

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2016
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD CASTLETON, IN 46256
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W 0000 Bldg. 00	<p>This visit was for an initial certification and state licensure survey.</p> <p>Dates of Survey: 11/14/16, 11/15/16, 11/16/16, 11/17/16 and 11/18/16</p> <p>Facility Number: 10453 Provider Number: N/A AIMS Number: 100474600</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/6/16.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients (#2, #3), the facility failed to implement its written policy and procedures to prevent 2 separate incidents of client to client abuse regarding clients #2 and #3, failed to report the circumstances of an incident of</p>	W 0149	<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the governing body facilitated the following:</i></p>	12/16/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>law enforcement intervention and psychiatric hospitalization of client #2 to BDDS (Bureau of Developmental Disabilities Services), failed to conduct a thorough investigation of an incident of client to client abuse regarding clients #2 and client #3 and failed to develop and implement corrective measures to prevent client to client abuse regarding client #2 hitting client #3.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 11/14/16 at 12:12 PM. The review indicated the following:</p> <p>1. BDDS report dated 10/26/16 indicated, "[Client #3] reported to [RM (Residential Manager) #1] (that) [client #2] entered [client #3's] room and hit him two times. [Client #2] cursed at staff and hit [client #3] before [RM #1] could redirect him. [RM #1] separated both individuals and monitored them to prevent additional incidents. [Client #3] was not injured."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] was the aggressor. [Client #2] struck [client #3]."</p> <p>The investigation did not indicate documentation of analysis of the</p>		<p>All staff have been retrained to include sufficient detail in internal incident reports to assure accurate reporting to outside entities including but not limited to the Bureau of Developmental Disability Services and Adult Protective Services as required. Professional staff have been retrained to gather additional information as needed prior to submitting reports to outside entities. A review of incident documentation indicates no other clients were affected by failure to report incidents to the administrator and the State of Indiana as required.</p> <p>The Quality Assurance Manager and Quality Assurance Coordinator provided intensive retraining on investigation procedures to all agency supervisory staff on 11/22/16. This training included discussion of the need for investigations include analysis of evidence to determine support plans were followed as written and if appropriate supervision and supports were provided during alleged incidents.</p>				

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	<p>evidence to determine if staff implemented client #2's BSP (Behavior Support Plan) appropriately to prevent client #2's physical abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations, or methods to prevent further incidents regarding staff implementation of client #2's BSP to prevent client to client abuse.</p> <p>2. BDDS report dated 10/27/16 indicated, "[Client #2, diagnosis, age and gender] became upset when he could not contact his Father by phone. [Client #2] hit his housemate, [client #3, diagnosis, age and gender] and [staff #3]. [Staff #3] redirected [client #2]. [Client #2] went outside and remained agitated. A neighbor called 911. Law enforcement officers arrived and took [client #2] to [hospital] for psychiatric evaluation. [Client #2] was released to ResCare staff with instructions to follow up with psychiatrist."</p> <p>The 10/27/16 BDDS report indicated, "[Client #3] complained of pain after the incident but now denies pain and has no visible signs of injury."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] struck a housemate, [client #3], staff and chased staff down the</p>		<p>The Operations Team, including the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Nurse Manager, Training Coordinator and Executive Director, will directly oversee all investigations. The Site Supervisor will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The QIDP and Quality Assurance Team (Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Quality Assurance Manager will provide direct oversight and hands-on coaching of the QIDP throughout</p>	

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	<p>road."</p> <p>The 10/27/16 BDDS report did not indicate documentation of a description of the circumstances leading up to a community member notifying law enforcement and client #2's subsequent admission to the hospital for a psychological evaluation. The facility failed to report client #2 chased staff out of the group home and down the residential street in front of the group home.</p> <p>The 10/31/16 Investigation did not indicate documentation of an analysis of the evidence to determine if and how long client #3 and/or other clients in the home were left unsupervised during the incident when staff was being chased down the street by client #2.</p> <p>The 10/31/16 Investigation did not indicate documentation of analysis of the evidence to determine if staff implemented client #2's BSP appropriately to prevent client #2's abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations or methods to prevent future incidents with regard to staff implementation of client #2's BSP to prevent client to client abuse.</p>		<p>the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence.</p> <p>The facility has assisted Client #2 with obtaining the services of an attending psychiatrist and has initiated psychiatric follow-along that will occur as needed but no less than quarterly. Client #2's Behavior Support Plan will be modified to reflect the current psychotropic medication regime as well revised preventative strategies. Staff will be trained toward proper implementation of the revised plan. There have been no incidents of peer to peer aggression since 10/26/16.</p> <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager will coordinate and follow-up with the Quality Assurance Coordinator</p>				

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	<p>RM #1 was interviewed on 11/15/16 at 8:15 AM. RM #1 indicated staff #3 was the staff on duty at the home during the 10/27/16 incident. RM #1 indicated staff #3 was attempting to verbally redirect client #2. RM #1 indicated client #2 began to curse at staff #3 and client #2 began to hit staff #3. RM #1 indicated client #2 picked up a chair and broke it against the wall. RM # 1 stated, "[Staff #3] ran outside to get away and [client #2] chased her outside, still trying to hit [staff #3]." RM #1 stated, "[Staff #3] ran up to a male neighbor to ask him for help." RM #1 stated, "The male neighbor physically stood between [staff #3] and [client #2] to protect [staff #3]." RM #1 indicated neighbors then called the police.</p> <p>Client #2's record was reviewed on 11/14/16 at 3:00 PM. Client #2's BSP (Behavior Support Plan) dated 10/19/16 and updated 10/28/16 indicated client #2 had physical aggression as a targeted behavior. Client #2's BSP indicated, "Physical Aggression: defined as any occurrence of hitting others with open or closed hand(s), kicking, grabbing, pushing, biting, using objects as weapons against others, throwing items at others, head butting, or other contact attempts to hurt another individual." Client #2's BSP indicated, "Reactive Procedures for</p>		<p>and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report observed or suspected abuse, neglect or mistreatment, the governing body will administer written corrective action up to and including termination of employment.</p> <p>The Quality Assurance Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator. The Program Manger (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which</p>				

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	<p>Physical Aggression: Immediately ensure the health and safety of everybody in the immediate environment. Verbally redirect [client #2] or others to a different area and tell [client #2] to stop the behavior. If [client #2] stops the behavior, redirect him to a safe location and problem solve with him and offer him praise for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and [client #2] is placing himself or others in danger, implement YSIS (YOU'RE SAFE I'M SAFE) (physical restraint techniques) beginning with the least restrictive measures [sic] (1.) One person YSIS; (2.) Two Person YSIS; (3.) Two person supine restraint. Once [client #2] is calm, thank him for calming down and let him know if there is anything he needs to come to staff and we will help him problem solve. Notify administration and document on all appropriate forms (incident report, etc.)."</p> <p>Client #2's BSP revised date 10/28/16 indicated the following:</p> <p>-"Blocking aggression or swinging objects from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, (sic) resume prepared</p>		<p>they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team (Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator) will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>The QIDP has been retrained regarding the need to develop and implement corrective/protective measures when allegations have been substantiated.</p>				

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	<p>stance."</p> <p>-"Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, (sic) resume prepared stance."</p> <p>-"One person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip, lock hips, reach across your body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/15/16 at 2:00 PM. QIDP #1 indicated staff should implement client #2's BSP as written to prevent client to client aggression.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 11/14/16 at 2:06 PM. QAM #1 indicated the facility's Abuse, Neglect, Exploitation, Mistreatment Policy should be implemented as written, all allegations of abuse, neglect, exploitation and mistreatment should be reported to the administrator immediately</p>		<p>The Site Supervisor will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement proactive and reactive behavior supports as written. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly until all client vacancies have been filled and new clients have completed their 30-day assessment periods, and no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level</p>	

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	<p>and BDDS within 24 hours, investigations should be thorough and corrective measures to prevent further incidents of abuse, neglect, exploitation and mistreatment should be developed and implemented.</p> <p>The facility's policies and procedures were reviewed on 11/16/16 at 1:00 PM. The facility's Abuse, Neglect, Exploitation, Mistreatment policy dated 2/26/11 indicated the following:</p> <p>- "Physical Abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for an individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention with [sic] out a qualified person notification/review."</p> <p>The facility's Investigation policy dated 9/14/07 indicated the following, "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following: -Description of the allegation or incident</p>		<p>of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly</p>				

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W 0153 Bldg. 00	<p>-Purpose of the investigation -Parties providing information -Summary of information and findings (evidence collected, witnesses interviewed, date of the investigation, name(s) of the investigator(s)) -Description and chronology of what happened -Analysis of the evidence -Finding of fact and determination as to whether or not the allegations are substantiated, unsubstantiated or inconclusive -Concerns and recommendations -Witness statements and supporting documentation (I.E. photographs, incident report) -Methods to prevent future incidents." 9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported</p>		<p>–more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that specific training programs are in place to meet each client’s assessed needs and that staff implement behavior supports as included in clients’ plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p>				

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	<p>immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 allegations of abuse, neglect and mistreatment reviewed, the facility failed to report the circumstances of an incident of law enforcement intervention and psychiatric hospitalization of client #2 to BDDS (Bureau of Developmental Disabilities Services).</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 11/14/16 at 12:12 PM. The review indicated the following:</p> <p>BDDS report dated 10/27/16 indicated, "(On 10/26/16) [Client #2, diagnosis, age and gender] became upset when he could not contact his Father by phone. [Client #2] hit his housemate, [client #3, diagnosis, age and gender]and [staff #3]. [Staff #3] redirected [client #2]. [Client #2] went outside and remained agitated. A neighbor called 911. Law enforcement officers arrived and took [client #2] to [hospital] for psychiatric evaluation. [Client #2] was released to ResCare staff with instructions to follow up with psychiatrist."</p>	W 0153	<p>CORRECTION:</p> <p><i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Specifically, all staff have been retrained to include sufficient detail in internal incident reports to assure accurate reporting to outside entities including but not limited to the Bureau of Developmental Disability Services and Adult Protective Services as required. Professional staff have been retrained to gather additional information as needed prior to submitting reports to outside entities. A review of incident documentation indicates no other clients were affected by failure to report incidents to the administrator and the State of Indiana as required.</i></p> <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal</p>	12/16/2016			

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	<p>-Investigation dated 10/31/16 indicated, "[Client #2] struck a housemate, [client #3], staff and chased staff down the road."</p> <p>The 10/27/16 BDDS report did not indicate documentation of a description of the circumstances leading up to a community member notifying law enforcement and client #2's subsequent admission to the hospital for a psychological evaluation. The facility failed to report client #2 chased staff out of the group home and down the residential street in front of the group home.</p> <p>RM (Residential Manager) #1 was interviewed on 11/15/16 at 8:15 AM. RM #1 indicated staff #3 was the staff on duty at the home during the 10/26/16 incident. RM #1 indicated staff #3 was attempting to verbally redirect client #2. RM #1 indicated client #2 began to curse at staff #3 and client #2 began to hit staff #3. RM #1 indicated client #2 picked up a chair and broke it against the wall. RM # 1 stated, "[Staff #3] ran outside to get away and [client #2] chased her outside, still trying to hit [staff #3]." RM #1 stated, "[Staff #3] ran up to a male neighbor to ask him for help." RM #1 stated, "The male neighbor physically stood between [staff #3] and [client #2] to protect [staff</p>		<p>and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager will coordinate and follow-up with the Quality Assurance Coordinator and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report observed or suspected abuse, neglect or mistreatment, the governing body will administer written corrective action up to and including termination of employment.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team</p>				

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W 0154 Bldg. 00	<p>#3]." RM #1 indicated neighbors then called the police.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 11/14/16 at 2:06 PM. QAM #1 indicated the all allegations of abuse, neglect, exploitation and mistreatment should be reported to the administrator immediately and BDDS within 24 hours.</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.</p> <p>Based on record review and interview for 2 of 4 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure 2 incidents of client to client aggression regarding clients #2 and #3 were thoroughly investigated.</p> <p>Findings include:</p>	W 0154	<p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically:</p> <p>The Quality Assurance Manager and Quality Assurance</p>	12/16/2016

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 11/14/16 at 12:12 PM. The review indicated the following:</p> <p>1. BDDS report dated 10/26/16 indicated, "[Client #3] reported to [RM (Residential Manager) #1] (that) [client #2] entered [client #3's] room and hit him two times. [Client #2] cursed at staff and hit [client #3] before [RM #1] could redirect him. [RM #1] separated both individuals and monitored them to prevent additional incidents. [Client #3] was not injured."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] was the aggressor. [Client #2] struck [client #3]."</p> <p>The investigation did not indicate documentation of analysis of the evidence to determine if staff implemented client #2's BSP (Behavior Support Plan) appropriately to prevent client #2's physical abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations, or methods to prevent further incidents regarding staff implementation of client #2's BSP to prevent client to client abuse.</p> <p>2. BDDS report dated 10/27/16 indicated,</p>		<p>Coordinator provided intensive retraining on investigation procedures to all agency supervisory staff on 11/22/16. This training included discussion of the need for investigations include analysis of evidence to determine support plans were followed as written and if appropriate supervision and supports were provided during alleged incidents.</p> <p>The Operations Team, including the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Nurse Manager, Training Coordinator and Executive Director, will directly oversee all investigations. The Site Supervisor will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence. The QIDP and Quality Assurance Team (Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator) will assure that conclusions are developed that match the collected evidence. The Governing Body</p>		

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	<p>"[Client #2, diagnosis, age and gender] became upset when he could not contact his Father by phone. [Client #2] hit his housemate, [client #3, diagnosis, age and gender] and [staff #3]. [Staff #3] redirected [client #2]. [Client #2] went outside and remained agitated. A neighbor called 911. Law enforcement officers arrived and took [client #2] to [hospital] for psychiatric evaluation. [Client #2] was released to ResCare staff with instructions to follow up with psychiatrist."</p> <p>The 10/27/16 BDDS report indicated, "[Client #3] complained of pain after the incident but now denies pain and has no visible signs of injury."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] struck a housemate, [client #3], staff and chased staff down the road."</p> <p>The 10/31/16 Investigation did not indicate documentation of an analysis of the evidence to determine if and how long client #3 and/or other clients in the home were left unsupervised during the incident when staff was being chased down the street by client #2.</p> <p>The 10/31/16 Investigation did not indicate documentation of analysis of the</p>		<p>will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Quality Assurance Manager will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence.</p> <p>PREVENTION:</p> <p>The Quality Assurance Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator. The</p>				

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	<p>evidence to determine if staff implemented client #2's BSP appropriately to prevent client #2's abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations or methods to prevent future incidents with regard to staff implementation of client #2's BSP to prevent client to client abuse.</p> <p>RM #1 was interviewed on 11/15/16 at 8:15 AM. RM #1 indicated staff #3 was the staff on duty at the home during the 10/27/16 incident. RM #1 indicated staff #3 was attempting to verbally redirect client #2. RM #1 indicated client #2 began to curse at staff #3 and client #2 began to hit staff #3. RM #1 indicated client #2 picked up a chair and broke it against the wall. RM # 1 stated, "[Staff #3] ran outside to get away and [client #2] chased her outside, still trying to hit [staff #3]." RM #1 stated, "[Staff #3] ran up to a male neighbor to ask him for help." RM #1 stated, "The male neighbor physically stood between [staff #3] and [client #2] to protect [staff #3]." RM #1 indicated neighbors then called the police.</p> <p>Client #2's record was reviewed on 11/14/16 at 3:00 PM. Client #2's BSP (Behavior Support Plan) dated 10/19/16 and updated 10/28/16 indicated client #2</p>		<p>Program Manger (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team (Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator) will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in</p>				

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	<p>had physical aggression as a targeted behavior. Client #2's BSP indicated, "Physical Aggression: defined as any occurrence of hitting others with open or closed hand(s), kicking, grabbing, pushing, biting, using objects as weapons against others, throwing items at others, head butting, or other contact attempts to hurt another individual." Client #2's BSP indicated, "Reactive Procedures for Physical Aggression: Immediately ensure the health and safety of everybody in the immediate environment. Verbally redirect [client #2] or others to a different area and tell [client #2] to stop the behavior. If [client #2] stops the behavior, redirect him to a safe location and problem solve with him and offer him praise for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and [client #2] is placing himself or others in danger, implement YSIS (YOU'RE SAFE I'M SAFE) (physical restraint techniques) beginning with the least restrictive measures [sic] (1.) One person YSIS; (2.) Two Person YSIS; (3.) Two person supine restraint. Once [client #2] is calm, thank him for calming down and let him know if there is anything he needs to come to staff and we will help him problem solve. Notify administration and document on all appropriate forms</p>		<p>progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team</p>	

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	<p>(incident report, etc.)."</p> <p>Client #2's BSP revised date 10/28/16 indicated the following:</p> <p>-"Blocking aggression or swinging objects from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, (sic) resume prepared stance."</p> <p>-"Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, (sic) resume prepared stance."</p> <p>-"One person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip, lock hips, reach across your body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/15/16 at 2:00 PM. QIDP #1 indicated staff should implement client #2's BSP as written to prevent client to client</p>			

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W 0157 Bldg. 00	<p>aggression.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 11/14/16 at 2:06 PM. QAM #1 indicated investigations should be thorough.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 4 allegations of abuse, neglect and mistreatment reviewed, the facility failed to develop and implement corrective measures to prevent client to client abuse regarding client #2 hitting client #3.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 11/14/16 at 12:12 PM. The review indicated the following:</p>	W 0157	<p>CORRECTION:</p> <p>Specifically, the facility has assisted Client #2 with obtaining the services of an attending psychiatrist and has initiated psychiatric follow-along that will occur as needed but no less than quarterly. Client #2's Behavior Support Plan will be modified to reflect the current psychotropic medication regime as well revised preventative strategies. Staff will be trained toward proper implementation of the revised plan.</p>	12/16/2016

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	<p>1. BDDS report dated 10/26/16 indicated, "[Client #3] reported to [RM (Residential Manager) #1] (that) [client #2] entered [client #3's] room and hit him two times. [Client #2] cursed at staff and hit [client #3] before [RM #1] could redirect him. [RM #1] separated both individuals and monitored them to prevent additional incidents. [Client #3] was not injured."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] was the aggressor. [Client #2] struck [client #3]."</p> <p>The investigation did not indicate documentation of analysis of the evidence to determine if staff implemented client #2's BSP (Behavior Support Plan) appropriately to prevent client #2's physical abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations, or methods to prevent further incidents regarding staff implementation of client #2's BSP to prevent client to client abuse.</p> <p>2. BDDS report dated 10/27/16 indicated, "[Client #2, diagnosis, age and gender] became upset when he could not contact his Father by phone. [Client #2] hit his housemate, [client #3, diagnosis, age and gender] and [staff #3]. [Staff #3] redirected [client #2]. [Client #2] went</p>		<p>PREVENTION:</p> <p>The QIDP has been retrained regarding the need to develop and implement corrective/protective measures when allegations have been substantiated.</p> <p>The Site Supervisor will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement proactive and reactive behavior supports as written. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly until all client vacancies have been filled and</p>	

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	<p>outside and remained agitated. A neighbor called 911. Law enforcement officers arrived and took [client #2] to [hospital] for psychiatric evaluation. [Client #2] was released to ResCare staff with instructions to follow up with psychiatrist."</p> <p>-Investigation dated 10/31/16 indicated, "[Client #2] struck a housemate, [client #3], staff and chased staff down the road."</p> <p>The 10/31/16 Investigation did not indicate documentation of analysis of the evidence to determine if staff implemented client #2's BSP appropriately to prevent client #2's abuse of client #3. The 10/31/16 Investigation did not indicate documentation of concerns, recommendations or methods to prevent future incidents with regard to staff implementation of client #2's BSP to prevent client to client abuse.</p> <p>RM #1 was interviewed on 11/15/16 at 8:15 AM. RM #1 indicated staff #3 was the staff on duty at the home during the 10/27/16 incident. RM #1 indicated staff #3 was attempting to verbally redirect client #2. RM #1 indicated client #2 began to curse at staff #3 and client #2 began to hit staff #3. RM #1 indicated client #2 picked up a chair and broke it</p>		<p>new clients have completed their 30-day assessment periods, and no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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	<p>against the wall. RM # 1 stated, "[Staff #3] ran outside to get away and [client #2] chased her outside, still trying to hit [staff #3]." RM #1 stated, "[Staff #3] ran up to a male neighbor to ask him for help." RM #1 stated, "The male neighbor physically stood between [staff #3] and [client #2] to protect [staff #3]." RM #1 indicated neighbors then called the police.</p> <p>Client #2's record was reviewed on 11/14/16 at 3:00 PM. Client #2's BSP (Behavior Support Plan) dated 10/19/16 and updated 10/28/16 indicated client #2 had physical aggression as a targeted behavior. Client #2's BSP indicated, "Physical Aggression: defined as any occurrence of hitting others with open or closed hand(s), kicking, grabbing, pushing, biting, using objects as weapons against others, throwing items at others, head butting, or other contact attempts to hurt another individual." Client #2's BSP indicated, "Reactive Procedures for Physical Aggression: Immediately ensure the health and safety of everybody in the immediate environment. Verbally redirect [client #2] or others to a different area and tell [client #2] to stop the behavior. If [client #2] stops the behavior, redirect him to a safe location and problem solve with him and offer him praise for doing this with us. If the</p>		<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that specific training programs are in place to meet each client's assessed needs and that staff implement behavior supports as included in clients' plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p>	

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	<p>behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and [client #2] is placing himself or others in danger, implement YSIS (YOU'RE SAFE I'M SAFE) (physical restraint techniques) beginning with the least restrictive measures [sic] (1.) One person YSIS; (2.) Two Person YSIS; (3.) Two person supine restraint. Once [client #2] is calm, thank him for calming down and let him know if there is anything he needs to come to staff and we will help him problem solve. Notify administration and document on all appropriate forms (incident report, etc.)."</p> <p>Client #2's BSP revised date 10/28/16 indicated the following:</p> <p>"Blocking aggression or swinging objects from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, (sic) resume prepared stance."</p> <p>"Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, (sic) resume prepared stance."</p>		<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0252 Bldg. 00	<p>-"One person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip, lock hips, reach across your body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/15/16 at 2:00 PM. QIDP #1 indicated staff should implement client #2's BSP as written to prevent client to client aggression.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 11/14/16 at 2:06 PM. QAM #1 indicated corrective measures to prevent further incidents of abuse, neglect, exploitation and mistreatment should be developed and implemented.</p> <p>9-3-2(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in</p>						

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	<p>measurable terms.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3's performance regarding their ISP (Individualized Support Plan) objectives was documented to enable analysis of their progression/regression of skills.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 11/15/16 at 10:47 AM. Client #2's ISP (Individual Support Plan) dated 11/1/16 had formal training objectives to increase his independence with communication, meal preparation, exercise skills, personal hygiene, money management, domestics, self-medication administration and oral hygiene.</p> <p>-Client #2's record indicated no documentation for his daily personal hygiene objective for: November 1, 2, 3, 4, 5, 6, 7 and 8. Client #2's record indicated no documentation for his twice daily oral hygiene objective for: November: 1, 2, 3, 4, 5, 6, 7 and 8. Client #2's record indicated no documentation for his daily self-medication objective for: November 1, 2, 3, 4, 5, 6, 7 and 8.</p> <p>2. Client #3's record was reviewed on</p>	W 0252	<p>CORRECTION:</p> <p><i>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</i> Specifically, the Site Supervisor and all direct support staff will be retrained regarding the need to collect data on prioritized learning objectives as required in the implementation schedule. A review of documentation indicated this deficient practice also affected any Client #1.</p> <p>PREVENTION:</p> <p>The Site Supervisor will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to collection of data on prioritized learning objectives. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Nurse Manager and</p>	12/16/2016			

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	<p>11/15/16 at 11:39 AM. Client #3's ISP dated 11/1/16 had formal training objectives to increase his independence with adaptive equipment, meal preparation, communication, personal belongings management, exercise skills, emotional regulation, personal hygiene, money management, oral hygiene, domestics and self-medication administration.</p> <p>-Client #3's record indicated no documentation for his daily adaptive equipment objective for: November 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14. Client #3's record indicated no documentation for his daily communication objective for: November 1, 2, 3, 4, 5, 6, 7 and 8. Client #3's record indicated no documentation for his daily personal belongings objective for: November 1, 2, 3, 4, 5, 6, 7 and 8. Client #3's record indicated no documentation for his daily personal hygiene objective for: November 1, 2, 3, 4, 5, 6, 7, 8 and 9. Client #3's record indicated no documentation for his daily twice daily oral hygiene objective for: November 1, 2, 3, 4, 5, 6, 7 and 8. Client #3's record indicated no documentation for his daily self-medication objective for: November 1, 2, 3, 4, 5, 6, 7 and 8.</p> <p>QIDP (Qualified Intellectual Disabilities</p>		<p>Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly until all client vacancies have been filled and new clients have completed their 30-day assessment periods, and no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through</p>				

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	<p>Professional) #1 was interviewed on 11/15/16 at 2:00 PM. QIDP indicated clients #2 and #3's formal training objectives should be documented and tracked for progression/regression of skills.</p> <p>9-3-4(a)</p>		<p>the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that staff collect data on prioritized learning objectives as required.</p>				

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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 1 of 2 clients who utilized adaptive equipment, the facility failed to ensure client #2 had a training objective to teach him to utilize his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/14/16 from 3:55 PM through 5:35 PM and on 11/15/16 from 6:45 AM through 8:32 AM. Client #2 was observed in the group home throughout the observation periods. Client #2 did not wear or utilize eyeglasses.</p> <p>Client #2's record was reviewed on 11/15/16 at 10:47 AM. Client #2's</p>	W 0436	<p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>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. Specifically, the QIDP has developed a training objective to teach Client #2 to learn to make informed choices about the use of his eyeglasses. A review of facility adaptive equipment needs indicated this deficient practice did not affect additional clients.</i></p> <p>PERVENTION:</p>	12/16/2016

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	<p>eyeglasses receipt dated 11/3/16 indicated client #2 was seen by the Optometrist on 10/26/16 and the facility was given a prescription for eyeglasses for client #2. Client #2's ISP (Individualized Support Plan) dated 11/1/16 did not indicate a formal goal or informal supports to teach client #2 to utilize his prescription eyeglasses.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/15/16 at 2:00 PM. QIDP #1 indicated client #2 had prescription eyeglasses. QIDP #1 indicated client #2 did not wear his prescription eyeglasses. QIDP #1 indicated client #2 did not have a formal goal or training to teach him to utilize his prescription eyeglasses.</p> <p>9-3-7(a)</p>		<p>Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly until all client vacancies have been filled and new clients have completed their 30-day assessment periods, and no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>		

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be</p>	

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure: -The staff followed the facility menu for clients #2 and #3. -The staff prompted client #3 to follow his prescribed diet of a Portion-Control diet, single servings with no seconds.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/14/16 from 3:55 PM through 5:35 PM. -On 11/14/16 at 5:08 PM the clients were served chicken tenders, macaroni and</p>	W 0460	<p>limited to assuring that individual support plans include prioritized learning objectives to train clients toward making informed choices regarding the use of adaptive equipment, when assessed as needed.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team</p> <p><i>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, staff will be trained on proper implantation of the rotating menus including but not limited to following the menu. Additionally the facility has incorporated the use of graduated measuring spoons and a scale to assure appropriate portion sizes are supported.</i></p> <p>PREVENTION: The Site Supervisor will be expected to observe no less than five active treatment sessions per week to assess direct support staff interaction with clients and</p>	12/16/2016

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	<p>cheese, broccoli florets, white bread and fruit cups.</p> <p>-At 5:10 PM client #2 served himself four servings, with a large serving spoon, of macaroni and cheese, two pieces of white bread, one baked chicken breast, one serving of broccoli florets and one fruit cup.</p> <p>-At 5:15 PM client #3 served himself five servings, with a large serving spoon, of macaroni and cheese, one piece of white bread, one piece of chicken breast, two servings of broccoli florets and one fruit cup.</p> <p>-At 5:30 PM client #3 took the bowl of the remaining amount of broccoli florets and poured the entire amount of broccoli onto his plate, approximately 2 cups of broccoli florets.</p> <p>Observations were conducted at the group home on 11/15/16 from 6:45 AM through 8:32 AM.</p> <p>-On 11/15/16 at 7:55 AM the clients were served scrambled eggs, sausages, sliced bread and one banana each.</p> <p>-At 7:56 AM client #3 served himself four spoonfuls of grape jelly onto two pieces of white bread with one sausage patty, scrambled eggs and two slices of cheese and one banana.</p> <p>-At 7:57 AM client #2 served himself four large serving spoonfuls of scrambled eggs, two slices of white bread, one</p>		<p>to provide hands on coaching and training including but not limited assuring staff assist clients with preparing meals according to the established menus, with appropriate portion sizes and textures, as recommended by the dietician and other medical professionals.</p> <p>Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly until all client vacancies have been filled and new clients have completed their 30-day assessment periods, and no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast,</p>	

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	<p>sausage patty, one banana and two spoonfuls of peanut butter which he spread onto the bread.</p> <p>The facility's menu week #3 was reviewed on 11/14/16 at 5:00 PM. The menu indicated the clients were to have the following for their evening meal on 11/14/16:</p> <p>3 ounces Grilled Chicken Tenders 2 TBS (Tablespoons) BBQ (Barbecue) sauce 1/3 cup of macaroni and cheese 1/2 cup of broccoli florets 1 slice wheat bread 1 cup chilled melon 8 ounces of skim milk 1 tablespoon of margarine</p> <p>The menu indicated the clients were to have the following for their morning meal on 11/15/16:</p> <p>4 ounces of apple juice 1 banana 2 ounces of cholesterol free egg and sausage sandwich 8 ounces of skim milk 8 ounces of coffee</p> <p>1. Client #2's record was reviewed on 11/15/16 at 10:47 AM. Client #2's record indicated: -Client #2 had a diagnosis of, but not limited to, Diabetes Mellitus II.</p>		<p>morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at</p>				

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	<p>-Client #2's physician's orders dated 11/1/16 indicated client #2 was to be served a regular diet.</p> <p>2. Client #3's record was reviewed on 11/15/16 at 11:39 AM. Client #3's record indicated:</p> <p>-Client #3's physician orders dated 11/1/16 indicated client #3 was to be served a regular diet, portion control, single servings with no seconds.</p> <p>RN (Registered Nurse #1) was interviewed on 11/15/16 at 2:15 PM, the RN indicated:</p> <p>-Client #3's Physician's diet order should be followed as written.</p> <p>-The facility's menus should be followed as written.</p> <p>9-3-8(a)</p>		<p>the home will include but not be limited to assuring staff assist clients with preparing meals according to the established menus, with appropriate portion sizes and textures, as recommended by the dietician and other medical professionals.</p> <p>RESPONSIBLE PARTIES: QIDP, Area supervisor, Site Supervisor, Direct Support Staff, Operations Team</p>	