

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G136	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2016
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 25, 26, and 27, 2016.</p> <p>Facility Number: 000673 AIM Number: 100248740 Provider Number: 15G136</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/8/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#5), the facility's governing body failed to ensure client #5, who been identified as not in need of active treatment services, was moved to a less restrictive environment of her preference.</p>	W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (Specific): Client #5 has received a CIH</p>	08/26/2016

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>Based on interview and record review, for 4 of 4 sampled clients (#5, #6, #7 and #8) and 4 additional clients (#1, #2, #3, and #4), the facility's governing body failed to ensure policies and procedures adequately addressed the potential for a bedbug infestation.</p> <p>Findings include:</p> <p>1 Client #5 was observed at the facility on the evening of 7/25/16 from 4:45 PM until 7:45 PM. Client #5 was independent in mealtime/dining skills. She participated in family style dining and substituted peas and cottage cheese for mixed vegetables and stewed tomatoes. She cleared her table service independently. At 6:47 PM, staff #6 monitored client #5 as she took the medication meloxicam (non-steroidal anti-inflammatory) 15 milligrams for history of sciatic nerve pain. Client #5 completed the medication administration and signed the medication administration record. Client #5 indicated the medication was for pain.</p> <p>On the morning of 7/26/16 from 6:05 AM until 8:00 AM, observations were conducted at the facility. Client #5 dressed independently and was observed to self initiate making breakfast of grape</p>		<p>waiver and will be moved to a waiver setting before 9/30/16. A transition meeting has been held for Client #5 with her team and the transition is in process. Each client attending the day service will have plastic tote boxes for storing client belongings to prevent cross-contamination and they will have access to a dryer which could be used to heat treat clothing, bedding or towels. The facility bed bug policy will be revised to include proactive measures including mattress and box spring covers and a systematic inspection of the house, bedding and furniture.</p> <p>How others will be identified: (Systemic): The QIDP will work closely with individuals, guardians and local BDDS office to ensure that individuals who no longer require active treatment are able to move to locations of their choice that are less restrictive. A checklist will be developed and implemented for inspections for bed bugs of the home, bedding and furniture. The home, bedding and furniture will be inspected at least weekly by the Residential Manager and the findings of the inspections</p>	

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	<p>juice, hot cereal cooked in the microwave and toast at 6:15 AM. Client #5 cleared her table setting and rinsed and loaded the dishes into the dishwasher. After breakfast, client #5 busied herself with a word search book independently until time to go to day services.</p> <p>Client #5's record was reviewed on 7/26/16 at 11:52 AM and indicated an Individual Support Plan/ISP dated 2/09/2016. The discharge component of the 2/09/2016 ISP indicated client #5 had previously been identified as not in need of active treatment during the annual survey completed 9/4/15. "The interdisciplinary team recommends that she have supervision while participating in community activities, as she has poor social skills. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings, [client #5] is in need of continued placement and active treatment services. She (sic) currently on the supported living waiver list awaiting placement after annual survey last September (completed 9/4/15). It is the consensus of the team that [agency] will continue to provide services to [client #5] in a group home setting until this</p>			<p>will be documented on the inspection checklist. The QIDP will complete inspections at least every other week and the Program Manager will complete inspections at least monthly.</p> <p>Measures to be put in place: Client #5 has received a CIH waiver and will be moved to a waiver setting before 9/30/16. A transition meeting has been held for Client #5 with her team and the transition is in process. Each client attending the day service will have plastic tote boxes for storing client belongings to prevent cross-contamination and they will have access to a dryer which could be used to heat treat clothing, bedding or towels. The facility bed bug policy will be revised to include proactive measures including mattress and box spring covers and a systematic inspection of the house, bedding and furniture</p> <p>Monitoring of Corrective Action: The QIDP will work closely with individuals, guardians and local BDDS office to ensure that individuals who no longer require active treatment are able to move to locations of</p>	

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	<p>happens."</p> <p>Client #5's Comprehensive Functional Assessment/CFA dated 2/03/16 was reviewed on 7/27/16 at 1:00 PM. The CFA indicated client #5 was independent in areas of adult daily living skills, dressing and clothing care, oral hygiene, bathing, hair care, mealtime, and dining out. The CFA indicated client #5 could do laundry independently, had pedestrian skills, was independent in toileting, understood hazards in the home (electric outlets, hot foods, etc.). Client #5 could tell time, could do simple addition and subtraction, could cook a meal, and could self advocate her rights (such as filing a grievance).</p> <p>Client #5 was interviewed on 7/27/16 at 1:30 PM. Client #5 indicated she was in the process of moving out of the facility into a less restrictive setting (supported living/waiver). When asked where she would like to live client #5 stated: "(The) two best options are [city to the north of current placement near guardian] or [name of county where she currently resides]. [City west of current placement] is too far away." The client indicated she liked her current day service and she had a job in janitorial services. She indicated she had a steady boyfriend and was able to see him at her</p>		<p>their choice that are less restrictive. A checklist will be developed and implemented for inspections for bed bugs of the home, bedding and furniture. The home, bedding and furniture will be inspected at least weekly by the Residential Manager and the findings of the inspections will be documented on the inspection checklist. The QIDP will complete inspections at least every other week and the Program Manager will complete inspections at least monthly.</p> <p>Completion date: 8/26/2016</p>	

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	<p>current day program.</p> <p>Client #5's guardian was interviewed on 7/27/16 at 2:03 PM. The guardian indicated client #5 had been identified as a candidate for a less restrictive setting and had selected a case manager. The interview indicated client #5 and the guardian preferred the client continue in her current location so she could stay with her support system and with her job. The interview indicated it was necessary to client #5's success she be amongst staff and other support professionals who understood her personality and behaviors which could be problematic (obsessions over relationships/unrealistic expectations) if not closely monitored.</p> <p>On 7/27/16 at 12:00 PM, staff #2 (QIDP/Qualified Intellectual Disabilities Professional) was interviewed. The interview indicated the agency worked closely with clients, guardians and family members to assure placements were in the best interests of all clients served.</p> <p>2. On the morning of 7/26/16 from 9:15 AM until 11:30 AM, observations were conducted at the facility where clients #1, #2, #3, #4, #5, #6, #7, and #8 lived along with a pest control specialist. A bedbug had been discovered in the facility's basement area which was used for a day</p>				

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	<p>program. At the time of the survey, the day program was attended by two clients from other facilities. The day program did not have plastic tote boxes for storing client belongings or a laundry dryer which could be used to heat treat clothing or bedding and towels.</p> <p>Review of the facility's Operation Standard "Bed Bugs" dated 6-1-2015 was completed on 7/27/16 at 6:00 AM. The policy did not include proactive measures such as special bedbug coverings for mattresses and box springs, and no routine or systematic inspections of the house, bedding and furniture. There was no dryer for the habilitation program in the basement of the dwelling for heat treatment of fabrics or clothing. There were no plastic tote boxes for client belongings in the facility or the facility's basement habilitation room to prevent cross contamination of personal items.</p> <p>Staff #2 was interviewed on 7/27/16 at 12:00 Noon. The interview indicated the Operation Standard "Bed Bugs" dated 6-01-16 included no proactive component such as special bedbug coverings for mattresses and box springs, no routine or systematic inspections of the house, bedding and furniture. There was no dryer for the habilitation program in the basement of the dwelling for heat</p>				

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W 0149 Bldg. 00	<p>treatment of fabrics or clothing. There were no plastic tote boxes for client belongings in the facility or the facility's basement habilitation room to prevent cross contamination of personal items.</p> <p>9-3-1(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. Based on record review and interview for 1 of 2 investigations of abuse/neglect/exploitation reviewed (client #8), the facility failed to ensure the facility's abuse/neglect/exploitation policy was implemented in regards to keeping the client's controlled medications safe and secure.</p> <p>Findings include:</p> <p>Review of facility investigations on 7/25/16 at 2:00 PM indicated client #8 had missing controlled medications discovered on May 30 of 2016. The LPN and the house manager spoke with administrators and called police to report the theft. The 5/31/16 investigation</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the medication administration policies and procedures which include ordering and accounting of medications including controlled medications and the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Quality</p>	08/26/2016

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	<p>indicated client #8 had 22 Vyvanse (used to treat adult attention deficit hyperactivity disorder) and 4 amphetamine salts (generic Adderall) used for Attention Deficit Disorder missing.</p> <p>The investigation was missing the findings by the local police at the time of the survey.</p> <p>Interview with facility staff #1 on 7/25/16 at 7:30 PM indicated the identity of the person responsible for the theft of client #8's medications had not been found. The investigation had not been completed in that there were no findings in regards to who was responsible so corrective measures could be done.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 8/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 7/27/2016 at 11:45 AM. The review indicated the agency prohibited staff neglect/abuse/exploitation of clients. The policy indicated all allegations would be investigated and addressed. The definitions of neglect and exploitation was as follows:</p>		<p>Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences.</p> <p>How others will be identified: (Systemic): The Residential Manager will complete an audit of all controlled medications at least three times a week for the next 30 days then at least weekly thereafter. The audit will be documented on the medication audit sheet. The nurse will complete an audit of all controlled medications at least weekly and document the audit on the medication audit sheet. Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the medication administration policies and procedures which include ordering and accounting of medications including controlled</p>	

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	<p>"E. Abuse-Exploitation</p> <p>Definition</p> <p>1. An act that deprives an individual of real or personal property by fraudulent or illegal means.</p> <p>2. Utilization of another person for selfish purposes."</p> <p>9-3-2(a)</p>			<p>medications and the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences.</p> <p>Monitoring of Corrective Action: The Residential Manager will complete an audit of all controlled medications at least three times a week for the next 30 days then at least weekly thereafter. The audit will be documented on the medication audit sheet. The nurse will complete an audit of all controlled medications at least weekly and document the audit on the medication audit sheet. Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences.</p>

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W 0154 Bldg. 00	<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 1 of 2 investigations of abuse/neglect reviewed, the facility failed to ensure client #8's missing controlled medications were investigated thoroughly.</p> <p>Findings include:</p> <p>Review of facility investigations on 7/25/16 at 2:00 PM indicated client #8 had missing controlled medications discovered on May 30 of 2016. The LPN and the house manager spoke with administrators and called police to report the theft. The 5/31/16 investigation</p>		W 0154	<p>Completion date: 8/26/2016</p> <p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences.</p> <p>How others will be identified:</p>	08/26/2016

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	<p>indicated client #8 had 22 Vyvanse (used to treat adult attention deficit hyperactivity disorder) and 4 amphetamine salts (generic Adderall) used for Attention Deficit Disorder missing.</p> <p>The investigation was missing the findings by the local police at the time of the survey.</p> <p>Interview with facility staff #1 on 7/25/16 at 7:30 PM indicated the identity of the person responsible for the theft of client #8's medications had not been found. The investigation had not been thorough in that there were no findings in regards to whom was responsible for the theft so appropriate corrective measures could be taken by the agency.</p> <p>9-3-2(a)</p>		<p>(Systemic): Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their investigation that will be documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local law enforcement agencies.</p> <p>Measures to be put in place: The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences.</p> <p>Monitoring of Corrective Action: Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their investigation that will be</p>	

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W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated			<p>documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local law enforcement agencies.</p> <p>Completion date: 8/26/2016</p>

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	<p>representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 1 of 2 investigations of abuse/neglect reviewed, the facility failed to ensure the investigation results of client #8's missing controlled medications were reported to the administrator within five days.</p> <p>Findings include:</p> <p>Review of facility investigations on 7/25/16 at 2:00 PM indicated client #8 had missing controlled medications discovered on May 30 of 2016. The LPN and the house manager spoke with administrators and called police to report the theft. The 5/31/16 investigation indicated client #8 had 22 Vyvanse (used to treat adult attention deficit hyperactivity disorder) and 4 amphetamine salts (generic Adderall) used for Attention Deficit Disorder missing.</p> <p>The investigation was missing the findings by the local police at the time of the survey.</p> <p>Interview with facility staff #1 on 7/25/16 at 7:30 PM indicated the identity of the person responsible for the theft of client #8's medications had not been found.</p>	W 0156	<p>W156: The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State Law within five working days of the incident.</p> <p>Corrective Action: (Specific): The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences and on the completion of investigations within five working days and reporting the findings to the administrator.</p> <p>How others will be identified: (Systemic): Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their</p>	08/26/2016

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	<p>The investigation had not been completed in that there were no findings in regards to who was responsible so the results of the investigation could be reported to the administrator in a timely manner.</p> <p>9-3-2(a)</p>			<p>investigation that will be documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local law enforcement agencies. The Program Manager will meet with QA at least weekly to ensure that investigations are completed, include findings from local law enforcement if indicated, include procedures to prevent future occurrence and the findings are reported to the administrator within 5 working days.</p> <p>Measures to be put in place: The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences and on the completion of investigations within five working days and reporting the findings to the administrator.</p> <p>Monitoring of Corrective Action: Investigations will be reviewed to ensure that the findings from local law enforcement agencies are</p>	

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W 0157	483.420(d)(4)			<p>included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their investigation that will be documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local law enforcement agencies. The Program Manager will meet with QA at least weekly to ensure that investigations are completed, include findings from local law enforcement if indicated, include procedures to prevent future occurrence and the findings are reported to the administrator within 5 working days.</p> <p>Completion date: 8/26/2016</p>

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Bldg. 00	<p>STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 2 investigations of abuse/neglect reviewed, the facility failed to ensure corrective action was implemented in regard to client #8's missing controlled medications.</p> <p>Findings include:</p> <p>Review of facility investigations on 7/25/16 at 2:00 PM indicated client #8 had missing controlled medications discovered on May 30 of 2016. The LPN and the house manager spoke with administrators and called police to report the theft. The 5/31/16 investigation indicated client #8 had 22 Vyvanse (used to treat adult attention deficit hyperactivity disorder) and 4 amphetamine salts (generic Adderall) used for Attention Deficit Disorder missing.</p> <p>The investigation was missing the findings by the local police at the time of the survey.</p> <p>Interview with facility staff #1 on 7/25/16 at 7:30 PM indicated the identity of the person responsible for the theft of client #8's medications had not been found. The</p>	W 0157	<p>W157: If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Corrective Action: (Specific): The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences.</p> <p>How others will be identified: (Systemic): Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their investigation that will be documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local law enforcement agencies. The Program Manager will meet with QA at least weekly to ensure that</p>	08/26/2016

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	<p>investigation had not been completed in that there were no findings in regards to who was responsible so corrective measures could be done.</p> <p>9-3-2(a)</p>			<p>investigations are completed, include findings from local law enforcement if indicated and include procedures to prevent future occurrence.</p> <p>Measures to be put in place: The Quality Assurance Manager will be re-trained on including the findings from local law enforcement agencies and corrective measures to prevent future occurrences and on the completion of investigations within five working days and reporting the findings to the administrator.</p> <p>Monitoring of Corrective Action: Investigations will be reviewed to ensure that the findings from local law enforcement agencies are included in the investigation and that measures are implemented to prevent future occurrences. If local law enforcement agencies have not finalized their investigation that will be documented and the facility will implement procedures to prevent future occurrences and will continue to follow up with local</p>	

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W 0198 Bldg. 00	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#5), the facility failed to ensure clients admitted were in need of active treatment.</p> <p>Findings include:</p>	W 0198	<p>law enforcement agencies. The Program Manager will meet with QA at least weekly to ensure that investigations are completed, include findings from local law enforcement if indicated and include procedures to prevent future occurrence.</p> <p>Completion date: 8/26/2016</p>	08/26/2016

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	<p>Client #5 was observed at the facility on the evening of 7/25/16 from 4:45 PM until 7:45 PM. Client #5 was independent in mealtime/dining skills. She participated in family style dining and substituted peas and cottage cheese for mixed vegetables and stewed tomatoes. She cleared her table service independently. At 6:47 PM, staff #6 monitored client #5 as she took the medication meloxicam (non-steroidal anti-inflammatory) 15 milligrams for history of sciatic nerve pain. Client #5 completed the medication administration and signed the medication administration record. Client #5 indicated the medication was for pain.</p> <p>On the morning of 7/26/16 from 6:05 AM until 8:00 AM, observations were conducted at the facility. Client #5 dressed independently and was observed to self initiate making breakfast of grape juice, hot cereal cooked in the microwave and toast at 6:15 AM. Client #5 cleared her table setting and rinsed and loaded the dishes into the dishwasher. After breakfast, client #5 busied herself with a word search book independently until time to go to day services.</p> <p>Client #5's record was reviewed on 7/26/16 at 11:52 AM and indicated an Individual Support Plan/ISP dated</p>		<p>waiver and will be moved to a waiver setting before 9/30/16. A transition meeting has been held for Client #5 with her team and the transition is in process.</p> <p>How others will be identified: (Systemic): The QIDP will work closely with individuals, guardians and local BDDS office to ensure that individuals who no longer require active treatment are able to move to locations of their choice that are less restrictive.</p> <p>Measures to be put in place: Client #5 has received a CIH waiver and will be moved to a waiver setting before 9/30/16. A transition meeting has been held for Client #5 with her team and the transition is in process.</p> <p>Monitoring of Corrective Action: The QIDP will work closely with individuals, guardians and local BDDS office to ensure that individuals who no longer require active treatment are able to move to locations of their choice that are less restrictive.</p>	

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	<p>2/09/2016. The discharge component of the 2/09/2016 ISP indicated client #5 had previously been identified as not in need of active treatment during the annual survey completed 9/4/15. "The interdisciplinary team recommends that she have supervision while participating in community activities, as she has poor social skills. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings, [client #5] is in need of continued placement and active treatment services. She (sic) currently on the supported living waiver list awaiting placement after annual survey last September (completed 9/4/15). It is the consensus of the team that [agency] will continue to provide services to [client #5] in a group home setting until this happens."</p> <p>Client #5's Comprehensive Functional Assessment/CFA dated 2/03/16 was reviewed on 7/27/16 at 1:00 PM. The CFA indicated client #5 was independent in areas of adult daily living skills, dressing and clothing care, oral hygiene, bathing, hair care, mealtime, and dining out. The CFA indicated client #5 could do laundry independently, had pedestrian</p>			Completion date: 08/26/2016	

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	<p>skills, was independent in toileting, understood hazards in the home (electric outlets, hot foods, etc.). Client #5 could tell time, could do simple addition and subtraction, could cook a meal, and could self advocate her rights (such as filing a grievance).</p> <p>Client #5 was interviewed on 7/27/16 at 1:30 PM. Client #5 indicated she was in the process of moving out of the facility into a less restrictive setting (supported living/waiver). When asked where she would like to live client #5 stated: "(The) two best options are [city to the north of current placement near guardian] or [name of county where she currently resides]. [City west of current placement] is too far away." The client indicated she liked her current day service and she had a job in janitorial services. She indicated she had a steady boyfriend and was able to see him at her current day program.</p> <p>Client #5's guardian was interviewed on 7/27/16 at 2:03 PM. The guardian indicated client #5 had been identified as a candidate for a less restrictive setting and had selected a case manager. The interview indicated client #5 and the guardian preferred the client continue in her current location so she could stay with her support system and with her job.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>The interview indicated it was necessary to client #5's success she be amongst staff and other support professionals who understood her personality and behaviors which could be problematic (obsessions over relationships/unrealistic expectations) if not closely monitored.</p> <p>On 7/27/16 at 12:00 PM, staff #2 (QIDP/Qualified Intellectual Disabilities Professional) was interviewed. The interview indicated the agency worked closely with clients, guardians and family members to assure placements were in the best interests of all clients served.</p> <p>9-3-4(a)</p>				