

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G724	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9321 SULLIVAN LN CROWN POINT, IN 46307
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 28, 29, 30 and 31, 2014</p> <p>Facility number: 004837 Provider number: 15G724 AIM number: 200803700</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview, the governing body failed for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), to exercise general operating direction in a manner to ensure their abuse and neglect</p>	W000104	<p>Client #2's BSP was revised on 2-6-14. Responsible person: Karen Warner, Behaviorist. Staff were trained on the latest revision on 2-20-14. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, quarterly meeting with the IDT are</p>	03/02/2014

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>policy was implemented and corrective action was taken to address client to client aggression, falls due to seizures and a client's weight loss.</p> <p>Findings include:</p> <p>1. Please refer to W149: The governing body failed for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), to implement written policy and procedures to prevent alleged abuse and neglect.</p> <p>2. Please refer to W157: The governing body failed for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), to take sufficient/effective corrective measures in regard to preventing client to client aggression, preventing injuries due to seizures and addressing client #3's low weight.</p> <p>9-3-1(a)</p>		<p>held to review any behavioral issues. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, weekly all state reportable that are client to client are reviewed at our team meeting with recommendations. The recommendation not only includes the aggressor, but also for the victim client #1 and #4. Responsible person: Traci Hardesty, QDDP. Client #5 is closely monitored by his doctors and had been going through a medication change for his seizures. Responsible person(s): Airielle Rogers, Group Home Manager and his mother, Dorothy. A risk fall assessment had been completed and a protocol had been put into place for falls. A video monitor had also been add to help monitor client #5 while in his room. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, three variations of a seizure helmet were purchased and a formal goal was put into place to increase his tolerance of wearing the seizure helmet. Responsible person: Traci Hardesty, QDDP. Client #3 is given three nutritious meals a day along with three snacks a day. He also is offered a carnation instant breakfast with meals. Person responsible: Airielle Rogers, Group Home Manager. Staff will continue to chart what he eats and will now begin to chart what</p>		

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #2) to implement the client's money management objective utilizing United States currency.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/28/14 from 8:15 A.M. until 9:50 A.M.. At 8:20 A.M., Direct Support Professional (DSP) #1 showed client #2 laminated sheets of paper which had black and white pictures of dollar bills, quarters, nickels, dimes and pennies. DSP #1 asked client #2 to identify each bill and coin. DSP #2 implemented client #2's money management objective not utilizing</p>	W000126	<p>he has refused to eat. Responsible person: Airielle Rogers, Group Home Manager. Staff were training on the revision to this documentation on 2-20-14. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, staff were given new guidelines and charting. Responsible person: Traci Hardesty, QDDP.</p> <p>Client #2 was working on math/money worksheets to add money. The goal/teaching materials were revised to use real money instead of the use of worksheets. Responsible person: Traci Hardesty, QDDP. QDDP was retrained on utilizing United States currency. Responsible person: Sheila O'Dell, Group Home Director. Staff were retrained on the goal revision. Responsible person: Traci Hardesty. To ensure compliance, all programs are reviewed monthly, which will include that real money is being used for all money goals. Responsible person: Traci Hardesty, QDDP.</p>	03/02/2014	

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W000149	<p>United States currency.</p> <p>An interview with DSP #1 was conducted on 1/28/14 at 8:30 A.M.. When asked if she was implementing client #2's money management training objective, DSP #1 stated "Yes." When asked if she was implementing his objective using United States currency, she stated "No, these are pictures."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 1/31/14 at 4:50 P.M.. The QIDP indicated the group home staff should only use U.S. currency when implementing clients' money management training objectives.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), the facility failed to</p>	W000149	Client #2's BSP was revised on 2-6-14. Responsible person: Karen Warner, Behaviorist. Staff were trained on the latest revision on 2-20-14. Responsible person:	03/02/2014			

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	<p>implement written policy and procedures to prevent alleged abuse and neglect.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 1/29/14 at 3:15 P.M.. Review of the records indicated:</p> <p>1. BDDS reports of client to client aggression indicated:</p> <p>-BDDS report dated 6/10/13 involving clients #2 and #6 indicated: "[Client #6] walked in front of the television that [client #2] was watchin (sic). [Client #2] pushed [client #6] from behind and stepped on his foot. [Client #6] stated that his back hurt but there was no redness, bruising, scratches."</p> <p>-BDDS report dated 6/24/13 involving clients #1 and #2 indicated: "[Client #2] was in the kitchen working on his cooking goal. [Client #1] walked through the kitchen and [client #2] pushed [client #1] into the stove. A staff member reached his arm out to 'catch' [client #1] and prevented him from fully being pushed into the stove...."</p>		<p>Karen Warner, Behaviorist. To ensure future compliance, quarterly meeting with the IDT are held to review any behavioral issues. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, weekly all state reportable that are client to client are reviewed at our team meeting with recommendations. Responsible person: Traci Hardesty, QDDP. Client #5 is closely monitored by his doctors and had been going through a medication change for his seizures. Responsible person(s): Airielle Rogers, Group Home Manager and his mother, Dorothy. A risk fall assessment had been completed and a protocol had been put into place for falls. A video monitor had also been add to help monitor client #5 while in his room. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, three variations of a seizure helmet were purchased and a formal goal was put into place to increase his tolerance of wearing the seizure helmet. Responsible person: Traci Hardesty, QDDP. Client #3 is given three nutritious meals a day along with three snacks a day. He also is offered a carnation instant breakfast with meals. Person responsible: Airielle Rogers, Group Home Manager. Staff will continue to chart what he eats and will now begin to chart what he has refused to eat.</p>				

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	<p>-BDDS report dated 7/15/13 involving clients #1 and #2 indicated: "[Client #2] walked into the living room and violently shoved another consumer (client #1) to the floor, without any apparent reason other than [client #1] was standing in front of the television. [Client #1] had a red mark on right side of neck approximately 1/2 inch long and a red mark on his back approximately the size of a dime."</p> <p>-BDDS report dated 7/16/13 involving clients #1 and #2 indicated: "[Client #2] was walking out of the kitchen, [client #1] was standing by the railing and [client #2] shoved him (client #1) into the railing and [client #1] fell to the floor."</p> <p>-BDDS report dated 7/25/13 involving clients #2 and #6 indicated: "Staff was in the lower level of the home and heard a loud noise come from upstairs. [Client #6] was on the floor. He stated that [client #2] had pushed him trying to get into the garage for a snack. Staff did see that [client #2] was in the garage looking in the fridge. Staff directed [client #2] to come back in the house and go downstairs to watch television. [Client #6] was checked for injuries. There were none although [client #6] stated that his right knee hurt so staff</p>		<p>Responsible person: Airielle Rogers, Group Home Manager. Staff were training on the revision to this documentation on 2-20-14. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, staff were given new guidelines and charting. Responsible person: Traci Hardesty, QDDP.</p>				

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	<p>administered Tylenol."</p> <p>-BDDS report dated 10/30/13 involving client #1 at the facility owned day program indicated: "[Client #1] went to utilize the restroom. His assigned staff was waiting for him outside of the door. One of [client #1]'s peers entered the restroom and staff heard [client #1] scream. Staff immediately went in to the restroom and saw [client #1] on the floor. The peer had a hold of [client #1]'s foot and was pulling him. Staff redirected peer away from [client #1] and assisted [client #1] with getting up. She then checked [client #1] for visible signs of injury. She noted 3 red marks each approximately the size of a quarter, one one (sic) his buttocks, one on his tailbone and one on his back in between his shoulder blades."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. The QIDP indicated client #2 bolts and pushes his peers that may be in his way. The QIDP stated client #2 "targeted" client #1 during the documented incidents and client #2 was placed with closer staff supervision.</p> <p>2. BDDS reports involving client #5 indicated:</p>				

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	<p>-BDDS report dated 2/25/13 indicated: "Staff was assisting [client #5] to get ready for breakfast, when [client #5] informed staff that he had fallen downin (sic) his room and hit the back of head on his dresser. [Client #5] was uncertain of when it happened. Staff looked at the back og (sic) his head and noticed blood and a 1/2 inch wound on the back of his head. Staff applied gentle pressure to stop the bleeding. Manager was notified and she came in to check [client #5] over. Manager applied peroxide and Neosporin to the area. Ice was applied. Manager checked [client #5]'s bedroom and she was unable to determine what [client #5] had hit his head on-no blood visible to the dresser and the corners of his furniture have been covered with a cushion stick on material, which had no visible blood on any area to indicate where he had fallen. Staff made Manager aware that [client #5] possibly fell from seizure activity although that was not witnessed and [client #5] did not confirm/deny this....While at urgen tcare (sic), a dr. (sic) checked [client #5] out. X-rays of the head was done, 5 staples were placed on back of the head...."</p> <p>-BDDS report dated 7/21/13 indicated: "[Client #5] was in the kitchen and had a</p>			

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	<p>seizure. He fell and hit his head on the floor, causing a gash that was bleeding heavily. Staff applied first aid treatment and took him to the Emergency room. [Client #5] got 4 stitches and was sent home with instructions to stay home from work the next day and see his physician for removal of the stitches."</p> <p>-BDDS report dated 8/27/13 indicated: "[Client #5] was washing his hands in the kitchen before dinner and had a seizure. He fell and hit his head on the kitchen floor. Staff immediately assisted [client #5] with first aid treatment once the seizure was over. [Client #5] had a 3 inch gash in his head that was bleeding heavily so staff took him to the emergency room. A CT scan (X-ray) was completed and there was no internal injury or internal bleeding. [Client #5] received staples to the gash and was released several hours later."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. The QIDP indicated client #5 has unexpected seizures sometimes causing injuries. The QIDP indicated client #5's mother was against him wearing a seizure helmet to prevent head injuries.</p>						

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	<p>3. An evening observation was conducted at the group home on 1/29/14 from 4:45 P.M. until 6:40 P.M.. During the observation period client #3 was observed to be small in size. At 5:55 P.M., client #3 was prompted to the dining table to eat the meal which consisted of cube steak, french fries, green beans, dinner rolls, apple sauce and vanilla pudding. Client #3 did not eat his dinner and did not drink a Carnation Instant Breakfast (CIB)/nutritional drink.</p> <p>An interview with Direct Support Professionals (DSPs) #2 and #6 was conducted on 1/29/14 at 6:05 P.M.. When asked if client #3 refuses to eat his meals often, DSPs #2 and #6 indicated he is a picky eater and refuses to eat often.</p> <p>A review of client #3's record was conducted on 1/31/14 at 4:00 P.M.. Review of client #3's 2/26/13 "Nutritional Assessment" indicated: "Diet: Low Cholesterol/Low Fat...Carnation Instant Breakfast with meals...Weight: 96.3 pounds...Ideal Body weight: 107-146 pounds." Further review of client #3's record indicated:</p> <p>"1/8/13-93.2 pounds</p>						

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	<p>2/11/13-93.6 pounds 3/17/13-92.0 pounds 4/29/13-90.4 pounds 5/27/13-91.3 pounds 6/23/13-91.1 pounds 7/22/13-97.0 pounds 8/18/13-93.8 pounds 10/4/13-91.2 pounds 11/11/13-96.4 pounds 12/2/13-94.0 pounds 1/4/14-89.6 pounds."</p> <p>Further review of client #3's record did not indicate staff documented when client #3 refused to eat. The record did not indicate guidelines to indicate how staff should address client #3's refusals to eat.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 1/30/14 at 5:30 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but</p>						

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	<p>the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at</p>			

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W000157	<p>4:50 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated the facility's abuse/neglect policy should be followed at all times. When asked if there were guidelines in place to address client #3's refusals to eat, the QIDP indicated there were not any guidelines. The QIDP stated "He is a picky eater."</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 observation, record review and interview, for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), the facility failed to take</p>	W000157	Client #2's BSP was revised on 2-6-14. Responsible person: Karen Warner, Behaviorist. Staff were trained on the latest revision on 2-20-14. Responsible person:	03/02/2014

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	<p>sufficient/effective corrective measures in regard to preventing client to client aggression, preventing injuries due to seizures and addressing a client's low weight.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports was conducted on 1/29/14 at 3:15 P.M.. Review of the records indicated:</p> <p>1. BDDS reports of client to client aggression indicated:</p> <p>-BDDS report dated 6/10/13 involving clients #2 and #6 indicated: "[Client #6] walked in front of the television that [client #2] was watchin (sic). [Client #2] pushed [client #6] from behind and stepped on his foot. [Client #6] stated that his back hurt but there was no redness, bruising, scratches."</p> <p>-BDDS report dated 6/24/13 involving clients #1 and #2 indicated: "[Client #2] was in the kitchen working on his cooking goal. [Client #1] walked through the kitchen and [client #2] pushed [client #1] into the stove. A staff member reached his arm out to 'catch' [client #1] and prevented him from fully</p>		<p>Karen Warner, Behaviorist. To ensure future compliance, quarterly meeting with the IDT are held to review any behavioral issues. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, weekly all state reportable that are client to client are reviewed at our team meeting with recommendations. Responsible person: Traci Hardesty, QDDP. Client #5 is closely monitored by his doctors and had been going through a medication change for his seizures. Responsible person(s): Airielle Rogers, Group Home Manager and his mother, Dorothy. A risk fall assessment had been completed and a protocol had been put into place for falls. A video monitor had also been add to help monitor client #5 while in his room. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, three variations of a seizure helmet were purchased and a formal goal was put into place to increase his tolerance of wearing the seizure helmet. Responsible person: Traci Hardesty, QDDP. Client #3 is given three nutritious meals a day along with three snacks a day. He also is offered a carnation instant breakfast with meals. Person responsible: Airielle Rogers, Group Home Manager. Staff will continue to chart what he eats and will now begin to chart what he has refused to eat.</p>		

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	<p>being pushed into the stove...."</p> <p>-BDDS report dated 7/15/13 involving clients #1 and #2 indicated: "[Client #2] walked into the living room and violently shoved another consumer (client #1) to the floor, without any apparent reason other than [client #1] was standing in front of the television. [Client #1] had a red mark on right side of neck approximately 1/2 inch long and a red mark on his back approximately the size of a dime."</p> <p>-BDDS report dated 7/16/13 involving clients #1 and #2 indicated: "[Client #2] was walking out of the kitchen, [client #1] was standing by the railing and [client #2] shoved him (client #1) into the railing and [client #1] fell to the floor."</p> <p>-BDDS report dated 7/25/13 involving clients #2 and #6 indicated: "Staff was in the lower level of the home and heard a loud noise come from upstairs. [Client #6] was on the floor. He stated that [client #2] had pushed him trying to get into the garage for a snack. Staff did see that [client #2] was in the garage looking in the fridge. Staff directed [client #2] to come back in the house and go downstairs to watch television. [Client #6] was checked for injuries. There</p>		<p>Responsible person: Airielle Rogers, Group Home Manager. Staff were training on the revision to this documentation on 2-20-14. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, staff were given new guidelines and charting. Responsible person: Traci Hardesty, QDDP.</p>				

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	<p>were none although [client #6] stated that his right knee hurt so staff administered Tylenol."</p> <p>-BDDS report dated 10/30/13 involving client #1 at the facility owned day program indicated: "[Client #1] went to utilize the restroom. His assigned staff was waiting for him outside of the door. One of [client #1]'s peers entered the restroom and staff heard [client #1] scream. Staff immediately went in to the restroom and saw [client #1] on the floor. The peer had a hold of [client #1]'s foot and was pulling him. Staff redirected peer away from [client #1] and assisted [client #1] with getting up. She then checked [client #1] for visible signs of injury. She noted 3 red marks each approximately the size of a quarter, one one (sic) his buttocks, one on his tailbone and one on his back in between his shoulder blades."</p> <p>Further review of the reports failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>2. BDDS reports involving client #5 indicated:</p> <p>-BDDS report dated 2/25/13 indicated: "Staff was assisting [client #5] to get</p>						

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	<p>ready for breakfast, when [client #5] informed staff that he had fallen downin (sic) his room and hit the back of head on his dresser. [Client #5] was uncertain of when it happened. Staff looked at the back og (sic) his head and noticed blood and a 1/2 inch wound on the back of his head. Staff applied gentle pressure to stop the bleeding. Manager was notified and she came in to check [client #5] over. Manager applied peroxide and Neosporin to the area. Ice was applied. Manager checked [client #5]'s bedroom and she was unable to determine what [client #5] had hit his head on-no blood visible to the dresser and the corners of his furniture have been covered with a cushion stick on material, which had no visible blood on any area to indicate where he had fallen. Staff made Manager aware that [client #5] possibly fell from seizure activity although that was not witnessed and [client #5] did not confirm/deny this....While at urgen tcare (sic), a dr. (sic) checked [client #5] out. X-rays of the head was done, 5 staples were placed on back of the head...."</p> <p>-BDDS report dated 7/21/13 indicated: "[Client #5] was in the kitchen and had a seizure. He fell and hit his head on the floor, causing a gash that was bleeding heavily. Staff applied first aid treatment</p>			

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	<p>and took him to the Emergency room. [Client #5] got 4 stitches and was sent home with instructions to stay home from work the next day and see his physician for removal of the stitches."</p> <p>-BDDS report dated 8/27/13 indicated: "[Client #5] was washing his hands in the kitchen before dinner and had a seizure. He fell and hit his head on the kitchen floor. Staff immediately assisted [client #5] with first aid treatment once the seizure was over. [Client #5] had a 3 inch gash in his head that was bleeding heavily so staff took him to the emergency room. A CT scan (X-ray) was completed and there was no internal injury or internal bleeding. [Client #5] received staples to the gash and was released several hours later."</p> <p>Further review of the reports failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>3. An evening observation was conducted at the group home on 1/29/14 from 4:45 P.M. until 6:40 P.M.. During the observation period client #3 was observed to be small in size. At 5:55 P.M., client #3 was prompted to the dining table to eat the meal which consisted of cube steak, french fries,</p>			

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	<p>green beans, dinner rolls, apple sauce and vanilla pudding. Client #3 did not eat his dinner and did not drink a Carnation Instant Breakfast (CIB)/nutritional drink.</p> <p>An interview with Direct Support Professionals (DSPs) #2 and #6 was conducted on 1/29/14 at 6:05 P.M.. When asked if client #3 refuses to eat his meals often, DSPs #2 and #6 indicated he is a picky eater and refuses to eat often.</p> <p>A review of client #3's record was conducted on 1/31/14 at 4:00 P.M.. Review of client #3's 2/26/13 "Nutritional Assessment" indicated: "Diet: Low Cholesterol/Low Fat...Carnation Instant Breakfast with meals...Weight: 96.3 pounds...Ideal Body weight: 107-146 pounds." Further review of client #3's record indicated:</p> <p>"1/8/13-93.2 pounds 2/11/13-93.6 pounds 3/17/13-92.0 pounds 4/29/13-90.4 pounds 5/27/13-91.3 pounds 6/23/13-91.1 pounds 7/22/13-97.0 pounds 8/18/13-93.8 pounds 10/4/13-91.2 pounds</p>				

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	<p>11/11/13-96.4 pounds 12/2/13-94.0 pounds 1/4/14-89.6 pounds."</p> <p>Further review of client #3's record did not indicate staff documented when client #3 refused to eat. The record did not indicate guidelines to indicate how staff should address client #3's refusals to eat. Review of the record failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. The QIDP indicated enhanced staffing were scheduled to work with client #2 to prevent him from being aggressive towards other clients. The QIDP indicated a monitor was placed in client #6's room and padding was put on all sharp edges of client #6's room and the living room fireplace. When asked if any measures were put in place to document and address client #3's low weight and refusals to eat, the QIDP stated "Staff do not document his refusals to eat, and he should be offered alternate foods he likes because he is a picky eater."</p> <p>9-3-2(a)</p>						

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #2 and #3), to include specific plans in the Individual Support Plans (ISPs) to address client #2's stealing food and client #3's refusal to eat/under weight.</p> <p>Findings include:</p> <p>1. An evening observation was conducted at the group home on 1/29/14 from 4:45 P.M. until 6:40 P.M.. At 5:00 P.M., client #2 darted away from Direct Support Professional (DSP) #2, went into a kitchen cabinet, took a strawberry pop tart out of the cabinet, opened it and shoved it in his mouth. DSP #2 stated to</p>	W000227	<p>Client #3 had a revision to his BSP to address food stealing, which is a compulsive behavior. Responsible person: Karen Warner, Behaviorist. Client #2 had a revision to his food intake chart to add foods refused and added it formally to his ISP. This is a matter of his preferences verses noncompliance. Responsible person: Traci Hardesty, QDDP. Staff were trained on client #3 & #2's revisions. Responsible person: Traci Hardest, QDDP. To ensure future compliance, quarterly meetings are held with the IDT to review any behavioral issues for Client # 3. Responsible person: Karen Warner, Behaviorist. To ensure future compliance, staff were given new guidelines and charting. It will also be reviewed</p>	03/02/2014

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	<p>client #2, "You know that is not yours and you should not have ate it." At 6:05 P.M., client #2 got up from the dining table and went into the garage with DSP #6 following behind. Client #2 walked back into the kitchen, picked up a bottle of vanilla flavored powder coffee creamer, held it to his mouth and poured it in his mouth. Client #2 then swallowed it, then went into the freezer and grabbed a frozen piece of pepperoni pizza and ate the piece of frozen pizza while DSP #6 stood there. DSP #6 did not prompt or redirect client #2.</p> <p>An interview with DSP #6 was conducted on 1/29/14 at 6:15 P.M.. DSP #6 stated client #2 is "always" searching for food.</p> <p>A review of client #2's record was conducted on 1/31/14 at 3:30 P.M.. Review of client #2's Individual Support Plan (ISP) dated 2/20/13 did not address client #2's food stealing.</p> <p>2. An evening observation was conducted at the group home on 1/29/14 from 4:45 P.M. until 6:10 P.M.. During the observation period client #3 was observed to be small in size. At 5:55 P.M., client #3 was prompted to the dining table to eat the meal which consisted of cube steak, french fries,</p>		<p>monthly by the QDDP. Responsible person: Traci Hardesty, QDDP</p>				

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	<p>green beans, dinner rolls, apple sauce and vanilla pudding. Client #3 did not eat his dinner and did not drink a Carnation Instant Breakfast (CIB)/nutritional drink.</p> <p>An interview with Direct Support Professionals (DSPs) #2 and #6 was conducted on 1/29/14 at 6:05 P.M.. When asked if client #3 refuses to eat his meals often, DSPs #2 and #6 indicated that he is a picky eater and refuses to eat often.</p> <p>A review of client #3's record was conducted on 1/31/14 at 4:00 P.M.. Review of client #3's 2/26/13 "Nutritional Assessment" indicated: "Diet: Low Cholesterol/Low Fat...Carnation Instant Breakfast with meals...Weight: 96.3 pounds...Ideal Body weight: 107-146 pounds." Further review of client #3's record indicated:</p> <p>"1/8/13-93.2 pounds 2/11/13-93.6 pounds 3/17/13-92.0 pounds 4/29/13-90.4 pounds 5/27/13-91.3 pounds 6/23/13-91.1 pounds 7/22/13-97.0 pounds 8/18/13-93.8 pounds 10/4/13-91.2 pounds</p>				

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	<p>11/11/13-96.4 pounds 12/2/13-94.0 pounds 1/4/14-89.6 pounds."</p> <p>Further review of client #3's record did not indicate staff documented when client #3 refused to eat. The record did not include a plan to indicate how staff should address client #3's refusals to eat.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. When asked if client #2 and #3's ISPs addressed their non-compliance, the QIDP stated "No." When asked if client #2's BSP addressed his searching out food, the QIDP stated "It does not." The QIDP indicated client #3 was a picky eater and would only eat certain things like salad. When asked if client #3's ISP addressed his refusals to eat, the QIDP stated "No, it does not."</p> <p>9-3-4(a)</p>				

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W000460	<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 1 of 3 sampled clients (client #3), the facility failed to assure the staff provided Carnation Instant Breakfast (CIB) with his meals as ordered.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/29/14 from 4:45 P.M. until 6:40 P.M.. During the observation period client #3 was observed to be small in size. At 5:55 P.M., client #3 was prompted to the dining table to eat his meal which consisted of cube steak, french fries, green beans, dinner rolls, apple sauce and vanilla pudding. Client #3 was not given a CIB with his evening meal.</p> <p>A review of client #3's record was conducted on 1/31/14 at 3:00 P.M.. Review of client #3's 2/26/13 "Nutritional Assessment" indicated: "Diet: Regular...Carnation Instant Breakfast with meals...Weight: 87 pounds...Ideal Body weight: 112 plus or</p>	W000460	<p>Each client receives three well-balanced and nourish meals, which include snacks. The menus have client input and have been reviewed and approved by a licensed dietitian, which includes modified and specially-prescribed diets. Responsible person: Airielle Rogers, Group Home Manager. Staff offered carnation instant breakfast following dinner verses during dinner. Staff were all trained on client #2's diet and given guidelines on his food refusals. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, staff were given new guidelines and charting. It will also be reviewed monthly by the QDDP. Responsible person: Traci Hardesty, QDDP.</p>	03/02/2014

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W000484	<p>minus 10%."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. The QIDP indicated staff should give client #3 a CIB with each meal as ordered.</p> <p>9-3-8(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) residing in the group home to provide table knives and butter/margarine at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group on 1/29/14 from 4:45 P.M. until 6:40 A.M.. At 5:55 P.M., clients #1, #2, #3, #4, #5 and #6 were prompted to the dining table to eat their meal</p>	W000484	Staff will ensure that all utensils and condiments will be provided at each meal. Responsible person: Airielle Rogers, Group Home Manager. Staff were re-trained in dining procedures on 2-20-14. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, a dining reliability/test will be completed to show competency. Responsible person: Airielle Rogers, Group Home Manager and Traci Hardesty, QDDP.	03/02/2014	

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	<p>which consisted of cubed steak, green beans, french fries, dinner rolls, apple sauce and vanilla pudding. Direct Support Professional #2 went around the table with a knife and cut clients #1, #3 and #5's steak with a knife she retrieved from the kitchen drawer. No table knives and butter/margarine were observed on the table for clients #1, #2, #3, #4, #5 and #6's use.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/31/14 at 4:50 P.M.. When asked if table knives and butter/margarine should have been provided for clients to use with their meal, the QIDP stated "Yes, table knives and butter/margarine should be put on the table for the clients to use."</p> <p>9-3-8(a)</p>				