

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2021
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 4/26/21, 4/27/21, 4/28/21 and 4/29/21.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/17/21.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 4 of 4 clients living in the group home, (#1, #2, #3 and #4), the governing body failed to ensure the audible alarm system functioned properly.</p> <p>Findings include:</p> <p>On 4/28/21 at 1:25 PM, client #1's guardian was interviewed. Client #1's guardian indicated a concern of the home's phone not working. The guardian indicated calls could be made into the home, but client #1 would have to use his cell phone to make calls out due to the alarm system not working. Client #1's guardian indicated client #1 had shared that he went out a window the</p>	W 0104	<p>1. The Governing Body will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA</p>	05/29/2021

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>evening of 4/26/21 to the neighboring group home. Client #1 indicated to his guardian that he was able to leave the home due to the alarm system not functioning properly.</p> <p>On 4/28/21 at 1:41 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked if client #1 had left the home on the evening of 4/26/21 to go to the neighboring group home and if the home's audible alarm system was functioning properly. The IAD indicated client #1 did go through a window to a neighboring group home. The IAD was asked if it was determined to be elopement for client #1. IAD stated, "It was because he was out of line of sight of staff". The IAD was asked if it was determined why client #1 had eloped and went to the neighboring home. IAD stated, "I think he was in search of cigarettes". The IAD was asked if a workorder to repair the alarm system had been created. IAD indicated a workorder had been created and provided a copy for review.</p> <p>On 4/28/21 at 1:52 PM, record review of the 4/2/21 maintenance request form was completed. The maintenance request form indicated, "Scheduled. Priority: Routine. Deadline: 5/27/21".</p> <p>Through further interview with the IAD on 4/28/21 at 1:54 PM, the IAD was asked about the alarm not working since 4/2/21 and the timeframe for the maintenance request completion. IAD stated, "Yes, looks like they called it in on 4/2/21 at 1:20 PM. There is no reason that should take 3 weeks. I'm going to call the regional director for maintenance". The IAD indicated further follow up was needed and that the home should be maintained in good repair.</p>		<p>department.</p> <ol style="list-style-type: none"> <li>The facility will ensure the entry chime feature on the permeant security system is operational, in the event of a malfunction a temporary door chime device will be used until repair will occur.</li> <li>Staff will call 844-RESCARE to schedule a service call with Koorsen Fire and Security to repair the permeant system.</li> <li>In the event of a system malfunction Koorsen Fire and Security will be contacted to inspect and test the Alarm System to ensure the audible alerts were functioning properly. The Program Manager received instructions on reset and testing from Koorsen.</li> <li>Instructions for testing and resetting the security system was developed by Koorsen and staff trained on the procedure.</li> <li>Staff will ensure exterior doors positively latch if there is a malfunction preventing an exterior door from remaining closed staff will contact 844-RESCARE and schedule a work order.</li> <li>The AED contacted Aramark to create a second work order on 4/26/2021 at 3:24pm to request service for the security chime system. On 4/29/2021 Koorsen Fire and Security serviced the system returning it to working order.</li> </ol>	

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W 0140 Bldg. 00	<p>9-3-1(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 clients (#1, #2, #3 and #4), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 4/26/21 at 4:25 PM, a review of the clients' finances was conducted and indicated the following:</p> <p>1) Client #1's April 2021 ledger indicated a balance of negative \$1.85 with a note of \$.75 cents in change and an actual balance of negative \$1.10.</p> <p>2) Client #2 did not have an April 2021 ledger. Client #2's March 2021 ledger indicated a balance of \$52.00 and no transactions.</p> <p>3) Client #3's April 2021 ledger indicated a balance of \$38.44.</p> <p>4) Client #4 did not have an April 2021 ledger. Client #4's March 2021 ledger indicated a</p>	W 0140	<p>Persons Responsible: Executive Director, Aramark, Program Manager, Koorsen Fire and Security, Quality Assurance, Area Supervisor, QIDP, Residential Manager, and DSP.</p> <p>1. An investigation was completed the Facilities QA Department. It was determined Client #1 missing funds could not be accounted for. The Facility deposited \$150 in Client #1 RFMS account.</p> <p>2. The Facility began the use of the P-Card system for client funds, staff have been in-serviced on creating a ledger entry to record a deposit of \$50 into client's personal funds at the beginning of every month. Spending those funds through the P-Card will be deducted and documented in the ledger.</p> <p>3. Staff will be in-serviced on stewardship of client monies and the requirement to maintain 100% accountability.</p> <p>4. An internal audit was complete on all 4 clients personal funds held in ResCare's RFMS account shows no client monies</p>	05/29/2021

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	<p>balance of \$1.11. Within client #4's finance chart and bag, \$3.00 was found by the Qualified Intellectual Disabilities Professional (QIDP). A note was on client #4's ledger that indicated, "\$3.00 in money not accounted".</p> <p>On 4/26/21 at 4:31 PM, the Team Leader (TL) was interviewed. The TL indicated clients #1, #2, #3 and #4 did not receive paper checks the previous month and that a system of using a "P-card" (debit card) was used. The TL indicated she just found out that receipts were supposed to come in and be sent to the office. TL stated, "I don't know how we're supposed to keep it separate when their money is mixed". TL indicated clients #1, #2, #3 and #4 received \$52.00 a month to be used on a P-card. TL indicated the P-card was also used to purchase household items like foods and toiletries. TL stated, "They cleared it up last week, that I need to keep separate copies of each of their receipts". TL indicated the balance of funds on the P-card had to be spent by the end of each month. The TL was asked if a client did not spend all their \$52.00 would the balance transfer over to the next month. TL indicated all monthly funds had to be spent on the P-card or it would be lost and no longer available for expenditure.</p> <p>On 4/26/21 at 5:12 PM, the QIDP (Qualified Intellectual Disabilities Professional) was asked about clients #1, #2, #3 and #4's funds being maintained, itemized and transferring any balance forward to the next month. QIDP indicated all client expenditures, balances and receipts should be maintained and itemized per the individual client ledgers. QIDP indicated the receipts needed to be maintained and kept itemized and not one receipt with multiple client transactions or the taxes would not come out fairly. The QIDP</p>		<p>were used for cost to provide, service, repair, supplies, food or any other expense related to the operation. All client funds were spent on personal expenditures of their choosing with guardian approval. Client NG has not received any funds and no transaction record is available. Financial records for all for clients will be uploaded for review.</p> <p>5. The QIDP is working with clients to obtain personal debit cards for clients that meet the requirements paperwork on this process will be uploaded for review.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, Business Office, Quality Assurance, QIDP, BC, DSL and DSP</p>	

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	<p>was asked if clients #1, #2, #3 and #4's financial ledgers had been maintained with itemized receipts and expenditures and if a remaining balance on the P-card could be accounted for. QIDP stated, "No".</p> <p>On 4/28/21 at 1:41 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about clients #1, #2, #3 and #4's financial accounting, the maintenance of itemized ledgers and the use of a P-card to make purchases for both client items and household items. IAD indicated the actual \$52.00 did not leave the clients' Resident Fund Management Services Statements (RFMS) until the staff brought receipts to the office and then the money would be deducted from that client account. IAD indicated staff had not been bringing receipts to the office itemized and therefore no client debits had actually occurred, benefiting the clients. IAD stated the P-card was a "use it or lose it" system, but what had occurred was that the balance of \$1,700 monthly increased to \$1,900 to cover the client expenditures at which point the itemized receipts would account for the totals to be deducted from the clients' RFMS accounts. IAD indicated the attempt was to ensure all clients received monthly monies available to spend but that staff had not implemented the system to ensure receipts were itemized and brought to the office. IAD indicated the system was not working and the future direction being discussed was the use of individual P-cards per client and until that time, going back to each client receiving a monthly check. The IAD stated, "I think we're going to go back to the old way (paper checks). We may not have the capacity to implement this". IAD indicated all client transactions should be maintained in the financial ledgers, kept itemized, and balances transferring over to the</p>			

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W 0240 Bldg. 00	<p>next month.</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1's Behavior Support Plan (BSP) defined 1) a protocol for contacting police if illegal contraband was found from completing room sweeps and checks of client #1 pants pockets, socks and shoes and 2) client #1's behavior of seeking out cigarettes.</p> <p>Findings include:</p> <p>On 4/26/21 at 1:51 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigation summaries was completed. The BDDS reports indicated the following:</p> <p>-BDDS report dated 1/12/21 indicated, "It was reported by a housemate that [client #1] gave housemate a lighter and some marijuana. Staff did a room sweep in [client #1's] room and found approximately half of a smoked marijuana cigarette. Staff destroyed the remaining marijuana cigarette. Police were notified of presence of marijuana".</p> <p>Investigation Summary dated 1/13/21 through 1/19/21 indicated, "An investigation was initiated when [client #1's] housemate reported to staff that [client #1] gave this client housemate a lighter and some marijuana ... Conclusion:</p>	W 0240	<ol style="list-style-type: none"> <li>The Facility will ensure individual program plan describe relevant interventions to support the individual toward independence.</li> <li>The Facility will insure Clients BSP's are updated to reflect current needs and staff are trained on updates.</li> <li>The Behavioral Clinician will train staff on changes to BSP.</li> <li>Record reviews will be completed by a member of the ResCare Team to during the monthly site review will check BSP to ensure plans remain updated and complete.</li> <li>ESN Team will meet monthly to review status and update to ensure client plans are complete and remain current.</li> </ol> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Behavioral Clinician, QIPD, Residential Manager, Quality Assurance, DSP.</p>	05/29/2021

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	<p>Substantiated, [client #1] was in possession of marijuana. Unable to determine where [client #1] obtained the marijuana. Recommendations: ...Implement of [client #1] (sic) belongings including clothes on his person upon return from LOA (leave of absence). Inservice staff on completing LOA forms".</p> <p>On 4/27/21 at 8:44 AM, the Team Leader (TL) was interviewed. The TL was asked about the incident of marijuana being found. TL stated, "Now when [client #1] comes home, anytime he is out of the facility, we search him". The TL was asked if it was a full body search. TL stated, "His pockets, shoes and sock". The TL indicated room sweeps were being completed twice a day at the start of every shift and that client #1 and client #3 were separated by client #1 moving to the opposite side of the group home. The TL was asked if there had been any other concerns found from the body searches and room sweeps. TL stated, "Our biggest concern is searching before he gets in the van from home visits". TL indicated it was believed client #1 obtained the marijuana while on a leave of absence. The TL was asked if the police were notified. TL stated, "They were. They told us not to touch anything and to notify them first".</p> <p>On 4/27/21 at 8:53 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #1's Behavior Support Plan (BSP) for intervention and protocol as the TL had described for notifying them prior to removing or destroying evidence of contraband. The QIDP reviewed client #1's BSP and stated, "[Client #1's] plan doesn't say anything about calling the police. The body search is under room sweeps due to stealing and recently found marijuana. His</p>			

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	<p>plan does not say anything about notification". The TL then stated to the QIDP, "I don't know that (notification of the police) was shared with [Behaviorist]. The police told that to [name] our previous area supervisor at the time, but yes, they (staff) need to know to do that".</p> <p>On 4/27/21 at 12:12 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-BSP dated 2/1/21 indicated, "Target Behavior: ... Elopement: any occurrence of leaving property boundaries, as denoted on the map at the back of this plan, with the intent to escape staff supervision. Leaving Assigned Area: any occurrence of him going to another area of the home/property that is not his assigned area of the home/property. Includes when he is in the hallway on opposite if the house or in the kitchen when in the kitchen outside of mealtimes. Also includes when he attempts elopement from the house ... Stealing: any time he takes items that do not belong to him without consent of the owner. This includes stealing items from stores or vendors in the community, stealing housemates or staffs' possessions". Client #1's BSP did not include 1) notification of police if room sweeps and/or search of his pockets, socks and shoes found illegal contraband, and 2) the behavior of seeking cigarettes and/or cigarette butts as an aspect of his elopement or leaving his assigned area.</p> <p>On 4/28/21 at 1:25 PM, client #1's guardian was interviewed. Client #1's guardian indicated a concern of the home's phone not working. The guardian indicated calls could be made into the home, but client #1 would have to use his cell phone to make calls out due to the alarm system not working. Client #1's guardian indicated client</p>			



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	<p>#1 had shared that he went out a window the evening of 4/26/21 to the neighboring group home. Client #1 indicated to his guardian that he was able to leave the home due to the alarm system not functioning properly.</p> <p>On 4/27/21 at 11:24 AM, the Behaviorist was interviewed. The Behaviorist was asked about the incident of client #1 being in possession of marijuana, giving some to client #3 and the protocols that resulted from the incident. Behaviorist indicated the incident occurred and client #1's BSP was updated to include room sweeps, searching his pants pockets, socks and shoes. The Behaviorist was asked about the police instruction provided to staff at the time of the incident for notifying them prior to touching any contraband if the room sweeps and person search found more contraband. Behaviorist stated, "Yeah, that was not communicated with me. I'll add that to the update. That has not been trained. I'll have to get with the team, I know his guardian will be supportive ... It's never been an issue until this incident. He has stolen cigarettes. He continues to steal and it's in the plan. I could clarify it (target behavior for stealing) to include cigarette butts. I do have intervention for room sweeps. He would pick up cigarette butts from parking lots. He also is searched, his pockets, shoes and socks. I can update his stealing definition to include stealing cigarettes".</p> <p>On 4/28/21 at 1:41 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked if client #1 had left the home on the evening of 4/26/21 to go to the neighboring group home and if the home's audible alarm system was functioning properly. The IAD indicated client #1 did go through a window to a neighboring group home. The IAD was asked if it</p>			

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W 0249 Bldg. 00	<p>was determined to be elopement for client #1. IAD stated, "It was because he was out of line of sight of staff". The IAD was asked if it was determined why client #1 had eloped and went to the neighboring home. IAD stated, "I think he was in search of cigarettes". IAD indicated client #1's Behaviorist was in process of reviewing client #1's BSP for updates.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>Based on observation, record review and interview for 1 additional client (#3), the facility failed to implement client #3's behavior support plan's (BSP) restrictive interventions to ensure client #3 did not have access and opportunity to find inedible objects that could be ingested.</p> <p>Findings include:</p> <p>Observation was conducted on 4/26/21 from 3:45 PM to 6:03 PM. The observation indicated the following:</p> <p>-At 4:02 PM, the team leader began preparing client #3's medicines.</p> <p>-At 4:05 PM, the team leader requested for client #3 and staff #3 to come to the medication administration room. Client #3 stood at the</p>	W 0249	<p>1.The Facility will ensure the interdisciplinary team formulates client's individual program plan, to include 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.</p> <p>2.The Facility will ensure the implementation a supports plan for Client #3.</p> <p>3.An IDT will meet to discuss strategies and develop a plan for Client #3 consisting of a Nurse, QIPD, Residential Manager, Area Supervisor and Program Manager</p>	05/29/2021

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	<p>doorway. The team leader provided hand sanitizer to client #3 to sanitize his hands and then provided him his medications to take. Client #3 and staff #3 then returned to the opposite side of the home and client #3's assigned area.</p> <p>-At 4:24 PM, the team leader began preparing the evening meal.</p> <p>-At 5:29 PM, the team leader washed her hands and the Area Supervisor verbally prompted client #4 to wash his hands.</p> <p>-At 5:32 PM, clients #1, #2 and #3 washed their hands in the kitchen. A note was posted on the kitchen door that indicated, "STOP consumer [Client #3] is not allowed in the kitchen for any reason".</p> <p>-At 5:34 PM, client #3 sat down at the dining room table to eat his evening meal until 5:50 PM.</p> <p>-At 5:50 PM, client #3 took his plate and utensils to the kitchen. Client #3 rinsed off his plate and placed it in the dish washer. Client #3 then took a butter knife, rinsed it and placed it in the dish washer, picked up a fork and rinsed it and placed it in the dish washer and then picked up a spoon and rinsed it and placed it in the dish washer.</p> <p>-At 5:52 PM, client #3 used his plastic cup and filled it with some water for the kitchen sink and took a drink. Client #3's assigned one to one staff stood at the entryway to the kitchen while client #3 stood at the sink rinsing off dishes and placing them in the dish washer.</p> <p>On 4/27/21 at 12:00 PM, a focused review of</p>		<p>4.The BC train all Facility Staff on Client #3 Behavior Support Plan</p> <p>5.Staff will monitor Client #3 providing appropriate prompts and oversight to ensure goals are met.</p> <p>6.An IDT will be conducted Monthly to discuss strategies and develop a plan for Client #3 consisting of a Nurse, QIDP,BC, Residential Manager, Area Supervisor and Program Manager until goals are met.</p> <p>7.The QIDP and BC will monitor on site progress. The QIDP and BC will update the team and make recommendation accordingly.</p> <p>8.The QIDP and BC monitor progress for Client#3 updating the team and making recommendation accordingly.</p> <p><b>Persons Responsible:</b> Program Manager, QIDP, BC, Area Supervisor, Residential Manager, Nurse, DSL, and DSP.</p>	

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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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	<p>client #3's record was conducted. The record indicated the following:</p> <p>-BSP dated 1/14/21 indicated, "Target Behaviors ... Ingestion of inedible items/objects: any time [client #3] places an inedible item/object in his mouth that he can potentially swallow. These items may include, but not limited to, batteries, nerf balls, miniature plastic items, shampoo, body wash, electric razor parts, adapter parts of electric cords, cologne and cologne bottles, beads, cigarette lighters, keys or pen caps. He will also ingest bleach or cleaning supplies ... Attempted ingestion of inedible items/objects: any time [client #3] attempts to ingest an object and is blocked by staff or some other reason it did not make it into his mouth ...Rights Restrictions: ... Assigned areas: [Client #3] will be restricted to his side of the house. He can eat in the dining room but will not go beyond the dining room into the office or on the other side of the house ...Restriction of unlimited access to eating utensils and inedible objects: Due to an incident of stabbing himself with a fork, forks and knives will be locked in the sharps box when not in use during meals. [Client #3] will only be able to use large spoons when necessary. Staff will utilize a toilet paper cardboard roll to determine if the item if large enough for [client #3] to receive it. If the item fits within the cardboard roll or can be stuffed within it, [client #3] will not have access to the item ... Access to other areas of the home: [Client #3] will continue to be on assigned areas. [Client #3] is not to enter the kitchen due to access to items he can break and use to self-injure. He is also not to be in the kitchen window ... He continues to not enter the office ...".</p> <p>On 4/27/21 at 11:24 AM, the Behaviorist was</p>			

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W 0448 Bldg. 00	<p>interviewed. The Behaviorist was asked about the restrictions and signage posted on the kitchen door with instruction of client #3 not being allowed in the kitchen at any time and the observation of client #3 washing his hands prior to his meal and then rinsing his plate and utensils which included a knife, fork and spoon. Behaviorist indicated staff had not followed client #3's BSP and that client #3 should not be in the kitchen due to his targeted behavior of ingesting inedible items/objects. Behaviorist stated, "I was told the Area Supervisor had him go to the office. That's not in his plan. He is very sneaky. He plans and when is in the mood will try to swallow (inedible items/objects)". The Behaviorist was asked about entering the kitchen and having access to the knife and fork he rinsed off and placed in the dish washer. Behaviorist stated, "He is never to do that. Normally, I will retrain on that. He is not to be in there, even with a one-to-one staffing ... I've never seen him go to the office to get his medicines. It (BSP) says [client #3] will receive his medications on his side. I also need to add the restriction to the garage". The Behaviorist indicated client #3 BSP should be followed and client #3 should not have gone to the entryway of the medication room or had access to the kitchen. The Behaviorist indicated staff retraining was needed.</p> <p>9-3-4(a) 483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to document difficulties experienced during evacuation drills with</p>	W 0448	<p>1.All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Residential Manager will review all</p>	05/29/2021

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	<p>accurate duration to develop a plan to prevent reoccurrence.</p> <p>Findings include:</p> <p>On 4/27/21 at 8:18 AM, a review of the group home evacuation drills was completed. The review of the evacuation drills included the following which affected clients #1, #2, #3 and #4:</p> <p>-4/3/21, 1st shift at 7:00 AM took 30 minutes. No documentation of issues during the drill was available for review.</p> <p>-2/22/21, 2nd shift at 8:00 PM took 30 minutes. No documentation of issues during the drill was available for review.</p> <p>-3/7/21, 3rd shift at 3:00 AM took 15 minutes. No documentation of issues during the drill was available for review.</p> <p>-1/22/21, 1st shift at 8:00 AM took 30 minutes. No documentation of issues during the drill was available for review.</p> <p>-1/14/21, 1st shift at 7:00 AM took 30 minutes. No documentation of issues during the drill was available for review.</p> <p>On 4/27/21 at 9:03 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked if any issues or concerns were noted during the above listed evacuation drills. QIDP stated, "No, the exact time it takes should be noted". The QIDP indicated further follow up was needed with the team leader.</p> <p>On 4/27/21 at 9:20 AM, the Team Leader (TL) was interviewed. The TL was asked if any issues or concerns were noted during the above listed evacuation drills. The TL indicated the length of</p>		<p>drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>2. The Facility will retrain staff on the proper use of the Drill form and retrain staff on the Drill procedure and proper documentation of drills.</p> <p>3. The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>4. The Residential Manager will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>5. The Area supervisor will ensure drills are completed as required.</p> <p>6. The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, DSP</p>	

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	<p>time was the total time spent discussing evacuation drills and the emergency plan with the clients. TL stated, "I may have rounded up some". The TL was asked about documenting issues or concerns discovered through the execution of evacuation drills. The TL and QIDP reviewed the evacuation forms and determined both sides of the evacuation forms had not been copied and that no documentation for issues or concern had been documented or available for review.</p> <p>On 4/28/21 at 1:41 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about difficulties experienced during evacuation drills being documented. IAD stated "They should document any issue or concerns. Right, they should definitely be noting issues so we know what changes or plan of action is needed. If it's 30 minutes, that's a scary number for getting them out. We don't have anyway of knowing the actual time and what the issues were". The IAD indicated further follow up was needed.</p> <p>9-3-7(a)</p>			