

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G670	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4918 MICHAEL ST ANDERSON, IN 46011
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: February 24, 25, 26 and March 4, 2016.</p> <p>Facility Number: 001224 Provider Number: 15G670 AIMS Number: 100239540</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/11/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy, budget, and operating direction over the facility: __To ensure all allegations of abuse and client to client abuse were investigated. __To ensure all injuries of unknown origin were reported immediately to the administrator and thoroughly</p>	W 0104	<p>The administrator will be responsible for addressing all areas of non-compliance as noted in this tag.</p> <p>1. The pads on the dining room chairs were replaced on the second day of observation, 2/25/16. The replacement pads had been ordered and became available. The maintenance staff replaced them on 2/25/16. Agency administrators have a routine presence in the facility this</p>	04/03/2016

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>investigated.</p> <p>__ To ensure the dining room chairs were maintained and in good repair.</p> <p>__ To ensure the home was provided with a set of wheelchair scales to weigh clients #1 and #3.</p> <p>__ To ensure clients #1 and #3 did not pay for medical supplies with their individual finances.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6 and #7 on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM. During both observation periods, the seat pads on each of the dining room chairs were cracked and/or ripped and some of the chair padding was exposed.</p> <p>On 2/24/16 at 5:50 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility had planned on replacing the cushions on all of the dining room chairs. The QIDP did not know specifically when the chairs were to be replaced, only that the chairs were supposed to be repaired.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA indicated the</p>		<p>includes an assessment for any maintenance needs. A log of maintenance needs is kept electronically and is accessible to the administrator and maintenance supervisor for review. When a maintenance need is observed or reported to the administrator she ensures the need is listed on the log. The maintenance supervisor is notified immediately to coordinate repair of any immediate maintenance needs. The administrator will have ongoing communication with the maintenance supervisor to ensure maintenance needs are met in a timely manner, including the replacement of worn and ripped seating.</p> <p>2. The administrator will address the need to have a scale available that can be used to consistently weigh clients who are in wheelchairs. Risk plans for all clients in the home will be reviewed with the facility nurse to ensure risk plans are current to client needs and that supplies are available to implement all risk plans as written. On-going the administrator will routinely check to ensure supplies are available to implement risk plans. The direct care staff will also be trained to report to the administrator if they do not have supplies available to implement a risk plan.</p> <p>3. The administrator will address that clients participated in paying for medical items as listed. Client</p>		

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	<p>home was to be maintained and in good repair at all times.</p> <p>2. Observations were conducted at the group home on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM. During both observation periods: ___ Clients #1 and #3 utilized a wheelchair for all of their ambulatory needs. ___ Clients #1 and #3 were not weight bearing. ___ A set of wheelchair scales was not observed in the home.</p> <p>The facility's reportable and investigative records were reviewed on 2/24/16 at 2 PM.</p> <p>The 6/24/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 6/23/15 client #3 "seemed to be swollen and wheezing. She was evaluated at the local urgent care and sent on to [name of hospital] ER (Emergency Room) in [name of town] to check for Congestive Heart Failure. The ER physician, after examination, determined that she did not have Congestive Heart Failure but rather, dependent leg edema (accumulation of fluids causing swelling). She was discharged with recommendations to wear compression stockings, elevate her legs often and to</p>		<p>#1 did pay for her compression hose from a trust fund and at the direction of her mother who is her legal guardian. The agency did not secure documentation from the guardian verifying this. The ball she purchased was something she saw in the store when she went to get her hose and wanted to buy it to play with. This is not a medical supply. The two feminine items that were purchased by client #1 were preferred body washes and were not purchased for any medical reasons. It was verified that these are body washes by review of the receipt and searching the item on the Target website where the item was purchased. The facility provides a basic body wash. The client purchases these two body washes as request of her mother. The administrator will ensure that the QIDP is trained that the IST must review and address any recommendations for a client to participate in paying for any medical supply when the supply is not provided by Medicaid. This must include documented evidence of guardian and/or client agreement with the plan. Client #1 will be reimbursed for her purchase of the air pump to air her wheelchair tires.</p> <p>4. The agency administrator does assign the completion of investigations per agency policy. The administrator will</p>				

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	<p>follow up with her physician in the next month. [Client #3's] positioning protocol has been revised to include time in the recliner. Her physician is being contacted to schedule the follow up appointment and regarding an order for the compression stockings. [Client #3] hasn't had any further 'wheezing'. DSA will continue to monitor and support [client #3]."</p> <p>The follow up BDDS report dated 6/30/15 indicated "[Client #3] was seen by her physician on 6/30/15 for follow-up. He ordered compression hose to help reduce the edema, recommended her legs be elevated one to three times a day and to return if there is no improvement. [Client #3's] positioning protocol is being followed daily which includes elevation of her legs. Staff are completing full body checks daily at which time they are monitoring her edema. DSA will ensure compression hose are provided and that other medical recommendations are followed. A risk plan will be developed and implemented regarding the edema. This will include the physician's recommendations. DSA will continue to support [client #3] and to provide medical oversight to ensure her needs are met."</p> <p>Client #3's record was reviewed on</p>		<p>ensure assignment and completion of investigations for all reported incidents and allegations of abuse including those incidents of aggression between clients and including those that occur at the day program. The agency has a Program Quality Coordinator who does review all incident reports involving agency clients and ensures completion of investigations as required. This individual will ensure investigations are assigned and submitted for review as required. The administrator will also ensure that administrators from the day services understand the need to complete investigations for incidents that occur at the day service that require investigation. The facility did fail to ensure causes of all reported injuries were documented properly. The agency documentation system has been updated to prompt staff to document cause of injuries when known and to notify the Residential Director if the cause is unknown. Per agency policy the Residential Director will notify the Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work in the home were re-trained on 3/11/16 to ensure causes of injuries are documented properly. Injury information is recorded in an</p>				

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	<p>2/26/16 at 11 AM. Client #3's record indicated diagnoses of, but not limited to, Spastic Quadriplegia (a spasticity of the muscles that affects all four limbs of the body) with Right Hemiparesis (a weakness of the entire right side of the body), Cerebral Palsy, Bilateral thumbs in palm posturing with flexed (bent) wrist and elbow and left congenital hip dislocation.</p> <p>Client #3's Record of Visits (ROVs) indicated: ___ 10/8/15 - "Ultrasound for left leg [(extremely swollen).]." ___ 10/9/15 - "Fitting for compression hose." ___ 10/14/15 - "Foot swelling and open sore on crease left leg behind knee." The record indicated both feet swelling and stage II pressure wound on the back of the left leg and a referral for client #3 to go to the wound clinic. "Keep leg elevated above heart level as much as possible. Limit salt intake to 1500 mg per day."</p> <p>Client #3's record indicated a risk plan for edema dated 7/1/15. ___ The plan indicated symptoms of edema to be: weight gain, swelling of the extremities, increased blood pressure, bounding pulse, shortness of breath, crackles heard with breathing,</p>		<p>electronicdocumentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks. The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin.</p> <p>5. The administrator has addressed the fact that the facility did fail to ensure causes of all injuries were documented properly. The agency documentation system has been updated to prompt staff to document cause of injuries when known and to notify the Residential Director if the cause is unknown. Per agency policy the Residential Director will notify the Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work in the home were re-trained on 3/11/16 to ensure causes of injuries are</p>				

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	<p>restlessness, anxiety and/or change in mental status.</p> <p>__ The plan indicated to notify nursing if client #3 gained two or more pounds in one day.</p> <p>Client #3's record indicated client #3 was weighed monthly. Client #3's record indicated no weight documented for December 2015.</p> <p>Client #3's nursing quarterly reviews indicated the following: __ June Nursing Quarterly Review - "edema in legs and feet.... 6/23/15 [name of hospital], SOB (shortness of breath) and edema. FU (follow up) with PCP (Primary Care Physician). 6/30/15 90 day [name of doctor]. FU on ER. Elevate legs 1-3 x (times) dly (daily) compression stockings."</p> <p>During interview with the Director of Quality Assurance (DQA) on 2/25/16 at 3 PM, the DQA: __ Indicated the staff weighed clients #1 and #3 while at the day program because the day program had a wheelchair scale. __ Indicated no December 2015 weight for client #3. __ When asked if clients #1 and #3 should be weighed in the morning upon first getting up and while wearing the approximate same amount of clothing to</p>		<p>documented properly. Injury information is recorded in an electronic documentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks. The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin.</p> <p>6. The agency administrator does assign the completion of investigations per agency policy. The administrator will ensure assignment and completion of investigations for all reported incidents and allegations of abuse including those incidents of aggression between clients and including those that occur at the day program. The agency has a Program Quality Coordinator who does review all incident reports involving agency clients and ensures completion of investigations as required. This individual will ensure</p>		

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	<p>be able to obtain an accurate weight, the DQA stated, "Yes, I suppose so. I typically weigh myself in the morning right after I get up."</p> <p>__ Indicated the home did not have a wheelchair scale to weigh clients #1 and #3.</p> <p>3. Client #1's financial records were reviewed on 2/25/16 at 3 PM. Client #1's records indicated the following purchases: __ 9/11/15 - \$1605.59 for compression hose. __ 9/11/16 - \$12.79 for a ball. __ 1/17/16 - \$4.29 for a feminine wash solution. __ 1/17/16 - \$4.99 for a feminine cream.</p> <p>Client #3's record was reviewed on 2/25/16 at 3 PM. Client #3's financial records indicated the following purchases: __ 10/16/15 - \$190.26 for compression hose. __ 01/15/16 - \$10.66 for an air pump.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/25/16 at 3 PM, the QIDP: __ Indicated DSA was the representative payee for clients #1 and #3. __ Indicated client #1's guardian had requested client #1 purchase the more</p>		<p>investigations are assigned and submitted for review as required. The administrator will also ensure that administrators from the day services understand the need to complete investigations for incidents that occur at the day service that require investigation.</p> <p>Responsible Party: Area Director</p>	

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	<p>expensive colorful compression hose.</p> <p><u> </u> Indicated clients #1 and #3 had requested the more expensive colorful compression stockings.</p> <p><u> </u> Indicated Medicaid no longer paid for compression stockings.</p> <p><u> </u> Indicated client #3 was having trouble keeping air in the tires of her wheel chair.</p> <p><u> </u> Indicated the right wheel of client #3's wheelchair had gone flat on several occasions.</p> <p><u> </u> Indicated clients #1 and #3 were not provided the amount of money that would typically be used to purchase compression stockings.</p> <p>During email interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA:</p> <p><u> </u> Indicated clients were not to purchase their own medical supplies.</p> <p><u> </u> Indicated clients #1 and #3 had requested items that were more expensive than what normally was purchased.</p> <p>4. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse/neglect and/or client to client abuse were investigated and to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1, #2, #3, #4, #5 and #7. Please see W149.</p>			
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W 0120 Bldg. 00	<p>5. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1, #2, #3, #5 and #7. Please see W153.</p> <p>6. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse were investigated for clients #2, #3 and #4. Please see W154.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) receiving outside services, the facility failed to ensure the Day Program (DP) staff were provided a current copy of the clients' program plans and physician's orders.</p> <p>Findings include: Client #1's, #2's, #3's and #4's records</p>	W 0120	The QIDP is responsible to provide needed information to the day service, including but may not be limited to Individual Support Plans, Behavior Development Programs, and current physicians orders. All current information has been provided to the day service representative. The QIDP will develop a system to ensure she provides needed information to the day service regarding each client. She will ensure the day service has	04/03/2016

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	<p>were reviewed at the DP on 2/25/16 at 11:45 AM. Clients #1's, #2's, #3's and #4's records indicated no Individualized Support Plans (ISPs), no Behavior Support Plans (BSPs) and no physician's orders.</p> <p>Client #1's, #2's, #3's and #4's records were reviewed at the facility.</p> <p>Client #1's record was reviewed on 2/25/16 at 1:30 PM. Client #1's record indicated an ISP dated 9/9/15, a BSP dated 10/2015 and quarterly signed physician's orders for 2015.</p> <p>Client #2's record was reviewed on 2/26/16 at 12 PM. Client #2's record indicated an ISP dated 1/21/16, a BSP dated 3/2015 and quarterly signed physician's orders for 2015.</p> <p>Client #3's record was reviewed on 2/26/16 at 11 AM. Client #3's record indicated an ISP dated 1/6/16, a BSP dated 1/22/2015 and quarterly signed physician's orders for 2015.</p> <p>Client #4's record was reviewed on 2/25/16 at 2:30 PM. Client #4's record indicated an ISP dated 3/30/15, a BSP dated 6/2015 and quarterly signed physician's orders for 2015.</p> <p>During interview with DP staff #1 and</p>		<p>the current information for all clients in the facility. The QIDP participates in team meetings for each client at the day service no less than every 6 months. At these meetings the QIDP will be sure the dayservice has current records. The QIDP will copy the administrator when information is provided to the day program so that the administrator can verify compliance.</p> <p>Responsible Party: QIDP</p>				

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W 0149 Bldg. 00	<p>staff #2 on 2/25/16 at 11:45 AM, DP staff #1 and #2 indicated the DP had not been provided client #1's, #2's, #3's and #4's ISP, BSP and physician's orders for review. DP staff #1 and #2 indicated the DP had been provided a quick reference to the clients' BSPs and the clients' risk plans but the DP had not been provided the clients' ISP, complete BSP and/or the clients' physician's orders. Staff #1 and staff #2 indicated they did not give the clients medications while at the DP and were not aware of the medications and/or the side effects the medications could have on the clients.</p> <p>During interview with the DP supervisor and the Qualified Intellectual Disabilities Professional (QIDP) on 2/25/16 at 12 PM:</p> <p>__ The DP supervisor indicated the DP had not been provided client #1's, #2's, #3's and #4's ISPs, BSPs and physician's orders for review.</p> <p>__ The QIDP indicated she had emailed the clients' plans to the DP supervisor.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement</p>			

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	<p>written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 2 additional clients (#5 and #7), the facility failed to implement its policy and procedures to ensure all allegations of abuse/neglect and/or client to client abuse were investigated and to ensure all injuries of unknown origin were reported immediately to the administrator.</p> <p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 2/25/16 at 1 PM.</p> <p>The revised 10/13 facility policy entitled "Preventing Abuse and Neglect" indicated: ___ "DSA, Inc. Prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves. DSA, Inc. asserts that sensitizing employees to the various forms that abuse and neglect may take is a primary method of prevention...." The policy indicated the definition of abuse to be, but not limited to, intentional or willful infliction of physical injury, unnecessary use of physical or chemical restraints or isolation and violation of the individual's rights. The policy indicated "Rights' of consumers means those rights guaranteed</p>	W 0149	<p>The agency administrator does assign the completion of investigations per agency policy. The administrator will ensure assignment and completion of investigations for all reported incidents and allegations of abuse including those incidents of aggression between clients and including those that occur at the day program. The agency has a Program Quality Coordinator who does review all incident reports involving agency clients and ensures completion of investigations as required. This individual will ensure investigations are assigned and submitted for review as required. The administrator will also ensure that administrators from the day services understand the need to complete investigations for incidents that occur at the day service that require investigation. The facility did fail to ensure causes of all reported injuries were documented properly. The agency documentation system has been updated to prompt staff to document cause of injuries when known and to notify the Residential Director if the cause is unknown. Per agency policy the Residential Director will notify the Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work</p>	04/03/2016

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	<p>by the Constitution of the United States and the Constitution of Indiana and as set forth by IC 12-27."</p> <p>__ "Immediately upon learning of an allegation of abuse/neglect, exploitation... including injury during containment or suicidal gesture, staff are required to immediately report the incident to the Residential Director (RD) on-call." The RD on call will inform the Area Director (AD) and will "Report the incident to BQIS (Bureau of Quality Improvement Services) and any other applicable state or federal policy as required by Policy No. 8.01.01."</p> <p>__ "Immediately upon receiving notification of the incident from the RD the AD will initiate an investigation of the allegation(s)..."</p> <p>The revised 10/13 facility policy entitled Formal Investigations indicated all injuries of unknown origin were to be thoroughly investigated.</p> <p>1. The facility failed to implement its policy and procedures to ensure the staff reported all injuries of unknown origin immediately to the administrator for clients #1, #2, #3, #5 and #7. Please see W153.</p> <p>2. The facility failed to implement its policy and procedures to ensure all</p>		<p>in the home were re-trained on 3/11/16 to ensure causes of injuries are documented properly. Injury information is recorded in an electronic documentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks.</p> <p>The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin.</p> <p>Responsible Party: Area Director</p>	

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W 0153 Bldg. 00	<p>allegations of abuse/neglect were investigated for clients #2, #3 and #4. Please see W154.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review for 18 of 22 injuries of unknown origin reviewed, the facility failed to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1, #2, #3, #5 and #7.</p> <p>Findings include:</p> <p>The facility's consumer Injury Flow Sheets (IFS) for November 2015 through February 2016 were reviewed on 2/25/16 at 1 PM. The IFS indicated: 11/01/15 "Left side of belly is (sic) two scratches [client #2]." 11/04/15 "[Client #2] has bruise on left arm." 11/14/15 "[Client #7] has scratch on right hip."</p>	W 0153	<p>The administrator has addressed the fact that the facility did fail to ensure causes of all injuries were documented properly thus appearing that the facility failed to properly report injuries of unknown origin. The agency documentation system has been updated to prompt staff to document cause of injuries when known and to notify the Residential Director if the cause is unknown. Per agency policy the Residential Director will notify the Administrator of any injuries for which the origin is unknown. When this occurs an incident report will be filed with BQIS and an investigation will be initiated. The staff that work in the home were re-trained on 3/11/16 to ensure causes of injuries are documented properly. Injury information is recorded in an</p>	04/03/2016

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	11/19/15 "[Client #3] has scratch on left side of her stomach." 12/05/15 "[Client #7] has bruise on upper right thigh." 12/07/15 "[Client #7] has bruise on her left elbow area." 12/15/15 "[Client #3] has bruise on right butt cheek." 12/27/15 "[Client #3] has two small bruises on right arm." 12/27/15 "[Client #5] has bruise and small abrasion on head." 12/29/15 "[Client #3's] wound on leg opened back up." 01/04/16 "Wound on top of her forehead. (Name of client not given)." 01/04/16 "[Client #3] has bruise on left shoulder." 01/10/16 "[Client #7] had two scratches on back of neck." 01/27/16 "[Client #7] has bruise on her left butt cheek and a dime sized bruise on her left elbow." 01/28/16 "[Client #3] has blood shot in her right eye on the right side (sic)." 02/05/16 "[Client #3] has bruise on right forearm and elbow." 02/07/16 "[Client #1] has small bruise on her right elbow." 02/08/16 "[Client #1] has a small scrape on the back of her right hand." The above mentioned injuries did not		electronic documentation system. Initially the nurse will review these records no less than twice a week to ensure needed information is documented. The nurse will complete documentation regarding any reported injuries as needed. The frequency of reviewing this information will reduce to weekly once it has been demonstrated that staff are documenting properly for 3 consecutive weeks. The administrator will also routinely review records to ensure documentation is completed properly. Agency management and administrative staff will ensure agency policies are followed regarding reporting and investigating injuries of unknown origin. Responsible Party: Facility Nurse	

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W 0154 Bldg. 00	<p>indicate the origin of the injury.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/24/16 at 2 PM, the QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>During interview with the Director of Quality Assurance (DQA) on 2/25/16 at 3 PM, the DQA: ___ Indicated the staff were to indicate on the Injury Flow Sheets the origin of each injury. ___ Indicated if the origin of the injury was unknown, the staff were to report the injury immediately to the administrator.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 10 of 19 allegations of abuse/neglect and client to client abuse, the facility failed to ensure investigations were conducted for clients #2, #3 and #4.</p>	W 0154	The agency administrator does assign the completion of investigations per agency policy. The administrator will ensure assignment and completion of investigations for all reported	04/03/2016

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	<p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/24/16 at 2 PM.</p> <p>The 2/11/16 BDDS report indicated on 2/8/16 one of the day service staff reported to the Work Center Manager that staff #11 had taken a picture with her mobile phone of an open sore on client #3's buttocks. The staff then sent the photo via text message to another staff working at the facility. The photo was taken on 2/4/16 without administrative staff authorization to take the photo. __The facility records indicated no investigation was conducted.</p> <p>The 11/6/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 11/6/15 while at the day service program client #10 came out of the restroom and smacked client #4 in the back with the palm of her hand. __The facility records indicated no investigation was conducted.</p> <p>The 10/9/15 BDDS report indicated on 10/9/15 while at the day service program client #10 hit client #4 multiple times in the back. The clients were separated and client #4's staff was called to take client</p>		<p>incidents and allegations of abuse including those incidents of aggression between clients and including those that occur at the day program. The agency has a Program Quality Coordinator who does review all incident reports involving agency clients and ensures completion of investigations as required. This individual will ensure investigations are assigned and submitted for review as required.</p> <p>The administrator will also ensure that administrators from the day services understand the need to complete investigations for incidents that occur at the day service that require investigation.</p> <p>Responsible Party: Area Director</p>	
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	<p>#4 home. __The facility records indicated no investigation was conducted.</p> <p>The 9/8/15 BDDS report indicated on 9/8/15 client #3 was seated at a table at the day services when client #10 pinched client #3 on the arm. __The facility records indicated no investigation was conducted.</p> <p>The 9/2/15 BDDS report indicated on 9/2/15 while at the day services client #10 was standing next to client #3 when client #10 reached over and slapped client #3 on the arm. __The facility records indicated no investigation was conducted.</p> <p>The 8/20/15 BDDS report indicated on 8/20/15 while at the day services program client #10 came up to client #4 and hit her in the back. Client #10 was taken from the group per the client's behavior plan. Clients #4 and #10 were to continue to be in separate groups. __The facility records indicated no investigation was conducted.</p> <p>The 7/29/15 BDDS report indicated on 7/29/15 the staff discovered a bruise the size of a quarter on client #2's left side. Client #2 was not able to report how she sustained the bruise. An investigation had</p>			

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	<p>been initiated.</p> <p>__The facility records indicated no investigation was conducted.</p> <p>The 7/27/15 BDDS report indicated on 7/27/15 while at the day services and seated at a table with several clients, client #10 reached around 2 peers and hit client #4 in her left arm. Client #10 was removed from the area.</p> <p>__The facility records indicated no investigation was conducted.</p> <p>The 6/20/15 BDDS report indicated on 6/20/15 while on the facility van during transportation to the day service program, client #2 hit client #1 on top of the head three times.</p> <p>__The facility records indicated no investigation was conducted.</p> <p>The 6/10/15 BDDS report indicated on 6/10/15 while at the day service program as client #4 walked past client #10, client #10 hit client #4 in the back. The consumers will be monitored for safety.</p> <p>__The facility records indicated no investigation was conducted.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/24/16 at 2 PM, the QIDP indicated all allegations of abuse and neglect were to be investigated.</p>			

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W 0210 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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 observation, interview and record review for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure a reassessment of the clients' fine/gross motor skills and seating/positioning needs was completed in regard to the use of a wheelchair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM.</p> <p>__ Client #1 was a middle aged woman who utilized a wheelchair for ambulation and required staff assistance for all transfers in and out of the wheelchair and bed.</p> <p>__ Client #1 required staff assistance to meet all of her daily needs.</p> <p>__ Client #3 was a middle aged woman who utilized a wheelchair for ambulation</p>	W 0210	<p>The QIDP will understand her responsibility to ensure she understands her responsibility to ensure all assessments and re-assessments are completed as needed for clients based on their needs. This shall include receiving assessments no less than annually regarding clients fine/gross motor skills and needs and for seating/positioning in regards to use of a wheelchair. The QIDP shall ensure needed assessments are completed and the associated results are received and addressed by the IST. The QIDP will also ensure recurrent assessments are obtained for client #1 and client #3 regarding their fine/gross motor skills and seating/positioning needs regarding their use of a wheelchair. These evaluations are already scheduled to be completed. The QIDP will review needs of all clients in the facility to ensure all assessments are recurrent. The administrator will routinely</p>	04/03/2016

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	<p>and required staff assistance for all transfers in and out of the wheelchair and bed. Client #3 required staff assistance to meet all of her daily needs.</p> <p>__ Throughout both observation periods client #3 leaned to the right side of her wheelchair and her right arm/elbow hung over the right side of the chair without support.</p> <p>Client #1's record was reviewed on 2/25/16 at 1:30 PM.</p> <p>__ Client #1's record indicated diagnoses of, but not limited to, Cerebral Palsy, Osteoporosis (a condition in which the bones become weak and brittle), Osteoarthritis (a degenerative joint disease), Seizure disorder and Constipation.</p> <p>__ Client #1's Individualized Support Plan (ISP) dated 9/9/15 indicated client #1 "broke her femur in June of 2004. She is now a two person lift at all times. She is not to stand, bear weight or assist with transfers."</p> <p>__ Client #1's record indicated client #1 required a wheelchair for ambulation and staff assistance to meet all of her daily needs.</p> <p>__ Client #1's record indicated an assessment of client #1's fine and gross motor skills and seating needs by PT/OT (Physical Therapy/Occupational Therapy) last conducted in 2013.</p>		<p>review client records to ensure compliance with obtaining needed assessments for all clients.</p> <p>Responsible Party: QIDP</p>	

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	<p>Client #3's record was reviewed on 2/26/16 at 11 AM.</p> <p>__ Client #3's record indicated diagnoses of, but not limited to, Spastic Quadriplegia (a spasticity of the muscles that affects all four limbs of the body) with Right Hemiparesis (a weakness of the entire right side of the body), Cerebral Palsy, Bilateral thumbs in palm posturing with flexed (bent) wrist and elbow and left congenital hip dislocation.</p> <p>__ Client #3's record indicated client #3 required a wheelchair for all ambulation and staff assistance to meet all of her daily needs.</p> <p>__ Client #3's record indicated client #3 required two staff to lift/transfer her and/or the use of a Hoyer Lift (a mechanical lift).</p> <p>__ Client #3's record indicated client #3 experienced a pressure ulcer to the back of her leg in December 2015 and had just recovered from a pressure ulcer to her coccyx.</p> <p>__ Client #3's record indicated an assessment of client #3's fine and gross motor skills and seating needs by PT/OT last conducted in February, 2015 with recommendations for frequent hamstring stretches to the lower extremity and contractions with frequent position changes to decrease lower back pain and risk of skin breakdown.</p>			

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W 0264 Bldg. 00	<p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/26/16 at 2 PM, the QIDP:</p> <p>__ Indicated client #1's most current OT/PT assessment was conducted in 2013.</p> <p>__ Indicated client #3's most current OT/PT assessment was conducted in February, 2015.</p> <p>__ Indicated client #3 leans to her right while sitting in her wheelchair.</p> <p>__ Indicated client #3 would need another seating assessment to see if there was a support client #3 could use to assist her to sit up straighter and prevent her from leaning to the right.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 4 of 4 sample clients (#1,</p>	W 0264	The QIDP will understand her responsibility to ensure thatshe understands her responsibility to	04/03/2016			

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	<p>#2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility's specially constituted committee (Human Rights Committee - HRC) failed to review and approve the continued use of video cameras within the home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6 and #7 on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM. During both observation periods there were cameras mounted on the ceiling in the common living area of the home.</p> <p>Review of the facility HRC committee records on 3/4/16 at 11 AM indicated review and approval of the use of cameras in the common area of the home of clients #1, #2, #3, #4, #5, #6 and #7 on 10/9/14.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA: ___ Indicated the HRC committee had not reviewed and/or approved the continued use of video cameras in the home of clients #1, #2, #3, #4, #5, #6 and #7 since 2014. ___ Indicated the use of the cameras was to</p>		<p>provide information for the Human Rights Committee to review the ongoing use of restrictive procedures, including the cameras used in this facility, no less than annually for each client that lives in the home. The QIDP will ensure that the Human Rights Committee is presented with a request to approve continued use of the cameras in the main living areas of the facility. The QIDP will review records for all clients to ensure approvals are current for any restrictive programs in the home. The result of this review will be presented to the administrator to verify compliance. The administrator will routinely review client records including HRC approvals to ensure there are current approvals in place. Responsible Party: QIDP</p>				

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W 0322 Bldg. 00	<p>be reviewed by the HRC committee annually.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 4 of 4 sampled clients between the ages of 21 and 65 (clients #1, #2, #3 and #4), the facility failed to ensure the clients were provided annual pre-cancerous screening.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/25/16 at 1:30 PM. __ Client #1's record indicated client #1 was female and over 40 years of age. __ Client #1's record indicated no annual screening/testing for breast cancer.</p> <p>Client #2's record was reviewed on 2/26/16 at 12 PM. __ Client #2's record indicated client #2 was female and between 21 and 65 years of age. __ Client #2's record indicated a PAP test dated 8/15/12.</p>	W 0322	<p>The facility has a new nurse. This nurse is being trained to use a monitoring system to ensure needed pre-cancerous screenings are completed for each client. Client #1 had a mammogram completed on 3/10/16. The completion of a pap smear has been scheduled for client #3 for 3/25/16. Client #2 did have a pap smear in August of 2015 and is scheduled for another on 8/26/16.</p> <p>The nurse has obtained an order for client #4 to have a mammogram and this will be scheduled. The nurse will be responsible for ensuring follow up on these items occurs. The nurse will review the records for all clients to ensure all needed tests are ordered, scheduled, and completed. The nurse will provide record of her review to the administrator to verify compliance. The administrator will routinely review client records to ensure there is documentation regarding required screenings. Responsible Party: Facility nurse</p>	04/03/2016

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W 0323 Bldg. 00	<p>Client #3's record was reviewed on 2/26/16 at 11 AM. ___ Client #3's record indicated client #3 was female and between 21 and 65 years of age. ___ Client #3's record indicated a PAP test last done in the year 2000.</p> <p>Client #4's record was reviewed on 2/25/16 at 2:30 PM. ___ Client #4's record indicated client #4 was female and over 40 years of age. ___ Client #4's record indicated no annual screening for breast cancer.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA indicated no further pre-cancerous screenings available for review for clients #1, #2, #3 and #4 other than the ones previously provided.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p>			

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	<p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure an annual evaluation of the client's vision.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/25/16 at 1:30 PM.</p> <p>__ Client #1's Individualized Support Plan (ISP) dated 9/9/15 indicated client #1 had "poor vision but refuses to wear eyeglasses, optometrist no longer suggests the use of eyeglasses as she does not wear them."</p> <p>__ Client #1's record indicated a vision evaluation by an ophthalmologist on 12/5/13. The evaluation indicated client #1 was to return in two years for a follow up evaluation. __ Client #1's record indicated no vision evaluation since 12/5/13.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA indicated no further vision evaluations for review for client #1.</p> <p>9-3-6(a)</p>	W 0323	<p>The facility has a new nurse. This nurse is being trained touse a monitoring system to ensure each client has annual evaluation of visionand hearing. She has scheduled for client #1 to have her vision exam completedon 4/7/16.</p> <p>The nurse is responsible forensuring all needed evaluations are completed and that the results areavailable for review. The nurse will review all client records to ensure thatneeded evaluations are current for all clients. The nurse will provide recordof her review to the administrator to verify compliance. The administrator willroutinely review client records to ensure there is documentation regarding requiredevaluations available.</p> <p>Responsible Party: Facility nurse</p>	04/03/2016			

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W 0327 Bldg. 00	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4 received an annual TB (Tuberculosis) testing and/or screening.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/25/16 at 2:30 PM. __ Client #4's record indicated a TB testing conducted on 9/4/14. __ Client #4's record indicated no annual TB test and/or screening conducted since the test of 2014.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/26/16 at 2 PM, the QIDP indicated all clients were to have an annual TB testing and/or screening.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA indicated the TB test of 9/4/14 to be the most current</p>			W 0327	<p>The nurse is responsible for ensuring that each client receives Tuberculosis (TB) testing, X-ray or symptom screening no less than annually. A TB skin test was completed for client #4 on 3/14/16. The nurse will develop a monitoring mechanism to ensure that required TB testing is completed no less than annually for all clients in the facility. She will review all client records to ensure all are current on this screening. She will provide record of this review to the administrator to ensure compliance. These tests will be completed and will be available for review in the client record. The administrator will routinely review records to ensure ongoing compliance. Responsible Party: Facility Nurse</p>		04/03/2016

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W 0331 Bldg. 00	<p>testing for client #4.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility nursing services failed to ensure:</p> <p>__ Client #3 was assessed and monitored by nursing services in regard to a pressure wound on the leg and a pressure wound on the buttocks.</p> <p>__ A specific plan of care was developed and implemented in regard to client #3's poor skin integrity. To ensure the plan included how the staff at the home and at the day program were to monitor and care for client #3 in regard to a history of pressure wounds and to include how nursing services was to monitor client #3's health needs in regard to poor skin integrity and pressure wounds.</p> <p>__ A specific plan of care was developed and implemented in regard to client #3's edema of her lower extremities. To ensure the plan included when and for how long client #3 was to elevate her legs and was to wear her pressure stockings,</p>	W 0331	<p>The facility has a new nurse. The nurse is being trained to ensure that nursing services are provided in accordance with the needs of clients. The agency uses a system where risk plans are developed and implemented as needed to address health and medical needs of each client. The nurse is responsible for developing and monitoring the implementation of each risk plan. The nurse will review the risk plans for each client to ensure her understanding of each plan, ensure each plan is current to the needs of the client, and that she has a system to monitor compliance with the risk plan. The nurse is also being trained to ensure she properly monitors any health needs and documents those assessments properly. This will include a review of the need to ensure there is a system to assess and monitor for pressure wounds for client #3. The nurse will develop and implement a risk plan in regards to client #3's poor skin integrity. The plan will</p>	04/03/2016

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	<p>to include how often client #3 was to be weighed, when she was to be weighed and with what scales. To ensure the plan included how the staff were to monitor client #3's fluid consumption and output, how client #3's lungs were to be monitored and how nursing services was to monitor the client in regard to edema and fluid retention.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM. During both observation periods:</p> <p>__ Client #3 utilized a wheelchair for all ambulatory needs.</p> <p>__ Client #3 required the staff to transfer her in and out of the bed and/or the wheelchair.</p> <p>__ Client #3 required staff assistance for all positioning needs.</p> <p>__ Client #3 sat in her wheelchair throughout both observation periods.</p> <p>__ Client #3's legs were not elevated.</p> <p>The facility's reportable and investigative records were reviewed on 2/24/16 at 2 PM.</p> <p>The 6/24/15 Bureau of Developmental Disabilities Services (BDDS) report</p>		<p>include how home and day servicestaff are to monitor and care for this client in to regard to her history of pressure wounds. The plan will also include how the nurse will monitor client #3 in regards to her poor skin integrity and pressure wounds. The nurse will also develop a risk plan regarding client #3's edema of her lower extremities. This plan will include directions on how long the client is to elevate her legs and regarding her use of pressure stockings. The plan will also include directions regarding how often this client is to be weighed, when her weight is to be taken, and what scales are to be used to complete her weight. This risk plan will also address how staff are to monitor client #3's fluid consumption and output. The plan will also detail how client #3's lungs are to be monitored and how the nurse will monitor the client in regards to edema and fluid retention. The nurse will ensure the staff are trained on the new risk plans and will provide monitoring to ensure the plans are followed. The nurse and QIDP both have routine presence in the home and will provide ongoing monitoring of compliance with risk plans.</p> <p>Responsible Party: Facility nurse</p>	

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	<p>indicated on 6/23/15 client #3 "seemed to be swollen and wheezing. She was evaluated at the local urgent care and sent on to [name of hospital] ER (Emergency Room) in [name of town] to check for Congestive Heart Failure. The ER physician, after examination, determined that she did not have Congestive Heart Failure but rather, dependent leg edema (accumulation of fluids causing swelling). She was discharged with recommendations to wear compression stockings, elevate her legs often and to follow up with her physician in the next month. [Client #3's] positioning protocol has been revised to include time in the recliner. Her physician is being contacted to schedule the follow up appointment and regarding an order for the compression stockings. [Client #3] hasn't had any further 'wheezing'. DSA will continue to monitor and support [client #3]."</p> <p>The follow up BDDS report dated 6/30/15 indicated "[Client #3] was seen by her physician on 6/30/15 for follow-up. He ordered compression hose to help reduce the edema, recommended her legs be elevated one to three times a day and to return if there is no improvement. [Client #3's] positioning protocol is being followed daily which includes elevation of her legs. Staff are</p>			
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	<p>completing full body checks daily at which time they are monitoring her edema. DSA will ensure compression hose are provided and that other medical recommendations are followed. A risk plan will be developed and implemented regarding the edema. This will include the physician's recommendations. DSA will continue to support [client #3] and to provide medical oversight to ensure her needs are met."</p> <p>The follow up BDDS report dated 2/23/16 indicated "[Client #3's] physician stated that the wound has properly healed. DSA will continue to ensure that [client #3's] physician's orders are followed. A risk plan concerning monitoring for wounds will be implemented."</p> <p>Client #3's record was reviewed on 2/26/16 at 11 AM.</p> <p>Client #3's record indicated diagnoses of, but not limited to, Spastic Quadriplegia (a spasticity of the muscles that affects all four limbs of the body) with Right Hemiparesis (a weakness of the entire right side of the body), Cerebral Palsy, Bilateral thumbs in palm posturing with flexed (bent) wrist and elbow, left congenital hip dislocation and Constipation.</p>			

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	<p>Client #3's record indicated client #3 required:</p> <p>__ A wheelchair for all ambulation.</p> <p>__ Staff assistance to meet all of her daily needs.</p> <p>__ Two staff to lift/transfer client #3 in and out of the wheelchair and/or bed or required the staff to use a Hoyer Lift (a mechanical lift) for transfers.</p> <p>Client #3's record indicated client #3 experienced a stage two pressure ulcer to the back of her leg in September through December 2015 and had just recently recovered from a pressure ulcer to her coccyx.</p> <p>Client #3's Record of Visits (ROVs) indicated:</p> <p>__ 10/8/15 - "Ultrasound for left leg "[(extremely swollen.).]"</p> <p>__ 10/9/15 - "Fitting for compression hose."</p> <p>__ 10/14/15 - "Foot swelling and open sore on crease left leg behind knee." The record indicated both feet swelling and stage II pressure wound on the back of the left leg and a referral for client #3 to go to the wound clinic. "Keep leg elevated above heart level as much as possible. Limit salt intake to 1500 mg per day. Check to see if can get new W/C (wheelchair) delivered ASAP." The</p>			
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	<p>record indicated "Diagnosis Pressure ulcer of unspecified site, stage 2; other specified soft tissue disorders." __10/27/15 - "Evaluation for wound behind left knee/release for workshop. Silver foam to wound bed and secure with cover dressing. Change three times a week." __11/19/15 - "Low grade fever, congestion and appears to have pain in right leg area." __12/8/15 "Your treatment at the [name of wound center] is complete and you do not need a return visit."</p> <p>Client #3's record indicated a Positioning Protocol reviewed by the facility's LPN on 11/2/15. The Protocol indicated "Every waking hour [client #3] should be repositioned. [Client #3] will often tell staff when she needs to be repositioned in her chair. This can mean something as simple as placing a small pillow under her right side after she had been sitting regularly for an hour, then the next hour placing the small pillow under her left side. By rotating the pillows placement, we are relieving pressure from the areas of the body that are more inclined to have skin breakdown. Having two staff transfer [client #3] onto the couch or recliner to sit for an hour is also counted a repositioning her. On workdays, [client #3] must sit for no less than one hour</p>			

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	<p>after dinner in the recliner in order to elevate her feet which decreases edema and swelling. Reclining in the recliner more frequently for hour intervals is preferred during workdays when able, preferably after snack time. On non-workdays, [client #3] must sit in the recliner for no less than one hour after breakfast, lunch, and dinner to elevate her feet which decreases edema and swelling. [(For a total of no less than 3 hours daily)]."</p> <p>Client #3's record indicated documentation of hourly repositioning while the client was at the home. Client #3's record indicated no documentation of hourly repositioning while at the day program.</p> <p>Client #3's record indicated a risk plan for edema dated 7/1/15. The plan indicated symptoms of edema to be: weight gain, swelling of the extremities, increased blood pressure, bounding pulse, shortness of breath, crackles heard with breathing, restlessness, anxiety and/or change in mental status. The plan indicated to notify nursing if client #3 gained two or more pounds in one day, if client #3 showed signs of pitting edema (an indentation in the skin that remains after pressure is applied.) The plan indicated client #3 was to wear</p>			

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	<p>compression stockings and was to elevate her legs one to three times a day.</p> <p>The risk plan for edema did not include: ___ When and for how long client #3 was to wear the compression stockings. ___ When and for how long the staff were to ensure client #3's legs were elevated. ___ If the fluid intake and/or output was to be monitored, if so by whom and how was it to be done. ___ How nursing would assess and monitor client #3 for excess fluid and edema. ___ How often client #3's lung sounds would be assessed and by whom. ___ How often the staff were to weigh client #3, what time of day she was to be weighed and which scales the staff were to use.</p> <p>Client #3's record indicated client #3 was weighed monthly. Client #3's record indicated no weight for December 2015.</p> <p>Client #3's nursing quarterly reviews indicated the following: ___ June Nursing Quarterly Review - "edema in legs and feet... 6/23/15 [name of hospital], SOB (shortness of breath) and edema. FU (follow up) with PCP (Primary Care Physician). 6/30/15 90 day [name of doctor]. FU on ER. Elevate legs 1-3 x (times) dly (daily) compression stockings."</p>			

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	<p>__ September Nursing Quarterly Review - "Pressure ulcer left leg stage two. Edema in legs and feet. CP, spastic quadriplegia with right hemiparesis. Limited ROM (Range of Motion) in arms and legs."</p> <p>__ December Nursing Quarterly Review - "Pressure ulcer resolved 12/2015. Edema in legs and feet."</p> <p>Client #3's nursing notes indicated the following:</p> <p>__ 10/1/15 note indicated client #3 saw her physician for a stage 2 pressure ulcer and was given an antibiotic and an ointment to put on the ulcer with physician's orders to apply ointment topically twice a day and cover wound with a dressing.</p> <p>__ 10/20/15 client #3 went to her doctor for "foot swelling and left leg wound.... Referred to [name of wound care center]."</p> <p>__ 11/2/15 "[Name of wound care center] wound care wound behind left knee. Released to go back to work. Orders for silver foam to wound bed, dressing change TID (three times a day) weekly."</p> <p>__ 11/17/15 client #3 was seen at [name of wound care center]. "FU leg wound. Wound has went (sic) from 90% open to 10%. Dressing material changed. Prescription sent to pharmacy. FU on 11/24/15."</p> <p>__ 12/10/15 "[Client #3] went to the</p>			

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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>[name of wound care center], treatment complete with no need to return."</p> <p>Client #3's nursing notes failed to indicate nursing services assessed and monitored client #3's health care needs in regard to client #3's skin integrity, pressure wounds and edema/swelling of the lower extremities.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/26/16 at 2 PM, the QIDP: ___ Indicated the day program staff were currently not documenting client #3's repositioning. ___ Indicated she was going to implement the one hour repositioning for client #3 while at the day program and would require the day program staff to document client #3's position hourly just as the staff in the home documented hourly.</p> <p>During interview with the Director of Quality Assurance (DQA) on 2/25/16 at 3 PM, the DQA: ___ Indicated the previous LPN who was providing care to the clients in the home was no longer with the company. ___ Indicated the current LPN that was providing nursing services for client #3 had just recently finished her nurses training and had been working for the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G670	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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W 0352 Bldg. 00	<p>facility for about a month.</p> <p>___ Indicated all nursing notes and assessments had been provided for review.</p> <p>___ Indicated the home did not have a set of wheelchair scales to weigh client #3.</p> <p>___ Indicated the staff usually took client #3 to the day program to weigh client #3.</p> <p>___ Indicated she was unable to locate a December weight in client #3's record.</p> <p>___ When asked if client #3 should be weighed in the morning upon first arising with the same approximate amount and/or type of clothing on, the DQA stated, "Yes, I suppose so. I typically weigh myself in the mornings right after I get up."</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 was provided an annual dental examination.</p> <p>Findings include:</p>	W 0352	The facility has a new nurse. This nurse is being trained touse a monitoring system to ensure each client has annual dental examinations.She has scheduled for client #2 to have a dental exam on 3/28/16. The nurse is responsible for ensuring allneeded examinations	04/03/2016

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W 0436 Bldg. 00	<p>Client #2's record was reviewed on 2/26/16 at 12 PM. Client #2's record indicated a dental exam, surgical removal of three teeth and restorative dental work conducted under anesthesia on 10/2/14. Client #2's record indicated no further dental exams.</p> <p>During telephone interview with the Director of Quality Assurance (DQA) on 3/4/16 at 3 PM, the DQA indicated no further dental evaluations for review for client #2.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#1 and #3) with adaptive equipment, the facility failed to ensure the clients' wheelchairs were cleaned and maintained.</p>	W 0436	<p>are completed and that the results are available for review. The nurse will review all client records to ensure that needed examinations are current for all clients. The nurse will provide record of her review to the administrator to verify compliance. The administrator will routinely review client records to ensure there is documentation regarding required examinations available. Responsible Party: Facility nurse</p> <p>The QIDP is responsible for having a system in place to ensure the clients' wheelchairs are cleaned and maintained as necessary. The QIDP has implemented a job list system in which staff clean each wheelchair each evening once the client is in bed. The chairs will be</p>	04/03/2016

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 2/24/16 between 3:55 PM and 7 PM and on 2/25/16 between 6 AM and 8 AM.</p> <p>__ During both observation periods client #1 and client #3 utilized a wheelchair for ambulation.</p> <p>__ Both clients' wheelchairs had accumulated particles of unidentifiable substance on the frames, arm rests and on the wheels of the wheelchairs.</p> <p>__ The arm rests of both clients' wheelchairs were torn, ripped and taped and were in need of repair.</p> <p>__ Client #1's wheelchair pads were blue in color. The color of the pads had faded and the material had dark spots from wear.</p> <p>__ Client #3's right wheel of her wheelchair was low in air.</p> <p>Client #3's record was reviewed on 2/25/16 at 3 PM. Client #3's financial records indicated on 1/15/16 client #3 purchased an air pump for \$10.66.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 2/26/16 at 2 PM, the QIDP:</p> <p>__ Indicated the wheelchairs were to be cleaned daily.</p> <p>__ Indicated the staff were wiping down</p>		<p>deep cleaned by staff that work the 3rd shift each weekend. The QIDP has presence in the home no less than weekly. During her visits she will check the wheelchairs to ensure they are adequately cleaned. She will be responsible for addressing any concerns. Her checks of the chairs will be documented on the home visit note that she completes weekly. The QIDP will also address the repair needs of the wheelchairs with the Individual Support Team for each client to ensure they are in good repair.</p> <p>Responsible Party: QIDP</p>	

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	<p>the seats of the wheelchairs and stated, "But not deep cleaning them." ___ Indicated client #3's right wheel of her wheelchair was going flat. ___ Indicated client #1's and #3's wheelchairs were in need of repair. ___ Indicated the clients' wheelchairs were to be kept clean and in good repair at all times. ___ Indicated client #3 was having trouble keeping air in the tires of her wheel chair.</p> <p>9-3-7(a)</p>				