

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2023
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: May 15, 16, 17, 18, and 23, 2023.</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number:100245010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/6/23.</p>	W 0000		
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 who-</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to ensure client #1's ISP (Individual Support Plan) was completed within 30 days of admission, failed to ensure client #1's CFA (Comprehensive Functional Assessment) was completed within 30 days of admission, and failed to ensure client #1's BSP (Behavioral Support Plan) was reviewed and updated to accommodate client #1's new living environment.</p> <p>Findings include:</p> <p>1. The facility's QIDP failed to ensure client #1's CFA was completed within 30 days of admission. Please see W210.</p>	W 0159	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated, and monitored by a qualified intellectual disability professional. Specific corrections include:</i></p> <p>Through observation and with input from the interdisciplinary team, the QIDP has completed a Comprehensive Functional Assessment for client #1. The QIDP has developed an individual program plan for client #1 based on current assessment data.</p>	06/22/2023

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

TITLE

(X6) DATE

Bob Morris

QIDP Manager

06/19/2023

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>2. The facility's QIDP failed to ensure client #1's ISP was completed within 30 days of admission. Please see W226.</p> <p>3. Client #1's record was reviewed on 5/17/23 at 12:20 PM.</p> <p>Client #1's BSP dated 3/7/23 indicated the following:</p> <p>-"...SUPERVISION: ...He (client #1) will not, at this time, carry a keycard to freely exit the ResCare residential building/property (target behavior: physical aggression)...</p> <p>...The ResCare [name of city] facility utilizes cameras in the common areas of the facility. No cameras will be utilized or have access to private areas such as bedrooms or bathrooms.</p> <p>"Line of sight supervision while in the kitchen due to eating out of the trash/off the floor (target behavior: inappropriate access to food)...</p> <p>...The laundry room will be locked. When he wants to do his laundry, he will ask staff for the key and staff will provide him with a key and offer assistance with laundry as necessary.</p> <p>A lock will be placed on the passthrough bathroom door so that [client #1] cannot get into his peer's bedroom through their shared bathroom..."</p> <p>A review of client #1's BSP dated 3/7/23 indicated supervision restrictions associated to prior living arrangements. Client #1's BSP did not indicate an update to his supervision based on his new living environment.</p> <p>QIDP #1 and QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 were</p>		<p>The QIDP has updated client #1's Behavior Support Plan to reflect supervision needs consistent with client #1's current residential environment.</p> <p>Through record review, the governing body determined that these deficient practices did not affect additional clients.</p> <p>PREVENTION: When new clients are admitted to the facility, the QIDP will provide status updates to the QIDP Manager, no less than weekly, to allow for sufficient oversight of the initial assessment and Individual Support Plan and Behavior Support Plan development process.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, twice weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing</p>	

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	interviewed on 5/18/23 at 10:48 AM. QIDP #1 was asked about client #1's BSP. QIDP #1 stated, "I didn't catch that (client #1's BSP indicating information pertaining to client #1's prior residency). I should have updated that." QIDPM #1 stated, "We should have noticed this and updated it." 9-3-3(a)		support needed at the facility. Current Operations Team members received training from the QIDP Manager on 5/20/23, to assure a clear understanding of administrative monitoring as defined below. <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative support at the home will include assuring: <ul style="list-style-type: none"> · All relevant assessments are completed for clients within 30 days of admission, including but not limited to Comprehensive Functional Assessments. · Individuals' support plans are developed implemented for new clients within 30 days of admission. · Behavior Support Plans reflect clients' current needs. RESPONSIBLE PARTIES: QIDP,	

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's CFA (Comprehensive Functional Assessment) was completed within 30 days of admission.</p> <p>Findings include:</p> <p>The facility's Residential Client List dated 5/15/23 reviewed on 5/16/23 at 10:00 AM indicated client #1 was admitted to the group home on 3/4/23.</p> <p>Client #1's record was reviewed on 5/17/23 at 12:20 PM. Client #1's record did not indicate documentation of a completed CFA.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 and QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 were interviewed on 5/18/23 at 10:45 AM. QIDPM #1 was asked what documentation needed to be completed within the first 30 days of admission to the group home. QIDPM #1 stated, "ISP (Individual Support Plan), BSP (Behavioral Support Plan), and CFA." QIDP #1 was asked about client #1's CFA. QIDP #1 stated, "I am still working on parts of it."</p>	W 0210	<p>Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Specifically, through observation and with input from the interdisciplinary team, the QIDP has completed a Comprehensive Functional Assessment for client #1. Through record review, the governing body determined that this deficient practice did not affect additional clients.</i></p> <p>PREVENTION: When new clients are admitted to the facility, the QIDP will provide status updates to the QIDP Manager, no less than weekly, to allow for sufficient oversight of the initial assessment process. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance</p>	06/22/2023

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	9-3-4(a)		<p>Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, no less than three times weekly. After 30 Days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After 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 follows:</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed <p>Administrative oversight will include assuring that all relevant assessments are completed for</p>	

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W 0226 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's ISP (Individual Support Plan) was completed within 30 days of admission.</p> <p>Findings include:</p> <p>The facility's Residential Client List dated 5/15/23 reviewed on 5/16/23 at 10:00 AM indicated client #1 was admitted to the group home on 3/4/23.</p> <p>Client #1's record was reviewed on 5/17/23 at 12:20 PM.</p> <p>Client #1's record indicated an ISP dated 6/14/22. Client #1's ISP dated 6/14/22 was associated with details pertaining to client #1's former living arrangements. Client #1's record did not include documentation of an updated ISP since his admission to the group home on 3/4/23.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/18/23 at 10:45 AM. QIDP #1 was asked about client #1's ISP. QIDP #1 stated, "I am still working on</p>	W 0226	<p>clients within 30 days of admission, including but not limited to Comprehensive Functional Assessments. RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Health Services Team, Operations Team, Regional Director</p> <p>CORRECTION: <i>Within 30 days after admission, the interdisciplinary team must prepare for each client an individual program plan.</i> Specifically, the QIDP has developed an individual program plan for client #1 based on current assessment data. Through record review, the governing body determined that this deficient practice did not affect additional clients.</p> <p>PREVENTION: When new clients are admitted to the facility, the QIDP will provide status updates to the QIDP Manager, no less than weekly, to allow for sufficient oversight of the initial assessment and Individual Support Plan development process. Members of the Operations Team (comprised of the Executive Director, Operations Managers,</p>	06/22/2023

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	updating his ISP. I know I am behind." 9-3-4(a)		<p>Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, twice weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, until all staff demonstrate competence. After 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. Current Operations Team members received training from the QIDP Manager on 5/20/23, to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. 	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#2), the facility's nursing services failed to ensure client #2's medical risk plans and PO/MAR (Physician Order/Medication Administration Record) were accurate and matched pertaining to client #2's medical care.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/23 at 11:38 AM.</p> <p>Client #2's record indicated a Hyponatremia (low sodium) risk plan dated 3/20/23. Client #2's Hyponatremia risk plan indicated the following:</p> <p>-"...Problem Hyponatremia...</p> <p>Actions:</p>	W 0331	<p>Review all relevant documentation, providing documented coaching and training as needed</p> <p>Administrative support at the home will include assuring individuals' support plans are developed implemented for new clients within 30 days of admission.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, health services team, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. A review of documentation indicates this deficient practice could have affected all individuals who reside in the facility. Specifically, the facility nurse has updated client #2's high-risk plan for hyponatremia to coincide with current physician orders.</i></p> <p>PREVENTION:</p> <p>When a nurse takes over a new caseload, the Nurse Manager will assist the new nurse with completing a comprehensive</p>	06/22/2023

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	<p>[Client #2] must adhere to a prescribed 1800 ml (milliliter) of liquid, daily prescribed by doctor.</p> <p>Staff will follow up MAR and will administer Sodium Chloride to keep [client #2's] sodium blood level body within (135-145 mEq/L (millequivalents per liter)...".</p> <p>Client #2's Physician Order dated 5/16/23 was reviewed on 5/16/23 at 12:02 PM.</p> <p>Client #2's Physician Order did not indicate documentation of a prescription from his PCP (Primary Care Physician) indicating a prescribed 1800 ml of liquid daily. Client #2's Physician Order did not indicate documentation of a specific amount of liquid client #2 was expected to adhere to daily.</p> <p>Client #2's MAR dated 5/2023 was reviewed on 5/16/23 at 12:11 AM. Client #2's MAR did not indicate documentation of a prescription for staff to administer sodium chloride for maintaining client #2's sodium level. Client #2's MAR did not indicate documentation of a specific amount of liquid client #2 was expected to adhere to daily.</p> <p>LPN #1 was interviewed on 5/18/23 at 10:11 AM. LPN #1 was asked about client #2's Hyponatremia risk plan indicating he must adhere to a prescribed 1800ml of liquid daily and why that was not described in his PO/MAR. LPN #1 stated, "It could have been an overlook at the time of the update of his plan. It depends on sodium levels but doctors will implement a fluid restriction for hyponatremia. I'm not sure where the 1800ml came from but I will have to touch base with the doctor and see about getting this updated and clarified." LPN #1 was asked about client #2's Hyponatremia risk plan indicating staff were to administer</p>		<p>review of medical records and plans and will establish a timeline for correction of any identified deficient practices.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will incorporate medical record reviews into twice weekly administrative monitoring, until home facility medical systems are implemented competently. After 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. Current Operations Team members received training from the QIDP Manager on 5/20/23, to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. · The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. 	

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W 0368 Bldg. 00	<p>sodium chloride to client #2 to maintain his sodium levels, but this was not addressed on his MAR. LPN #1 stated, "I'm not sure why this is on his risk plan. I called the doctor and [client #2] has never been prescribed sodium chloride, so that should not be on his risk plan. We must have missed this when updating his plans."</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 3 sampled clients (#1) plus 1 additional client (#5), the facility failed to ensure clients #1 and #5 received their prescribed medications as ordered.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 5/15/23 at 11:15 AM.</p> <p>1. A BDDS report dated 3/30/23 indicated, "...On 3/29/23, [client #1] did not receive his 8:00 AM doses of physician prescribed Cetirizine (allergy) Tab (tablet) 10MG (milligram), due to no available supply. The nurse and supervisor were notified of the error...".</p> <p>2. A BDDS report dated 4/11/23 indicated, "...A review of medication and documentation indicated that [client #5] did not receive his 8:00 AM, dose of physician prescribed Fiber Adult Chew Gummies from 4/8/23 - 4/10/23, due to no available supply. The nurse and</p>	W 0368	<p>Administrative support at the home will include assuring that risk plans correspond with physician orders and other professional recommendations.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, all clients are currently receiving their medications as prescribed. Agency nursing staff will retrain facility supervisors and direct support staff on proper implementation of the facility's medication inventory process, including reordering medications.</i></p> <p>PREVENTION: The facility nurse will conduct weekly follow-up to assure medication audits occur as scheduled and that medications are administered as ordered. A management staff will be present, supervising active treatment during no less than five active treatment sessions per</p>	06/22/2023

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	<p>supervisor were notified...".</p> <p>Client #1's record was reviewed on 5/17/23 at 12:20 PM.</p> <p>Client #1's MAR (Medication Administration Record) dated 3/2023 indicated the following:</p> <p>- "...Cetirizine Tab 10mg... give one tablet by mouth once daily for allergies...".</p> <p>Client #5's record was reviewed on 5/17/23 at 1:41 PM.</p> <p>Client #5's MAR dated 4/2023 indicated the following:</p> <p>- "...Fiber Adult Chew Gummies... give one gummy by mouth once daily...".</p> <p>Staff #2 was interviewed on 5/17/23 at 11:14 AM. Staff #2 was asked what staff were to do when a client was running low on a medication. Staff #2 stated, "We are supposed to notify the nurse when a client's medication gets down to 7 days and a new order will be made." Staff #2 was asked if a client should run out of a prescribed medication. Staff #2 stated, "No."</p> <p>LPN #1 (Licensed Practical Nurse) #1 was interviewed on 5/18/23 at 10:11 AM. LPN #1 was asked when should staff ensure notification of medication running low for clients. LPN #1 stated, "At least 7 days ahead of the meds (medications) running out. They (staff) are supposed to reorder on quick MAR and then notify us (nursing)." LPN #1 was asked if any client should go without a medication due to no supply in the home. LPN #1 stated, "No."</p>		<p>week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are administered as prescribed. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, twice weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, until all staff demonstrate competence. After 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. Current Operations Team members received training from the QIDP Manager on 5/20/23, to assure a clear understanding of administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/23/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256		
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W 9999 Bldg. 00	<p>9-3-6(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rules were not met.</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux tuberculosis skin test or chest x-ray was completed. The results of the Mantoux shall be recorded in millimeter of induration (sic) with the date given, date read, and by whom administered.</p>	W 9999	<p>training and document it.</p> <ul style="list-style-type: none"> If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. Review all relevant documentation, providing documented coaching and training as needed. <p>Administrative support at the home will include assuring medications are administered as prescribed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, facility nurse, Direct Support Staff, Health Services Team, Operations Team</p> <p>CORRECTION: <i>Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux tuberculosis skin test or chest x-ray was completed.</i> Specifically, staff #1 and #2 will receive Mantoux or chest x-ray tuberculosis testing as required and Human Resources staff will review all facility employee files to assure current TB test results are present. If deficiencies are detected, the identified employees</p>	06/22/2023	

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	<p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 3 sampled employees, the facility failed to ensure staff #1 and staff #2's Mantoux screenings were completed annually.</p> <p>Findings include:</p> <p>The facility's Employee Records were reviewed on 5/18/23 at 11:30 AM and indicated the following:</p> <ol style="list-style-type: none"> Staff #1's record indicated staff #1's last Mantoux screening was completed on 9/2/20. The review did not indicate documentation of a current Mantoux screening for staff #1. Staff #2's record indicated staff #2's last Mantoux screening was completed on 10/7/21. The review did not indicate documentation of a current Mantoux screening for staff #2. <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 5/18/23 at 11:51 AM. QIDPM #1 indicated staff was to have Mantoux screenings completed annually. QIDPM #1 indicated the facility did not have current Mantoux screenings for staff #1 and staff #2.</p> <p>9-3-3(e)</p>		<p>will receive required Tuberculosis Testing.</p> <p>PREVENTION: The Human Resources team (HR Specialist, HR Coordinators, Training Coordinator) and Health Services Team (Nurse Manager, LPNs, Medical Assistant) are coordinating to assure initial and subsequent annual Tuberculosis screenings occur for all agency employees.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will incorporate reviews of Personnel files into the quarterly audit process. Administrative support will include but not limited to assuring facility staff receive initial and annual Tuberculosis screening.</p> <p>RESPONSIBLE PARTIES: QIDP, Human Resources Department, Health Services Team, Operations Team</p>	