STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G136	A. BUILDING 00 B. WING	09/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	427 W LONGEST ST PAOLI, IN 47454

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Survey Dates: September 1, 2, 3 and 4, 2015 Facility Number: 000673 Provider Number: 15G136 AIM Number: 100248740 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/9/15.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) living in the group home, the governing body failed to exercise operating direction over the facility by failing to ensure the carpet throughout the group home was not matted, stained and discolored. Findings include:	W 0104	**W104:** Thegoverning body must exercise general policy, budget, and operating directionover the facility. **Corrective Action:** **(Specific):** The carpet in the home will bereplaced. **How others will be identified:** **(Systemic):** TheResidential Manager will submit work orders	10/04/2015

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

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	Observations were conducted at the group home on 9/1/15 from 3:00 PM to 5:30 PM and 9/2/15 from 6:11 AM to 7:58 AM. During the observations, the carpet in the group home hallway from the dining room to the living room was matted, stained, discolored and torn (2 inches by 2 inches) in front of the bathroom door. The living room carpet was matted, stained, discolored and torn (3 inches by 3 inches in front of the washer and dryer). The carpet in the hallway to the back door off the living room was matted, stained and discolored. The living room and hallway carpet had high spots where the carpet was stretched. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. Client #8's bedroom carpet was stained, matted and discolored. Client #2 and #3's bedroom carpet was stained and discolored. Client #4's carpet was stained and discolored. Client #5's carpet was stained and discolored. Client #6 and #7's carpet had a red stain on the carpet in between the two beds. On 9/1/15 at 1:52 PM, a review of the maintenance requests was conducted from September 2014 to September 2015. There were no maintenance requests submitted addressing the		when a maintenance issue arises andfollow up on that request within one week. The QIDP will ensure that maintenance issues have been taken care of ina timely manner according to the need. **Measuresto be put in place:** The carpet in the home will be replaced. **Monitoring of Corrective Action:):** TheResidential Manager will submit work orders when a maintenance issue arises andfollow up on that request within one week. The QIDP will ensure that maintenance issues have been taken care of ina timely manner according to the need. **Completion date: 10/04/15**	

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	carpeting issues in the group home. On 9/1/15 at 1:10 PM, the Residential Manager (RM) indicated the carpet in the group home needed to be replaced. The RM indicated she had worked at the home for 15 years and the carpet had not been replaced. The RM indicated over the years she had submitted work orders to have the carpet replaced but the carpet was not replaced. On 9/1/15 at 3:01 PM, clients #1 and #7 indicated the carpet in the group home needed to be replaced due to the discoloration and stains. On 9/1/15 at 3:13 PM, staff #2 stated the group home "definitely" needed new carpet. On 9/1/15 at 3:13 PM, staff #6 indicated the group home needed new carpet. On 9/1/15 at 3:40 PM, client #2 indicated the group home needed new carpet. Client #2 stated the carpet was "dirty." On 9/1/15 at 3:42 PM, client #5's guardian who was visiting the group home indicated the home needed new carpet. Client #5's guardian stated the "carpet needs to be replaced."			

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	On 9/1/15 at 4:21 PM, client #6 indicated the group home needed new carpet. On 9/2/15 at 6:26 AM, staff #5 stated, "to me, it's always needed to be replaced." Staff #5 indicated the carpet had been the same for the past 10 years. On 9/2/15 at 11:34 AM, the Clinical Supervisor (CS) stated the carpet was "dirty and old." The CS indicated the carpet needed to be replaced due to staining and discoloration. 9-3-1(a)			
W 0153 Bldg. 00	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. Based on record review and interview for 3 of 11 incident/investigative reports reviewed affecting clients #1, #2, #5, #6 and #7, the facility failed to submit incident reports to the Bureau of Developmental Disabilities Services (BDDS) for incidents of client to client abuse, in accordance with state law. Findings include:	W 0153	**W153:** 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. **Corrective Action: (Specific):** Incidents shall be reported according to BQIS policy number	10/04/2015

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	On 9/2/15 at 8:40 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: 1) On 6/12/15 at 5:10 PM, client #5 reached over and hit client #2 on the right forearm during dinner. Client #5 yelled client #2's name and attempted to hit client #2 again. The facility did not provide documentation the incident was reported to BDDS. 2) On 6/18/15 at 3:50 PM, client #7 indicated client #1 was talking too loudly and she could not hear the television. Client #7 turned the sound on the television all the way up. Client #1 turned the volume down. Client #7 hit client #1 on the right hand to get the remote from her. The facility did not provide documentation the incident was reported to BDDS. 3) On 7/16/15 at 7:30 PM, client #7 was in the restroom when client #6 entered to put towels away. Client #7 asked client #6 to leave and client #6 refused to leave. Client #7 hit client #6 on the left eye with a towel. The Interdisciplinary Team Meeting form, dated 7/17/15 indicated, in part, "...There was a tussle & (and) some shouting about not mocking & not asking		4600301008. #4 – Peer to peer aggression that results in significant injury by one individual receiving services, to another individual receiving services. All Incidents will be reported to the administrator as they occur per policy **How others will be identified: (Systemic)** The Clinical Supervisor will be in-serviced on the reporting policy for peer to peer aggression. The QIDP's will ensure that notification to the administrator for all incidents is sent out per policy as incidents occur. **Measures to be put in place:** Incidents shall be reported according to BQIS policy number 4600301008. #4 – Peer to peer aggression that results in significant injury by one individual receiving services, to another individual receiving services. All Incidents will be reported to the administrator as they occur per policy **Monitoring of Corrective Action:** The Clinical Supervisor will be in-serviced on the reporting policy for peer to peer aggression. The QIDP's will ensure that notification to the administrator for all incidents is sent out per policy as incidents occur. **Completion date: 10/04/15**	

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	permission to come in. During the argument, the housemate hit [client #6] in the left eye. Eye watered, no redness." On 9/2/15 at 9:42 AM, the Residential Manager indicated client to client aggression was considered abuse and the facility should report abuse to BDDS. On 9/2/15 at 9:58 AM, the Clinical Supervisor (CS) indicated she was trained to not report client to client aggression to BDDS if there was no significant injury and the injury did not need medical treatment. The CS indicated client to client aggression was considered abuse and abuse should be reported to BDDS. 9-3-2(a)			
W 0198 Bldg. 00	483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services. Based on observation, record review and interview for 1 of 4 non-sampled clients (#6), the facility failed to ensure client #6 was in need of and received active treatment services. Findings include:	W 0198	**W198:** Clientswho are admitted by the facility must be in need of and receiving activetreatment services. **Corrective Action: (Specific)** The local BDDSoffice has been notified concerning Client #6 and the survey W198citation. After completing level of care,an alternate placement for Client #6 will be determined.	10/04/2015

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	An observation was conducted at the group home on 9/1/15 from 3:00 PM to 5:30 PM. At 4:01 PM, client #6 set the dining room table for dinner. Client #6 received no assistance or reminders from staff to set the table with the appropriate utensils and dinnerware. At 4:03 PM, client #6 turned on the stove in order to cook dinner. At 4:24 PM, client #6 continued cooking dinner (hamburgers and mixed vegetables) without prompts or assistance from staff. At 5:24 PM, client #6 finished her dinner, took her dishes to the sink, rinsed them off and put them into the dishwasher. On 9/1/15 at 4:48 PM, staff #2 indicated client #6 cooked dinner by herself. Staff #2 stated, "She is a really good cook." Staff #2 stated client #6 was "independent." An observation was conducted at the group home on 9/2/15 from 6:11 AM to 7:58 AM. At 6:20 AM, client #6 prepared instant oatmeal in the microwave. At 6:34 AM, client #6 put dishes into the dishwasher after rinsing the dishes. Client #6 went into the dining room to wipe off the table where she spilled some oatmeal without prompts from the staff. At 6:37 AM, client #6 ate her oatmeal. At 6:49 AM, client #6 told		**How others will beidentified: (Systemic)** The need for active treatment will be discussedduring each individual's annual IDT. TheIDT will determine if the individual is in need of active treatment and if not,the local BDDS office will be contacted for further review. **Measuresto be put in place:** The local BDDS office has been notified concerningClient #6 and the survey W198 citation. After completing level of care, an alternate placement for Client #6will be determined. **Monitoring ofCorrective Action:** The need for active treatment will be discussed duringeach individual's annual IDT. The IDTwill determine if the individual is in need of active treatment and if not, thelocal BDDS office will be contacted for further review. **Completion date: 10/04/15**	

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	staff #5 the name of the medication she took and signed a copy of the Medication Administration Record (MAR). Client #6 read the names of her other medications to staff #5. Client #6 popped her medications out of the bubble packs and took the medications. Client #6 initialed her copy of the MAR after taking her medications. At 7:43 AM, client #6 showed the surveyor a large plastic bag full of bracelets, necklaces and key chains she made to sell. Client #6 indicated she enjoyed making the items to sell out of rubber bands. A focused review of client #6's record was conducted on 9/2/15 at 8:49 AM. Client #6's Monthly Program Team Review (MPTR), dated July 2015, indicated she met her training objectives at 100 percent for self-medication skills, money management and pedestrian safety skills. Client #6 met her socialization skills objective at 84 percent and telephone skills at 95 percent. Client #6's June 2015 MPTR indicated she met her training objectives at 100 percent for self-medication, money management and pedestrian safety skills. Client #6 met her socialization skills at 93 percent, exercise at 83 percent and telephone skills at 92 percent. Client #6's May 2015 MPTR indicated she met her training objectives at 100 percent for			

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	self-medication skills, money management and pedestrian safety skills. Client #6 met her socialization skills at 90 percent. Client #6 met her exercise goal at 80 percent and telephone skills at 88 percent. Client #6's April 2015 MPTR indicated she met her training objectives at 100 percent for self-medication, money management and pedestrian safety skills. Client #6 met her socialization skills objective at 93 percent and phone skills at 96 percent. Client #6's 2/10/15 Sexual Awareness assessment indicated she was able to demonstrate knowledge of body parts, express discomfort or pleasure, exhibit an understanding of appropriate environment, including privacy, distinguish between consenting and non-consenting partners, freely express willingness or non-acceptance of sexual advances, demonstrate awareness of the possibility of sexually transmitted diseases, understand the possibility of pregnancy, and exhibit the ability to provide for personal hygiene. Client #6's 2/10/15 Key Assessment form indicated she was able to know when something was locked, use a key, show responsibility for her personal belongings, show responsibility for others' belongings, request for personal			

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	15G136	A. BUILDING 00 B. WING	09/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	items to be locked, indicate she would use a key if offered, demonstrate how to insert a key into a lock, demonstrate how to unlock a door, requested a key and maintained the location of the key. Client #6's 2/10/15 Civil Awareness and Responsibility assessment indicated she was able to verbally communicate about current events in the news and correct information about public laws. Client #6's 2/10/15 Water Regulation Assessment indicated she could discriminate between hot and cold water, turn the faucet to hot and cold on every faucet in the home and had the ability to independently mix hot and cold water to a temperature not exceeding 110 degrees Fahrenheit at each faucet in the home. Client #6's 2/10/15 Chemical Safety Assessment indicated she could identify cleaning substances, the purpose of the cleaning substances, the potential risk of cleaning supplies and was able to safely access cleaning substances. Client #6's 2/10/15 Fire Assessment indicated her risk of resistance was minimal. The Fire Assessment indicated she was independent with her mobility, followed verbal instructions independently, responded immediately to			

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	the alarm, completed the evacuation promptly/independently, found the designated location and remained the in area independently and responded to fire drills without guidance. Client #6's 2/10/15 Financial Assessment indicated she was able to identify a penny, nickel, dime, quarter, dollar bill, five dollar bill, ten dollar bill and a twenty dollar bill. The assessment indicated she could make change up to $1.00. The assessment indicated she could identify the amount of money needed to make a purchase up to $20.00. The assessment indicated she could independently complete a transaction up to $20.00. The assessment indicated she could independently fill out of check completely, fill out a deposit slip completely, record deposits and withdrawals on a ledger, use a calculator to figure balances and reconcile her checkbook balance. Client #6's 2/10/15 Dreams I Have form indicated her dreams included moving out and getting married. Client #6's 2/10/15 Vocational Skills Assessment indicated she independently: toileted, in-seat behavior (stayed at workstation for at least 15 minutes), attention span (4.5 to 5 minutes - longest			

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	15G136	A. BUILDING 00 B. WING	09/04/2015

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	duration on the assessment), dexterity (put three items in a container, stacked four objects, opened a door, and grasped a handful of items and put the items into a bag) and discrimination skills (discriminated 2 basic colors by sorting, discriminated 2 basic sizes by sorting and discriminated 2 basic shapes by sorting), eye-hand coordination (stacked 5 rings onto a cone, stringed 10 beads on a string and touched the tip of her nose with her fingertips), followed instructions, used a pincher grasp and matched colors. Client #6's 2/10/15 Human Development Assessment indicated she knew herself by name and she was a female, identified her body parts, remained dressed at appropriate times, identified anatomical sexual differences between male and female, afforded others personal space, greeted others in a socially acceptable manner, understood puberty and body changes, understood the purpose of birth control, understood sexually transmitted diseases, identified emotions associated with sexual behavior, identified problems/concerns with their own sexuality, expressed an interest in developing a sexual relationship/partnership, showed respect for others' feelings, expressed sexual attraction, had a boyfriend, understood menses, practiced good			

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	hygiene/grooming, approached others for sex or touching, expressed interest in dating, identified the need to use the restroom, and used the restroom appropriately. Client #6's 2/10/15 Self-Administration of Medication Assessment indicated she could report to the medication area when instructed by staff it was time for medications, wash her hands independently, obtain a glass of water, clean off an area to set up her own medications/supplies, obtain a medication cup, locate and obtain medication book and turn to her own medication sheet, locate medications in the proper storage area, remove her own medication containers from the storage area and put them in the clean area she prepared, match her medication labels with the label on the storage container and to the medication administration record, pop out her medications from the packaging, return the storage container to the proper drawer, place her medications directly into her mouth from the cup, swallow her medications, throw away the empty medication cup and put away her glass, initial the proper day and time on the medication administration record, put the medication book in the proper place, clean off the area used to prepare and administer her medication, identify her			

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	medications by name, identify the purpose of her medications and the possible side effects of her medications. Client #6's 2/10/15 Comprehensive Functional Assessment (CFA) indicated she used a knife for cutting and spreading, ordered a complete meal and drinks without spilling holding the cup with one hand. The CFA indicated client #6 did not throw food, swallow her food without chewing, drop food on the table or floor, talk with her mouth full, take food from others and play with her food. The CFA indicated she used a napkin appropriately. Client #6 never had toileting accidents, lowered her pants without assistance, sat on the toilet seat without assistance, used toilet tissue, flushed toilet after use, put on clean clothes without assistance and washed her hands without assistance. Client #6 washed her hands and face with soap and water without prompts from staff. Client #6 dried her face and hands without assistance. Client #6 prepared and completely bathe without assistance. Client #6 brushed her teeth without assistance. Client #6 did not wear torn or unpressed clothing. Client #6 did not wear dirty or soiled clothes. Client #6 cleaned her shoes when needed. Client #6 put her clothes in drawers and hung up her clothes without prompting. Client #6			

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	15G136	A. BUILDING 00 B. WING	09/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	427 W LONGEST ST PAOLI, IN 47454

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	identified when her clothes were missing buttons or had holes. Client #6 used the washer and dryer without assistance. Client #6 dressed and undressed herself without assistance. Client #6 put on her shoes, tied and untied her shoes, removed her shoes and attached or detached Velcro without assistance. Client #6 was able to move around the home and a few blocks around her home without getting lost. Client #6 crossed the street safely by herself. Client #6 identified possible dangers on the street. Client #6 used the phone book, pay telephone and phone at the group home without assistance. Client #6 treated simple injuries (cuts/burns). Client #6 knew how and where to obtain medical care. Client #6 knew her address. Client #6 asked whether an unfamiliar object was safe to consume. Client #6 did not have vision or hearing issues. Client #6 was able to save money for a particular purpose. Client #6 was able to budget her money. Client #6 was able to shop with slight supervision. Client #6 carried appropriate identification. She could endorse a check. Client #6 was able to write understandably with complete words or stories. Client #6 could use complex sentences. Client #6 read books suitable for 9 year olds or older. Client #6 could comprehend complex instructions. Client #6 was able to tell			

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	15G136	A. BUILDING 00 B. WING	09/04/2015

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	time using regular clock or watch to the minute. Client #6 was able to understand time intervals. Client #6 knew the days of the week. Client #6 was able to clean her living area. Client #6 knew how to set the table with all eating utensils as well as napkins and condiments. Client #6 knew how to prepare an adequate complete meal. She was able to clear the table, wash dishes, make her bed, help with chores, load and unload the dishwasher and use small electric kitchen appliances. Client #6 worked steadily and productively at work. Client #6 stayed at her workstation, worked independently and arrived to work on time. Client #6 stayed on task for more than 15 minutes. Client #6 was dependable with taking care of her personal belongings. Client #6 was conscientious and assumed much responsibility and made special effort to her assigned activities. Client #6 reported to staff when she had an issue. Client #6 offered assistance to others and was willing to help when asked. Client #6 interacted with others in group games or activities. Client #6 participated in group activities spontaneously and eagerly. On 9/2/15 at 6:37 AM, client #6 stated, "My plan is to get out of here, get a job, a place of my own." Client #6 indicated			

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	she was working on budgeting her money. Client #6 stated, "Think I'm ready." Client #6 indicated she had lived at the group home for 14-15 years (admitted 1/24/01). At 6:46 AM, client #6 indicated she participated in Special Olympics. Client #6 indicated she was independent with cooking, cleaning and doing her laundry. Client #6 indicated she was able to read and write. Client #6 indicated she enjoyed working and stayed on task at work. Client #6 indicated she knew what her medications were and signed off on her own medication administration record. On 9/2/15 at 11:46 AM, the Residential Manager (RM) indicated client #6 wanted to move out of the group home however client #6's guardian did not want her to move out. On 9/3/15 at 11:29 AM, 9/3/15 at 3:11 PM and 9/4/15 at 11:40 AM client #6's guardian was attempted to be reached by phone. During the survey, the guardian did not return the surveyor's phone calls. On 9/2/15 at 6:26 AM, staff #5 stated client #6 was capable of moving into supported living. Staff #5 stated client #6 had "all the skills." Staff #5 indicated client #6 could have outside employment with support. Staff #5 indicated client #6			

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	had money, hygiene, laundry and cooking skills. Staff #5 indicated client #6 needed supervision around men due to past issues with men. Staff #5 stated, "Any man is her man and that would be the issue." On 9/2/15 at 6:51 AM, staff #8 stated client #6 was "very high functioning." Staff #8 indicated client #6 had money, laundry and cooking skills down. Staff #8 stated client #6 was "a little too promiscuous with men." Staff #8 indicated client #6 did not adhere to her portion control diet. Staff #8 stated, "Getting close (to moving into supported living) if (she) gets those behaviors under control." On 9/2/15 at 11:42 AM, the Clinical Supervisor (CS) indicated client #6 had the skills to be in supported living. The CS indicated client #6 needed 24 hour supervision. The CS indicated client #6 was independent with cooking, laundry and hygiene. The CS indicated client #6 could self-medicate. The CS stated, "she is very high functioning." 9-3-4(a)			
W 0249	483.440(d)(1) PROGRAM IMPLEMENTATION			

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Bldg. 00	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 2 of 4 clients in the sample (#1 and #4), the facility failed to ensure staff implemented the clients' training objectives as written. Findings include: 1) An observation was conducted at the group home on 9/1/15 from 3:00 PM to 5:30 PM. At 5:11 PM, staff #2 picked up client #1's hamburger and used scissors to cut up the hamburger into bite size pieces. Staff #2 did not prompt client #1 to cut up her hamburger. Client #1 was not provided training to cut up her hamburger. On 9/2/15 at 9:14 AM, a review of client #1's record was conducted. Client #1's 11/7/14 Dining Plan indicated, in part, "Eats at the dining room table, family style. Must be prompted to cut food into small pieces, chew thoroughly, use appropriate manners and to swallow before taking another bite."	W 0249	**W249:** As soon as the IDT 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. **Corrective Action: (Specific):** The QIDP and Residential Manager will provide training on the dining plans and methodology of goals for individual #1 and 4 as well as all other individuals in the home. **How others will be identified: (Systemic)** The QIDP and Residential Manager will provide training on the dining plans and methodology of goals of each individual of the home. The need for active treatment will be discussed during each individual's annual IDT. The IDT will determine if the individual is in need of active	10/04/2015

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	On 9/2/15 at 11:44 AM, the Residential Manager (RM) indicated client #1's Dining Plan should be implemented as written. The RM indicated client #1 should have been given the opportunity to cut up her own food. 2) An observation was conducted at the group home on 9/1/15 from 3:00 PM to 5:30 PM. At 3:17 PM, client #1 was administered Propranolol and Clonazepam for aggression by staff #2. Client #1 was not prompted to show staff her bubble pack, state the names of each medication and the amount in milligrams of each medication she was administered. An observation was conducted at the group home on 9/2/15 from 6:11 AM to 7:58 AM. At 6:21 AM, client #1 was administered her medications by staff #5. Client #1 was not prompted to show staff her bubble pack, state the names of each medication and the amount in milligrams of each medication she was administered. On 9/2/15 at 7:17 AM, staff #5 indicated client #1 had a medication training objective to recognize one of her medications. Staff #5 indicated she implemented client #1's medication training objective. On 9/2/15 at 9:14 AM, a review of client		treatment and if not, the local BDDS office will be contacted for further review. All individuals program plans will be reviewed to see if changes need to be made and if changes are needed, those changes will be implemented. **Measures to be put in place:** The QIDP and Residential Manager will provide training on the dining plans and methodology of goals of each individual of the home. **Monitoring of Corrective Action:** The QIDP and Residential Manager will provide training on the dining plans and methodology of goals of each individual of the home. The need for active treatment will be discussed during each individual's annual IDT. The IDT will determine if the individual is in need of active treatment and if not, the local BDDS office will be contacted for further review. All individuals program plans will be reviewed to see if changes need to be made and if changes are needed, those changes will be implemented.	

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	#1's record was conducted. Client #1's 11/7/14 Individual Support Plan (ISP) indicated she had a goal to improve her ability to self-administer medication. The objective indicated, "[Client #1] will show staff her bubble packs of bedtime medications...." The Methodology indicated, "[Client #1] will show staff her bubble packs of bedtime medications. [Client #1] will state the names of each medication along with its milligrams...." On 9/2/15 at 11:35 AM, the Clinical Supervisor (CS) indicated client #1's medication administration goal should be implemented informally at each medication pass. 3) An observation was conducted at the group home on 9/1/15 from 3:00 PM to 5:30 PM. At 3:25 PM, client #4 was administered Ibuprofen by staff #2. Staff #2 prompted client #4 to repeat the name of her medication but did not ask her or prompt her to state the amount, in milligrams, of the medication she was taking. On 9/2/15 at 10:22 AM, a review of client #4's record was conducted. Client #4's ISP, dated 2/27/15, indicated she had a goal to improve her ability to self-medicate. The objective indicated client #4 would state the name and		**Completion date: 10/04/15**	

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	milligrams of her medication (Ibuprofen 600 milligrams). The Methodology indicated, "During med pass for her Ibuprofen staff will show [client #4] her bubble pack & (and) ask her what it is & its milligrams. [Client #4] will state to staff what the medication is and its dosage...." On 9/2/15 at 11:46 AM, the CS indicated client #4's medication administration training objective should have been implemented as written. 9-3-4(a)			
W 0263 Bldg. 00	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, record review and interview for 1 of 4 non-sampled clients (#5), the facility's specially constituted committee (Human Rights Committee - HRC) failed to ensure the use of door alarms was conducted with written informed consent of client #5's guardian. Findings include: Observations were conducted at the	W 0263	**W263:** The committee should insure that theseprograms are conducted only with the written informed consent of the client,parents (if the client is a minor) or legal guardian. **Corrective Action: (Specific):** TheQIDP and Residential Manager will ensure that written informed consent fromguardians are obtained, as needed, in a timely manner. **How others will beidentified:**	10/04/2015

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	group home on 9/1/15 from 3:00 PM to 5:30 PM and 9/2/15 from 6:11 AM to 7:58 AM. During the observations, the exit doors from the group home had door alarms. The alarms sounded an audible alert each time an exterior door was opened. This affected client #5. On 9/1/15 at 3:42 PM, client #5's guardian was at the group home dropping off client #5. Client #5's guardian stated "don't like the door alarms." Client #5's guardian indicated she did not consent to the use of the door alarms. Client #5's guardian stated, "my daughter's rights are being violated." On 9/2/15 at 10:51 AM, a focused review of client 5's record was conducted. Client #5's record did not include written informed consent for the use of door alarms at the group home. An Interdisciplinary Team Meeting (IDT) form, dated 4/16/15, indicated, in part, "IDT will add a Rights Restriction to have alarms on doors due to a peer needing that...." The form was not signed by client #5's guardian. The form indicated client #5's guardian was present at the meeting "by phone." The facility failed to obtain written informed consent for the use of door alarms from client #5's guardian.		**(Systemic)** The QIDP and Residential Manager will ensure that writteninformed consent from guardians are obtained, as needed, in a timely manner. **Measures to be put in place:** The QIDP and Residential Manager will ensurethat written informed consent from guardians are obtained, as needed, in atimely manner. **Monitoring ofCorrective Action:** The QIDP and Residential Manager will ensure that writteninformed consent from guardians are obtained, as needed, in a timely manner. **Completion date: 10/04/15**	

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	On 9/3/15 at 12:47 PM, the Clinical Supervisor (CS) indicated the facility should have obtained written informed consent for the use of door alarms from client #5's guardian. 9-3-4(a)			
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 clients in the sample (#7), the facility failed to ensure the client's hearing was evaluated annually. Findings include: On 9/2/15 at 10:51 AM, a review of client #7's record was conducted. Client #7's record did not include documentation her hearing was assessed annually. Client #7's most recent annual physical, dated 2/25/15, did not include an evaluation of her hearing. On 9/2/15 at 11:37 AM, the Residential Manager (RM) indicated client #7 moved into the group home this year. The RM stated she "should have had one by now."	W 0323	**W323:** The facility must provide or obtain annualphysical examinations of each client that at a minimum includes an evaluationof vision and hearing. **Corrective Action: (Specific):** Nursingwill review the client files to determine if all have completed the properappointments needed. Client #7 hearingassessment was scheduled and completed on 9.9.15. **How others will beidentified: (Systemic)** Nursing will ensure that annual client appointments arescheduled and kept as required. The homewill keep a medical appointment calendar and it will be reviewed weekly by theResidential Manager.	10/04/2015

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	The RM indicated on 9/2/15 she scheduled client #7's hearing evaluation for 9/9/15. 9-3-6(a)		**Measures to be put in place:** Nursing will review the client filesto determine if all have completed the proper appointments needed. Client #7 hearing assessment was scheduledand completed on 9.9.15. **Monitoring ofCorrective Action:** Nursing will ensure that annual client appointments are scheduledand kept as required. The home will keepa medical appointment calendar and it will be reviewed weekly by theResidential Manager. **Completion date: 10/04/15**	