

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

PRINTED: 09/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/01/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
(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 the investigation of complaint #IN00199703.</p> <p>Complaint #IN00199703: Substantiated, federal and state deficiencies related to the allegations are cited at: W104, W149, W153, W240, W331 and W418.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 6/15/16, 6/16/16 and 7/1/16.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIMS Number: 1002498810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/14/16.</p>		W 0000				
W 0104	483.410(a)(1)						

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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Bldg. 00	<p>GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 1 of 4 sampled clients (#1), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #1 did not purchase his mattress protectors and mattress.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 6-15-16 between 4:00 PM and 6:00 PM. A new mattress was observed on client #1's bed with new mattress protectors. Client #1 had no sheets, blankets or pillow coverings on his bed.</p> <p>Client #1's finances were reviewed on 6-16-16 at 9:38 AM. Client #1's December- June Resident Account Family Member Statement (RFMS) indicated the client purchased a mattress protector on 5-4-16 in the amount of \$32.09.</p> <p>Staff #1 was interviewed on 6-15-16 at 5:06 PM. Staff #1 indicated the guardian had to buy a new mattress for client #1 because the facility would not.</p>		W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific): Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home. All staff at the home will be re-trained on the Operation Standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual's rights.</p> <p>How others will be identified: (Systemic): All clients' mattresses will be inspected to make sure they are all in good condition. Any problems will be corrected immediately. The staff at the home will inspect all clients' mattresses at least five times weekly and document those inspections to ensure that all clients' mattresses are in good condition. Staff will report any problems immediately to the Program Manager so appropriate action can be taken. The QIDP will visit the home at least three times weekly to inspect all clients' mattresses and document those inspections to ensure that all clients'</p>		07/31/2016	

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	<p>House Manager (HM) #1 was interviewed on 6-15-16 at 5:10 PM. HM #1 indicated client #1's guardian bought client #1 a mattress but then a couple of weeks later the facility bought him another one. HM #1 stated, "The mattress his guardian bought had already been urine soaked." HM #1 indicated he did not know if the guardian had been reimbursed for the mattress she purchased.</p> <p>Client #1's guardian was interviewed on 6-16-16 at 10:27 AM. The guardian indicated she was contacted by the Qualified Intellectual Disabilities Professional (QIDP) to come and get client #1 because he had nowhere to sleep because his mattress was saturated with urine. The guardian indicated she came the next morning and purchased a mattress for client #1. The guardian indicated client #1 had slept on the mattress the previous night with a new mattress cover the QIDP purchased. Client #1's guardian indicated the facility had told her they would reimburse her for her mattress out of client #1's account.</p> <p>QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated she had purchased a mattress cover for client #1 in the amount</p>		<p>mattresses are in good condition. The QIDP will report any problems to the Program manager immediately. The Program Manager will inspect and document the inspection of all clients' mattresses to ensure they are in good condition at least weekly and address any problems will be corrected immediately.</p> <p>Measures to be put in place: Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home. All staff at the home will be re-trained on the Operation Standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual's rights.</p> <p>Monitoring of Corrective Action: All clients' mattresses will be inspected to make sure they are all in good condition. Any problems will be corrected immediately. The staff at the home will inspect all clients' mattresses at least five times weekly and document those inspections to ensure that all clients' mattresses are in good condition. Staff will report any problems immediately to the Program Manager so appropriate action can be taken. The QIDP will visit the home at least three times weekly to inspect all clients'</p>				

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	<p>of \$32.09 because the facility's credit card wasn't working. QIDP #1 indicated she had later been reimbursed for the \$32.09. QIDP #1 indicated she was unaware if the guardian had been reimbursed for the mattress.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 6-16-16 at 12:10 PM. AED #1 indicated client #1 should not have paid for his mattress protector. AED #1 indicated she had spoken with the director and the guardian would be reimbursed the \$402 she had spent for the mattress from the facility.</p> <p>The federal tag relates to complaint #IN00199703.</p> <p>9-3-1(a)</p>			<p>mattresses and document those inspections to ensure that all clients' mattresses are in good condition. The QIDP will report any problems to the Program manager immediately. The Program Manager will inspect and document the inspection of all clients' mattresses to ensure they are in good condition at least weekly and address any problems will be corrected immediately.</p> <p>Completion date: 7/31/2016</p>			
W 0137 Bldg. 00	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all						

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	<p>clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 had access to his clothes.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6-15-16 from 4:00 PM through 6:00 PM. At 4:02 PM client #1's room was observed to have no dresser. Client #1's room had no clothes in the closet.</p> <p>Staff #2 was interviewed on 6-15-16 at 4:02 PM. Staff #2 indicated client #1's clothes were kept in a bucket in the laundry room because he throws his clothes out of the closets.</p> <p>Client #1's record was reviewed on 6-16-16 at 10:18 AM. Client #1's Individual Support Plan (ISP) dated 1-25-16 did not indicate the client's clothes were stored in the laundry room due to client #1 throwing them out of the closet.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated</p>	W 0137	<p>W137: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on client rights. Client #1's clothing will be placed in his room in the closet where he has access. Client #1's assessments and program plans will be reviewed to determine if any changes need to be made to address client #1 removing the clothing out of his closet. Staff at the home will begin tracking when client #1 removes his clothing from the closet on the ABC tracking form.</p> <p>How others will be identified: (Systemic): The QIDP will be at the home at least twice weekly to review behavior tracking for client #1 and determine if changes to the program plan needs to be made. The QIDP will consult with the</p> <p>Measures to be put in place: All staff at the home will be re-trained on</p>		07/31/2016		

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	<p>client #1's clothes were restricted because he would not leave them in his closet.</p> <p>9-3-2(a)</p>			<p>client rights. Client #1's clothing will be placed in his room in the closet where he has access. Client #1's assessments and program plans will be reviewed to determine if any changes need to be made to address client #1 removing the clothing out of his closet. Staff at the home will begin tracking when client #1 removes his clothing from the closet on the ABC tracking form.</p> <p>Monitoring of Corrective Action: The QIDP will be at the home at least twice weekly to review behavior tracking for client #1 and determine if changes to the program plan needs to be made. The QIDP will consult with the</p> <p>Completion date: 07/31/2016</p>			

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W 0149 Bldg. 00	<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 observation, interview and record review for 1 of 4 sampled clients (#1), the facility neglected to implement its written policy and procedure to prevent neglect of the client in regard to the client's toileting program and fluid restrictions. The facility neglected to provide the client a clean mattress.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6-15-16 between 4:00 PM and 6:00 PM. Client #1 was observed throughout the observation period. Client #1's bedroom was observed at 4:02 PM. Client #1's bed had no covers, sheets, or pillow coverings on it. At 4:18 PM client #1 was sitting in the living room's rocking chair and urinated on himself. Urine ran into a large pool under the rocking chair. On 6-15-16 at 4:20 PM</p>		W 0149	<p>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. A toileting plan will be developed for Client # 1. A fluid tracking sheet will be implemented for client #1 to monitor daily fluid intake. Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be</p>		07/31/2016	

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	<p>staff #2 indicated client #1 was not on a toileting schedule. Staff #2 stated, "I'm not going to get beat up so he doesn't pee on the floor." At 4:22 PM staff #2 took client #1 to change then mopped up the urine in the living room. At 4:26 PM staff #2 indicated it was easier to clean up the urine then to deal with the client's behaviors of trying to get client #1 to go to the restroom. On 6-15-16 at 5:01 PM staff #1 was observed giving client #1 juice she had drained off of the fruit for dinner. Staff #1 stated, "it's just a little treat." During the above mentioned observation period, the client was not reminded to use the restroom every 15 minutes and was not prompted to clean the area.</p> <p>The Behavior Support Plan (BSP) was reviewed for client #1 dated 1-25-16 on 6-16-16 at 9:00 AM. The BSP stated, "Inappropriate Voiding: Anytime [client #1] urinates/defecates in a place other than the toilet or his depends. This includes smearing feces. For inappropriate voiding: Redirect [client #1] to the bathroom and assist him in cleaning himself. Prompt [client #1] to help clean the area where he urinated/defecated; if he refuses prompt him every 15 minutes. Remind [client #1] every 15 minutes to notify staff when he needs to use the restroom."</p>				<p>re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly and review the documentation on the toileting plan and the fluid tracking sheet to ensure that Client #1 is being prompted and assisted to toilet according to the plan and that Client #1's fluid intake is being tracked daily. Staff at the home will inspect client's mattresses daily to ensure they are in good condition and will notify the program manager if there is a problem. The QIDP will visit the home at least three times weekly and inspect all client mattresses to ensure they are in good condition and report any problems to the program manager.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and</p>		

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	<p>The 6/16 Formal Goal Sheet (FGS) was reviewed on 6-16-16 at 9:02 AM. Client #1's FGS indicated staff will verbally prompt client #1 every two hours while awake to go to the restroom to change his depends. The FGS did not indicate a plan for night time hours.</p> <p>The Progress Notes (PN) dated 4-30-16 were reviewed on 6-16-16 at 9:04 AM for client #1. PN for the 12 AM- 6 AM shift indicated, at 5 AM client #1 was wet and so was his bed. The PN for the 6 AM - 2 PM shift indicated, "[client #1] was napping and woke up at noon. [Client #1] went back and forth between his bedroom and the living room." PN for the 2 PM - 10 PM shift indicated, "[client #1] was in bed when staff arrived, when he got up he was wet and so was his mattress. Mattress was so saturated (that) urine was running out on the floor. Notified Residential Manager (RM) on 4-22, he sent a request to the office on 4-23. The 'Q' was notified and is trying to get a new one before he has to go to bed. If she is unsuccessful he will have no place to sleep."</p> <p>Client #1's record was reviewed on 6-16-16 at 10:18 AM. Client #1's Dining Plan (DP) dated 12-17-15 indicated, "2250 cc (cubic centimeter) fluid</p>		<p>investigating abuse neglect exploitation mistreatment or violation of an individual's rights. A toileting plan will be developed for Client # 1. A fluid tracking sheet will be implemented for client #1 to monitor daily fluid intake. Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly and review the documentation on the toileting plan and the fluid tracking sheet to ensure that Client #1 is being prompted and assisted to toilet according to the plan and that Client #1's fluid intake is being tracked daily. Staff at the home will inspect client's mattresses daily to ensure they are in good condition and will notify the program manager if there is a problem. The QIDP</p>				

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	<p>restriction r/t (related to) polydipsia (thirst due to disease or psychological disturbance)." Client #1 did not have a fluid tracking sheet to review.</p> <p>Staff #1 was interviewed on 6-15-16 at 5:06 PM. Staff #1 indicated all clients are checked on every hour during the night. Staff #1 indicated clients are not woken up at night to toilet.</p> <p>Client #1's guardian was interviewed on 6-16-16 at 10:27 AM. The guardian indicated she was contacted by the Qualified Intellectual Disabilities Professional (QIDP) to come and get client #1 on 4/30/16 because he had nowhere to sleep because his mattress was saturated with urine. The guardian indicated she came the next morning and purchased a mattress for client #1. The guardian indicated client #1 had slept on the mattress the previous night with a new mattress cover the QIDP purchased.</p> <p>Assistant Executive Director (AED) was interviewed on 6-16-16 at 12:10 PM. AED indicated the client's mattress had fluid draining out of it on 4/30/16.</p> <p>QIDP #1 was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated there was no tracking for client #1's fluid intake. QIDP #1 indicated client #1 was on a</p>			<p>will visit the home at least three times weekly and inspect all client mattresses to ensure they are in good condition and report any problems to the program manager.</p> <p>Completion date: 07/31/2016</p>			

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	<p>fluid restriction. QIDP #1 indicated she was not aware of a toileting plan for client #1. QIDP #1 indicated client #1 should be following a toileting plan at all times. QIDP #1 indicated the client's mattress should be cleaned immediately if it was soiled. QIDP #1 indicated a waterproof mattress should be on client #1's bed.</p> <p>The facility's 1/2016 policy and procedures were reviewed on 6-16-16 at 8:50 AM. The facility's policy titled, "ResCare Operation standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individuals Rights" indicated the following:</p> <p>- "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. These include and are defined as any of the following: corporal punishment i.e. forced physical activity, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, verbal abuse including screaming, swearing, name-calling, belittling, damaging and individual's self respect or dignity, failure to follow physicians orders, denial of sleep, shelter, food, drink, physical</p>						

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W 0153 Bldg. 00	<p>movement for prolonged periods of time, medical treatment or care or use of bathroom facilities."</p> <p>The federal tag relates to complaint #IN00199703.</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. Based on record review and interview for 1 allegation of abuse, neglect and exploitation reviewed, the facility failed to ensure an allegation of neglect regarding client #1 was immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with the state law.</p> <p>Findings include:</p>		W 0153	<p>W153: 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 the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights and the BDDS reporting policy.</p>		07/31/2016	

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	<p>Client #1's record was reviewed on 6-16-16 at 10:18 AM.</p> <p>The Progress Notes (PN) dated 4-30-16 were reviewed on 6-16-16 at 9:04 AM for client #1. PN for the 12 AM- 6 AM shift indicated, at 5 AM client #1 was wet and so was his bed. PN for the 6 AM - 2 PM shift indicated, "[client #1] was napping and woke up at noon. [Client #1] went back and forth between his bedroom and the living room." PN for the 2 PM - 10 PM shift indicated, "[client #1] was in bed when staff arrived, when he got up he was wet and so was his mattress. Mattress was so saturated (that) urine was running out on the floor. Notified Residential Manager (RM) on 4-22, he sent a request to the office on 4-23. The 'Q' was notified and is trying to get a new one before he has to go to bed. If she is unsuccessful he will have no place to sleep."</p> <p>The facility's BDDS reports and investigations were reviewed on 6-16-16 at 11:16 AM. The review did not indicate the above allegation of neglect regarding client #1 sleeping on a soiled mattress had been reported to BDDS.</p> <p>Client #1's guardian was interviewed on 6-16-16 at 10:27 AM. The guardian</p>				<p>How others will be identified: (Systemic): The Program Manager and the Quality Assurance Manager will meet at least three times weekly to review all incidents and ensure that all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source are reported to the administrator. The internal incident report will be sent to the administrator immediately and the BDDS report will be sent within 24 hours by QA as part of the notification process.</p> <p>Measures to be put in place: The Quality Assurance Manager will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights and the BDDS reporting policy.</p> <p>Monitoring of Corrective Action: The Program Manager and the Quality Assurance Manager will meet at least three times weekly to review all incidents and ensure that all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source are reported to the administrator. The internal incident report will be sent to the administrator immediately and</p>		

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	<p>indicated she was contacted by the Qualified Intellectual Disabilities Professional (QIDP) on 4/30/16 to come and get client #1 because he had nowhere to sleep because his mattress was saturated with urine. The guardian indicated she came the next morning and purchased a mattress for client #1. The guardian indicated client #1 had slept on the mattress the previous night with a new mattress cover the QIDP purchased.</p> <p>Assistant Executive Director (AED) was interviewed on 6-16-16 at 12:10 PM. The AED indicated the mattress had fluid draining out of it on 4/30/16.</p> <p>QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated all allegations of abuse, neglect and mistreatment should be immediately reported to the administrator and to BDDS within 24 hours of the alleged incident. QIDP #1 indicated the incident with client #1's mattress had not been reported to BDDS (Bureau of Developmental Disabilities). QIDP #1 indicated she had notified the AED and Program Manager about the mattress.</p> <p>The federal tag relates to complaint #IN00199703.</p>				<p>the BDDS report will be sent within 24 hours by QA as part of the notification process.</p> <p>Completion date: 07/31/2016</p>		

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W 0240 Bldg. 00	<p>9-3-2(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, interview and record review for 1 of 4 sampled clients (#1), the client's Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) failed to include a night time toileting regimen.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6-15-16 between 4:00 PM and 6:00 PM. Client #1 was observed throughout the observation period. At 4:18 PM client #1 was sitting in the living room's rocking chair and urinated on himself. Urine ran into a large pool under the rocking chair. At 4:26 PM staff #2 indicated it was easier to clean up the urine then to deal with the behaviors of trying to get client #1 to go to the restroom. Staff #2 indicated client #1 was not on a toileting schedule. Staff #2</p>		W 0240	<p>W240: The individual program plan must describe relevant interventions to support the individual towards independence.</p> <p>Corrective Action: (Specific): Client #1's program plans and assessments will be reviewed and will be revised to include a toileting program that includes a night time toileting regimen. All staff at the home will be trained on the toileting program which will include documentation of prompts to assist with toileting.</p> <p>How others will be identified: (Systemic): All other client's program plans will be reviewed along with their assessments and any revisions will be made as necessary. The QIDP will meet with the team at least quarterly to review all client program plans and progress.</p>		07/31/2016	

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	<p>stated, "I'm not going to get beat up so he doesn't pee on the floor."</p> <p>Staff #1 was interviewed on 6-15-16 at 5:06 PM. Staff #1 indicated all clients are checked on every hour during the night. Staff #1 indicated clients are not woken up at night to toilet.</p> <p>The Behavior Support Plan (BSP) for client #1 dated 1-25-16 was reviewed on 6-16-16 at 9:00 AM. The BSP indicated, "Inappropriate Voiding: Anytime [client #1] urinates/defecates in a place other than the toilet or his depends. This includes smearing feces. For inappropriate voiding: Redirect [client #1] to the bathroom and assist him in cleaning himself. Prompt [client #1] to help clean the area where he urinated/defecated if he refuses prompt him every 15 minutes. Remind [client #1] every 15 minutes to notify staff when he needs to use the restroom."</p> <p>The 6/16 Formal Goal Sheet (FGS) was reviewed on 6-16-16 at 9:02 AM. Client #1's FGS indicated staff will verbally prompt client #1 every two hours while awake to go to the restroom to change his depends. The FGS did not indicate a plan for night time hours.</p> <p>QIDP #1 (Qualified Intellectual</p>		<p>Measures to be put in place: Corrective Action: (Specific): All other client's program plans will be reviewed along with their assessments and any revisions will be made as necessary. The QIDP will meet with the team at least quarterly to review all client program plans and progress.</p> <p>Monitoring of Corrective Action: Client #1's program plans and assessments will be reviewed and will be revised to include a toileting program that includes a night time toileting regimen. All staff at the home will be trained on the toileting program which will include documentation of prompts to assist with toileting.</p> <p>Completion date: 07/31/2016</p>				

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W 0331 Bldg. 00	<p>Disabilities Professional) was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated she was not aware of a toileting plan for client #1. QIDP #1 indicated client #1 should be following a toileting plan at all times.</p> <p>The federal tag relates to complaint #IN00199703.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1), the facility nursing services failed to aggressively monitor and track the client's fluid intake.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6-16-16 at 10:18 AM. Client #1's Dining Plan (DP) dated 12-17-15 indicated, "2250 cc (cubic centimeters) fluid restriction r/t (related to) polydipsia (thirst due to disease or psychological disturbance)." Client #1 did not have a fluid tracking sheet for review.</p>		W 0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action: (Specific): Client #1's fluid intake will be monitored and documented by all staff at the home. The nurse will be re-trained on ensuring that fluid intake is documented and monitored according to physician's orders.</p> <p>How others will be identified: (Systemic): The nurse will visit the home at least twice weekly to review documentation to ensure that fluid intake is being tracked and is</p>		07/31/2016	

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	<p>On 6-15-16 at 5:01 PM staff #1 was observed giving client #1 juice she had drained off of the fruit for dinner. Staff #1 stated, "it's just a little treat."</p> <p>QIDP #1 was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated there was no tracking for client #1's fluid intake. QIDP #1 indicated client #1 was on a fluid restriction.</p> <p>The federal tag relates to complaint #IN00199703.</p> <p>9-3-6(a)</p>			<p>maintained within the parameters ordered by the physician.</p> <p>Measures to be put in place: Corrective Action: (Specific): Client #1's fluid intake will be monitored and documented by all staff at the home. The nurse will be re-trained on ensuring that fluid intake is documented and monitored according to physician's orders.</p> <p>Monitoring of Corrective Action: The nurse will visit the home at least twice weekly to review documentation to ensure that fluid intake is being tracked and is maintained within the parameters ordered by the physician.</p> <p>Completion date: 07/31/2016</p>			

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W 0418 Bldg. 00	<p>483.470(b)(4)(ii) CLIENT BEDROOMS</p> <p>The facility must provide each client with a clean, comfortable mattress.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to provide the client with a clean mattress.</p> <p>Findings include:</p> <p>The Progress Notes (PN) dated 4-30-16 were reviewed on 6-16-16 at 9:04 AM for client #1. The PN for the 12 AM- 6 AM shift indicated, at 5 AM client #1 was wet and so was his bed. The PN for the 6 AM - 2 PM shift indicated, "[client #1] was napping and woke up at noon. [Client #1] went back and forth between his bedroom and the living room." The PN for the 2 PM - 10 PM shift indicated, "[client #1] was in bed when staff arrived, when he got up he was wet and so was his mattress. Mattress was so saturated (that) urine was running out on the floor. Notified Residential Manager (RM) on 4-22, he sent a request to the office on 4-23. The 'Q' was notified and is trying to get a new one before he has to go to bed. If she is unsuccessful he will</p>		W 0418	<p>W418: The facility must provide each client with a clean comfortable mattress.</p> <p>Corrective Action: (Specific): Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home. All staff at the home will be re-trained on the Operation Standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual's rights.</p> <p>How others will be identified: (Systemic): All clients' mattresses will be inspected to make sure they are all in good condition. Any problems will be corrected immediately. The staff at the home will inspect all clients' mattresses at least five times weekly and document those inspections to ensure that all</p>		07/31/2016	

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	<p>have no place to sleep."</p> <p>Staff #1 was interviewed on 6-15-16 at 5:06 PM. Staff #1 indicated all clients are checked on every hour during the night. Staff #1 indicated clients are not woken up at night to toilet. Staff #1 indicated client #1's mattress had urine running out of it onto the floor.</p> <p>Client #1's guardian was interviewed on 6-16-16 at 10:27 AM. Guardian indicated she was contacted by the Qualified Intellectual Disabilities Professional (QIDP) on 4-30-16 to come and get client #1 because he had nowhere to sleep because his mattress was saturated with urine. The guardian indicated she came the next morning and purchased a mattress for client #1. The guardian indicated client #1 had slept on the mattress the previous night with a new mattress cover the QIDP purchased.</p> <p>Assistant Executive Director (AED) was interviewed on 6-16-16 at 12:10 PM. The AED indicated the client's mattress had fluid draining out of it on 4-30-16.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6-16-16 at 12:10 PM. QIDP #1 indicated the client's mattress should be cleaned immediately if it was soiled.</p>		<p>clients' mattresses are in good condition. Staff will report any problems immediately to the Program Manager so appropriate action can be taken. The QIDP will visit the home at least three times weekly to inspect all clients' mattresses and document those inspections to ensure that all clients' mattresses are in good condition. The QIDP will report any problems to the Program manager immediately. The Program Manager will inspect and document the inspection of all clients' mattresses to ensure they are in good condition at least weekly and address any problems will be corrected immediately.</p> <p>Measures to be put in place: Client #1's guardian will be reimbursed for the mattress and client #1 will be reimbursed for the mattress cover. All staff at the home including the QIDP will be re-trained on notifying the Program Manager immediately for items that may need to be purchased for the clients in the home. All staff at the home will be re-trained on the Operation Standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual's rights.</p> <p>Monitoring of Corrective Action: All clients' mattresses will be</p>				

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	<p>QIDP #1 indicated a waterproof mattress should be on client #1's bed.</p> <p>The federal tag relates to complaint #IN00199703.</p> <p>9-3-7(a)</p>			<p>inspected to make sure they are all in good condition. Any problems will be corrected immediately. The staff at the home will inspect all clients' mattresses at least five times weekly and document those inspections to ensure that all clients' mattresses are in good condition. Staff will report any problems immediately to the Program Manager so appropriate action can be taken. The QIDP will visit the home at least three times weekly to inspect all clients' mattresses and document those inspections to ensure that all clients' mattresses are in good condition. The QIDP will report any problems to the Program manager immediately. The Program Manager will inspect and document the inspection of all clients' mattresses to ensure they are in good condition at least weekly and address any problems will be corrected immediately.</p> <p>Completion date: 7/31/2016</p>			

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