT/OT (Physical Therapy/Occupational Therapy) to include client G's fine and gross motor skills and ambulatory needs.</p> <p>___ Assess and monitor client G in regard to skin integrity and client G's identified skin breakdown of her buttocks.</p> <p>___ Develop and implement a specific plan</p>	W000331	<p>IN addition to below, please see W322, W323, W327, W336, W352, W363, and W368.</p> <p>Corrective action for resident(s) found to have been affected</p> <p>QIDP and LPN were retrained on 10-3-14 for updating care plans including ISPs, BSPs and Risk Plans. This includes to monitor for patterns such as falls, seizures, and medication refusals. ISPs, BSPs, and Risk Plans will be updated by 10-17-14 to include any necessary information on each client.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The RD will be sent the quarterly meeting checklist to ensure the team is discussing all pertinent information for each client at the meetings. The QIDP and the LPN will monitor for patterns and call IDT meetings when a client is displaying a new illness or behavior.</p> <p>One member of management will be</p>	10/17/2014

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	<p>of care to address client A's refusals of medications and medical requests.</p> <p>__ Ensure all medications were labeled with the client's name, medication, dosage, route, time to be given and all pharmacy recommendations for client B.</p> <p>__ Ensure annual physical examinations and routine screening for early detection of cancer for clients B and C.</p> <p>__ Ensure annual hearing, vision and dental evaluations for clients A, B and C.</p> <p>__ Ensure annual TB (Tuberculosis) testing and/or screening for clients B and C.</p> <p>__ Ensure quarterly nursing/health assessments for clients A, B and C.</p> <p>__ Ensure the pharmacist conducted quarterly reviews of the clients' drug regimens for clients A, B and C.</p> <p>__ Ensure all drugs were administered in compliance with the each clients' physicians' orders for clients B, C, D, E, F and G.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period client C wore a brace on her left lower leg and walked with a forward lean and an unsteady gait.</p> <p>Observations were conducted at the</p>		<p>in the home at least until 7pm at least weekly. One member of management will conduct randompop in visits at least weekly on varying shifts and days to ensure staff areproviding active treatment and following treatment plans.</p>	

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	<p>group home on 9/10/14 between 5:30 AM and 8:35 AM. During this observation period client C was out of bed at 6 AM and ambulated independently wearing only socks on her feet and no brace on her left lower leg. Client C's gait was unsteady.</p> <p>The facility's reportable records were reviewed on 9/10/14 at 10 AM.</p> <p>The 5/26/14 BDDS report indicated client C did not receive her 1 PM dose of Divalproex 250 mg (milligrams) for seizure control on 5/26/14.</p> <p>The 6/16/14 BDDS report indicated client C did not receive her 7 AM dose of Divalproex 250 mg on 6/14/14.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated diagnoses of, but not limited to, Seizure Disorder and Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p> <p>Client C's Seizure Reports indicated: On 5/3/14 at 4:34 PM client C was helping to set the table and "got stiff and began to pee her pants." On 5/29/14 at 6 PM client C "yelped, peed on the floor after grabbing</p>						

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	<p>her crotch and said she was okay."</p> <p>On 6/2/14 at 5:10 PM client C "Yelped, grabbed her crotch, pee'd (sic) and took off for the bathroom."</p> <p>On 6/9/14 at 4:30 PM client C "Yelped, shook, pee'd (sic) herself and took off for the bathroom holding her crotch."</p> <p>On 6/15/14 at 5:47 PM client C "Was at the dinner table eating her dinner and talking to staff. Client (C) let out a yelp or cry, then her whole body stiffened, eyes got big and she was holding her private area, because she started peeing."</p> <p>On 6/16/14 at 7:51 PM client C "Yelped, grabbed crotch and wet on the couch and immediately got up to go change her clothes."</p> <p>On 6/17/14 at 6:17 PM client C "Yelped, shook, pee'd (sic) on the floor and started saying she's sorry."</p> <p>On 6/22/14 at 5:25 PM client C "Yelled out, whole body stiffened and she grabbed her private area because she wet herself."</p> <p>On 6/28/14 at 4:10 PM client C "yelled, her body stiffened at first then started shaking. Client was also holding her private area but didn't pee."</p> <p>On 7/1/14 at 5:30 PM client C "started shaking and her head was shaking and [client C] kept saying I'm</p>			

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	<p>sorry and her body shook and was shaking."</p> <p>On 7/6/14 5:31 PM client C was eating her dinner and "grown (sic) and chew her food. Kept eaten her dinner (sic)."</p> <p>On 8/16/14 at 6:50 PM client C was sitting in a chair and "said a few words, wet herself and shook."</p> <p>Client C's Post Fall Assessment forms indicated</p> <p>On 11/8/13 at 11:55 AM while at the DP client C was walking up the sidewalk incline to the DP and she tripped on her feet and fell. The assessment indicated actions to prevent future falls "Direct client to point toes forward and plant feet before attempting to walk."</p> <p>On 11/17/13 at 7:50 AM client C was "walking to the bathroom to get some water to take her pills when she leaned into a chair and fell on her butt." The assessment indicated actions to prevent future falls "Try to make sure she is walking okay to the whatever it is she's going and maybe keep an eye on her more when walking around without her shoes."</p> <p>On 6/2/14 at 8:20 AM client C rode to the DP (Day Program) on the</p>			

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	<p>house bus, exited the bus and was walking up a slight incline to enter the DP and fell.</p> <p>On 7/5/14 at 12:50 PM client C was going down some steps and was holding onto the railing. "After taking a step and having both feet on a step she lost her balance a feel but still had her right hand on the railing (sic)." The Assessment indicated client C was wearing a brace on her left ankle and indicated immediate actions to prevent future falls "Walk in front of client and have someone walk behind."</p> <p>On 7/13/14 at 5:45 PM client C was at the group home in the living room and was arguing with a peer. When the peer went to hit client C, client C took a step back and lost her balance, fell and knocked over a lamp.</p> <p>On 8/18/14 at 1:30 PM client C was walking to the break room at the DP and fell.</p> <p>Client C's nursing notes indicated 5/3/14 "Received report of seizure in which client had seizure activity while assisting with prepping meal. Client had urinary incontinence but was able to change her clothes with assist of</p>			

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	<p>staff. No injury to report."</p> <p>5/20/14 "Received report of injury form from 5/16 (5/16/14) in which it is reported that client fell out of her seat in the van when coming home from group home outing. Per report no treatment was needed."</p> <p>5/24/14 "Received report of seizure. Per report client was having dinner with roommates. She was joking around with peer and then grabbed herself and was incont (incontinent) of urine. Per report, client stated she wanted to go home but did was oriented to self and did no show signs of confusion (sic)."</p> <p>5/28/14 client C's doctor "is aware that client did not have her Divalproex 25 mg tab at 1 PM on this day."</p> <p>6/2/14 "Received post fall assessment form in which it is reported that client fell walking up a slight incline into the main center building. No reports of injury noted."</p> <p>6/3/14 Reviewed report of seizure on 6/2/14 in which it is reported that client had 5 seconds of seizure activity during evening meal. Client ran to bathroom when activity ceased, no reports of injury noted."</p>			

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	<p>6/10/14 Reviewed report of seizure dated 6/9/14 in which it is reported that client had 10 seconds of seizure activity with incontinence. Client has no reports of injury with this incident."</p> <p>6/14/14 "Received report of seizure activity from 6/15/14. Client noted to have 15-20 seconds of activity. Client had episodes of incontinence during activity."</p> <p>7/1/14 "Report of seizure form received. Approx 30 second duration. No injury reported. Client (C) seen by [name of neurologist] on this date. New orders obtained to begin increase of Onfi to 20 mg (milligrams) BID (twice a day)."</p> <p>7/2/14 "Received report of fall with no injury." "Received report of injury in which it is stated that client got out of her chair, hit her left leg and fell on buttocks. Client required no medical intervention related to this incident and has had no complaints of pain or other."</p> <p>7/5/14 "Received report of fall with no injury."</p> <p>7/9/14 "Received report of seizure form for seizure lasting 20 seconds with no injury to report."</p> <p>7/14/14 "Reviewed report of injury for this date in which it is stated that</p>						

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	<p>client landed on her bottom while attempting to get off of the van after declining assistance from staff. Client denies injury. No medical intervention was required related to this incident."</p> <p>7/20/14 "Received report of seizure for this date. Seizure lasted approx 1 minute per this report. Client was not injured and returned to her usual level of daily activities shortly after seizure ended."</p> <p>7/21/14 "Received report of fall on 7/13/14 in which it is reported that client fell and knocked over a lamp. Per staff she has a red area on her back."</p> <p>8/4/14 "Client (C) sent to [name of hospital] ER (Emergency Room) on this date in the early morning for fall in which she stuck (sic) her head and was bleeding. Client was treated in the ER where head lac (laceration) was sutured. She remained at home and was observed by staff per protocol with neuro checks."</p> <p>8/7/14 "Reviewed report of seizure dated 8/6/14. No injury to report."</p> <p>8/7/14 "Received to (sic) report of seizure on this date each lasting approx (approximately) 30 seconds. No injury to report."</p> <p>8/8/14 client C was seen in the ER to</p>			

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	<p>have sutures removed.</p> <p>8/13/14 client C's doctor signed order for client to have a PT (Physical Therapy) evaluation.</p> <p>8/12/14 "Received three reports of seizure on this client (C) for separate occasions on this date. Clients (sic) seizure each lasted less then (sic) one minute, no injuries have been reported."</p> <p>8/14/14 client C scheduled for PT evaluation and treatment.</p> <p>8/16/14 client C had a seizure lasting 15 seconds.</p> <p>8/19/14 "Rec'd (Received) a (sic) injury report stating that [client C] was walking in the break room at the workshop and lost her balance and fell landing on her right hip. Staff assisted her to here (sic) feet and she was assessed for injury. None noted."</p> <p>8/19/14 at 6:10 PM client C had a 30 second seizure. "Started to shake and was incontinent. No injury."</p> <p>8/19/14 at 7:45 PM client C had a seizure while sitting in a chair that lasted one minute. "Hand shaking and was incontinent. No injury."</p> <p>8/22/14 at 5:40 PM client C had a 30 second seizure while sitting at the dinner table. No injury.</p> <p>8/22/14 at 7:30 PM client C had a seizure while sitting on the couch. Client</p>			

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	<p>C was shaking all over and was incontinent of urine. No injury.</p> <p>8/23/14 at 6 PM client C had a 30 second seizure. No injury.</p> <p>8/24/14 at 6:27 PM client C had a 30 second seizure while getting off the facility van at church. "Body stiffened, got goose bumps and saying 'No' during seizure. Also incontinent of urine. No injury."</p> <p>Client C's nursing notes indicated no visual assessments of client C by the facility nurse after falls and/or seizures.</p> <p>Client C's PT evaluation dated 8/26/14 indicated "Pt (patient) is a 40 yo (year old) female with CP and a resident of a group home. She (client C) has recently had an increased incidence of falls as well as reports of declining posture which has affected her balance and safety while eating. She presents today in a left AFO (ankle-foot-orthotic) with left LE (lower extremity) internally rotated starting at the hip. She has decreased strength through left LE and flexion contracture (a shortening of muscle tissue and tendons, which forces a joint into a flexed position) of left UE (upper extremity). She has a severe forward head with increased thoracic kyphosis (an excess curvature in the upper back causing a hump). Berg balance assessment (a test to</p>						

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	<p>measure balance) was performed in which she scored a 31/56. Any score less than 46 indicates an increased risk for falls. This patient would benefit from PT to address above issues to decreased likelihood of falls."</p> <p>__The PT assessment indicated client C was not assessed in regard to transfers and was not assessed for her ability to go up and down the steps. Client C's PT evaluation indicated no assessment of client C's ability to get on and off the facility van. Client C's PT assessment indicated no level of assistance and/or supervision client C required at the group home and/or the DP. The PT assessment indicated no recommendations to address how the facility staff were to assist and monitor the client throughout the day to prevent injury from falls.</p> <p>Client C's Risk Summary dated 10/1/13 indicated client C was at risk for falls and had a history of falls. The Summary indicated "[Client C] has a history of falls. [Client C] was evaluated to [name of hospital] physical therapy. Most recent PT evaluation was completed 4/15/13 and re-eval 8/1/13 resulting in discharge from PT 8/19/13. Pt (patient) requires guard assist if walking on uneven ground (grass). Independent on level ground. Staff are to prompt [client C] when walking to point toe forward. Staff are to</p>			

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	<p>check brace daily to be sure it is on properly. Staff will assist [client C] in doing home exercise program 5 days a week scheduled while at the center Monday thru Friday. If [client C] falls staff are to assess to see if treatment is necessary. Staff will notify nurse of fall. Staff will complete injury report along with post fall assessment and document the fall on the nursing notes. Nurse will review nursing notes and MAR (Medication Administration Record) at least monthly."</p> <p>Client C's record indicated no IDT (Interdisciplinary Team) meetings in regard to client C's increased number of seizures and falls. Client C's ISP/Risk Summary failed to indicate how the staff were to supervise, monitor and assist client C throughout the day while ambulating to prevent further injury from falls. The ISP/Risk plan failed to indicate how the staff were to supervise and monitor client C throughout the day due to seizures.</p> <p>Client C's Consultation Report dated 6/11/14 from the pharmacist indicated: "[Client C] receives an anticonvulsant Divalproex Sodium DR 250 mg (milligrams) bid (twice a day); Oxcarbazepine 600 mg bid and Lamotrigine 100 mg bid for epilepsy.</p>			

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	<p>Polypharmacy treatment for epilepsy can cause varying lab results for individual AED (antiepileptic drugs) agents. In addition, Oxcarbazepine can cause hyponatremia (low blood sodium levels). Recommendations: Please consider monitoring the following (blood tests): 1) Valproic acid level q (every) 6 months. 2) CBC (platelets) and ALT q 6 months (VPA). 3) Electrolytes q 6 months (Oxcarbazepine)." Client C's record indicated no routine lab work and/or Depakote (Divalproex) or Valproic acid levels in regard to client C's increased seizure activity.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. The LPN indicated she was unable to find all of client C's records in regard to the client's visits with her neurologist and the client's lab work. The LPN stated, "I know she saw her neurologist recently and her medication was increased."</p> <p>QIDP #1 indicated she was unable to locate any IDT meetings in regard to client C's increased seizures and recurring falls. QIDP #1 stated, "I know I haven't had any meetings since I've been here."</p>						

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	<p>The LPN stated, "She [client C] just recently went to PT."</p> <p>When asked how are the staff to supervise, monitor and assist client C throughout the day to ensure client C's safety in regard to falls, the RM indicated client C ambulated independently and the staff assist her as needed.</p> <p>QIDP #1 indicated no changes in client C's care, client C's ISP and/or Risk Summary in regard to increased falls, injury with falls and increased seizures.</p> <p>QIDP #1 indicated the PT evaluation and PT therapy did not address client C's needs at the facility and at the DP.</p> <p>QIDP #1 indicated the staff were to follow client C's Risk Summary.</p> <p>QIDP #1 and the RM indicated they were new to the facility as of May 2014 and were still getting to know the clients and their needs.</p> <p>2. Client A's record was reviewed on 9/10/14 at 2 PM.</p> <p>Client A's Medication Refusal Reports (MRRs) indicated:</p> <p>On 9/13/13 at 4 PM client A refused her 4 PM meds (medications):</p>			

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	<p>Divalproex Sodium 500 mg (milligram) for mood stabilization, Gabapentin 200 mg for Schizoaffective Disorder and Fexofenadine HCL 180 mg for allergies. The report indicated client A was upset about not getting to have orange juice and went to her room and wrote. "She refused multiple times for multiple staff."</p> <p>On 9/30/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Asked 4 times and other staff tried to talk to her also but she would not take them."</p> <p>On 11/11/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Just refused meds and told staff 'No'.</p> <p>On 11/12/13 at 10:20 AM client A refused to go to her dental appointment.</p> <p>On 11/12/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Client was very</p>						

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	<p>upset and refused meds."</p> <p>On 12/27/13 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "Staff asked her 3x (three times) over the period of 4 PM and 5 PM for meds and was cursed at. Staff notified nurse [client A] never wanted to take them." The nurse instructed the staff to "Just wait and see if she takes them and fill out a refusal."</p> <p>On 1/19/14 client A refused her 7 AM medications: Bupropion and Sertraline for depression, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Seroquel (an antipsychotic), Hydrochlorothiazide (a diuretic), a Multi Vitamin and Zovia (for menses regulation). The report indicated "Staff knocked on [client A's] door, she (client A) refused meds. Staff waited 20 minutes. She (client A) refused again. Staff waited another 20 minutes and she (client A) told staff to 'leave me alone'."</p> <p>On 2/5/14 client A refused her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin</p>			

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	<p>D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin, Zovia and Prevident 5000 Sensitive tooth paste. The report indicated "Ask (sic) 3x's at different times to take her meds and she (client A) wouldn't even talk to staff. She (client A) shook her head no and that was it."</p> <p>On 2/12/14 client A refused all of her 7 AM medications: Bupropion, Sertraline, Calcium with Vitamin D, Divalproex Sodium, Gabapentin, Hydrochlorothiazide, Seroquel, Multi Vitamin and Zovia. The report indicated "Staff asked her to come take her meds then she slapped them and cussed them out."</p> <p>On 6/9/14 client A refused to take her 4 PM Divalproex Sodium 500 mg tab and two Gabapentin 100 mg caps. The report indicated "She just keeps saying will not take drs (doctors) orders."</p> <p>On 6/12/14 client A refused her 8 PM Crest Pro Health mouth wash.</p> <p>On 6/13/14 client A refused her 8 PM Crest Pro Health mouth wash.</p>						

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	<p>On 6/29/14 client A refused her 8 AM medications of Bupropion and Sertraline for depression, Calcium, Divalproex Sodium, Gabapentin, Hydrochlorothiazide (a diuretic), Seroquel (an antipsychotic), Multi Vitamin and Zovia (for menses regulation). The report indicated "Kept saying no, refusing to get out of bed, saying 'Shut up!'"</p> <p>On 6/30/14 fax "Please be advised [client A] refused all morning meds on 9/29/14."</p> <p>On 8/16/14 client A refused her 4 PM meds: Divalproex Sodium 500 mg and Gabapentin 200 mg. The report indicated "I (the staff) asked her to please take her meds 5x she kept telling me (the staff) NO!"</p> <p>Client A's Monthly Health Reviews for 2014/2013 indicated: On 8/1/14 client A refused AM meds and labs ordered by her PCP. On 8/10/14 client A refused 7 AM meds. On 8/14/14 client A refused her 8 PM mouthwash. On 12/9/13 refusing to see optometrist.</p>			

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	<p>Client A's 8/12/13 BSP (Behavior Support Plan indicated client A had a targeted behavior of "Refusals: Refusing to complete chores, refusing available work, not following directions given by parents or supervisors.</p> <p>Client A's BSP did not include refusals of medications, labs and/or refusal to comply with medical requests. Client A's ISP of 10/1/13 and client A's Updated Risk Summary dated 6/26/14 did not include refusals of medications, treatments and/or refusals of medical requests and what the staff were to do when the client refused. Client A's record indicated nursing failed to address client A's refusals of medication and medical requests.</p> <p>Interview with staff #5 on 9/10/14 at 7:30 AM stated, "She [client A] refuses all the time." When asked what the staff were to do when she refused, staff #5 stated, "Just ask her to take it and if she doesn't she doesn't. There's not much we can do."</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager), LPN #1 on 9/12/14 at 3:15 PM, the QIDP indicated client A's ISP/BSP did not address client A's refusals for medication and/or medical requests. QIDP #2 and</p>						

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	<p>LPN #1 indicated no IDT (Interdisciplinary Team) meetings in regard to client A's refusals of medications and medical requests.</p> <p>3. The facility's reportable and investigative records were reviewed on 9/10/14 at 10 AM. The 8/6/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/6/14 at 7:30 AM client G "lost her balance and fell inside her home. [Client G] was taken by ambulance to the emergency room due to pain in her right hip/leg. [Client G] was admitted to [name of hospital] after X-rays showed a fracture to her hip requiring surgery for a partial hip replacement. [Client G] also sustained a laceration to her left elbow, not requiring more than a bandage." ___The 8/13/14 follow up BDDS report indicated "[Client G] had a fall that resulted in a broken hip, hospitalization and a partial hip replacement."</p> <p>The 5/10/14 I/A (Incident/Accident) report and BDDS report indicated while helping client G with her shower staff noted client G's right index finger was swollen with a "large black and red bruise" at the knuckle. The report indicated client G did not know how she injured herself and was transported to the local hospital for an evaluation where she</p>			

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	<p>was diagnosed with a bruise, given pain medication and returned to the facility.</p> <p>The 12/5/13 BDDS report indicated on 12/5/13 at 3:10 PM while trying to board the group home van, client G fell up the three steps of the van and landed on the van steps. The report indicated the staff were able to catch client G from landing onto the pavement. "She (client G) sustained injuries of scrapes and redness on her right cheek, right rib area and right shin." The report indicated client G's ability to climb the van steps would be assessed.</p> <p>Client G's record was reviewed on 9/10/14 at 1 PM.</p> <p>__ Client G's record indicated an elderly woman over 90 years of age and diagnoses of, but not limited to, Osteoporosis (brittle bones), Urinary Incontinence, High Blood Pressure, Dementia (loss of memory) and Arthritis (an inflammation of one or more joints).</p> <p>V</p> <p>Client G's nursing notes, not all inclusive, indicated:</p> <p>10/7/13 "Rt (right) small finger with dark purple bruise to palm side at first joint. Appears could have been pinched in something."</p> <p>10/23/13 "dime sized deep purple bruise to abd (abdomen). Area in</p>			

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	<p>alignment with counter at house 3 (client G's home)."</p> <p>10/30/13 "1 (inch) oblong bruise to outer aspect of arm between should (shoulder) and elbow. Area is correct height to line up with towel bar in bathroom. [Client G] states she might have bumped it. 'It doesn't hurt honey, don't worry, I'm alright.' she stated."</p> <p>12/4/13 "fall from bus steps. No apparent injury.</p> <p>12/6/13 "bruising to rt (right) hip/buttock, rib area..."</p> <p>1/16/14 "Annual Physical Exam... some muscle weakness.... PT (Physical Therapy) for muscle strengthening."</p> <p>1/26/14 "[Client G] got up to go to the bathroom when she bumped into her bed frame. Noted quarter size bruise, dark blue/purplish in color on upper left thigh/peri area."</p> <p>1/30/14 PT Eval- Difficulty ascending steps to get into van. Difficulty rising from chair, worsening over past few months. Recommendations for PT tx (treatment) for 6 - 8 weeks."</p> <p>2/10/14 "Mammo (Mammogram) completed... Study indicates osteoporosis, fracture risk is considered high."</p> <p>3/19/14 "was seen by PT for gait balance</p>			

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	<p>and strengthening. Dischg (Discharged) from PT at this time. Recommended that staff continue to assist patient PRN (as needed) for safety especially in/out of van."</p> <p>5/22/14 "Reviewed report of injury from 5/10/14 in which client (G) was reported to have large black and red area of discoloration with swelling on index finger..."</p> <p>6/30/14 "Received health care concern form in which it is reported that client (G) has redness on her bottom from frequent loose stools from the day prior. Instructed staff to apply the Desitin cream client has ordered for redness to peri area and report back if the area worsens or does not show signs of healing."</p> <p>7/19/14 "Received report of injury that client (G) has a bruise and a scab on her left arm/elbow. Client (G) reports that she fell out of bed and that is how she got the bruise."</p> <p>7/24/14 "Received and reviewed health care concern form dated for 7/19/14 which discusses client (G's) areas of concerns on left and right buttocks. These areas have been addressed and are slowly healing. Record of training on skin care and toileting developed</p>			

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	<p>and sent to the group home manager and the day service coordinator for training." Client G's record indicated no further nursing notes after the note of 7/24/14. Client G's nursing notes indicated nursing services did not assess and/or monitor client G's buttocks and/or skin issues.</p> <p>Client G's Risk Summary dated 10/1/13 indicated client G was at risk for Osteoporosis and had a history of falls. The summary indicated client G was given a home exercise program to help strengthen her lower extremities. The Risk Summary indicated the staff were to be within arms reach of client G at all times when client G was ambulating in familiar areas and provide hands on assist whenever ambulating on uneven or changing surfaces. The Risk Summary did not indicate how the staff were to assist and monitor client G in regard to getting on and off the facility van, while in bed and/or in her bedroom to ensure the client's safety from falls. Client G's record indicated no update to client G's Risk Summary in regard to client G's continued falls and injuries.</p> <p>Client G's record indicated: __No screening for bone density and/or routine annual lab testing.</p>			

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	<p><u> </u> No assessment from PT/OT (Occupational Therapy) in regard to client G's fine and gross motor skills/abilities, ability to go up and down steps and/or to get on and off the facility van.</p> <p><u> </u> No IDT (Interdisciplinary Team) notes and/or meetings in regard to client G's ambulatory needs and/or injuries.</p> <p><u> </u> No daily skin assessments by the staff and/or the nurse in regard to skin breakdown on client G's buttocks.</p> <p>Interview with staff #5 on 9/10/14 at 6 AM indicated she was working the morning of 8/6/14 when client G was injured. Staff #5 indicated there were three staff in the home the morning of client G's injury, one staff in the kitchen, one staff in the medication room and one staff in the bathroom assisting another client with a shower. Staff #5 indicated she (staff #5) had already assisted client G with her shower and client G had returned to her (client G's) bedroom when all the staff heard a noise and found client G on the floor in the hallway outside of client G's bedroom. Staff #5 stated, "She (client G) said she was ok, denied hurting anywhere and just wanted to get up. When she tried to get up she couldn't. We had to get the rolling desk chair and lift her up into the chair. We knew something was wrong</p>			

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	<p>and that's when we called 911." Staff #5 indicated client G was elderly and had issues with memory loss and did not always remember how she was injured. Staff #5 indicated no staff were with client G at the time of her last fall. Staff #5 stated, "It gets kinda crazy at times and we (the staff) aren't always right with her when she's up.</p> <p>Interview with the facility's LPN on 9/11/14 at 1 PM indicated LPN #3 terminated employment with the facility on 12/31/13 and LPN #1 filled in for the facility from January through April 2014 when the facility hired LPN #4 in April 2014. LPN #4 worked four months and then LPN #4 terminated her employment with the facility on August 15, 2014. The LPN stated, "I've done my best to try to keep up, but not being here all the time and just filling in when they don't have anyone has been rough." The LPN indicated she had provided all nursing assessments and notes she was able to locate for client G. The LPN indicated she was not able to locate client G's last PT assessment and/or lab results.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1, the RM (Residential Manager) and the facility's LPN were interviewed on 9/12/14 at 3:15 PM. __The RM and QIDP #1 indicated they</p>						

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	<p>were unable to locate a PT assessment for client G.</p> <p>__The LPN indicated client G's Risk Summary was last updated 10/1/13 when LPN #3 was still with the facility.</p> <p>__The LPN indicated she had provided all of the clients' nursing notes for review.</p> <p>__QIDP #1 stated the facility filing system was behind six to twelve months "or more" and they were unable to find all of client G's assessments and records.</p> <p>__QIDP #1 indicated no IDT meetings in regard to client G's health, mobility and or injuries.</p> <p>4. Observation of the medication pass was conducted on 9/10/14 between 6:30 AM and 7:50 AM. At 6:35 AM staff #3 applied an over the counter cleansing lotion to client B's skin and an over the counter peri wash to client B's perineal area (the area between the anus and vulva). The bottle of lotion and the bottle of peri-wash did not have a pharmacy label to indicate the client's name, medication, time of administration, dosage and/or where to apply.</p> <p>Interview with staff #5 on 9/10/14 at 7 AM indicated the lotions and peri wash were ordered from an outside company.</p> <p>Interview with the facility's LPN on 9/12/14 at 3:15 PM indicated all</p>						

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	<p>medications, including over the counter medications, were to be labeled with a pharmacy label with the client's name, medication, dosage, route, time to be given and any other special instructions.</p> <p>5. Nursing failed to ensure clients B and C were provided annual physical examinations and routine annual screening for early detection of cancer. Please see W322.</p> <p>6. Nursing failed to ensure the clients' hearing and vision were evaluated annually for clients A, B and C. Please see W323.</p> <p>7. Nursing failed to ensure clients B and C received an annual TB (Tuberculosis) testing and/or screening. Please see W327.</p> <p>8. Nursing failed to ensure clients A, B and C were provided quarterly nursing/health assessments. Please see W336.</p> <p>9. Nursing failed to ensure annual dental examinations for clients B and C. Please see W352.</p> <p>10. Nursing failed to ensure the facility pharmacist conducted quarterly reviews of the clients' drug regimens for clients A,</p>			

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W000336	<p>B and C. Please see W362.</p> <p>11. Nursing services failed to ensure all drugs were administered in compliance with each clients' physicians' orders for clients B, C, D, E, F and G. Please see W368.</p> <p>This federal tag relates to complaint #IN00154234.</p> <p>9-3-6(a)</p> <p>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 3 of 3 sample clients (A, B and C), the facility failed to provide evidence of quarterly nursing/health assessments.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's record indicated client A did not require a medical care plan. Client A's record indicated diagnoses of, but not limited to, Depression and Hypertension. Client A's</p>	W000336	<p>Corrective action for resident(s) found to have beenaffected All clients are to have a quarterly nursing summary completed and on file in their medicalchart. The LPN was retrained on thisrequirement by the RD on 10-3-14.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes</p>	10/17/2014

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	<p>updated Risk Summary of 6/26/14 indicated client A was at risk for constipation, irregular menses and increased bleeding due to the use of Sertraline (for depression) use with the use of Naproxen and Ibuprofen for pain. Client A's record indicated no quarterly nursing assessments for the first quarter of 2014.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's record indicated client B did not require a medical care plan. Client B's record indicated diagnoses of, but not limited to, Epilepsy (a brain disorder in which a person has repeated seizures over time), Scoliosis (curvature of the spine), Allergies and Constipation. Client B's record indicated no quarterly nursing assessments for the first quarter of 2014.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's record indicated client C did not require a medical care plan. Client C's record indicated diagnoses of, but not limited to, Seizure disorder, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage), Hypothyroidism (low levels of parathyroid hormones resulting in low levels of calcium in the blood system), Acne Rosacea and Vulgaris (skin</p>		<p>facility put in place to ensure no recurrence Quarterly nursing summaries will be turned into the QIDP quarterly to include in the monthly summary. Summaries will also be turned into the Manager of Health Services for oversight and to ensure compliance.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will conduct quarterly random file audits to ensure quarterly nursing summaries and up to date and present in the medical file. The RD will ensure the LPN's retraining on completing quarterly nursing summaries is placed in the LPN's employee file. A QIDP-d has been hired to maintain client files and will conduct monthly file audits to ensure all necessary components of a file are present and updated.</p>	

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W000352	<p>disorders). Client C's record indicated no quarterly nursing assessments for the first quarter of 2014.</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and LPN #1 on 9/12/14 at 3:15 PM, QIDP #1 stated the clients' records had not been filed for "Six to twelve months and maybe longer" and "We are still trying to locate things." LPN #1 indicated all clients were to have quarterly nursing assessments.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 2 of 3 sampled clients (B and C), the facility failed to ensure the clients were provided an annual dental examination.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's Monthly Health Review dated April 2014</p>	W000352	<p>Correctiveactionforresident(s)fou dthavebeenaffected All consumers must have a dental exam annually. The LPN was retrained by the RD on 10-3-14that all consumers must have an annual dental exam and that must be located inthe medical file. All consumers willhave an annual dental exam in the main file or an appointment scheduled by10-17-14.</p> <p>Howfacilitywillidentifyotherreside</p>	10/17/2014	

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W000362	<p>indicated client B's most current dental exam was 3/29/13. Client B's record indicated no dental evaluations.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's Monthly Health Review dated June 2014 indicated client C's had a dental exam on 2/1/14. Client C's record indicated no dental evaluation of 2/1/14.</p> <p>Interview with the facility's LPN on 9/11/14 at 2 PM indicated the clients' records had not been filed for 6 to 12 months and she was unable to locate any dental records for clients B and C.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p>		<p>ntspotentiallyaffectedandwhatmeasrestaken All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacilityputinplacetoensurenorecurrence The LPN has included on the monthlynursing summary the dates of each client's last physical and TB test. This will ensure the dates are reviewedmonthly to ensure compliance. Thesedates will be included on the meeting checklist that will be reviewed at eachquarterly meeting and signed off on by the Regional Director.</p> <p>Howcorrectiveactionswillbemonitordtoensurenorecurrence The LPN's monthly nursing summary is sent to the QIDPmonthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by theQIDP to ensure compliance. The monthlyprogramming summary is sent to the RD and the AWS compliance department. The dates will also be included and reviewed on the meetingchecklist. This will be sent to theRegional Director after each quarterly meeting to be reviewed and signed offon.</p>	

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	<p>Based on record review and interview for 3 of 3 sample clients (A, B and C), the facility failed to ensure the facility pharmacist conducted quarterly reviews of the clients' drug regimens.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 9/10/14 at 2 PM. Client A's August 2014 quarterly physician's orders indicated client A received routine medications which consisted of Bupropion, Seroquel, Sertraline, Neurontin and Depakote for behavior modification, HCTZ (Hydrochlorothiazide) for blood pressure control, Zovia for menses control, Enulose for constipation, Calcium with Vitamin D for dietary supplementation and Crest Pro-Health dental rinse and Prevident 5000 Sensitive tooth paste for oral health. Client A's record did not indicate quarterly reviews of client A's drug regimen by the pharmacist for 2013/2014.</p> <p>Client B's record was reviewed on 9/10/14 at 3 PM. Client B's August 2014 quarterly physician's orders indicated client B received routine medications which consisted of Calcium with Vitamin D for bone health, Cetirizine for allergies, Colace for constipation, Fludrocortisone for adrenal insufficiency, Folic Acid for</p>	W000362	<p>Corrective action for resident(s) found to have beenaffected All clients willhave a quarterly pharmacy review. Thepharmacist will work with the LPN to schedule and complete these quarterlyreviews. The LPN will track thesereviews and ensure all recommendations are taken to the client's IDT. The LPN wasretrained by the RD on 10-3-14 about the need for quarterly pharmacy reviews tobe completed and filed.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence The LPN will trackthe quarterly pharmacy reviews and bring that information to the quarterlymeeting. The LPN will mark on thequarterly meeting checklist the date the pharmacy review was completed thatquarter.</p> <p>How corrective actions will be monitored to ensure norecurrence The QIDP will fillout the quarterly meeting checklist and ensure all information is complete andaccurate and will turn it into the RD after the meeting for tracking andcompliance. The RD will ensurethe record of</p>	10/17/2014

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	<p>iron replacement, Phenobarbital and Dilantin for seizure control, Anusol cream (an anesthetic/numbing medication), Sprintec (a female hormone), Ammonium Lactate lotion for dry skin and Nystop for fungal infections. Client B's record did not indicate quarterly reviews of client B's drug regimen by the pharmacist for 2013/2014.</p> <p>Client C's record was reviewed on 9/11/14 at 10 AM. Client C's August 2014 quarterly physician's orders indicated client C received routine medications which consisted of Cetirizine and Flonase nasal spray for allergies, Depakote, Oxcarbazepine, Lamictal and Onfi for seizure control, Colace for constipation, Levothyroxine (for hypothyroidism), Minocycline (an antibiotic), Risperidone for mood disorders, Vitamin D3 and a multi vitamin for dietary supplementation, Clindamycin and Desonide lotion for acne and Lidex solution for dry scalp. Client C's record did not indicate quarterly reviews of client C's drug regimen by the pharmacist for 2013/2014.</p> <p>Interview with the facility's LPN on 9/9/14 at 1 PM indicated the clients' records for the facility had not been filed</p>		training for the LPN will be placed in the LPNs employeefile.		

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W000368	<p>for 6 to 12 months and she was unable to locate all of the quarterly pharmacy reviews for each of the clients.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 3 sampled clients (B and C) and 4 additional clients (D, E, F and G), the facility nurse failed to ensure all drugs were administered in compliance with the each clients' physicians' orders.</p> <p>Findings include:</p> <p>The facility's reportable records, staff training records and personal records were reviewed on 9/10/14 at 10 AM.</p> <p>A 4/25/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client F did not receive her Ambien 10 mg (milligrams) for a sleep aid at bedtime on 4/23/14. The report indicated the staff responsible for the error would receive a disciplinary</p>	W000368	<p>Correctiveactionforresident(s)foun dtohavebeenaffected All staff willbe retrained on MedicationAdministration in a refreshercourse taught by theGroup Home LPN on 10-3-14. This medicationadministration training willinclude the appropriateway to pass medicationand the appropriateway to measure liquidmedication. This will also include following physician orders and looking at allmedication labels. The Team Leaderswill observe one medicationpass for each staffmonthly and the LPN will observe one medication pass for each TLmonthly.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsare affected and correctiveaction will address theneeds of all clients.</p>	10/17/2014

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	<p>action.</p> <p>A 4/21/14 BDDS report indicated on 4/20/14 client F did not receive her 7 AM doses of Wellbutrin and Sertraline (anti-depressants), Evista (to reduce bone loss), Pepcid (an antacid), Metformin (to control blood sugar levels), Oxybutynin for an overactive bladder, Risperdal for behavior modification, Simvastatin for cholesterol control and dietary supplements; Thera-tab, Calcium and Vitamin D. "It was discovered during the p.m. med (medication) buddy check (a check of the MARs - Medication Administration Records) after a med pass to ensure all medications were given as indicated for that med pass) on 4/21/14 that none of these medications had been given the morning of 4/20/14. The medications had been signed for as given on the MAR, but all of the pills were still present in the med packs.... [Client F's] team needs to investigate how this happened and who is responsible." The facility records indicated no investigation and no further actions in regards to client F's missed medications.</p> <p>A 5/5/14 BDDS report indicated on 5/2/14 "[Client G] was diagnosed with a URI (Upper Respiratory Infection) and prescribed Amoxicillin (an antibiotic) 500 mg every 8 hours for 10 days. Staff</p>		<p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The Team Leaderswill observe one medicationpass for each staffmonthly. This will ensurestaff are continuallypassing medicationsas trained in CoreA Core B. The LPN will observe one medication pass foreach TL monthly. These medication passobservations will be turned into the GHM for tracking and to ensure compliance.</p> <p>Howcorrectiveactionswillbemonit redtoensurenorecurrence The Team Leaderswill sign off ona medication observationsheet and turn itinto the LPN andGroup Home Manager monthlyto ensure they aredoing all required medicationobservations monthly. The RD ensured all Group Home staffreceived this retraining on 10-3-14 and will sign off on all Record ofTrainings. If staff fail to attend, theywill be removed from the schedule until they receive the retraining.</p>	
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	<p>failed to administer the dose on 5/21/14 at 2 pm and it was discovered on 5/3/14 during a medication audit. The staff discovering the medication error wrote a medications error report and notified the nurse on call but failed to notify a manager to report the medication error. One staff wrote 'C' on the MAR describing that the medications would be given at the 'Center' but [client G] was home at that time and the staff working did not know the medication had not been given at the center as the MAR instructed." The report indicated all staff in the home would be retrained.</p> <p>A 5/18/14 BDDS report indicated on 5/17/14 client G did not get her weekly dose of Alendronate Sodium 70 mg for bone loss. The report indicated the staff responsible for the medication error would be retrained and disciplinary action would be taken.</p> <p>A 5/26/14 BDDS report indicated client C did not receive her 1 PM dose of Divalproex 250 mg for seizure control on 5/26/14. The report indicated the staff responsible for the medication error would be retrained and disciplinary action would be taken.</p> <p>A 6/14/14 BDDS report indicated client D did not receive her 6 AM dose of</p>			

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	<p>Levothyroxine (a hormone replacement) 75 mcg on 6/14/14. The report indicated the staff responsible for the medication error would be retrained and disciplinary action would be taken.</p> <p>A 6/14/14 BDDS report indicated on 6/14/14 at 6 AM client C was given a double dose of her Levothyroxine 50 mcg. The report indicated the staff responsible for the medication error would be retrained and disciplinary action would be taken.</p> <p>A 6/16/14 BDDS report indicated client C did not receive her 7 AM dose of Divalproex 250 mg on 6/14/14. The report indicated the staff responsible for the medication error would be retrained and disciplinary action would be taken.</p> <p>A 6/25/14 BDDS report indicated for the month of June 2014 client C received three tablets of Vitamin D3 daily at 7 AM. The report indicated client C was to have only one tablet of Vitamin D3 daily. The report indicated no training was provided in regard to this error.</p> <p>A 7/22/14 BDDS report indicated client E received only one of her two AM doses of Senexon 8.6 mg for constipation on 7/21/14. The report indicated the staff responsible for the medication error</p>						

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W000426	<p>would be retrained.</p> <p>A 7/29/14 BDDS report indicated client B did not receive her 8 PM Cetirizine 10 mg for allergies on 7/29/14. The report indicated all staff will be retrained.</p> <p>A 7/30/14 BDDS report indicated client B did not receive her 4 PM dose of Calcium 500 mg with Vitamin D supplement on 7/29/14. The report indicated the staff would be retrained.</p> <p>An 8/19/14 BDDS report indicated client F did not receive her 4 PM Azithromycin (a Z-pack antibiotic) on 8/18/14. The report indicated the staff responsible for the medication error would be retrained and disciplined.</p> <p>Interview with LPN #2 on 9/12/14 at 3:15 PM indicated all clients were to receive their medications as ordered by their physician.</p> <p>9-3-6(a)</p> <p>483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to</p>						

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	<p>hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation and interview for 1 of 3 sampled clients (B) and 3 additional clients (D, E and F), the facility failed to ensure the water temperatures within the facility did not exceed 110 degrees.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/8/14 between 3:30 PM and 7:15 PM. At 4:50 PM staff #3 was running water in the kitchen sink while preparing the evening meal. Steam was visible rising from the sink. Client E was standing nearby the kitchen sink watching and stated, "Hot." The water temperature was tested in the kitchen sink and was found to be 123.8 degrees Fahrenheit. The water temperature was then tested in the shower/bathroom and found to be 122.8 degrees Fahrenheit in the sink and 121.1 degrees Fahrenheit in the shower.</p> <p>Interview with staff #3 on 9/8/14 at 5 PM indicated the staff in the home did not monitor the water temperatures. Staff #3 stated, "The water has been hot lately." Staff #3 indicated clients B, D, E and F were unable to regulate water temperatures independently.</p>	W000426	<p>Corrective action for resident(s) found to have beenaffected Bader Mechanical wascontacted and came to the home on 10-1-14 to adjust water temperatures. Water temperature is now below 110degrees. A new water temperaturetracking sheet is in the home and water temps will be taken daily. Also a digital water thermometer has beenpurchased to ensure consistency for staff testing the water temperature.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All consumers couldpotentially be affected and corrective action plans will address the needs ofall clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence Staff will be trained and will fill out a record of trainingaddressing the need to take and record water temperatures daily. If a temperature is above 110 degrees staffwill be trained to contact their supervisor. This record of training will be placed in the employee HR file as proofof training.</p> <p>How corrective actions will be monitored to ensure norecurrence The GHM, Supervisors, and QIDP will monitor for all healthand safety</p>	10/17/2014	

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W000454	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) were interviewed on 9/8/14 at 5:15 PM.</p> <p>__The RM indicated clients B, D, E and F were unable to regulate water temperatures independently and required staff assistance and clients A and C were able to adjust their own water temperatures. The RM indicated the RM monitored the water temperatures monthly.</p> <p>__QIDP #1 indicated the water temperatures were not to exceed 110 degrees Fahrenheit. QIDP #1 indicated she did not know if there was a regulator on the water heater to ensure the water temperatures did not go above 110 degrees Fahrenheit.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review, and interview for 1 of 3 sampled clients (B) and for 2 additional clients (E and H), the facility failed to implement and follow Universal Precautions to prevent the</p>	W000454	<p>issues including water temperature at the weekly and daily visits. One member of management stays in the home weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to monitor health and safety of the clients. The member of management will record their observations and any teachable moments on the Manager Observation Log.</p> <p>Also a member of management will conduct random pop in visits at varying times on different shifts and days at least weekly.</p> <p>A member of management staff will conduct observations in the home daily to provide on the spot training and ensure the completion of active treatment both formal and informal. The managers will record their observations and visits on the MOL.</p> <p>Corrective action for resident(s) found to have been affected All consumer toothbrushes should be covered to ensure health and safety and proper hygiene. The GHM will purchase tooth brush covers for each</p>	10/17/2014

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	<p>spread of infection in regard to the clients' toothbrushes.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/10/14 between 5:30 AM and 8:35 AM. Client B's E's, H's rectangular plastic hygiene boxes were observed in the hall closet outside of the medication room. The boxes were not clean and had particles of dirt and dust along the bottom of the boxes. Client B's, E's and H's tooth brushes were uncovered and laying in their hygiene boxes along with bottles of body wash, shampoo and lotion.</p> <p>Interview with staff #5 on 9/10/14 at 7 AM stated all the clients "used to have a cover for their toothbrushes, but I don't know what happened to them. They (the toothbrushes) should be covered."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 and the RM (Residential Manager) were interviewed on 9/12/14 at 3:15 PM. The RM stated, "They (the clients' toothbrushes) don't have covers on them? They should have." QIDP #1 stated, "That's unsanitary" and indicated the clients would be provided covers for their toothbrushes.</p>		<p>client and ensure they are placed no later than 10/13/14.</p> <p>How facility will identify other residents potentially affected and what measures taken All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Staff will be retrained and fill out a record of training addressing proper hygiene and the need for tooth brushes to be covered. This record of training will be placed in the employee HR file as proof of training.</p> <p>How corrective actions will be monitored to ensure no recurrence The GHM, Supervisors, and QIDP will monitor for all health and safety issues including tooth brushes covered at the weekly and daily visits. One member of management stays in the home weekly until 7pm to provide on the spot training. This will include the necessity for teaching staff how to monitor health and safety of the clients. The member of management will record their observations and any teachable moments on the Manager Observation Log. Also a member of management will conduct random pop in visits at varying times on different shifts and days at least weekly.</p>		

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W000488	<p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 6 of 6 clients living in the home (clients A, B, C, D, E and F), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/8/14 between 3:30 PM and 7:15 PM. During this observation period tuna salad, broccoli, tater tots and crushed pineapple were prepared for the evening meal. __At 3:45 PM client A stood watching staff #1 and #2 preparing snacks and the evening meal. Clients A, C and E were in and out of the kitchen during meal</p>	W000488	<p>A member of management staff will conduct observations in the home daily to provide on the spot training and ensure the completion of active treatment both formal and informal. The managers will record their observations and visits on the MOL.</p> <p>Corrective action for resident(s) found to have been affected Staff are to provide active treatment, both formal and informal at all times. This includes at meal times. Staff will assist consumers to pack their lunches and not pack their lunches for them. Staff will also assist clients with meal preparation and not prepare the meal for them and facilitate family style dining. Staff were retrained by the RD at an all staff meeting on 10-3-14 and the record of training will be placed in the employee HR file.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence One member of management stays in</p>	10/17/2014

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	<p>preparation. Clients D and F did not assist with the meal preparation.</p> <p>__At 3:53 PM client E sat at the table eating cheese curls and juice the staff had provided her. The staff then prepared a snack for clients B, C, D and F and delivered it to the table for each of the clients.</p> <p>__Staff #1 prepared cut up the eggs for the tuna salad while clients B and C watched her. While preparing the salad staff #1 held a spice container out and said to client B, "Here, you want to do it?" Staff #1 smiled and stated, "No, you must think I'm nuts," and continued making the tuna salad.</p> <p>__At 4:45 PM staff #1 prompted client E to sprinkle spice into the tuna salad. Staff #1 finished the tuna salad, covered the bowl and placed it in the refrigerator.</p> <p>__Staff #1 opened the cans of pineapple and then prompted client C to dump the cans of pineapple into a bowl. Staff #1 covered the bowl and placed it in the refrigerator.</p> <p>__At 5:10 PM staff #1 got out took the broccoli off the stove, strained it and cut it into small pieces using scissors. Staff #2 placed 10 slices of bread on a platter.</p> <p>__At 5:17 PM staff #1 poured blue juice into cups for everyone. Staff #1 then prepared client D's milk, juice and water by adding thickener. Staff #1 then continued to pour water and milk for</p>		<p>the home weekly until 7pm to provide on the spottraining. This will include thenecessity for teaching staff how to provide active treatment and how to followformal training programs as well as providing informal training. The member of management will record theirobservations and any teachable moments on the Manager Observation Log.</p> <p>Also a member of management will conduct random pop visits at varying times on different shifts and days at least weekly.</p> <p>A member of management staff will conduct observations inthe home daily to provide on the spot training and ensure the completion ofactive treatment both formal and informal. The managers will record their observations and visits on the MOL.</p> <p>How corrective actions will be monitored to ensure norecurrence The RD will ensureall staff are retrained on active treatment and formal training programsincluding meal preparation, family style dining and packing lunches. The RD will monitor Provide, the time entryprogram, and the Manager Observation Log, to ensure a member of management isobserving in the home until 7pm at least weekly conducting observations andproviding on the spot training.</p>				

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	<p>everyone. Staff #1 got the bowl of tuna salad and the bowl of pineapple from the refrigerator and placed them on the table. Staff #2 cubed slices of bread and then finished setting the table with the clients' plates.</p> <p>__ At 5:23 PM all clients were prompted to wash their hands and come to the table. Without asking or saying anything to client B, staff #1 placed a clothing protector on client B. Staff filled client B's plate with the food. Staff #2 cut client D's food up for her. Staff went around the table with the bowls of food.</p> <p>__ Client B ate at a fast pace and took large bites. After finishing her food, the staff gave client B another large scoop of tuna salad. Client B was not prompted to slow her pace, take smaller bites, to put her utensils down between bites at every opportunity.</p> <p>__ Client C sat leaning forward and her head down throughout the entire meal. Staff prompted client C to sit up straight twice. Client C did not look up and/or sit up straight.</p> <p>__ At 5:50 the meal was done, the staff finished cleaning the table and cleaned up the dishes. Staff #1 then got out all of the lunch boxes and small Styrofoam bowls and began filling the bowls with the leftovers from the evening meal and placing the bowls into the lunch boxes. Client C stated, "I'll help you. Wait a</p>			

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	<p>minute, I have to go to the bathroom." Client C went to the bathroom and staff #1 continued preparing the lunch boxes. When client C came back from the bathroom staff #1 stated, "You can pick out the drink." Staff #1 got six water bottles from the garage. Client C picked out the kool-aid flavor. Staff #1 then opened the packets of flavor and added one per water bottle, shook the bottle and then placed the water bottles into the clients' lunch boxes.</p> <p>During this observation period: ___ The staff failed to provide the clients with formal and informal training in meal preparation and/or family style dining when opportunity existed. ___ The staff failed to provide the clients with formal and informal training in preparing their own lunch boxes.</p> <p>During interview with the RM (Residential Manager) and QIDP (Qualified Intellectual Disabilities Professionals) #1 on 9/12/14 at 3:15 PM, QIDP #1 indicated the staff were to provide the clients with training in meal preparation and family style dining at every available opportunity. The RM stated the clients "should be" doing as much as possible for themselves and the staff were to act as role models during every meal. QIDP #1 indicated the staff</p>			

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W009999	<p>were to prompt the clients verbally and physically with hand over hand assistance as needed during meal time. The RM indicated the clients were to be preparing their own lunches and packing their own lunchbox for the day program everyday and the staff were not to be doing it for them.</p> <p>9-3-8(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division. 11. An emergency intervention for the individual resulting from:</p> <ol style="list-style-type: none"> a physical symptom. a medical or psychiatric condition. any other event. <p>This state rule was not met as evidenced</p>	W009999	<p>Correctiveactionforresident(s)fou dtohavebeenaffected</p> <p>RD retrained allgroup home staff at staff meetings on 10-1-14 and 10-3-14 on the AWSAbuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse, neglect,exploitation, and injuries of unknown origin, what incidents are reportable,and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cardsthat provide a reminder of what incidents are reportable. Also the RD will place a reminder of whatincidents are reportable on the Staff Communication Board in the medicationroom.</p> <p>RD retrained theQIDP, LPN and the GHM on 10-3-14 on necessary components ofinvestigations. This will includeconducting thorough interviews of all relevant individuals, and immediatereporting, no less than</p>	10/17/2014

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	<p>by:</p> <p>Based on record review and interview for 1 additional client (F), the facility failed to notify the Bureau of Developmental Disabilities Services (BDDS) within 24 hours in accordance with state law regarding an incident requiring emergency services.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 9/10/14 at 10 AM. The 9/10/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/8/14 at 6:30 PM "[Client F] had a bowel movement while sitting in her recliner and would not get up to be cleaned up with any amount of staff assistance. [Client F] refused and made staff aware that she was in pain by groaning. [Client F] was very resistant to any assistance from anyone. The nurse was called and the nurse advised staff to call 9-1-1." The report indicated client F was to have a follow up on 9/11/14 to see a surgeon to have her gall-bladder removed. The facility records did not indicate the incident requiring emergency response for client F was reported to BDDS within 24 hours following the incident.</p>		<p>within 24 hours.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure recurrence</p> <p>RD retrained all group home staff at staff meetings on 10-1-14 and 10-3-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The AWS Reportable Incident Policy states that any unknown injuries over 3 inches in size in any way or indicative of abuse are to be reported. This is the policy that the staff will be trained on. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the RD or a designated representative. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The RD retrain the QIDP, the LPN,</p>	

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	<p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 9/10/14 at 1 PM, the QIDP indicated she had forgotten to file the BDDS report for client F and stated, "I've just have so much going on I completely forgot."</p> <p>9-3-1(b)</p>		<p>and the GHM on 10-3-14 on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. Each client will also be asked about their home and living environment in their quarterly meetings. This will be documented on the meeting notes and saved in their main chart in the office.</p> <p>How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to file. The RD will review 100% of incident reports.</p>		