

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/22/2016
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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/16, 8/17, 8/18, and 8/22/16.</p> <p>Facility number: 001093 Provider number: 15G579 AIM number: 100239970</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 8/30/2016 by #09182.</p>	W 0000		
W 0154  Bldg. 00	<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 3 of 5 allegations of abuse, neglect, or injuries of unknown source, the facility failed to thoroughly investigate injuries of unknown source for clients #2 and #6.</p> <p>Findings include:</p>	W 0154	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denny Drive, New Castle, IN <b>Date Survey Completed:</b> 8/22/2016 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> IZSH11 <b>Finding:</b> W154– The facility to</p>	09/21/2016

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>The facility's reportable incident reports, internal accident/injury reports, and investigations were reviewed on 8/16/16 at 12:44pm.</p> <p>1. Client #2's 6/16/16 accident/injury report indicated "Chip on right tooth unknown when found."</p> <p>The 7/12/16 completed investigation indicated client #2 chipped his tooth on 6/7/16 and staff were unaware of how he could have chipped his tooth. The investigation did not indicate which tooth client #2 chipped or how big the chip in client #2's tooth was. The investigation did not indicate how the chipped tooth was discovered. The investigation did not indicate why the chipped tooth was discovered on 6/7/16 and not reported until 6/16/16.</p> <p>An interview with the RA (Residential Administrator), the Social Service Coordinator, the QIDP (Qualified Intellectual Disabilities Professional) and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked how the chipped tooth was discovered, the Social Service Coordinator stated "We aren't really sure, it was just reported discovered by staff." When asked what tooth was chipped and how big the chip was, the Social Service</p>		<p>thoroughly investigate injuries of unknown source for clients #2 and #6</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· All future injuries of unknown source will be thoroughly investigated</li> <li>· The Accident &amp; Injury report will be updated to record more specific and detailed information for each unknown injury (measurement, location of injury on body, etc.).</li> <li>· Investigation forms for Unknown Injuries will be updated to include more specific questions including questions help determine if a client is giving statements that are not truthful.</li> <li>· Staff and clients will be re-interviewed whenever there is conflicting and/or unclear statements given regarding an unknown injury</li> <li>· If a staff or client indicates an injury could have occurred at workshop, workshop staff will be interviewed</li> <li>· Upon completion, all unknown injury investigation documentation will be reviewed and signed by a party not involved in the investigation</li> <li>· All questions resulting from the review will be addressed and, if warranted, additional investigation will be conducted</li> <li>· All staff involved in conducting</li> </ul>	

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	<p>Coordinator stated "It was his front right tooth and just a small chip. That information is not included in the investigation."</p> <p>2. Client #6's 6/30/16 accident/injury report indicated client #6 had red marks on his back.</p> <p>The 7/12/16 completed investigation indicated staff were unaware of how client #6 got the red marks on his back. The investigation indicated client #4 was interviewed. Client #4's interview indicated "Yes I bite (sic) him at workshop he was bothering me." The investigation did not indicate staff were questioned in regards to client #4 stating he bit client #6 at workshop. The investigation did not indicate client #6 was re-interviewed in regards to client #4 stating he bit him. The investigation did not indicate workshop staff were interviewed in regards to client #4 stating he bit client #6 at workshop.</p> <p>An interview with the RA (Residential Administrator), the Social Service Coordinator, the QIDP (Qualified Intellectual Disabilities Professional) and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked if staff or clients were re-interviewed in regards to client #4</p>		<p>investigations of injuries of unknown origin will be retrained on new procedures/processes</p> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers with an unknown injury have the potential to be affected.</li> <li>·All future injuries of unknown sourcewill be thoroughly investigated</li> <li>·TheAccident &amp; Injury report will be updated to record more specific anddetailed information for each unknown injury (measurement, location of injuryon body, etc.).</li> <li>·Investigationforms for Unknown Injuries will be updated to include more specific questionsincluding questions help determine if a client is giving statements that arenot truthful.</li> <li>·Staffand clients will be re-interviewed whenever there is conflicting and/or unclearstatements given regarding an unknown injury</li> <li>·Ifa staff or client indicates an injury could have occurred at workshop, workshopstaff will be interviewed</li> <li>·Uponcompletion, all unknown injury investigation documentation will be reviewed andsigned by a party not involved in the investigation</li> </ul>	

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	<p>stating he bit client #6, the Social Service Coordinator stated "No." When asked if any day services staff were interviewed during the investigation, the Social Service Coordinator stated "No."</p> <p>3. Client #2's 5/6/16 accident/injury report indicated "workshop notified staff of the bruise on [client #2's] eye and cheek. The bruise by the eye measures 2 cm (Centimeters) in diameter and the cheek 3" (Inch) x 1 1/2."</p> <p>The 7/12/16 completed investigation indicated "Staff statements do not indicate any possible cause of bruising. Staff statements do not indicate that staff observed any altercations between client and peers as indicated in client interviews." The investigation did not indicate what questions staff were asked during the investigation.</p> <p>The investigation indicated client #3 was interviewed on 5/11/16. Client #3's interview indicated "[Client #3] stated [client #4] had hit client #2 in the eye on Tuesday."</p> <p>The investigation indicated client #4 was interviewed on 5/11/16. Client #4's interview indicated "[Client #4] stated [client #2] acted up so he hit him and then [client #2] hit him. He also stated</p>		<ul style="list-style-type: none"> <li>·Allquestions resulting from the review will be addressed and, if warranted,additional investigation will be conducted</li> <li>·Allstaff involved in conducting investigations of injuries of unknown origin willbe retrained on new procedures/processes</li> <li><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></li> <li>·All future injuries of unknown sourcewill be thoroughly investigated</li> <li>·TheAccident &amp; Injury report will be updated to record more specific anddetailed information for each unknown injury (measurement, location of injuryon body, etc.).</li> <li>·Investigationforms for Unknown Injuries will be updated to include more specific questionsincluding questions help determine if a client is giving statements that arenot truthful.</li> <li>·Staffand clients will be re-interviewed whenever there is conflicting and/or unclearstatements given regarding an unknown injury</li> <li>·Ifa staff or client indicates an injury could have occurred at workshop, workshopstaff will be interviewed</li> <li>·Uponcompletion, all unknown injury investigation documentation will be reviewed andsigned by a party not involved in the investigation</li> </ul>	

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	<p>every boy here has hit [client #4] in the eye."</p> <p>The investigation indicated client #2 was interviewed on 5/11/16. Client #2's interview indicated "He stated [client #4] hit him in the eye a long time ago."</p> <p>The investigation did not indicate staff or clients were re-interviewed in regards to clients #2, #3, and #4 reporting client #4 hit client #2 in the eye. The investigation did not indicate the workshop staff were interviewed during the investigation.</p> <p>An interview with the RA (Residential Administrator), the Social Service Coordinator, the QIDP (Qualified Intellectual Disabilities Professional) and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked if any workshop staff were interviewed during the investigation, the Social Service Coordinator stated "No." When asked if staff and/or clients were re-interviewed in regards to clients #2, #3, and #4 reporting client #4 hit client #2 in the eye, the Social Service Coordinator stated "No."</p> <p>9-3-2(a)</p>		<p>·Allquestions resulting from the review will be addressed and, if warranted,additional investigation will be conducted</p> <p>·Allstaff involved in conducting investigations of injuries of unknown origin willbe retrained on new procedures/processes</p> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <p>·Administratorwill monitor through quarterly review of investigations with Health ServicesCoordinator, Social Services Coordinator, and QIDP</p> <p>·IDTwill monitor through monthly review of Accident &amp; Injury reports</p> <p>·Monitoringwill occur through review of investigation by outside party</p> <p>·Staffthat have been retrained on more thorough investigations of unknown origin willmonitor to help prevent recurrence</p> <p><b>Whatis the date by which the systemic changes will be completed? 9/21/2016</b></p> <p><b>RespectfullySubmitted, RosemaryTaylor, Residential Administrator</b></p>	

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W 0156  Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 3 of 5 allegations of abuse, neglect, or injuries of unknown source, the facility failed to complete the investigation for clients #2 and #6's injuries of unknown source within 5 working days.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, internal accident/injury reports, and investigations were reviewed on 8/16/16 at 12:44pm.</p> <p>1. Client #2's 6/16/16 accident/injury report indicated "Chip on right tooth unknown when found."</p> <p>The investigation's conclusion indicated the investigation was finalized on 7/12/16.</p> <p>2. Client #6's 6/30/16 accident/injury report indicated client #6 had red marks on his back.</p> <p>The investigation's conclusion indicated the investigation was finalized on</p>	W 0156	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denny Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/22/2016</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> IZSH11</p> <p><b>Finding: W156</b>– The facility failed to complete the investigation for clients #2 and #6's injuries of unknown source within 5 working days.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·All future investigations of injuries of unknown source will be completed within 5 working days</li> <li>·The Accident &amp; Injury report will be updated to reflect expected completion date for investigation</li> <li>·Investigation forms for Unknown Injuries will be updated to reflect expected completion date for investigation</li> <li>·All staff involved in conducting investigations of injuries of unknown origin will be retrained to ensure compliance with</li> </ul>	09/21/2016

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	<p>7/12/16.</p> <p>3. Client #2's 5/6/16 accident/injury report indicated "workshop notified staff of the bruise on [client #2's] eye and cheek. The bruise by the eye measures 2 cm (Centimeters) in diameter and the cheek 3" (Inch) x 1 1/2".</p> <p>The investigation's conclusion indicated the investigation was finalized on 7/12/16.</p> <p>An interview with the RA (Residential Administrator), the Social Service Coordinator, the QIDP (Qualified Intellectual Disabilities Professional) and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked how long the facility had to complete investigations, the Social Service Coordinator stated "5 working days."</p> <p>9-3-2(a)</p>		<p>completion dates</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers with an unknown injury have the potential to be affected.</li> <li>· The Accident &amp; Injury report will be updated to reflect expected completion date for investigation</li> <li>· Investigation forms for Unknown Injuries will be updated to reflect expected completion date for investigation</li> <li>· All staff involved in conducting investigations of injuries of unknown origin will be retrained to ensure compliance with completion dates</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· All future injuries of unknown source will be thoroughly investigated</li> <li>· The Accident &amp; Injury report will be updated to reflect expected completion date for investigation</li> <li>· Investigation forms for Unknown Injuries will be updated to reflect expected completion date for investigation</li> <li>· All staff involved in conducting investigations of injuries of unknown origin will be retrained to</li> </ul>		

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W 0249  Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active		<p>ensure compliance with completion dates</p> <ul style="list-style-type: none"> <li>· Reassignment of staff involved in investigations of Unknown Injuries will allow for more oversight</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· Administrator or Designee will monitor through quarterly review of investigations with Health Services Coordinator, Social Services Coordinator, and QIDP</li> <li>· IDT will monitor through monthly review of investigations</li> <li>· Monitoring will occur through review of investigation by outside party</li> <li>· Staff will be retrained on dates of completion for investigations of unknown origin</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/21/2016</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p>		



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	<p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on interview, and record review for 1 additional client (#4) the facility failed to address client #4's identified need of physical aggression toward peers at the workshop.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 8/16/16 at 12:44pm. The facility's reportable incident reports indicated the following (Not all inclusive):</p> <p>6/28/26- "When [client #4] arrived at the workshop today his residential staff reported that he was agitated and threatening peers at his group home. At 8:15am [client #4] was holding up his fist and verbally threatening his peers. [Client #4] jumped out of his chair and chased a male peer threatening to hit him. Staff redirected [client #4] and asked him to calm down. [Client #4] was moved away from his peers. At 9:00am (sic) jumped up out of his chair and ran toward a male peer threatening to hit him. [Client #4] did not stop when he was requested to stop. [Client #4] started flailing his arms at staff. Staff ran and blocked him from getting to other clients. [Client #4] was redirected back to his chair to calm. [Client #4] sat in his chair holding his head and complained of his head hurting. He was given Tylenol for pain. At 9:55am [client #4] was sitting in a chair away from his peers when he started holding up his fist at peers and verbally threatening them. Then he jumped up out of his chair and ran toward a male peer who was doing</p>	W 0249	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/22/16 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> IZSH11 <b>Finding: W249</b>– the facility failed to address client #4's identified need of physical aggression toward peers at the workshop</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Client #4 has been provided a cot at workshop</li> <li>·BSP will be reviewed with workshop staff to ensure understanding of and compliance with BSP</li> <li>·QIDP will review BSP's with workshop staff as revisions are made to ensure compliance with BSP</li> <li>·QIDP will ensure cots are available at workshop if BSP indicates redirection to consumer's room to calm</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what</b></p>	09/21/2016
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	<p>an activity and slapped him on the face with his open hand which cased his peer to fall down. Staff ran after [client #4] and tried to stop him before he got to the peer. Staff could not catch him in time before he got to the male peer. [Client #4] did not stop when staff requested him to stop. [Client #4] was redirected back to his chair away from his peers to calm."</p> <p>6/30/16- "Shortly after [client #4] arrived at the workshop he was sitting in his chair at his table and his DSP (Direct Support Professional) was talking to residential staff to communicate at drop off time. DSP turned around when another client yelled and found that [client #4] had gotten up from his chair and had a peer up against the wall and was biting his left wrist."</p> <p>Client #4's record was reviewed on 8/18/16 at 1:55pm. Client #4's undated BSP (Behavior Support Plan) indicated client #4 had targeted behaviors of physical aggression, verbal aggression, property abuse, non cooperation, and hallucinations. Client #1's BSP indicated staff should complete the following steps if client #4 is physically aggressive "1. Move away or move the 'victim' away from [client #4]. 2. If aggression stops, attempt problem resolution the same as for verbal aggression. 3. If aggression continues attempt blocking and tell [client #4] to go to his bedroom to relax. 4. If he does not go to his bedroom, continue to calmly encourage him to go and walk with him to his room. Ask him to lay (sic) on his bed and relax. 5. Be aware of the potential for property misuse/destruction and follow those procedures if needed. 6. If he stays in his bedroom check in on him in about 10 minutes."</p> <p>An interview with the RA (Residential Administrator), the Social Service Coordinator,</p>		<p><b>corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All consumers with a BSP for physicalaggression have the potential to be affected.</li> <li>·BSP's that address physical aggression toward peers will be reviewed with workshop staff to ensure understanding of and compliance with BSP</li> <li>·QIDP will review BSP's that address physical aggression toward peers with workshop staff as revisions are made to ensure compliance with BSP</li> <li>· QIDP will ensure cots are available atworkshop if BSP indicates redirection to consumer's room to calm</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·QIDP will add verbiage on BSP ensuringitems are available at workshop to comply with BSP for physical aggression</li> <li>·Documentation of training withworkshop staff on BSP's for physical aggression will include list of itemsneeded to ensure compliance with plan. HM,QIDP, and HSC observations at workshop will include determining if items areavailable at workshop to ensure compliance with BSP</li> </ul>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>the QIDP (Qualified Intellectual Disabilities Professional) and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked how client #4's DSP should redirect his aggressive behavior at the workshop, the QIDP stated "They should follow his plan." When asked how they can follow his plan when his plan indicated he should be redirected to his room, the QIDP stated "They should be offering him a cot to lay on, we just discussed that."</p> <p>9-3-4(a)</p>		<p><b>How will the corrective action(s) bemonitored to ensure the deficient practice will not recur (quality assuranceprogram, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>·QIDP will add verbiage on BSP ensuringitems are available at workshop to comply with BSP for physical aggression</li> <li>·Documentation of training withworkshop staff on BSP's for physical aggression will include list of itemsneeded to ensure compliance with plan.</li> <li>·HM, QIDP, and HSC observations atworkshop will include determining if items are available at workshop to ensurecompliance with BSP</li> <li>·IDT will monitor through quarterlyreview</li> </ul> <p><b>What is the date by which the systemic changes will be completed? 9/21/16</b></p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/22/2016	
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W 0263  Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 4 sampled clients (#1), the facility's HRC (Human Rights Committee) failed to assure client #1's restrictive program was conducted only with the written informed consent of the client.  Findings include:  Client #1's record was reviewed on 8/17/16 at 12:15pm. Client #1's 8/4/15 BSP (Behavior Support Plan) indicated client #1 had targeted behaviors of non-cooperation with tasks, verbal aggression, obscene and threatening gestures, and leaving the building. Client #1's BSP indicated client #1 took Stratterra and Invega to assist with controlling behaviors.  Client #1's 5/16/16 annual approval form indicated client #1 gave written informed consent for his BSP on 7/5/16. Client #1's annual approval form indicated the agency obtained written approval from their HRC on 6/8/16.  An interview with the RA (Residential</p>			W 0263	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/22/16 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> IZSH11 <b>Finding: W263</b>– The facility's HRC (Human Rights Committee) failed to assure client #1's restrictive program was conducted only with the written informed consent of the client.  <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> ·In the future, Client #1's signature indicating informed consent for a Behavior Support Plan (BSP) will be obtained before getting written approval from the Human Rights Committee  <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> ·All consumers with a Behavior</p>		09/21/2016

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	<p>Administrator), the Social Service Coordinator, and the CEO (Chief Executive Officer) was conducted on 8/18/16 at 2:30pm. When asked if the facility obtained written informed consent from client #1 before obtaining approval from the HRC, the RA stated "No."</p> <p>9-3-4(a)</p>		<p>Support Plan (BSP) have the potential to be affected.</p> <ul style="list-style-type: none"> <li>·McSherrQIDP or Designee will ensure written Informed consent from clients with a BSPis obtained prior to getting approval from the HRC</li> <li>·McSherrSocial Services Coordinator or Designee will ensure client approval has beengiven before obtaining approval from HRC</li> <li>·McSherr Social Services Coordinator orDesignee will monitor at quarterly HRC meetings</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·McSherrQIDP or Designee will ensure written Informed consent from clients with a BSPis obtained prior to getting approval from the HRC</li> <li>·McSherrSSC or Designee will ensure clientapproval has been given before obtaining approval from HRC</li> <li>·McSherr Social Services Coordinator orDesignee will monitor at quarterly HRC meetings</li> </ul>	

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			<p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>·McSherrQIDP or Designee will monitor as new BSP's are put into place</li> <li>·McSherrSSC or Designee will monitor as approval is requested and at quarterly HRC meetings</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/21/16</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p>	