

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2018
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1012 PARKWAY DR ANDERSON, IN 46012		
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: July 24, 25, 26, 27, 30 and August 2, 2018.</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 8/14/18.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview the facility failed to meet the Condition of Participation: Governing Body for 2 of 4 sampled clients (#1 and #2). The governing body failed to exercise general policy, budget and operating direction over the facility to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The governing body neglected to ensure the facility completed an investigation regarding the elopement and incarceration of client #2.</p> <p>Findings include:</p>	W 0102	<p>W 102 Governing Body The facility must ensure that specific governing body and management requirements are met.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the 	09/01/2018

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>1. The governing body neglected to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The governing body neglected to ensure the facility completed an investigation regarding the elopement and incarceration of client #2. Please see W104.</p> <p>2. The governing body failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (#1 and #2). The governing body neglected to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The governing body neglected to ensure the facility completed an investigation regarding the elopement and incarceration of client #2. Please see W122.</p> <p>9-3-1(a)</p>		<p>plans of clients, the client's needs are being met and meal observations.</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Review of the abuse/neglect policy ·Training regarding the risk plans of Client #1 ·Behavior plan and/or documentation expectations for Client #1 ·Importance of securing the van keys ·The glass has been removed from the van. ·The Program Director will be trained on what requires an investigation and the timeliness of investigations. ·The Program Director will be retrained on investigation expectations and components of thorough investigations. ·The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. <p>1. How will we identify other residents having the potential</p>	

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			<p>to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Review of the abuse/neglect policy ·Importance of securing the van keys ·The glass has been removed from the van. ·The Program Director will be trained on what requires an investigation and the timeliness of investigations. ·The Program Director will be retrained on investigation expectations and components of thorough investigations. ·The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. ·The IDT has implemented 	

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			<p>monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. · The Behavior Clinician will monitor during their monthly observations. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal 	

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			<p>observations.</p> <ul style="list-style-type: none"> · Training completed with the staff regarding: · Review of the abuse/neglect policy · Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional 	

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			<p>staff training conducted upon revision.</p> <ul style="list-style-type: none"> · The Behavior Clinician will monitor during their monthly observations. <p>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · Oversight of the behavior documentation will be completed 	

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			<p>by the Program Coordinator, QIDP, Behavior Clinician.</p> <ul style="list-style-type: none"> · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. · Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's. · The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that they are reported timely and that all required incidents are reported to BDDS. · New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact. · All abuse and neglect investigations will be reviewed by the Quality Improvement Specialist or her designee to ensure the investigations are thorough. · All investigations that are not 	

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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 2 of 4 sampled clients (client #1 and client #2), the governing body failed to exercise general policy, budget and operating direction over the facility to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The governing body neglected to ensure the facility completed an investigation regarding the elopement and incarceration of client #2.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility provided appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass</p>	W 0104	<p>considered abuse and neglect will be reviewed by the Area Director or her designee to ensure the investigations are thorough.</p> <p>· The Behavior Clinician will monitor during their monthly observations.</p> <p>1.What is the date by which the systemic changes will be completed? September 1st. 2018</p> <p>W104 Governing Body The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: · Review of the abuse/neglect 	09/01/2018

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	<p>from the van and cut himself resulting in a significant injury to client #1. The governing body neglected to complete an investigation regarding the elopement and incarceration of client #2. Please see W127.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility completed an investigation regarding the elopement and subsequent incarceration of client #2. Please see W154.</p> <p>9-3-1(a)</p>		<p>policy</p> <ul style="list-style-type: none"> · Training regarding the risk plans of Client #1 · Behavior plan and/or documentation expectations for Client #1 · Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. <p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. 	

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			<ul style="list-style-type: none"> ·The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Review of the abuse/neglect policy ·Importance of securing the van keys ·The glass has been removed from the van. ·The Program Director will be trained on what requires an investigation and the timeliness of investigations. ·The Program Director will be retrained on investigation expectations and components of thorough investigations. ·The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, 	

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			<p>financial and adaptive equipment.</p> <ul style="list-style-type: none"> · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: <ul style="list-style-type: none"> · Review of the abuse/neglect policy · Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be 	

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			<p>trained on what requires an investigation and the timeliness of investigations.</p> <ul style="list-style-type: none"> · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. <p>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the 	

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			<p>plans of clients, the client's needs are being met and meal observations.</p> <ul style="list-style-type: none"> · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · Oversight of the behavior documentation will be completed by the Program Coordinator, QIDP, Behavior Clinician. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. · Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of 	

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client		<p>the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's.</p> <ul style="list-style-type: none"> · The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that they are reported timely and that all required incidents are reported to BDDS. · New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact. · All abuse and neglect investigations will be reviewed by the Quality Improvement Specialist or her designee to ensure the investigations are thorough. · All investigations that are not considered abuse and neglect will be reviewed by the Area Director or her designee to ensure the investigations are thorough. <p>1.What is the date by which the systemic changes will be completed? September 1st, 2018</p>	

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	<p>protections requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (#1 and #2), to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1, and the facility neglected to complete an investigation regarding the elopement and incarceration of client #2.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility neglected to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The facility neglected to complete an investigation regarding the elopement and incarceration of client #2. Please see W127. 2. The facility neglected to complete an investigation regarding the elopement and subsequent incarceration of client #2. Please see W154. <p>9-3-2(a)</p>	W 0122	<p>W 122 Client Protections</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: <ul style="list-style-type: none"> · Review of the abuse/neglect policy · Training regarding the risk plans of Client #1 · Behavior plan and/or documentation expectations for Client #1 · Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of 	09/01/2018

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			<p>thorough investigations.</p> <ul style="list-style-type: none"> · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. <p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: · Review of the abuse/neglect policy 	

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			<ul style="list-style-type: none"> ·Importance of securing the van keys ·The glass has been removed from the van. ·The Program Director will be trained on what requires an investigation and the timeliness of investigations. ·The Program Director will be retrained on investigation expectations and components of thorough investigations. ·The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. ·The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. ·The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. <p>1.What measures will be put</p>	

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			<p>into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: <ul style="list-style-type: none"> · Review of the abuse/neglect policy · Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of 	

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			<p>the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. <p>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, 	

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			<p>programming, and medication review.</p> <ul style="list-style-type: none"> · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · Oversight of the behavior documentation will be completed by the Program Coordinator, QIDP, Behavior Clinician. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. · Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's. · The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that they are reported timely and that all required incidents are reported to 	

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7 had unrestricted access to the food/snacks at the group home.</p> <p>Findings include:</p>	W 0125	<p>BDDS.</p> <ul style="list-style-type: none"> · New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact. · All abuse and neglect investigations will be reviewed by the Quality Improvement Specialist or her designee to ensure the investigations are thorough. · All investigations that are not considered abuse and neglect will be reviewed by the Area Director or her designee to ensure the investigations are thorough. <p>1.What is the date by which the systemic changes will be completed? September 1st, 2018</p>	09/01/2018

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	<p>Observations were conducted at the group home on 7/24/18 from 3:50 PM through 6:00 PM and on 7/25/18 from 6:02 AM through 8:05 AM. Clients #1, #2, #3, #4, #5, #6 and #7 were observed throughout the observation period. On 7/24/18 at 3:58 PM there were several food items, snacks and beverages and beverage flavor packets locked inside the group home's medication room. On 7/25/18 at 6:23 AM there were several food items and snacks including a jar of peanut butter locked inside the group home's medication room.</p> <p>Client #1's record was reviewed on 7/26/18 at 9:43 AM. Client #1's BSP (Behavior Support Plan) BSP dated 7/16/18 did not indicate an approved restriction to lock food in the group home's medication room.</p> <p>Client #2's record was reviewed on 7/26/18 at 11:14 AM. Client #2's BSP dated 7/20/18 did not indicate an approved restriction to lock food in the group home's medication room.</p> <p>Client #3's record was reviewed on 7/26/18 at 12:10 PM. Client #3's BSP dated 2/28/18 did not indicate an approved restriction to lock food in the group home's medication room.</p> <p>Client #4's record was reviewed on 7/26/18 at 10:33 AM. Client #4's BSP dated 2/26/18 did not indicate an approved restriction to lock food in the group home's medication room.</p> <p>Client #5 was interviewed on 7/24/18 at 4:20 PM. Client #5 was asked why food, snacks and beverages were kept locked in the medication room. Client #5 stated, "They (staff) got them in there to keep them (food/snacks) from disappearing."</p>		<p>complaints, and the right to due process.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The food has been unlocked and relocated from the medication room. ·Ensuring that the food is not locked has been reviewed with the staff, Program Supervisor and Program Director on 7-30-18. ·The use of restrictions will be monitored by the Program Director and Program Supervisor during their weekly observations. ·Quarterly Health and Safety assessments will be conducted in the home and will monitor for the use of restrictions. ·Formal programming will be implemented for clients #1-#7 on appropriate snack serving sizes. ·Formal programming will be implemented for clients #1-#7 on following their prescribed diets. ·Resident rights including restricting access to desired snacks was reviewed with staff, the Program Supervisor and Program Director at their team meeting on 7-30-18. ·Resident rights, including restricting access to desired snacks and appropriate behavior interventions (least to more restrictive) will be reviewed with the Program Director and Program Coordinator by 9-1-18. 	

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	<p>Client #3 was interviewed on 7/24/18 at 5:22 PM. Client #3 was asked why food, snacks and beverages were kept locked in the medication room. Client #3 stated, "It's mostly for the lunches so we don't eat them in one day."</p> <p>Staff #4 was interviewed on 7/24/18 at 5:36 PM. Staff #4 was asked why food, snacks and beverages were kept locked in the medication room. Staff #4 stated, "We try to keep a few (clients) from taking it all. It's easier for us to monitor it."</p> <p>AD (Area Director) #1 was interviewed on 7/26/18 at 12:45 PM. AD #1 was asked if the group home's food, snacks and beverages should be locked in the medication room. AD #1 stated, "No, it's restrictive." AD #1 indicated there were no approved restrictions to lock the group home's food, snacks and beverages in clients #1, #2, #3, #4, #5, #6 and #7's BSPs.</p> <p>9-3-2(a)</p>		<p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Behavior Clinician will monitor during their monthly observations. · The snacks have been removed from the medication room and they are no longer secured. · Resident rights including restricting access to desired snacks was reviewed with staff, the Program Supervisor and Program Director at their team meeting on 7-30-18. · Resident rights, including restricting access to desired snacks and appropriate behavior interventions (least to more restrictive) will be reviewed with the Program Director and Program Coordinator by 9-1-18. · In the event that a restrictive measure needs to be implemented, the IDT will convene to determine what measures need to be addressed. The IDT will outline the guidelines for the restriction. Team member, individual and guardian signatures will be obtained. HRC approval would be obtained for the restriction before it would be implemented. · The QIDP will monitor and 	

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			<p>review the resident's needs. As the needs arise, formal programming will be implemented.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Behavior Clinician will monitor during their monthly observations. · The snacks have been removed from the medication room and they are no longer secured. · Resident rights including restricting access to desired snacks was reviewed with staff, the Program Supervisor and Program Director at their team meeting on 7-30-18. · Resident rights, including restricting access to desired snacks and appropriate behavior interventions (least to more restrictive) will be reviewed with the Program Director and Program Coordinator by 9-1-18. · In the event that a restrictive measure needs to be implemented, the IDT will convene to determine what measures need to be addressed. The IDT will outline the guidelines for the restriction. Team member, individual and guardian signatures will be obtained. HRC approval would be obtained for the restriction before it would be implemented. 	

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W 0127 Bldg. 00	483.420(a)(5) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. Based on observation, record review and interview, the facility neglected for 2 of 4 sampled clients (#1 and #2), to provide appropriate supervision to ensure staff did not allow client #1 to take the keys to the group home's van, open the trunk of the van, take a piece of sharp glass from the van and cut himself resulting in a significant injury to client #1. The facility	W 0127	<ul style="list-style-type: none"> The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. 1.How will the corrective action be monitored to ensure the deficient practice will not recur? <ul style="list-style-type: none"> The Behavior Clinician will monitor as they are in the home for their monthly observations. The Program Director will monitor when they are in the home to complete their weekly observations. The Program Coordinator will monitor on a daily basis when she is in the home. 1.What is the date by which the systemic changes will be completed? <ul style="list-style-type: none"> September 1st, 2018 	09/01/2018

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	<p>neglected to complete an investigation regarding the elopement and incarceration of client #2.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/24/18 from 3:50 PM through 6:00 PM and on 7/25/18 from 6:02 AM through 8:05 AM. Client #1 was observed throughout the observation periods. On 7/24/18 at 3:55 PM, client #1 was ambulating throughout the group home using a rolling walker to assist with his ambulation. Client #1 had red abrasions on the top of his left hand, including a 5 inch, red scar which ran vertically down the top of his left hand. Client #1 stated, "I got 6 stitches in it. This is my last time cutting. I went to the [psychiatric hospital]." On 7/24/18 at 4:54 PM a 12 inch by 12 inch plaster patch was observed on the dining room wall located next to the back bedroom hallway of the group home.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/25/18 at 11:43 AM.</p> <p>A BDDS report dated 7/8/18 indicated, "[Client #1] woke up from a nap on Sunday and thought he was left behind with a staff while the other clients went to [gas station]. [Client #1] saw a peer with a [gas station] cup and thought they (staff and clients) had all gone to [gas station] without him. The remaining clients did not leave the group home. [Client #1] was extremely upset and punched a hole in the wall. He (client #1) later came out of his bedroom with his (sic) bleeding. [Client #1] would not let staff near him to exam (sic) his hand. Staff called 911 (Emergency Services) and [client #1] was taken to [Name of Hospital] in [city]. A psych (psychiatric)</p>		<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. ·Training completed with the staff regarding: <ul style="list-style-type: none"> ·Review of the abuse/neglect policy ·Training regarding the risk plans of Client #1 ·Behavior plan and/or documentation expectations for Client #1 ·Importance of securing the van keys ·The glass has been removed from the van. ·The Program Director will be trained on what requires an investigation and the timeliness of investigations. ·The Program Director will be retrained on investigation expectations and components of thorough investigations. ·The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program 	

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	<p>evaluation was requested as well. [Client #1] was transported to [Hospital Facility] in [city]. A discharge date has not been given yet. No other injuries were reported...".</p> <p>-The BDDS report dated 7/8/18 indicated client #1 became agitated and punched a wall at the group home. The review indicated client #1 later had exited his bedroom and staff noticed client #1's hand was bleeding. The review did not indicate the cause for client #1's hand bleeding.</p> <p>A BDDS report dated 7/13/18 indicated on 7/8/18, "[Client #1] reported to another program supervisor that both staff were sleeping in the living room on 7-8 (2018). [Client #1] became upset because staff refused to take him to go cash his lottery ticket from Friday 7-6 because both staff were sleeping. [Client #1] caused property destruction and self-harm to do (sic) the incident. [Client #1], [client #7], [client #5], [client #4] and [client #3] were left unsupervised due to an allegation of staff sleeping during their shift. A side (sic) from [client #1's] injury to his hand, no other injuries were reported. Both staff were suspended pending an investigation. [Client #1] will follow up with his primary care physician regarding his injury to his hand... Staff [staff #3] and [staff #2] were suspended pending an investigation."</p> <p>-A review of the BDDS report dated 7/13/18 indicated client #1 made an allegation staff were sleeping during the incident on 7/8/18. The review indicated staff #2 and staff #3 were suspended pending an investigation regarding an allegation of staff neglect. The review did not indicate the type or severity of injury client #1 sustained to his hand.</p>		<p>Supervisor on 8-24-18.</p> <ul style="list-style-type: none"> · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · Area Director and/or Quality Assurance will review investigations for thoroughness. <p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: <ul style="list-style-type: none"> 1. Review of the abuse/neglect policy 2. Importance of securing the 	

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	<p>A RFII (Report Form for Internal Investigation) dated 7/8/18 to 7/16/18 indicated the following:</p> <p>"... Interview with [client #5] (Not Dated):"</p> <p>-"(Client #5) Stated he (client #5) walked out of his bedroom down the hallway and came into the living room and saw [staff #3] and [staff #2] in the living room laying down."</p> <p>-"(Client #5) Stated one was laying on the love seat and one was laying on the couch."</p> <p>-"(Client #5) Stated both [staff #2] and [staff #3's] eyes were closed but they were not sleeping."</p> <p>-"When asked how do you (client #5) know [staff #3] and [staff #2] were not asleep, stated [staff #3] and [staff #2] opened their eyes."</p> <p>-"When asked if [staff #3] and [staff #2] jumped or moved quickly when he came into the living room, (client #5) stated no [staff #2] and [staff #3] did not jump or move quickly."</p> <p>-"(Client #5) Stated he doesn't know where [client #1] got the glass from that he (client #1) used to cut himself with..."</p> <p>-(Client #5) Stated he was in his bedroom the whole time [client #1] was upset and having behaviors..."</p> <p>A review of the interview with client #5 indicated client #5 observed staff #2 and staff #3 laying on the couch and love seat in the living room with their eyes closed. The review indicated client #5 was in his room and did not observe client #1's behaviors. The review indicated client #1 did not know how client #1 obtained the broken glass he</p>		<p>van keys</p> <ul style="list-style-type: none"> · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program Supervisor on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. · Area Director and/or Quality Assurance will review investigations for thoroughness. · The Behavior Clinician will 	

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	<p>(client #1) used to cut himself on 7/8/18.</p> <p>- "... Interview with [client #3] (not dated):"</p> <p>- "(Client #3) Stated [staff #2] and [staff #3] were laying down in the living room with their eyes closed."</p> <p>- "(Client #3) Stated he was sitting in the living room on the side of the couch."</p> <p>- "(Client #3) Stated he heard [client #1] ask to go to the gas station to cash his (client #1's) lottery ticket."</p> <p>- "(Client #3) Stated he heard [staff #2] and [staff #3] tell [client #1] they couldn't take him (client #1) because they had to pick up [client #6] from work."</p> <p>- "(Client #3) Stated [staff #2] and [staff #3] stayed in the living room while [client #1] was having behaviors."</p> <p>- "Client #3) Stated [staff #2] and [staff #3] tried to talk to [client #1] and calm him down but it didn't work."</p> <p>- "(Client #3) Stated he doesn't know where [client #1] got the glass from that he (client #1) used to cut himself with."</p> <p>- "(Client #3) Stated he doesn't know how the mini-van side mirror's glass became broken."</p> <p>- "(Client #3) Stated he saw [client #1's] hand dripping with blood."</p> <p>- "(Client #3) Stated the ambulance came and took [client #1] to the hospital."</p>		<p>monitor during their monthly observations.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · Training completed with the staff regarding: <ul style="list-style-type: none"> 1. Review of the abuse/neglect policy 2. Importance of securing the van keys · The glass has been removed from the van. · The Program Director will be trained on what requires an investigation and the timeliness of investigations. · The Program Director will be retrained on investigation expectations and components of thorough investigations. · The importance of notifying guardians and health care representatives was reviewed with the Program Director and Program 	

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	<p>A review of the interview with client #3 indicated client #3 saw staff #2 and staff #3 laying down in the living room on the group home's couches. The review indicated client #3 was sitting in the living room when he observed staff #2 and staff #3 laying down on the group home's couches. The review indicated staff #2 and staff #3 stayed in the living room while client #1 was having behaviors. The review indicated client #3 did not know how client #1 obtained the broken glass he (client #1) used to cut himself on 7/8/18. The review indicated client #3 had observed client #1 bleeding from his (client #1's) hand.</p> <p>- "Interview with [client #1]"</p> <p>- "(Client #1) Stated [staff #2] and [staff #3] were sleeping during their shift."</p> <p>- "(Client #1) Stated [staff #3] was laying down on the love seat and [staff #2] was laying down on the couch."</p> <p>- "(Client #1) Stated [client #3] was in the living room watching television."</p> <p>- "(Client #1) Stated in the beginning of the conversation he (client #1) refused to tell PD (Program Director) where he (client #1) got the glass from."</p> <p>- "(Client #1) Stated [staff #2] and [staff #3] wouldn't take him to cash in his lottery ticket he got on Friday night 7-6 (2018)."</p> <p>- "(Client #1) Stated he went into the living room and saw the mini-van key sitting on the side table...".</p>		<p>Supervisor on 8-24-18.</p> <ul style="list-style-type: none"> · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. · The IDT will monitor trends and patterns in client reportable incidents. The IDT will convene as necessary to discuss an increase in reportable incidents. · The behavior plans and documentation for all clients requiring them will be monitored and reviewed. Revisions will be made as necessary and additional staff training conducted upon revision. · Area Director and/or Quality Assurance will review investigations for thoroughness. · The Behavior Clinician will monitor during their monthly observations. <p>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met and meal observations. · The Program Director will do home observations weekly to 	

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	<p>-(Client #1) Stated he took the key, went outside unlocked the minivan and got inside."</p> <p>-(Client #1) Stated [staff #3] and [staff #2] didn't care that he (client #1) had the key, reported they said they had another key."</p> <p>-(Client #1) Stated [staff #3] and [staff #2] didn't know he (client #1) had a tiny piece of glass in his hand."</p> <p>-(Client #1) Stated he came back inside the group home and walked into his bedroom."</p> <p>-(Client #1) Stated he was in his bedroom and used the tiny piece of glass to make cuts on his hand."</p> <p>-(Client #1) Stated he lost a lot of blood."</p> <p>-(Client #1) Stated he was taken to the hospital by ambulance..."</p> <p>A review of the interview with client #1 indicated client #1 stated he observed staff #2 and staff #3 sleeping in the living room. The review indicated client #1 stated took the keys to group home's mini-van off of a side table located in the living room of the group home. The review indicated client #1 stated staff #2 and staff #3 were aware client #1 had taken the key to the mini-van.</p> <p>"Interview with [staff #3] DSP (Direct Support Professional)".</p> <p>"... (Staff #3) Stated [client #5] did have an old [gas station] cup in which he (client #5) was filling up with water all last weekend."</p> <p>-(Staff #3) Stated [client #1] saw [client #5] with</p>		<p>ensure staff are implementing the plans of clients, the client's needs are being met and meal observations.</p> <p>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</p> <p>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <p>· Oversight of the behavior documentation will be completed by the Program Coordinator, QIDP, Behavior Clinician.</p> <p>· The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</p> <p>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff</p>	

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	<p>the cup and assumed his (client #1's) peers had gone to [gas station] without him."</p> <p>-(Staff #3) Stated she (staff #3) didn't see [client #1] take the van key but knew he had because she want (sic) to put it up."</p> <p>-(Staff #3) Stated the van key was laying on the side table next to the lamp."</p> <p>-(Staff #3) Stated the clicker (container) comes apart and key is inside the clicker."</p> <p>-(Staff #3) Stated [client #1] had taken the key from inside the clicker."</p> <p>-(Staff #3) Stated [Client #1] was going to make sure [staff #3] and [staff #2] didn't leave."</p> <p>-(Staff #3) Stated [Client #1] went out to the mini-van."</p> <p>-(Staff #3) Stated [Staff #2] and her (sic) watched [client #1] from the window in the living room."</p> <p>-(Staff #3) Stated [Staff #2] and her (sic) saw [client #1] open the back (door) on the mini-van."</p> <p>-(Staff #3) Stated [Client #1] had picked up the jack and [staff #2] was able to get him (client #1) to put it back down."</p> <p>-(Staff #3) Stated she (staff #3) saw tiny pieces of glass in the back of the mini-van but doesn't know how the glass got there."</p> <p>-(Staff #3) Stated she had broke (sic) the glass of the side mirror during the end of March/beginning of April."</p>		<p>to ensure they know how to properly document, how to report incidents and understanding of BSP's.</p> <ul style="list-style-type: none"> · The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that they are reported timely and that all required incidents are reported to BDDS. · New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact. · All abuse and neglect investigations will be reviewed by the Quality Improvement Specialist or her designee to ensure the investigations are thorough. · All investigations that are not considered abuse and neglect will be reviewed by the Area Director or her designee to ensure the investigations are thorough. · The Behavior Clinician will monitor during their monthly observations. <p>1.What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> · September 1st, 2018 	

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	<p>-(Staff #3) Stated she had reported the incident to her supervisor."</p> <p>-(Staff #3) Stated she had swerved to miss hitting a deer and hit a mailbox."</p> <p>-(Staff #3) Stated she didn't hit the mailbox hard enough to break the side mirror off just the glass."</p> <p>-(Staff #3) Stated [client #1] willingly came back inside the group home."</p> <p>-(Staff #3) Stated [client #1] was calmer but still upset."</p> <p>-(Staff #3) Stated as [client #1] was walking back to his bedroom he (client #1) punched a hole in the wall."</p> <p>-(Staff #3) Stated after [client #1] gave the mini-van key back, [staff #2] and her (sic) didn't think he (client #1) had anything else to harm himself with."</p> <p>-(Staff #3) Stated it was around 4 PM med pass and [staff #2] had asked [client #1] if he was going to take his medications."</p> <p>-(Staff #3) Stated she can't remember if [client #1] agreed to take his meds or not."</p> <p>-(Staff #3) Stated [staff #2] walked back there and he (client #3) was still arguing."</p> <p>-(Staff #3) Stated [client #1] had walked into the med room and noticed that his (client #1's) hand was bleeding...".</p> <p>-(Staff #3) Stated program supervisor [PS #1] had told her (staff #3) if he (client #1) was bleeding</p>			

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	<p>really bad (sic) to call 911."</p> <p>-(Staff #3) Stated [client #1] would not allow [staff #2] or [staff #3] to put pressure on his hand...".</p> <p>-(Staff #3) Stated [client #1] kept walking around to get away from [staff #2] or [staff #3]."</p> <p>-(Staff #3) Stated the police had arrived prior to the ambulance showing up."</p> <p>-(Staff #3) Stated the police told [client #1] that if he didn't apply pressure to his had, the police would have to assist."</p> <p>-(Staff #3) Stated [client #1] finally agreed to apply pressure to his hand...".</p> <p>-(Staff #3) Stated she (staff #3) will sit on the couch with her feet up when everything is done."</p> <p>-(Staff #3) Stated her legs and feet have been swelling. *** [Staff #3] is pregnant."</p> <p>-(Staff #3) Stated she never layed (sic) down during her (staff #3's) shift."</p> <p>-(Staff #3) Stated she was not sleeping on her shift."</p> <p>A review of the interview with staff #3, not dated, indicated client #1 became agitated and took the group home's van key off of a side table in the living room. The review indicated staff #3 was aware client #1 had taken the key to the group home van. The review indicated staff #3 and staff #2 watched client #1 from the living room window as he walked outside and opened the back door of the group home's van. The review indicated staff</p>			

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	<p>#3 noticed there were pieces of broken glass in the back of the van. The review indicated client #1 was still agitated when he came back into the group home. The review indicated client #1 punched a hole in a wall at the group home. The review indicated client #1 went into his bedroom. The review did not indicate the amount of time client #1 was in his bedroom without staff supervision. The review indicated when client #1 came out of his bedroom his hand was bleeding. The review did not indicate whether client #1 was using his walker when he walked out of the group home without staff supervision to the group home's van. The review indicated staff #3 was pregnant and sat on on the couch with her "feet up." The review indicated staff #3 denied laying down or sleeping on the couch.</p> <p>"Interview with [staff #2] DSP (Direct Support Professional)".</p> <p>-" (Staff #2) Stated the van keys were in the living room on the side table."</p> <p>-"(Staff #2) Stated the mini key comes apart and [client #1] had actually pulled out the van key."</p> <p>-"(Staff #2) Stated she knew [client #1] had the van key because he put the clicker back on the table."</p> <p>-"(Staff #2) Stated [client #1] walked outside to the back of the mini-van."</p> <p>-"(Staff #2) Stated she was watching him (client #1) from the window in the living room."</p> <p>-"(Staff #2) Stated she (staff #2) then walked outside and saw that he (client #1) had the jack."</p>			

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	<p>-(Staff #2) Stated she was able to get [client #1] to put the jack down."</p> <p>-(Staff #2) Stated from the time she (staff #2) was watching from the window and walking outside to redirect him, [client #1] had picked up piece of glass."</p> <p>-(Staff #2) Stated she knew the side mirror's glass was broken but doesn't know why it was broken...".</p> <p>-(Staff #2) Stated he (client #1) was fine in the living room for awhile and calmed down."</p> <p>-(Staff #2) Stated after awhile he (client #1) went to his bedroom...".</p> <p>-(Staff #2) Stated she told [client #1] it was med time, [client #1] responded okay and continued to walk towards his room."</p> <p>-(Staff #2) Stated she went back into the med room."</p> <p>-(Staff #2) Stated she walked back there and he (client #1) walked out with his hand bleeding."</p> <p>-(Staff #2) Stated the injuries were to the top of his hand...".</p> <p>-(Staff #2) Stated there were trails of blood from his (client #1's) bedroom to the med room...".</p> <p>-(Staff #2) Stated she was sitting on the couch but was not sleeping."</p> <p>A review of the interview with staff #2, not dated, indicated the keys to the group home's vans were laying on a side table in the living room. The</p>			

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1012 PARKWAY DR ANDERSON, IN 46012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>review indicated client #1 took the keys to the group home's van. The review indicated staff #2 was aware client #1 took the keys to the group home's van. The review indicated client #1 walked outside, without staff supervision and opened the back of the group home's van. The review did not indicate whether client #1 was using his walker when he walked out of the group home without staff supervision to the group home's van. the review indicated client #1 took a piece of glass from the van. The review did not indicate whether staff #2 observed client #1 take a piece of glass from the van. The review indicated client #1 went into his bedroom. The review did not indicate the amount of time client #1 was in his bedroom without staff supervision. The review indicated staff #2 stated when client #1 came out of his bedroom his hand was bleeding.</p> <p>"Conclusions of Fact..."</p> <ul style="list-style-type: none"> -"The evidence supports the side mirror's glass had been broken for several months without being repaired." -"The evidence supports both [staff #2] and [staff #3] knew the side mirror's glass was broken." -"The evidence supports both [staff #3] and [staff #2] did not see [client #1] pick up a tiny piece of glass from the back of the mini-van and have it on his person." -"Evidence supports that [staff #2] and [staff #3] deny they were sleeping." -"Evidence supports that [staff #2] and [staff #3] were laying down in the living room." -"Evidence supports that other clients interacted 			

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	<p>(client #5, client #4, client #7 and client #3) or observed interactions with [staff #2] and [staff #3] during the time it was alleged they were sleeping."</p> <p>- "Evidence supports that [client #1] has experienced several psych events this past year."</p> <p>- "Evidence supports that that [client #1] did cut his hand because he was upset."</p> <p>A review of the Conclusions of Fact dated 7/16/18 indicated the facility substantiated staff #2 and staff #3 were laying down while on duty. The review indicated the facility did not substantiate staff #2 and staff #3 were sleeping on duty. The review indicated client #1 had several psychotic events in the past year. The review did not indicate the investigation addressed/substantiated whether staff #2 and #3 neglected to follow client #1's plan by allowing client #1 to take the key to the group home's van. The review did not indicate the investigation addressed/substantiated whether staff #2 and #3 neglected to follow client #1's plan by allowing client #1 to walk outside the group home unsupervised and open the back of the van. The review did indicate the facility substantiated client #1 cut himself with a piece of broken glass he had taken while in the group home van without staff supervision. The review indicated staff #2 and staff #3 did not see client #1 pick up a piece of broken glass.</p> <p>Client #1's record was reviewed on 7/26/18 at 9:43 AM.</p> <p>Client #1's PDI (Patient Discharge Instructions) form dated 7/9/18 at 12:39 AM indicated, "... Pt. (patient) ED (Emergency Department) by EMS (Emergency Medical Services) from group home.</p>			

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	<p>He (client #1) cut the top of his left hand with a piece of glass with intent to kill himself. He (client #1) stated he 'wanted to be a spirit today'. One 3 cm (centimeter) and two cm lac (laceration) noted to the top of his left hand. Bleeding is controlled at this time... This patient (client #1) was seen and examined. The differential diagnosis and treatment plan was discussed with him (client #1). His lacerations were repaired per procedure note. He (client #1) will need to be placed due to his suicidal ideation and plan. And EDO (Emergency Disposition Order) was completed by police officers and myself (ED Physician)... The (Name of Hospital) did have beds and paperwork was faxed there...".</p> <p>A review of the PDI dated 7/9/18 indicated client was treated at the ED for 2 lacerations to the top of his left hand. The review indicated client #1 stated he cut himself with a piece of broken glass with the intention of killing himself. The review indicated client #1 was transferred to a psychiatric hospital for treatment of suicidal ideation and intent.</p> <p>Client #1's NSR (Note Summary Report) completed on 7/8/18 by staff #6 indicated, "... Client (#1) had another behavior, cut himself up (sic) punched hole in the wall (sic) tore bathroom door half way down. Client (#1) was taken to the hospital...".</p> <p>A review of the NSR dated 7/8/18 and completed by staff #6 indicated client #1 cut himself, engaged in property destruction and was taken to the hospital for treatment. The review did not indicate staff #2 or staff #3 documented client #1's self-injurious/suicidal behaviors on 7/8/18.</p> <p>Client #1's ISP (Individual Support Plan) dated 7/17/18 indicated, "... [Client #1] is on supervision</p>			

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	<p>level C (one to one supervision) and has to have staff with him on all community outings... [Client #1] had made threats that he is going to hurt others or himself by cutting. He (client #1) had indicated on numerous occasions that he (client #1) can make a weapon to harm himself with just about any materials provided to him. Most of his threats to cut himself thought center around using knives or pop cans. This has forced staff to lock all the sharps and pop cans within the home...".</p> <p>Client #1's ISP dated 7/17/18 indicated client #1 had a history of using several different items to cut and or harm himself. The review indicated all sharp objects were to be locked due to client #1's Self-Injurious Behavior. The review indicated client #1 required staff supervision when in the community.</p> <p>Client #1's BSP (Behavior Support Plan) dated 7/16/18 indicated, "... Description Self Injurious Behavior (SIB): Skin picking-especially around his fingernails; cutting his anatomy with objects. All Sharps are to be locked to decrease incidents of harming self... AWOL (Absent Without Leave) as defined as leaving the supervised area by going outside or refusing to remain within the recommended supervision range during times of suicidal ideation or threats of SIB. 1. Staff should follow [client #1] from a safe distance if he leaves the home, day program or community location. 2. If [client #1] walks away from the setting rather than use his walker, staff will follow him (client #1) with his walker...".</p> <p>A review of client #1's BSP dated 7/16/18 indicated client #1 had targeted behaviors for AWOL and SIB. The review indicated staff were to follow client #1 with client #1's walker if he left the group home without his walker.</p>			

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	<p>2. A BDDS report dated 6/13/18 indicated on 6/12/18, "... Staff reported on 6/12/(2018) [client #2] was upset and his behavior escalated. Staff were not able to get him (client #2) to calm down or be redirected. [Client #2] began (sic) hit, punch a staff in her face and scratched the staff as well. The staff had injury and was bleeding. The police were called out to the group home for assistance. [Client #2] was taken to jail on 6/12. [Client #2] is still currently in jail at this time. [Client #2] has a pre-trial set for Friday (6/15/18) at 9am (sic)... At this time [client #2] is not being bailed out and [Agency] will proceed with the outcomes with BDDS and the determination on Friday."</p> <p>A review of the BDDS report dated 6/13/18 indicated client #2 became physically aggressive and punched a staff member. The review indicated the police were called and client #2 was arrested and incarcerated. The review indicated the client was in jail from 6/12/18 until at least 6/15/18. The review did not indicate documentation of an investigation regarding client #1's physical aggression and incarceration.</p> <p>Client #1 was interviewed on 7/24/18 at 5:12 PM. Client #1 was asked if he had to go to the hospital recently. Client #1 stated, "Yeah a couple of times. Well I was cutting myself." Client #1 was asked what he used to cut himself. Client #1 stated, "Anything I could get my hands on. It was a piece of glass." Client #1 was asked where he got the piece of glass. Client #1 stated, "In the back of the van. It was pretty deep. I was bleeding a lot. It was a lot of blood dripping out."</p> <p>Client #4 was interviewed on 7/24/18 at 5:24 PM. Client #4 was asked if he had observed client #1 cut himself. Client #4 stated, "No, but I saw blood</p>			

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	<p>all over the place. I told [PS (Program Supervisor) #1 I (client #4) don't need to be around that [expletive]. I (client #4) tried to commit suicide myself."</p> <p>Client #1's HCR (Health Care Representative)/Brother was interviewed on 7/25/18 at 10:32 AM. Client #1's HCR was asked if the facility had notified him regarding client #1's self-injurious behavior on 7/8/18. Client #1's HCR stated, "Well I know about it, they (facility) didn't notify me. I went to the house to see him. I'm not getting the notifications I should get."</p> <p>Staff #4 was interviewed on 7/24/18 at 5:36 PM. Staff #4 was asked if she knew what client #1 used to cut his left hand. Staff #4 stated, "I think he (client #1) found glass outside. He's (client #1) cut himself multiple times this year."</p> <p>Staff #1 was interviewed on 7/24/18 at 5:45 PM. Staff #1 was asked if she was working when client #1 cut himself. Staff #1 stated, "Which time?" Staff #1 was asked how many times had client #1 cut himself. Staff #1 stated, "A total of 3, yeah I'm pretty sure." Staff #1 was asked which staff were working when client #1 cut himself on 7/8/18. Staff #1 stated, "It was [staff #2] and [staff #3]. He (client #1) told me a piece of the mirror was in the back of the minivan. He (client #1) took it and cut himself." Staff #1 was asked if she was present on 6/12/18 when client #2 was physically aggressive and taken to jail by the police. Staff #1 stated, "He (client #2) ran, we were following him. He (client #2) tried to jump out of the back seat of my car. He (client #2) scratched me and pulled my hair." Staff #1 was asked how long client #2 was in jail. Staff #1 stated, "2 or 3 weeks."</p> <p>Staff #2 was interviewed on 7/25/18 at 1:49 PM.</p>			

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	<p>Staff #2 was asked if she saw client #1 take the key to the group home's van. Staff #2 stated, "We noticed the key wasn't in the box." Staff #2 was asked the amount of time client #1 was outside without staff supervision on 7/8/18. Staff #2 stated, "He (client #1) walked outside and I was watching from the window. If you (staff) go outside sometimes he (client #1) gets mad. As soon as we saw him (client #1) open the trunk we went outside." Staff #2 was asked if client #1 used his walker when he walked outside on 7/8/18. Staff #2 stated, "No, I guess it's PRN (as needed) now. He (client #1) didn't have his walker." Staff #2 was asked if she saw the broken mirror in the back of the mini-van. Staff #2 stated, "No, I didn't see it, it (mirror) wasn't in the van anymore. There was no big pieces that were visible to see. In the time it took for us to walk out there I (staff #2) assumed he (client #1) found the tiniest piece of glass."</p> <p>Staff #2 was asked if client #1 punched the wall in the dining room. Staff #2 stated, "Yeah it was before he (client #1) walked into his room. I think he hit it more than once." Staff #2 was asked when she had noticed client #1 had cut himself. Staff #2 stated, "He (client #1) walked into the doorway and that's when I noticed his hand was open. It was bleeding quite a lot. It had dripped on the floor. It was more than I (staff #2) had seen it bleed before."</p> <p>PS #1 was interviewed on 7/26/18 at 10:34 AM. PS #1 was asked if staff should have allowed client #1 to walk outside without staff supervision on 7/8/18. PS #1 stated, "No, they shouldn't have. I can't justify that." PS #1 was asked if staff followed client #1's plan when they let him walk outside alone on 7/8/18. PS #1 stated, "When he's in an irate mode, I guess when he went outside they (staff) should have been alert." PS #1 was asked if staff should have secured the keys to the</p>			

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W 0154 Bldg. 00	<p>group home van. PS #1 stated, "Yes." PS #1 was asked how glass from the van's mirror got into the back of the group home's van. PS #1 stated, "I believe [staff #3] did that."</p> <p>AD (Area Director) #1 was interviewed on 7/26/18 at 12:45 PM. AD #1 was asked if staff followed client #1's plan when they allowed client #1 to walk out of the group home with the keys to the group home's van. AD #1 stated, "He (client #1) should not have been walking out with the van keys. They (staff) shouldn't have let him (client #1) do it so they were not following his plan." AD #1 was asked if client #1 cut himself with a piece of broken glass he retrieved from the minivan without staff supervision on 7/8/18. AD #1 stated, "Yes." AD #1 was asked if staff #2 and staff #3 should have been laying down on the group home's couches while they were on duty on 7/8/18. AD #1 stated, "They should not have been laying on the couch." AD #1 was asked if staff followed client #1's BSP/AWOL plan when they allowed client #1 to walk outside without his walker. AD #1 stated, "No They (staff) did not." AD #1 was asked if the facility had documentation of an investigation regarding the elopement and subsequent incarceration of client #2 on 6/12/18. AD #1 stated, 'Not a complete investigation.'</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 4 allegations of abuse, neglect and mistreatment reviewed, the facility neglected to complete an investigation regarding the elopement and subsequent incarceration of client #2.</p>	W 0154	<p>W154 Staff Treatment of Clients The facility must have evidence that all alleged violations are thoroughly investigated.</p>	09/01/2018

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/25/18 at 11:43 AM.</p> <p>A BDDS report dated 6/13/18 indicated on 6/12/18, "... Staff reported on 6/12/(2018) [client #2] was upset and his behavior escalated. Staff were not able to get him (client #2) to calm down or be redirected. [Client #2] began (sic) hit, punch a staff in her face and scratched the staff as well. The staff had injury and was bleeding. The police were called out to the group home for assistance. [Client #2] was taken to jail on 6/12. [Client #2] is still currently in jail at this time. [Client #2] has a pre-trial set for Friday (6/15/18) at 9am (sic)... At this time [client #2] is not being bailed out and [Agency] will proceed with the outcomes with BDDS and the determination on Friday."</p> <p>A review of the BDDS report dated 6/13/18 indicated client #2 became physically aggressive and punched a staff member. The review indicated the police were called and client #2 was arrested and incarcerated. The review indicated the client was in jail from 6/12/18 until at least 6/15/18. The review did not indicate documentation of an investigation regarding client #1's physical aggression and incarceration.</p> <p>Staff #1 was interviewed on 7/24/18 at 5:45 PM. Staff #1 was asked if she was present on 6/12/18 when client #2 was physically aggressive and taken to jail by the police. Staff #1 stated, "He (client #2) ran, we were following him. He (tried to jump out of the back seat of my car. He (client #2) scratched me and pulled my hair." Staff #1 was asked how long client #2 was in jail. Staff #1</p>		<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Review of the abuse/neglect policy ·The Program Director will be retrained on investigation expectations and components of a thorough investigations. ·The Program Director will be retrained on what requires an investigation and investigation timeliness. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the same deficient practice. ·Training completed with the staff regarding: ·Review of the abuse/neglect policy ·The Program Director will be retrained on investigation expectations and components of a thorough investigations. ·The Program Director will be retrained on what requires an investigation and investigation timeliness. ·Area Director and/or Quality Assurance will review investigations for thoroughness. <p>1.What measures will be put</p>	

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	<p>stated, "2 or 3 weeks."</p> <p>AD (Area Director) #1 was interviewed on 7/26/18 at 12:45 PM. AD #1 was asked if the facility had documentation of an investigation regarding the elopement and subsequent incarceration of client #2 on 6/12/18. AD #1 stated, "Not a complete investigation."</p> <p>9-3-2(a)</p>		<p>into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> ·Training completed with the staff regarding: ·Review of the abuse/neglect policy ·The Program Director will be retrained on investigation expectations and components of a thorough investigations. ·The Program Director will be retrained on what requires an investigation and investigation timeliness. ·Area Director and/or Quality Assurance will review investigations for thoroughness. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> ·Area Director and/or Quality Assurance will review investigations for thoroughness. ·All abuse and neglect investigations will be reviewed by the Quality Improvement Specialist or her designee to ensure the investigations are thorough. ·All investigations that are not considered abuse and neglect will be reviewed by the Area Director or her designee to ensure the investigations are thorough <p>1.What is the date by which</p>	

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W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' program plans by failing to monitor the clients' progress on their training objectives for 3 of 12 months during the past year.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/26/18 at 9:43 AM. Client #1's ISP (Individualized Support Plan) dated 7/7/18 indicated client #1 had formal training objectives for: Budgeting/Reinforcer, CPAP (Continuous Positive Airway Pressure) skills, Medication Goal, Oral Hygiene, Eyeglasses. Client #1's ISP did not contain documentation the QIDP reviewed, revised, updated and monitored his individualized training objectives for 3 of 12 months from March 2018 to May 2018.</p> <p>Client #2's record was reviewed on 7/26/18 at 11:14 AM. Client #2's ISP dated 4/15/18 indicated client #2 had formal training objectives for: Change Sheets, Hygiene, Complete Chores, Money Review, Medication Review, Process to complete Laundry. Client #2's ISP did not contain documentation the QIDP reviewed, revised, updated and monitored his individualized training objectives for 3 of 12 months from March 2018 to May 2018.</p>	W 0159	<p>the systemic changes will be completed?</p> <ul style="list-style-type: none"> September 1st, 2018 <p>W 159 QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Training completed with the staff regarding: Completing formal programming documentation The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. The Program Director/QIDP will be retrained on the expectations of reviewing and monitoring programmatic data. The Program Director/QIDP and Program Supervisor was retrained on the expectations for completing monthly summaries on 8-24-18. The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's 	09/01/2018

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1012 PARKWAY DR ANDERSON, IN 46012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>Client #3's record was reviewed on 7/26/18 at 12:10 PM. Client #3's ISP dated 4/15/18 indicated client #3 had formal training objectives for: Medication, Oral Hygiene, Change Sheets, Complete Daily Chore, Money Review. Client #3's ISP did not contain documentation the QIDP reviewed, revised, updated and monitored his individualized training objectives for 3 of 12 months from March 2018 to May 2018.</p> <p>Client #4's record was reviewed on 7/26/18 at 10:33 AM. Client #4's ISP dated 3/2/18 indicated client #4 had formal training objectives for: Better Hygiene Practice, Daily Living Activities, Medication Administration, Money, Client #4's ISP did not contain documentation the QIDP reviewed, revised, updated and monitored his individualized training objectives for 3 of 12 months from March 2018 to May 2018.</p> <p>AD (Area Director) #1 was interviewed on 7/26/18 at 12:45 PM. AD #1 indicated the facility did not have documentation the QIDP reviewed, revised, updated and monitored the clients' individualized training objectives for 3 of 12 months from March 2018 to May 2018.</p> <p>9-3-3(a)</p>		<p>needed, family involvement, medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP.</p> <p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Training completed with the staff regarding: <ul style="list-style-type: none"> · Completing formal programming documentation · The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director/QIDP will be retrained on the expectations of reviewing and monitoring programmatic data. · The Program Director/QIDP and Program Supervisor was retrained on the expectations for completing monthly summaries on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. These staffings are led by the 	

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			<p>QIDP.</p> <ul style="list-style-type: none"> · The Program Director/QIDP will review all of the client's comprehensive functional assessments and update them as their needs change but at least yearly. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training completed with the staff regarding: · Completing formal programming documentation · The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director/QIDP will be retrained on the expectations of reviewing and monitoring programmatic data. · The Program Director/QIDP and Program Supervisor was retrained on the expectations for completing monthly summaries on 8-24-18. · The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP. 	

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			<p>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>· The Program Director will monitor to ensure the clients plans and needs are being met during their weekly observations.</p> <p>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</p> <p>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <p>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents, diets and understanding</p>	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #4) with adaptive equipment, the facility failed to ensure clients #2 and #4 had access to and were encouraged to wear their prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/24/18 from 3:50 PM through 6:00 PM and on 7/25/18 from 6:02 AM through 8:05 AM. Clients #2 and #4 were observed throughout the observation period. Clients #2 and #4 were not observed wearing their prescription eyeglasses. Staff were not observed cueing client #2 and client #4 to wear their prescription eyeglasses during the observation period.</p>	W 0436	<p>of BSP's.</p> <ul style="list-style-type: none"> The AD will completed home observations which include a review of the programmatic data to ensure that the Program Director/QIDP is monitoring and updating as necessary. <p>1.What is the date by which the systemic changes will be completed? September 1st, 2018</p> <p>W 436 Space and Equipment The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The eye glasses for Clients #2 and #4 have been located. Encouraging the use of the clients wearing their eye glasses was reviewed with the staff, 	09/01/2018

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	<p>Client #2's record was reviewed on 7/26/18 at 11:14 AM. Client #2's CF (Consultation Form) dated 2/12/18 indicated, "... Description: Myopia (Nearsighted), bilateral... Glasses are for part time or full time wear...". Client #2's ISP (Individual Support Plan) dated 4/5/18 did not indicate a training objective for client #2 to wear his prescription eyeglasses.</p> <p>Client #4's record was reviewed on 7/26/18 at 10:33 AM. Client #4's CF dated 2/12/18 indicated, "... Annual Exam, Patient (client #4) is in a bifocal, current Rx (Prescription) is about 1 year old...". Client #4's ISP dated 3/2/18 did not indicate a training objective for client #4 to wear his prescription eyeglasses.</p> <p>AD (Area Director) #1 was interviewed on 7/26/18 at 12:45 PM. AD #1 indicated clients #2 and #4 had prescription eyeglasses and should wear their prescription eyeglasses. AD #1 was asked if clients #2 and #4 had training objectives in their ISP's to teach them to wear their prescription eyeglasses. AD #1 stated, "No."</p> <p>9-3-7(a)</p>		<p>Program Supervisor and Program Director on 7-30-18.</p> <ul style="list-style-type: none"> Formal Programming will be implemented for Clients #2 and #4 to encourage them to wear their eye glasses. <p>1. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Formal Programming will be implemented for clients who choose not to wear their eyeglasses to encourage them to wear their eye glasses. The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. <p>Training completed with the</p>	

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			<p>staff regarding:</p> <ul style="list-style-type: none"> · Encouraging the use of the clients wearing their eye glasses was reviewed with the staff, Program Supervisor and Program Director on 7-30-18. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director/QIDP will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · Training completed with the staff regarding: <ul style="list-style-type: none"> · Ensuring adaptive equipment is in good working order. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their weekly observations. · The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations. 	

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			<p>·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's adaptive equipment needs, risk plans, ISP's, programming, and medication review.</p> <p>1.What is the date by which the systemic changes will be completed? September 1st, 2018</p>	