

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/08/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23G017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>MT PLEASANT REGIONAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1400 W PICKARD ST MOUNT PLEASANT, MI 48858</b>	
(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
W 000	INITIAL COMMENTS  MT. PLEASANT CENTER 1400 WEST PICKARD MT. PLEASANT, MI 48858  FACILITY NUMBER: 23G017  FACILITY BEDS: 208  SURVEY CENSUS: 123  THIS SURVEY WAS FOR THE PURPOSE OF RECERTIFICATION.  THE FOLLOWING SURVEYORS CONDUCTED THE SURVEY: S. CRIPPS, MSW #02942 TEAM COORDINATOR I. TROUTMAN, RN, QMRP #17437 M. LINDSAY, MSW #10624 D. ANN BABER, RN #02882 E. DUMLA0-REEDY, RN, QMRP #02921 C. PEREZ, RN #13384 T. GORNEY, MSW #02857	W 000		
W 102	483.410 GOVERNING BODY AND MANAGEMENT  The facility must ensure that specific governing body and management requirements are met.  This CONDITION is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW IT WAS DETERMINED THE CONDITION OF PARTICIPATION:	W 102		
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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W 102	<p>Continued From page 1</p> <p>GOVERNING BODY AND MANAGEMENT (W102) WAS NOT MET BECAUSE THE GOVERNING BODY AND MANAGEMENT FAILED TO PROTECT CLIENTS FROM ABUSE (W122); A CONDITION OF PARTICIPATION. AN IMMEDIATE JEOPARDY WAS IDENTIFIED ON 1/29/07 AT 4:00PM WHEN APPROPRIATE CORRECTIVE ACTIONS WERE NOT TAKEN SUBJECTING THE CLIENTS FOR ABUSE TO REOCCUR ( W157). IN ADDITION, THE FACILITY FAILED TO PROVIDE AN ENVIRONMENT CONDUCIVE TO THE CLIENT'S HEALTH AND SAFETY (W104). FINDINGS INCLUDE:</p> <p>AN IMMEDIATE JEOPARDY (IJ) WAS IDENTIFIED ON 1/29/07 AT 4:00PM WHEN IT WAS LEARNED TWO RESIDENT CARE AIDS (RCA #1 AND RCA#2) WERE REASSIGNED TO WORK WITH ICF/MR CLIENTS AFTER ALLEGATION OF ABUSE WERE SUBSTANTIATED. ALTHOUGH CORRECTIVE MEASURES OF 5 DAY SUSPENSIONS WERE GIVEN TO BOTH RCA'S AND RETRAINING ON ABUSE AND NEGLECT FOR RCA # 2; BOTH WERE REINSTATED TO WORK ON ICF/MR CLIENTS EXPOSING THE CLIENTS FOR AN ABUSE TO REOCCUR. ( SEE W 157). THE IJ WAS REMOVED ON 1/29/07 AT 4:50PM BUT THE DEFICIENT PRACTICE IN REFERENCE TO APPROPRIATE CORRECTIVE ACTION MUST BE TAKEN FOR ALLEGED VIOLATIONS HAS NOT BEEN CORRECTED. SINCE THE FACILITY FAILED TO PROTECT CLIENTS, THE CONDITION OF PARTICIPATION ( W 122) WAS NOT MET.</p> <p>SEE EXAMPLES OF ENVIRONMENTAL</p>	W 102			

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W 102	Continued From page 2	W 102			
W 104	<p>CONDITIONS THAT DID NOT PROMOTE ATTRACTIVE LIVING AREAS NOR PROMOTE CLIENT'S HEALTH AND SAFETY. (W104 )</p> <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE GOVERNING BODY FAILED TO IMPLEMENT OPERATIONAL DIRECTION TO PROTECT CLIENTS FROM ABUSE, ENSURE AN ENVIRONMENT THAT ENHANCES THE HEALTH AND SAFETY OF EACH INDIVIDUAL RESULTING IN A POTENTIAL FOR ABUSE AND INJURY TO REOCCUR AND AN UNATTRACTIVE LIVING ENVIRONMENT. FINDINGS INCLUDE:</p> <p>A CONDITION OF PARTICIPATION ON CLIENT PROTECTIONS ( W 122) WAS NOT MET BY THE FACILITY WHEN THE ADMINISTRATOR WAS INFORMED OF AN IMMEDIATE JEOPARDY (IJ) ON 1/29/07 AT 4:00PM. TWO RESIDENT CARE AIDS (RCA'S # 1 AND #2) WITH SUBSTANTIATED ABUSE TOWARDS TWO CLIENTS (#55 AND #56) WERE REASSIGNED TO WORK ON ICF/MR UNITS. ALTHOUGH THE FACILITY GAVE A FIVE DAY SUSPENSION TO BOTH RCA'S, HAD RCA # 2 RETAINED ON ABUSE AND NEGLECT THE TWO EMPLOYEES WERE ALLOWED TO RETURN TO WORK DIRECTLY WITH ICF/MR CLIENTS EXPOSING THE POTENTIAL FOR ABUSE TO REOCCUR.</p>	W 104			

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W 104	<p>Continued From page 3 (SEE W 157). INTERVIEW WITH THE ADMINISTRATOR ON 1/29/07 REMOVED THE IJ AT 4:40PM WITH CORRECTIVE ACTION ASSURING THE REMOVAL OF BOTH RCA'S FROM WORKING IN ANY ICF/MR RESIDENTIAL UNITS.</p> <p>DURING A TOUR OF APARTMENT 405 B ON 1/11/07 AT 9:00 A.M., THE FOLLOWING ENVIRONMENTAL CONDITIONS WERE OBSERVED:</p> <ol style="list-style-type: none"> <li>1. CURTAINS THAT WERE DIRTY WITH DARK MARKS WERE HANGING IN THE WINDOWS OF THE LARGE DAY ROOM.</li> <li>2. A TOTAL OF TWO WOBBLY TABLES WERE IDENTIFIED IN THE LARGE DAY ROOM AND THE DINING ROOM. THESE TABLES ARE USED BY THE RESIDENTS.</li> <li>3. PEELING PAINT WAS NOTED ON THE WALL AND CEILING IN A LOCKED BATHROOM ADJACENT TO ROOM W146.</li> <li>4. WHEN THE HOT WATER KNOB WAS TURNED ON AT THE SINK IN THE KITCHEN, THE TEMPERATURE REGISTERED AT 68.0 DEGREES AND DID NOT WARM UP.</li> <li>5. A LARGE SECTION OF VINYL WAS MISSING ON THE RIGHT ARM REST OF A BLUE RECLINER WHICH WAS LOCATED NEAR THE NURSING STATION.</li> </ol> <p>DURING A TOUR OF APARTMENT 405 F ON 1/11/07 AT 9:45 A.M., THE FOLLOWING ENVIRONMENTAL CONDITIONS WERE OBSERVED:</p> <ol style="list-style-type: none"> <li>1. THERE WERE TWO DIFFERENT TYPES OF CURTAINS HANGING FROM THE WINDOWS IN THE LARGE DAY ROOM.</li> </ol>	W 104			

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W 104	<p>Continued From page 4</p> <p>2. A LARGE SECTION OF VINYL WAS MISSING FROM THE HEAD SUPPORT AREA OF A VINYL RECLINER LOCATED IN THE LARGE DAYROOM.</p> <p>INTERVIEW WITH TWO SEPARATE RESIDENT CARE ASSISTANTS (RCA's) ON 1/11/07 AT APPROXIMATELY 9:15 A.M. AND 9:50 A.M. REPORTED BOTH RECLINERS WERE USED BY INDIVIDUALS RESIDING IN THE APARTMENTS. [02942]</p> <p>DURING GENERAL OBSERVATIONS IN BUILDING 405 APARTMENT D ON 1/8/07 AT APPROXIMATELY 6:03 PM CLIENT #8 WAS OBSERVED SEATED IN A CHAIR WITH A CURTAIN (1/2 OF A PAIR) FROM A DAY ROOM WINDOW (THE WINDOW ADJACENT TO THE HALL CORRIDOR) WRAPPED AROUND HIM. A SHORT TIME LATER (POSSIBLY 5 MINUTES) #8 GOT UP TO GO DOWN THE HALL WITH A STAFF LEAVING THE CURTAIN. ANOTHER OFF- SAMPLE CLIENT WRAPPED HIMSELF IN THE CURTAIN BEFORE THE STAFF TOOK IT FROM HIM AND DISPOSED OF IT IN A LAUNDRY RECEPTACLE. LATER AT APPROXIMATELY 7:20 PM CURTAINS ON THE FULL WINDOW ON THE WALL WITH THE AIR CONDITIONER HAD ONE HALF OF THE PAIR HANGING DOWN, FALLING OFF, NOT ATTACHED TO THE (TAB/ADHESIVE TYPE) BRACKETS. ON THE MORNING OF 1/11/07 BOTH B AND D APARTMENTS IN BUILDING 405 HAD A PARTIAL PAIR OF CURTAINS MISSING. THROUGHOUT THE SURVEY WEEK, IN BUILDING 405, AT DIFFERENT TIMES IN APARTMENTS B AND D, THERE WERE PARTS OF CURTAIN PAIRS WHICH WERE HANGING FREELY AND NOT</p>	W 104			

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W 104	<p>Continued From page 5 ATTACHED TO THEIR BRACKETS. [02822]</p> <p>DURING THE ENVIRONMENTAL TOUR OF UNITS 405C AND 405D ON 1/11/07 AT ABOUT 10:00AM, THE FOLLOWING ITEMS WERE NOTED:</p> <p>UNIT 405C - AN IMITATION LEATHER COUCH IN THE DAY ROOM WAS WORN SO THIN THAT THE WEBBING SHOWED, MAKING IT IMPOSSIBLE TO CLEAN. A DOOR ON A LOWER CABINET IN THE DAY ROOM HAD A BROKEN HINGE. THROUGHOUT THE UNIT, PAINT WAS CHIPPED ON DOORWAYS AND IN SOME CLIENT ROOMS.</p> <p>UNIT 405D - IN THE DAY ROOM THERE WAS A PADDED ROCKING CHAIR WITH AN APPROXIMATELY 8 INCH TEAR DOWN THE SIDE WITH SOME OF THE STUFFING COMING OUT. CURTAINS IN THAT DAY ROOM WERE PULLED DOWN WITH SOME OF THE PANELS TORN. PAINT WAS ALSO CHIPPED AROUND DOORS AND IN OTHER AREAS OF THE UNIT.</p> <p>ONE OF THE UNIT STAFF MEMBERS INTERVIEWED DURING THE TOUR INDICATED THAT WHEN ITEMS, SUCH AS THE ROCKER, WERE NOTED BY THE STAFF THEY WERE TO BE REMOVED FROM THE UNIT TO KEEP CLIENTS FROM INGESTING THE STUFFING OR OTHER THINGS NOT MEANT TO BE EATEN.</p> <p>[10624]</p> <p>DURING ENVIRONMENTAL TOUR IN</p>	W 104			

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W 104	<p>Continued From page 6</p> <p>APARTMENT 610 ON 1/11/07 FROM 10:30AM -10:50AM, THE FOLLOWING OBSERVATIONS WERE NOTED:</p> <p>1. CURTAINS WERE OFF THEIR HOOK IN TWO OF THE RESIDENT'S BEDROOMS IN 610 APARTMENT A. THESE TWO BEDROOMS WERE OFF THE HALLWAY AND THE BEDROOM HAD FEMALE CLIENTS RESIDING IN THEM.</p> <p>2. CLOSETS IN TWO OF THE BEDROOMS IN 610 APARTMENT B HAD GAUGES ON THEIR EDGES AND FELT ROUGH TO THE SKIN. THE BEDROOMS WERE OFF THE HALLWAY. THE CLOSETS WERE UTILIZED BY MALE CLIENTS.</p> <p>[ 02921]</p> <p>WHILE OBSERVING THE ENVIRONMENT IN APARTMENT A ON 1/11/07 AT 10:30 A.M., THE PAINT ON THE DOORWAY LEADING TO THE TELEVISION ROOM WAS CHIPPED. THE PAINT WAS PEELING FROM THE WALL UNDER THE AIR CONDITIONER; THE FLOOR TILE WAS BROKEN AND MISSING IN TWO PLACES IN THE DAYROOM. A 2 BY 2 TILE WAS MISSING FROM THE SHOWER ROOM ON THE WALL BY THE ENTRANCE DOOR AND A SECOND TILE WAS MISSING FROM THE WALL BY THE ENTRANCE TO THE SHOWER. THE CURTAIN IN ROOM 182 WAS NOT LARGE ENOUGH TO COVER THE WINDOW TO ENSURE PRIVACY. THE CURTAIN IN ROOM</p>	W 104			

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W 104	Continued From page 7 187 WAS LYING ON A CHAIR.  WHILE OBSERVING THE ENVIRONMENT IN APARTMENT E ON 1/11/07 AT 10:00 A.M., THE HANDRAIL ON THE FAR WALL IN THE DAYROOM WAS LOOSE. THE VINYL FINISH ON ONE OF THE CHAIRS IN THE DAYROOM AND ON THE COUCH IN THE SMALL DAYROOM WERE WORN TO THE CLOTH BACKING. THE PAINT WAS PEELING FROM THE WALL UNDER THE AIR CONDITIONER. TWO 2 BY 2 CERAMIC TILES IN THE BATHROOM WERE BROKEN. THE CERAMIC TILE IN THE BATHROOM CONNECTING ROOMS 182 AND 187 WAS CRACKED EXPOSING A SHARP SURFACE. THE PAINT WAS PEELING OFF THE WALL AND CEILING IN ROOM 186.	W 104			
W 112	[17437] 483.410(c)(2) CLIENT RECORDS  The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN PRIVATE INFORMATION FOR THREE CLIENTS (#S 12, 14 AND 38) RESULTING TO INFORMATION BEING ACCESSIBLE TO UNAUTHORIZED INDIVIDUALS. FINDINGS INCLUDE:  DURING A TOUR OF A ROOM IN APARTMENT 405F, A NOTE WAS POSTED ON CLIENT #38'S CLOSET DOOR WHICH DIRECTED STAFF MEMBERS TO "MAKE SURE NOT TO PUT	W 112			

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W 112	<p>Continued From page 8</p> <p>TIGHTS (A PIECE OF CLOTHING) IN THE MAIN LAUNDRY" BECAUSE RESIDENT #38 NEEDED TO WEAR THEM DURING THE DAY. THE POSTING WENT ON TO INDICATE THE TIGHTS WERE GOING TO BE LAUNDERED EACH EVENING IN THE APARTMENT.</p> <p>AN RCA (RESIDENT CARE ASSISTANT) WAS INTERVIEWED ON 1/11/07 AT APPROXIMATELY 9:55 A.M. AND REPORTED THE NOTE DESCRIBED ABOVE WAS NOT AN INTERVENTION FOR THE CLIENT'S INDIVIDUAL PROGRAMMING; RATHER A NOTE POSTED TO COMMUNICATE BETWEEN THE SHIFTS FOR STAFF CONVENIENCE. WHEN THE RCA WAS ASKED IF CARE OF CLIENT #38'S TIGHTS WAS APPROPRIATE INFORMATION TO BE POSTED, SHE RESPONDED, "NO". [02942]</p> <p>DURING THE INITIAL OBSERVATIONS IN RESIDENT 14 ' S ROOM ON 1/8/07, TWO SIGNS WERE OBSERVED ABOVE THE RESIDENT ' S BED. THE SIGNS CONTAINED INFORMATION REGARDING THE USE OF A THERAPEUTIC MATTRESS, INCLUDED THE RESIDENT ' S NAME AND WERE SIGNED BY THE REGISTERED PHYSICAL THERAPIST. THE FIRST SIGN WAS DATED 4/30/06 AND CONTAINED SEVEN INSTRUCTIONS. THE SECOND SIGN WAS DATED 6/19/06 AND STATED " IF BED IS SET ON FIXED ROLL THAN (SIC) DO NOT USE A PILLOW BEHIND HIS BACK. THIS CAN CAUSE HIM TO ROLL ONTO PRONE [ON IS (SIC) STOMACK (SIC)] POSITION WHEN THE AUTOMATIC ROLL KICKS IN CAUSING BRATHING (SIC) CONCERNS. " [17437]</p>	W 112			

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W 122	<p><b>483.420 CLIENT PROTECTIONS</b></p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: BASED ON STAFF INTERVIEW AND RECORD REVIEW OF INCIDENT/ACCIDENT REPORTS IT WAS DETERMINED THE FACILITY FAILED TO MEET THE CONDITION OF PARTICIPATION: CLIENT PROTECTION ( W 122). AN IMMEDIATE JEOPARDY WAS CALLED UPON LEARNING ON 1/29/07 AT APPROXIMATELY 4:00 P.M. THAT TWO RESIDENTIAL CARE AIDS ( #1 AND #2) WITH SUBSTANTIATED ABUSE WERE RE-ASSIGNED TO WORK WITH ICF/MR CLIENTS RESULTING IN THE POTENTIAL FOR ABUSE TO REOCCUR. ALTHOUGH THE FACILITY SUSPENDED AND RETRAINED THE EMPLOYEES AS CORRECTIVE MEASURES FOR THE ALLEGATION OF ABUSE, THE TWO RCA'S WERE REASSIGNED TO ICF/MR RESIDENTIAL UNITS ( W 157 ). FINDINGS INCLUDE:</p> <p>BASED ON RECORD REVIEWS OF INVESTIGATIONS OF ALLEGATIONS OF ABUSE, RCA #1 HAD A SUBSTANTIATED ABUSE FOR CLIENT #55 AND RCA #2 HAD SIMILAR FINDINGS OF ABUSE FOR CLIENT #56. A FIVE DAY SUSPENSION FOR EACH EMPLOYEE WAS A CORRECTIVE MEASURE WITH AN ADDITIONAL TRAINING ON ABUSE AND NEGLECT FOR RCA # 1. INTERVIEW WITH THE ADMINISTRATOR ON 1/10/07 REVEALED BOTH RCA'S WERE REASSIGNED TO A NON-ICF/MR RESIDENTIAL UNIT WHEN</p>	W 122			

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W 122	Continued From page 10 THEY RETURNED TO WORK. THIS INFORMATION WAS CONTRADICTED ON 1/29/07 AT 4:00PM DURING PHONE INTERVIEW WHEN THE ADMINISTRATOR INFORMED THE SURVEYOR THAT RCA #1 AND #2 WERE CURRENTLY WORKING IN AN ICF/MR UNIT RESULTING IN A POTENTIAL FOR ABUSE TO REOCCUR. AN IMMEDIATE JEOPARDY WAS CALLED ON 1/29/07 AT 4:00PM. THE IJ WAS REMOVED BUT NOT CORRECTED ON 1/29/07 AT 4:50PM WHEN THE ADMINISTRATOR REMOVED BOTH RCA FROM WORKING IN ANY ICF/MR RESIDENTIAL UNIT. ( SEE W 157). [02921]	W 122			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.  This STANDARD is not met as evidenced by: BASED ON INTERVIEW IT WAS NOTED THAT THE FACILITY HAD A PRACTICE THAT BODY CHECKS WERE DONE AS AN AGENCY PROTOCOL THAT RESULTED IN A VIOLATION OF INDIVIDUAL RIGHTS. FINDINGS INCLUDE:  DURING AN INTERVIEW WITH THE ADMINISTRATOR DURING ONE OF THE DAYS OF THE SURVEY WEEK, 1/8 THROUGH 1/11/07, IT WAS IDENTIFIED THE FACILITY HAD A PRACTICE TO CONDUCT BODY CHECKS FOR CLIENTS ON LEAVE OF	W 125			

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W 125	Continued From page 11 ABSENCE PRIOR TO LEAVING THE CENTER AND UPON ARRIVAL . AN ASSESSMENT OF THE BODY WAS DONE BY THE FACILITY PRIOR TO AND UPON RETURN TO CHECK FOR ANY BRUISING, WOUNDS OR ANY SUSPICIOUS MARKS. THE RATIONALE STATED BY THE ADMINISTRATOR WAS FOR THE CLIENT'S SAFETY AND CENTER'S PROTECTION. DURING THE DISCUSSION, IT WAS NOTED THE BODY INSPECTION WAS DONE WITHOUT CLIENT NOTIFICATION, GUARDIAN APPROVAL OR WRITTEN CONSENT. THE LACK OF NOTIFICATION OR APPROVAL BY THE CLIENT OR GUARDIAN VIOLATES THEIR INDIVIDUAL RIGHTS. [ 02921]	W 125			
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE SIX OR APPROXIMATELY 109 INJURIES OF UNKNOWN ORIGIN FOR CLIENT (#29, 43, 45, 46, 52, AND 53) WERE REPORTED IMMEDIATELY TO THE ADMINISTRATOR; FAILED TO ENSURE ALLEGATIONS WERE THOROUGHLY INVESTIGATED FOR FOUR CLIENTS (#14, 21, 22, AND 23); AND FAILED TO ENSURE THE RESULTS OF 15 INVESTIGATIONS WERE REPORTED ( #7, 9 23, 24, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, AND 37) TO THE ADMINISTRATOR WITHIN FIVE DAYS AS	W 149			

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W 149	<p>Continued From page 12</p> <p>REQUIRED; RESULTING IN A POTENTIAL FOR ABUSE TO BE UNDETECTED AND CORRECTIVE MEASURES TO BE DELAYED. FINDINGS INCLUDE:</p> <p>ON 1/08 AND 1/09/07, APPROXIMATELY 1213 ACCIDENT AND INCIDENT REPORTS FOR October, November, AND December 2006 WERE REVIEWED. OF THE 1213 INCIDENTS, APPROXIMATELY 109 WERE IDENTIFIED AS INJURIES OF UNKNOWN ORIGIN.</p> <p>THE FACILITY DIRECTOR WAS INTERVIEWED ON 1/10/07 AT 10:30 A.M. ABOUT THE FACILITY'S MECHANISM FOR STAFF MEMBERS TO REPORT INJURIES OF UNKNOWN ORIGIN. THE DIRECTOR REPORTED THERE WERE SEVERAL WAYS IN WHICH STAFF MEMBERS CONTACTED HIM ABOUT CLIENTS WHO SUSTAINED INJURIES OF UNKNOWN ORIGIN--TELEPHONE (OFFICE, CELL, HOME), E-MAIL, AND FACE-TO-FACE CONTACT WITH THE STAFF MEMBER. THE DIRECTOR REPORTED " ALL INJURIES OF UNKNOWN ORIGIN WERE EQUAL MEANING, THERE WAS NO INJURY TOO MINOR, AND HE EXPECTED STAFF MEMBERS TO NOTIFY HIM OF ALL INJURIES." THE ACCIDENT AND INCIDENT REPORTS WERE REVIEWED WITH THE DIRECTOR AND WHEN ASKED IF HE WAS IMMEDIATELY NOTIFIED OF RESIDENT #43, 45, AND 46'S, HE STATED THE REPORTS DID NOT REFLECT THAT HE OR HIS DESIGNEE WERE IMMEDIATELY NOTIFIED. THE DIRECTOR REPORTED THAT HE DID NOT SAVE ALL E-MAIL NOTIFICATIONS.</p> <p>THE FACILITY DIRECTOR WAS INTERVIEWED</p>	W 149			

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W 149	<p>Continued From page 13</p> <p>ON 1/10/07 AT 10:30 A.M. ABOUT THE FACILITY'S THOROUGHNESS RELATED TO INVESTIGATIONS OF INJURIES OF UNKNOWN ORIGIN AND THE FACILITY'S MECHANISM OF INFORMING HIM WITHIN FIVE DAYS THE RESULTS OF INVESTIGATIONS. THE DIRECTOR REPORTED THAT INVESTIGATIONS ARE REQUIRED TO BE THOROUGH AND THE INVESTIGATOR WAS RESPONSIBLE FOR COLLECTING DATA AND INTERVIEWING EMPLOYEES. REGARDING NOTIFICATION OF THE RESULTS OF INVESTIGATIONS, THE FACILITY DIRECTOR REPORTED THERE WERE SEVERAL WAYS IN WHICH STAFF MEMBERS CONTACTED HIM ABOUT RESULTS OF INVESTIGATIONS SUCH AS TELEPHONE CONTACT, (OFFICE, CELL, HOME), E-MAIL, AND FACE-TO-FACE CONTACT WITH THE STAFF MEMBER. WHEN THE DIRECTOR WAS ASKED WHY HE WAS NOT NOTIFIED WITHIN FIVE DAYS THE RESULTS OF INVESTIGATIONS FOR #7, 9 23, 24, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, AND 37, HE STATED THE FACILITY WAS "SHORT" WITH THEIR INVESTIGATION STAFF AND THAT MAY ACCOUNT FOR THE LATENESS OF NOTIFICATION OF INVESTIGATION RESULTS.</p> <p>THE FACILITY'S POLICY ENTITLED, "REPORTING, INVESTIGATION, AND REVIEW OF INCIDENTS", DATED 3/01/06 REVEALED THE FOLLOWING:</p> <p>1. STAFF MEMBERS ARE REQUIRED TO REPORT ALL INJURIES OF UNKNOWN ORIGIN IMMEDIATELY TO THE DIRECTOR OR DESIGNEE (PAGE ONE OF 13).</p>	W 149			

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W 153	<p>2. THE FACILITY DIRECTOR/DESIGNEE "REVIEWS, DATES, AND INITIALS ALL INCIDENT REPORTS AND INVESTIGATIONS." NO TIMEFRAME FOR THIS IS CONTAINED IN THE POLICY (PAGE 12 OF 13).</p> <p>3. INVESTIGATOR ARE TO OBTAIN STATEMENTS AND MAKE COPIES OF RELEVANT DOCUMENTATION TO BE USED IN THE INVESTIGATION TO ASCERTAIN A THOROUGH INVESTIGATION WAS DONE. ( PAGE EIGHT OF 13). [02942]</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW THE FACILITY FAILED TO ENSURE THE ADMINISTRATOR WAS IMMEDIATELY NOTIFIED OF INJURIES OF UNKNOWN ORIGIN FOR SIX CLIENTS (#29, 43, 45, 46, 52, AND 53) RESULTING IN A POTENTIAL FOR ABUSE TO GO UNDETECTED. FINDINGS INCLUDE:</p> <p>DURING REVIEW OF INCIDENT AND ACCIDENT REPORTS FOR October, November, AND December 2006, APPROXIMATELY 1213 INCIDENT REPORTS WERE REVIEWED AND APPROXIMATELY 109 WERE INJURIES OF</p>	W 153			

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W 153	<p>Continued From page 15</p> <p>UNKNOWN ORIGIN WERE IDENTIFIED. DURING THE REVIEW, IT WAS NOTED THE INJURIES OF UNKNOWN ORIGIN FOR THREE CLIENTS (#43, 45, AND 46) WERE NOT IMMEDIATELY REPORTED TO THE FACILITY DIRECTOR OR DESIGNEE. FOR EXAMPLE:</p> <ol style="list-style-type: none"> <li>ON 12/24/06 AT 9:00 A.M., CLIENT #43 WAS OBSERVED TO HAVE A BLACK/BLUE AREA ON HIS LEFT EAR WHILE ON ONE-TO-ONE SUPERVISION.</li> <li>ON 11/29/06 AT 10:10 A.M., CLIENT #45 WAS OBSERVED WITH A SUPERFICIAL SCRATCH MEASURING 1/2 INCH ON THE LEFT HAND THUMB AND THIRD FINGER.</li> <li>ON 10/29/06 (TIME UNKNOWN) CLIENT #46 WAS OBSERVED WITH SWELLING ON HIS RIGHT FOOT WITH DISCOLORATION OF THE SECOND TOE.</li> </ol> <p>THE FACILITY DIRECTOR WAS INTERVIEWED ON 1/10/07 AT 10:30 A.M. ABOUT THE FACILITY'S MECHANISM FOR STAFF MEMBERS TO REPORT INJURIES OF UNKNOWN ORIGIN. THE DIRECTOR REPORTED THERE WERE SEVERAL WAYS IN WHICH STAFF MEMBERS CONTACTED HIM ABOUT CLIENTS WHO SUSTAINED INJURIES OF UNKNOWN ORIGIN--TELEPHONE (OFFICE, CELL, HOME), E-MAIL, AND FACE-TO-FACE CONTACT WITH THE STAFF MEMBER. THE DIRECTOR REPORTED " ALL INJURIES OF UNKNOWN ORIGIN WERE EQUAL MEANING, THERE WAS NO INJURY TOO MINOR, AND HE EXPECTED STAFF MEMBERS TO NOTIFY HIM OF ALL INJURIES." THE ACCIDENT AND INCIDENT REPORTS WERE REVIEWED WITH THE DIRECTOR AND WHEN ASKED IF HE WAS IMMEDIATELY</p>	W 153			

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W 153	<p>Continued From page 16</p> <p>NOTIFIED OF RESIDENT #43, 45, AND 46'S, HE STATED THE REPORTS DID NOT REFLECT THAT HE OR HIS DESIGNEE WERE IMMEDIATELY NOTIFIED. THE DIRECTOR REPORTED THAT HE DID NOT SAVE ALL E-MAIL NOTIFICATIONS.</p> <p>THE FACILITY'S POLICY ENTITLED, "REPORTING, INVESTIGATION, AND REVIEW OF INCIDENTS", DATED 3/01/06, PAGE ONE OF 13 DIRECTED STAFF MEMBERS TO REPORT ALL INJURIES OF UNKNOWN ORIGIN IMMEDIATELY TO THE DIRECTOR OR DESIGNEE. [02942]</p> <p>ACCORDING TO THE "INCIDENT REPORT INVESTIGATIVE SUMMARY" FOR CLIENT 53, AT 8:20AM ON 9/11/06, THE RESIDENT CARE ASSISTANT (RCA) WAS "REMOVED FROM RESIDENT CONTACT" FOR NEGLECTING HER "ONE TO ONE" SUPERVISION OF CLIENT 53. THE REPORT INDICATED THE THE INCIDENT OF NEGLECT CLASS III WAS SUBSTANTIATED AS THE RCA WAS NOT WITHIN "ARM'S LENGTH" OF THE CLIENT AS REQUIRED FOR 1-1 SUPERVISION. THE RCA WAS REMOVED FROM THE FLOOR AT 8:20AM AND, PER THE REPORT, THE FACILITY DIRECTOR WAS NOT NOTIFIED UNTIL 11:30AM.</p> <p>ON 1/10/07 AT 10:30AM, A MEETING TOOK PLACE BETWEEN SEVERAL SURVEYORS, THE FACILITY ADMINISTRATOR, TWO OF THE INCIDENT INVESTIGATORS AND OTHER FACILITY MANAGEMENT STAFF. DURING THAT MEETING, THE ISSUE OF "IMMEDIATELY" REPORTING TO THE</p>	W 153			

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W 153	<p>Continued From page 17</p> <p>ADMINISTRATOR ALLEGATIONS OF MISTREATMENT, NEGLECT OR ABUSE, AS WELL AS INJURIES OF UNKNOWN SOURCE WAS RAISED. THE ADMINISTRATOR AGREED THAT THE FORMS INDICATED THAT HE WAS NOT NOTIFIED IMMEDIATELY BUT HE DID NOT KNOW WHY THAT HAD NOT OCCURRED. THE FOLLOWING THREE INCIDENTS OF INJURIES OF UNKNOWN SOURCE WERE ALSO NOT REPORTED IMMEDIATELY TO THE ADMINISTRATOR AND NO ONE IN THE MEETING WAS ABLE TO PROVIDE AN EXPLANATION OF THE DELAYS.</p> <p>A REVIEW OF THE INVESTIGATION OF INJURIES OF UNKNOWN ORIGIN FOR CLIENT 52 REVEALED THAT ON 7/15/06 AT 8:30AM, AN ABRASION WAS NOTED ON THE LEFT SIDE OF THE CLIENT'S FOREHEAD. ACCORDING TO THE "INCIDENT REPORT INVESTIGATIVE SUMMARY", THE FACILITY'S DIRECTOR WAS NOT NOTIFIED UNTIL 12:20PM OF THE INJURY.</p> <p>A REVIEW OF THE INVESTIGATION OF INJURIES OF UNKNOWN ORIGIN FOR CLIENT 52 REVEALED THAT ON 9/11/06 AT 7:00AM, THE OFFICE OF RECIPIENT RIGHTS REPORTED TO THE UNIT SUPERVISOR THAT THE FAMILY OF CLIENT 52 SUBMITTED A COMPLAINT "YESTERDAY REGARDING UNKNOWN INJURIES". A "LIGHT SCRATCH" WAS NOTED BY THE FACILITY REGISTERED NURSE, ON THE LEFT SIDE OF THE CLIENT'S FOREHEAD. ACCORDING TO THE "INCIDENT REPORT INVESTIGATIVE SUMMARY", THE FACILITY'S DIRECTOR WAS NOT NOTIFIED UNTIL 9:25AM OF THE INJURY.</p>	W 153		

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W 153	Continued From page 18 A REVIEW OF THE INVESTIGATION OF INJURIES OF UNKNOWN ORIGIN FOR CLIENT 29 REVEALED THAT ON 7/6/06 AT 7:00AM, AN ABRASION WAS NOTED ON THE CLIENT'S LEFT EAR LOBE. ACCORDING TO THE "INCIDENT REPORT INVESTIGATIVE SUMMARY", THE FACILITY'S DIRECTOR WAS NOT NOTIFIED UNTIL 11:33AM OF THE INJURY. [10624]	W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO THOROUGHLY INVESTIGATE INJURIES OF UNKNOWN ORIGIN FOR ONE OF 13 SAMPLED CLIENTS (#6) AND FOUR OTHERS (#14, 21, 22, AND 23) RESULTING IN A POTENTIAL FOR UNIDENTIFIED ABUSE. FINDINGS INCLUDE:  INVESTIGATIONS OF INJURIES OF UNKNOWN ORIGIN FOR CLIENT #6, 14, 21, 22, AND 23 WERE REVIEWED ON 1/10/07 AT 9:00 A.M. THE INVESTIGATIONS DID NOT INCLUDE EVIDENCE OF WHAT DOCUMENTATION WAS REVIEWED, STAFF MEMBERS INTERVIEWED, AND FAMILY MEMBERS INTERVIEWED TO SUPPORT CONCLUSIONS OF THE INVESTIGATOR. FOR EXAMPLE,  1. ACCORDING TO AN INVESTIGATION REPORT DATED 11/20/06, CLIENT #6	W 154			

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W 154	<p>Continued From page 19</p> <p>SUSTAINED A HALF-DOLLAR SIZE BRUISE ON HER LEFT OUTER THIGH, A DIME SIZED BRUISE ON THE TOP OF HER LEFT KNEE, AND THREE DIME SIZED BRUISES ON HER LEFT INNER ARM. THE CLIENT WAS ON LEAVE OF ABSENCE FROM 1/17 TO 1/19/06. THOUGH IT WAS DOCUMENTED ON THE INCIDENT REPORT THAT CLIENT #6'S GUARDIAN WAS NOTIFIED OF THE INJURY, THERE WAS NO EVIDENCE THE INVESTIGATOR TALKED WITH THE GUARDIAN TO FIND OUT IF THE INJURIES MAY HAVE OCCURRED DURING THE LEAVE OF ABSENCE.</p> <p>2. ACCORDING TO AN INVESTIGATION REPORT DATED 11/30/06, CLIENT #14 SUSTAINED A 3/4 INCH LACERATION ON THE RIGHT WRIST. THERE WAS NO EVIDENCE OF WHAT DOCUMENTS THE INVESTIGATOR REVIEWED AND STAFF MEMBERS SHE TALKED WITH REGARDING THE INJURY.</p> <p>3. ACCORDING TO AN INVESTIGATION REPORT DATED 11/30/06, CLIENT #21 SUSTAINED A BRUISE ON THE RIGHT WRIST. THE CLIENT REPORTED THE INJURY OCCURRED AT HOME. THERE WAS NO EVIDENCE THE INVESTIGATOR TALKED WITH THE GUARDIAN TO OBTAIN INFORMATION ABOUT THE INJURY.</p> <p>4. ACCORDING TO AN INVESTIGATION REPORT, DATED 11/13/06, CLIENT #22 SUSTAINED A BRUISED AND SWOLLEN LEFT HAND. THERE WAS NO EVIDENCE OF WHAT DOCUMENTS THE INVESTIGATOR REVIEWED AND STAFF MEMBERS SHE TALKED WITH REGARDING THE INJURY.</p>	W 154			

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W 154	Continued From page 20  5. ACCORDING TO AN INVESTIGATION REPORT, DATED 11/27/06, CLIENT #23 SUSTAINED A SKIN TEAR ON THE LEFT KNEE. THERE WAS NO EVIDENCE OF WHAT DOCUMENTS THE INVESTIGATOR REVIEWED AND STAFF MEMBERS SHE TALKED WITH REGARDING THE INJURY.  THE DIRECTOR AND AN INVESTIGATIVE STAFF MEMBER WERE INTERVIEWED ON 1/10/07 AND REPORTED INVESTIGATORS ARE REQUIRED TO OBTAIN INFORMATION FROM ALL STAFF MEMBERS, AND IF NECESSARY, FAMILY/GUARDIANS TO ENSURE THE INJURIES WERE ACCIDENTAL AND NOT ABUSIVE.  REVIEW OF THE FACILITY'S POLICY AND PROCEDURE ENTITLED, "REPORTING, INVESTIGATION, AND REVIEW OF INCIDENTS", DATED 3/01/06, PAGE 8 DIRECTS THE INVESTIGATOR TO OBTAIN STATEMENTS AND MAKE COPIES OF RELEVANT DOCUMENTATION TO BE USED IN THE INVESTIGATION TO ASCERTAIN A THOROUGH INVESTIGATION WAS DONE. [02942]	W 154			
W 156	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.  This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND	W 156			

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W 156	<p>Continued From page 21</p> <p>INTERVIEW THE FACILITY FAILED TO ENSURE THE ADMINISTRATOR WAS NOTIFIED THE RESULTS OF INVESTIGATIONS CONCLUDED WITHIN FIVE DAYS FOR TWO OF 13 SAMPLED RESIDENTS (#7 AND #9) AND 13 OTHERS (#23, 24, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, AND 37) RESULTING IN A POTENTIAL FOR CORRECTIVE ACTIONS NOT BEING IDENTIFIED IN A TIMELY MANNER. FINDINGS INCLUDE:</p> <p>DURING REVIEW OF INVESTIGATIONS OF ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT, AND INJURIES OF UNKNOWN ORIGIN ON 1/09/07 AT APPROXIMATELY 4:00 P.M., 17 EXAMPLES IN WHICH THE DIRECTOR OR DESIGNEE WAS NOT NOTIFIED OF THE RESULTS OF INVESTIGATIONS WITHIN FIVE DAYS WERE IDENTIFIED AS FOLLOWS:</p> <table border="1"> <thead> <tr> <th>CLIENT IDENTIFIER</th> <th>DATE OF INCIDENT</th> <th>DATE REPORTED</th> </tr> </thead> <tbody> <tr><td>#7</td><td>12/02/06</td><td>12/12/06</td></tr> <tr><td>#26</td><td>10/03/06</td><td>10/12/06</td></tr> <tr><td>#27</td><td>10/03/06</td><td>10/12/06</td></tr> <tr><td>#28</td><td>10/06/06</td><td>10/20/06</td></tr> <tr><td>#29</td><td>10/11/06</td><td>10/20/06</td></tr> <tr><td>#23</td><td>10/25/06</td><td>11/06/06</td></tr> <tr><td>#31</td><td>11/03/06</td><td>11/15/06</td></tr> <tr><td>#32</td><td>11/03/06</td><td>11/15/06</td></tr> <tr><td>#33</td><td>11/04/06</td><td>11/14/06</td></tr> <tr><td>#34</td><td>11/05/06</td><td>11/15/06</td></tr> <tr><td>#35</td><td>11/05/06</td><td>11/16/06</td></tr> <tr><td>#36</td><td>11/14/06</td><td>11/27/06</td></tr> <tr><td>#37</td><td>11/16/06</td><td>11/28/06</td></tr> <tr><td>#9</td><td>11/20/06</td><td>11/29/06</td></tr> <tr><td>#24</td><td>11/30/06</td><td>12/12/06</td></tr> </tbody> </table>	CLIENT IDENTIFIER	DATE OF INCIDENT	DATE REPORTED	#7	12/02/06	12/12/06	#26	10/03/06	10/12/06	#27	10/03/06	10/12/06	#28	10/06/06	10/20/06	#29	10/11/06	10/20/06	#23	10/25/06	11/06/06	#31	11/03/06	11/15/06	#32	11/03/06	11/15/06	#33	11/04/06	11/14/06	#34	11/05/06	11/15/06	#35	11/05/06	11/16/06	#36	11/14/06	11/27/06	#37	11/16/06	11/28/06	#9	11/20/06	11/29/06	#24	11/30/06	12/12/06	W 156			
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W 156	Continued From page 22  THE FACILITY DIRECTOR WAS INTERVIEWED ON 1/10/07 AT 10:30 A.M. ABOUT THE FACILITY'S MECHANISM FOR INFORMING HIM WITHIN FIVE DAYS THE RESULTS OF INVESTIGATIONS. THE DIRECTOR REPORTED THERE WERE SEVERAL WAYS IN WHICH STAFF MEMBERS CONTACTED HIM ABOUT RESULTS OF INVESTIGATIONS SUCH AS TELEPHONE CONTACT, (OFFICE, CELL, HOME), E-MAIL, AND FACE-TO-FACE CONTACT WITH THE STAFF MEMBER. WHEN THE DIRECTOR WAS ASKED ABOUT THE ABOVE FINDINGS, HE STATED "THE FACILITY WAS SHORT OF INVESTIGATION STAFF AND THAT MAY ACCOUNT FOR THE LATENESS OF NOTIFICATION OF INVESTIGATION RESULTS."  THE FACILITY'S POLICY ENTITLED, "REPORTING, INVESTIGATION, AND REVIEW OF INCIDENTS", DATED 3/01/06, PAGE 12 OF 13 READS: THE FACILITY DIRECTOR/DESIGNEE "REVIEWS, DATES, AND INITIALS ALL INCIDENT REPORTS AND INVESTIGATIONS." THERE WAS NO TIMEFRAME FOR THIS IN THE POLICY. [02942]	W 156			
W 157	483.420(d)(4) STAFF TREATMENT OF CLIENTS  If the alleged violation is verified, appropriate corrective action must be taken.  This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO TAKE APPROPRIATE CORRECTIVE ACTION FOR	W 157			

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W 157	<p>Continued From page 23</p> <p>TWO SUBSTANTIATED ALLEGATIONS OF ABUSE FOR RESIDENT #55 AND 56 RESULTING IN AN IMMEDIATE JEOPARDY (IJ) CALLED ON 1/29/07 AT 4:00PM WHEN THE SURVEYOR WAS INFORMED BY THE ADMINISTRATOR THE TWO RCA'S (#1 AND #2) WERE ASSIGNED TO ICF/MR RESIDENTIAL UNITS RESULTING IN A POTENTIAL FOR ABUSE TO REOCCUR. THE IJ WAS REMOVED BUT WAS NOT CORRECTED WHEN THE TWO RCA'S WERE TAKEN OFF THE ICF/MR UNITS ON 1/29/07 AT 4:50 P.M. AS PART OF THE CORRECTIVE ACTION BY THE ADMINISTRATOR. THE DEFICIENT PRACTICE OF APPROPRIATE CORRECTIVE MEASURES MUST BE TAKEN FOR ALLEGED VIOLATIONS WAS NOT CORRECTED.</p> <p>FINDINGS INCLUDE:</p> <p>DURING REVIEW OF INVESTIGATIONS OF ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT, AND INJURIES OF UNKNOWN ORIGIN ON 1/09/07 AT APPROXIMATELY 4:00 P.M., TWO EXAMPLES OF SUBSTANTIATED ABUSE BY EMPLOYEES OF THE FACILITY AGAINST CLIENT # 55 AND 56 WERE IDENTIFIED. THE INCIDENTS WERE AS FOLLOWS:</p> <p>1. ON 11/16/06 AT 2:55 P.M., RCA #1 (RESIDENT CARE ASSISTANT) WAS OBSERVED BY ANOTHER FACILITY STAFF MEMBER PULL CLIENT #55 OFF THE FLOOR TO A STANDING POSITION WITH HIS COAT AND TWISTED HIS RIGHT ARM BEHIND HIS SHOULDER AND OVER HIS HEAD. RCA #1 WALKED CLIENT #55 DOWN THE HALLWAY</p>	W 157			

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W 157	<p>Continued From page 24</p> <p>WITH HIS ARM RAISED ABOVE HIS HEAD. THE RESULTS OF THE FACILITY'S INVESTIGATION REVEALED RCA #1 RECEIVED "ADMITTED THAT HE "PULLED CLIENT #55 UP OFF THE FLOOR BY HIS COAT, RESTRAINED HIS ARMS TO HIS SIDES WITH HIS FOREARMS...ENGULFED CLIENT #55'S HANDS, PULLING HIS RIGHT ARM UP AND BEHIND CLIENT #55'S HEAD." AS A RESULT, RCA #1 RECEIVED A FIVE DAY SUSPENSION WITH RECOMMENDATIONS THAT HE RECEIVE TRAINING ON ABUSE AND NEGLECT. RCA #1 WAS ELIGIBLE TO RETURN TO WORK ON 11/22/06.</p> <p>2. ON 10/26/06 AT 8:15 A.M., RCA #2 WAS OBSERVED TO "SLAP" CLIENT #56 ON BOTH SIDES OF HIS FACE AND SAY, "IS THAT WHAT YOU WANT? IS THAT WHY YOU DO THAT?" THE NURSE EVALUATED RESIDENT #56 AND NOTED A "RED AREA ON RIGHT CHEEK". THE RESULTS OF THE FACILITY INVESTIGATION REVEALED RCA #2 ABUSED CLIENT #56 AND, AS A RESULT, RCA #2 RECEIVED A FIVE DAY SUSPENSION. RCA #2 WAS ELIGIBLE TO RETURN TO WORK ON 10/30/06.</p> <p>THE ADMINISTRATOR WAS INTERVIEWED ON 1/10/07 AT APPROXIMATELY 10:30 A.M. AND REPORTED RCA #1 AND RCA#2 WERE SUSPENDED IN ACCORDANCE WITH WORK RULES AND WERE REASSIGNED TO A NON ICF/MR UNIT. HOWEVER, IN A LATER PHONE INTERVIEW WITH THE ADMINISTRATOR ON 1/29/07 AT APPROXIMATELY 4:00PM, INFORMATION WAS OBTAINED THE TWO RCA'S (#1 AND #2) WERE ASSIGNED TO BUILDING 610, A</p>	W 157			

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W 157	Continued From page 25 CERTIFIED ICF/MR RESIDENTIAL UNIT AND THE TWO MAY BE PULLED AT ANYTIME TO WORK IN ANOTHER ICF/MR CERTIFIED UNIT, BUILDING 405. UPON HEARING THIS, THE ADMINISTRATOR WAS INFORMED AN IMMEDIATE JEOPARDY (IJ) EXISTED AT 4:00PM ON 1/29/07. DISCUSSION WITH THE ADMINISTRATOR REVEALED RCA #2 WAS ASSIGNED TO WORK DIRECTLY WITH ICF/MR CLIENTS WHEN HE RETURNED AFTER A 5 DAY SUSPENSION. LIKEWISE, RCA#1 WAS ASSIGNED TO ICF/MR CLIENTS ON 11/22/06 WHEN HE RETURNED AFTER A 5 DAY SUSPENSION. THE REASSIGNMENT OF THE TWO RCA'S TO AN ICF/MR UNIT WAS CONTRADICTIONARY TO INFORMATION GIVEN DURING THE INTERVIEW CONDUCTED ON 1/10/07. THE IJ WAS REMOVED BUT NOT CORRECTED ON 1/29/07 AT 4:50 P.M. WHEN THE ADMINISTRATOR FAXED A CORRECTIVE ACTION STATING THE TWO RCA'S WERE REMOVED FROM WORKING DIRECTLY IN ANY ICF/MR UNITS. THIS WAS DONE THROUGH PERSONAL LETTERS DELIVERED TO THE RCA'S WITH INSTRUCTIONS AND EXPLANATIONS BY THEIR RESPECTIVE SHIFT COORDINATORS OF THEIR REMOVAL FROM UNIT 610 WINDING LANE (PARTICIPATING ICF/MR RESIDENTIAL UNIT) ON 1/29/07. [02942]	W 157			
W 206	483.440(c)(1) INDIVIDUAL PROGRAM PLAN  Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to: (i) Identifying the client's needs, as described by the comprehensive functional assessments	W 206			

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W 206	<p>Continued From page 26</p> <p>required in paragraph (c)(3) of this section; and (ii) Designing programs that meet the client's needs.</p> <p>This STANDARD is not met as evidenced by: BASED ON INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO INDIVIDUALIZE THE ACTIVITY OF DAILY LIVING PROGRAMS FOR 3 RESIDENTS (6, 10 AND 12) OF 13 RESIDENTS SAMPLED, RESULTING IN THE POTENTIAL FOR UNIDENTIFIED NEEDS. FINDINGS INCLUDE:</p> <p>DURING THE CLINICAL RECORD REVIEW FOR RESIDENT ' S 6, 10 AND 12, THE ADL (ACTIVITY OF DAILY LIVING) ACTIVITY PARTICIPATION PROGRAM FOR EACH RESIDENT WAS THE SAME.</p> <p>RESIDENT 6 ' S OBJECTIVE READ " WHEN PRESENT IN THE APARTMENT, [RESIDENT NAME] WILL PARTICIPATE INDEPENDENTLY IN ACTIVITIES OF DAILY LIVING 100% OF THE TIME FOR THREE CONSECUTIVE DATA PERIODS BY November 30 2006. " THE DATA COLLECTION TOOL LISTED PERFORMANCE LEVELS AS FOLLOWS; 1. REFUSAL, 2. MANIPULATION, 3. PHYSICAL PROMPTS, 4. VERBAL PROMPTS, 5. GESTURAL PROMPTS, AND 6. INDEPENDENT. THE DATA WAS COLLECTED IN THE FOLLOWING AREAS OF GROOMING, TOILETING, WASHING/BATHING, TOOTHBRUSHING, DRESSING, CHOICE MAKING, MEAL TIME ACTIVITIES, POSITIVE ENGAGEMENT, HOUSEKEEPING CHORES, SUPPLEMENTALS, AND RECREATION/LEISURE.</p>	W 206			

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W 206	<p>Continued From page 27</p> <p>RESIDENT 10 ' S OBJECTIVE READ " WHEN PRESENT IN THE APARTMENT, [RESIDENT NAME] WILL PARTICIPATE INDEPENDENTLY IN ACTIVITIES OF DAILY LIVING 60% OF THE TIME FOR THREE CONSECUTIVE DATA PERIODS BY April 30, 2007. " THE DATA COLLECTION TOOL LISTED PERFORMANCE LEVELS AS FOLLOWS; 1. REFUSAL, 2. MANIPULATION, 3. PHYSICAL PROMPTS, 4. VERBAL PROMPTS, 5. GESTURAL PROMPTS, AND 6. INDEPENDENT. THE DATA WAS COLLECTED IN THE FOLLOWING AREAS OF GROOMING, TOILETING, WASHING/BATHING, TOOTHBRUSHING, DRESSING, CHOICE MAKING, MEAL TIME ACTIVITIES, POSITIVE ENGAGEMENT, HOUSEKEEPING CHORES, SUPPLEMENTALS, AND RECREATION/LEISURE.</p> <p>RESIDENT 12 ' S OBJECTIVE READ " WHEN PRESENT IN THE APARTMENT, [RESIDENT NAME] WILL PARTICIPATE INDEPENDENTLY IN ACTIVITIES OF DAILY LIVING 60% OF THE TIME FOR SIX CONSECUTIVE DATA PERIODS BY MARCH 31, 2007. " THE DATA COLLECTION TOOL LISTED PERFORMANCE LEVELS AS FOLLOWS; 1. REFUSAL, 2. MANIPULATION, 3. PHYSICAL PROMPTS, 4. VERBAL PROMPTS, 5. GESTURAL PROMPTS, AND 6. INDEPENDENT. THE DATA WAS COLLECTED IN THE FOLLOWING AREAS OF GROOMING, TOILETING, WASHING/BATHING, TOOTHBRUSHING, DRESSING, CHOICE MAKING, MEAL TIME ACTIVITIES, POSITIVE ENGAGEMENT, HOUSEKEEPING CHORES, SUPPLEMENTALS, AND RECREATION/LEISURE.</p> <p>DURING AN INTERVIEW ON 1/10/07 AT 11:00</p>	W 206			

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W 206	<p>Continued From page 28</p> <p>AM WITH THE ASSISTANT TO THE ADMINISTRATOR, HE STATED THAT EVERY RESIDENT RESIDING IN THE FACILITY HAD A SIMILAR CARE PLAN WITH REGARDS TO THE ADL ' S. HE STATED THAT THE CAREGIVERS USED TO HAVE A CHECK LIST TO SHOW THAT ACTIVITIES OF DAILY LIVING HAD BEEN COMPLETED. HE STATED THAT AT SOME POINT THE CHECK SHEET WAS ELIMINATED AND THE ADL PROGRAM PLAN WAS THEN INCLUDED IN EACH RESIDENT ' S INDIVIDUAL PROGRAM PLAN.</p> <p>THE QMRP (QUALIFIED MENTAL RETARDATION PROFESSIONAL) WAS INTERVIEWED ON 1/9/07 AT 1:30 P.M. SHE STATED THAT ALL RESIDENTS HAD AN ADL PROGRAM. SHE STATED THAT THE DATA COLLECTED ON THE PROGRAM WAS ENTERED INTO THE COMPUTER QUARTERLY AND THE COMPUTER CALCULATED THE " PERCENTAGE OF INDEPENDENCE " BASED ON THE NUMBER OF TRAINING SESSIONS AND THE PERFORMANCE LEVELS THAT SHE ENTERED INTO THE COMPUTER. THE QMRP STATED THAT SHE THOUGHT THE DATA REFLECTED UNDER GROOMING (ONE OF THE DATA COLLECTION CATEGORIES) REFLECTED THE LEVEL OF INDEPENDENCE REQUIRED FOR COMBING HAIR. A SECOND QMRP WAS INTERVIEWED ON 1:45 P.M. ON 1/9/07 AND SHE STATED THAT THE DATA COLLECTED FOR GROOMING REFLECTED " HANDWASHING AND TOOTHBRUSHING. "</p> <p>DURING THE TWO INTERVIEWS WITH THE QMRP ' S, POSITIVE ENGAGEMENT, SUPPLEMENTALS, CHOICE MAKING AND</p>	W 206			

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W 206	Continued From page 29 HOUSEKEEPING CHORES WERE AREAS THAT WERE NOT WELL DEFINED AND PRODUCED CONFLICTING RESPONSES AS TO THE MEANING. [17437]	W 206			
W 228	483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs and the planned sequence for dealing with those objectives.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO STATE THE PLANNED OBJECTIVE IN SEQUENCE FOR 1 CLIENT ( # 12 ) RESULTING IN LACK OF CLARITY WHERE CLIENT IS AT IN THE PROGRAM OBJECTIVE. FINDINGS INCLUDE:  THE OBJECTIVE TITLED "SHOWERING FOCUS ON FACE/NECK" FOR RESIDENT 12 HAD AN OBJECTIVE STATING "WHENGIVEN THE VERBAL PROMPT TO WASH HER FACE/NECK, [RESIDENT12'S NAME] WILL LATHER THE WASHCLOTH AND WASH/RINSE HER FACE/NECK WITH 60% INDEPENDENCE FOR 6 CONSECUTIVE MONTHS BY MARCH 31, 2007."  THE "TASK ELEMENTS" WERE LISTED AS 1. WET/SOAP WASHCLOTH, 2. WASH FACE AND NECK, 3. RINSE FACE AND NECK.  THE PERFORMANCE LEVELS WERE NUMBERED 1 THROUGH 6. 1 BEING REFUSAL, 2 MANIPULATION, 3 PHYSICAL	W 228			

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W 228	<p>Continued From page 30</p> <p>PROMPT, 4 VERBAL PROMPT, 5 GESTURAL PROMPTS AND 6 BEING INDEPENDENTLY.</p> <p>DURING AN OBSERVATION ON 1/9/07 AT 6:40 A.M., RESIDENT 12 WAS OBSERVED WHILE IN THE SHOWER. THE CAREGIVER PROMPTED THE RESIDENT 3 TIMES VERBALLY TO "TURN THE WATER ON" AND THEN SHE TURNED THE WATER ON. THE CAREGIVER THEN GAVE VERBAL PROMPTS TO "GET THE WASH CLOTH WET" AND "LET'S PUT SOME SOAP ON IT." WHEN THE RESIDENT DID NOT RESPOND THE CAREGIVER PUT SOAP ON THE WASHCLOTH AND THEN USED HAND OVER HAND ASSISTANCE TO WASH THE RESIDENT'S FACE. THE CAREGIVER THEN SAID "CAN YOU WASH YOUR ARMS" AND PROCEEDED TO USE HAND OVER HAND ASSISTANCE WITH WASHING RESIDENT 12'S ARMS.</p> <p>THE RATIONALE LISTED FOR THE PROGRAM STATED "[RESIDENT 12'S NAME] REQUIRES MULTIPLE PROMPTS TO SHOWER AND SOME MANIPULATIVE/HAND-OVER-HAND ASSISTANCE TO COMPLETE SHOWERING PROCESS. THE PROGRAM WILL BE IMPLEMENTED FOR ALL STEPS OF THE SHOWERING PROCESS; BUT TO FOCUS AND REFINE THREE STEPS OF THE PROGRAM AT THIS TIME, SO THAT SHE MAY INCREASE HER ACCEPTANCE AND SUCCESS. THE METHOD LISTED A 12 STEP PROCESS THAT INCLUDED STEPS 7 (HAVE RESIDENT PICK UP THE WASHCLOTH, WET IT AND LATHER THE WASHCLOTH AND STEP 8 (HAVE RESIDENT USE THE SOAPY WASHCLOTH TO WASH HER FACE/NECK AND THEN RINSE FACE/NECK).</p>	W 228			

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W 228	Continued From page 31  DURING AN INTERVIEW WITH THE QMRP (QUALIFIED MENTAL RETARDATION PROFESSIONAL) ON 1/9/07 AT 1:30 P.M., SHE STATED THAT RESIDENT 12 WAS NOT INDEPENDENT IN ANY STEPS IN THE PROCESS.  THE PERSON CENTERED PLAN FOR RESIDENT 12 EFFECTIVE MARCH 7, 2006 SUMMARIZED BATHING AS FOLLOWS "CURRENT ASSESSMENT RESULTS ARE BEING COMPARED TO THE ASSESSMENT DONE FOR [RESIDENT 12'S NAME] ON MARCH 14 2005. THE PERCENTAGE OF ITEMS CLASSIFIED AS STRENGTHS FELL FORM 76% TO 29%. [RESIDENT 12'S NAME] HAD AN INDIVIDUALIZED BATHING PROGRAM DURING THE LAST TREATMENT YEAR THAT FOCUSED ON ONLY A FEW STEPS OF THE BATHING PROCESS. I PLAN TO RENEW THIS PROGRAM BUT INCREASE THE TRAINING ITEMS FROM ONE TIME DAILY TO TWICE DAILY, ONCE ON AM SHIFT AND ADDING PM SHIFT. THE NEW PROGRAM WILL CONTINUE TO FOCUS ON A FEW STEPS SO THAT TRAINING CAN TAKE PLACE AND NOT TO OVERWHELM HER; HOWEVER, STAFF WILL ASSIST WITH ALL STEPS AND GIVE FREQUENT PRAISE AND PROMPTING AS NEEDED." [17437]	W 228			
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN  The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.  This STANDARD is not met as evidenced by:	W 231			

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W 231	<p>Continued From page 32</p> <p>BASED ON RECORD REVIEW AND INTERVIEW THE FACILITY FAILED TO EXPRESS OBJECTIVES IN BEHAVIORAL TERMS FOR 1 RESIDENT (12) OF 13 SAMPLED RESIDENTS, RESULTING IN THE INABILITY TO DETERMINE SUCCESS OR LACK OF PROGRESS TOWARD A SPECIFIC OBJECTIVE. FINDINGS INCLUDE:</p> <p>RESIDENT 12' S OBJECTIVE FOR HER ADL (ACTIVITIES OF DAILY LIVING) PROGRAM READ " WHEN PRESENT IN THE APARTMENT, [RESIDENT NAME] WILL PARTICIPATE INDEPENDENTLY IN ACTIVITIES OF DAILY LIVING 60% OF THE TIME FOR SIX CONSECUTIVE DATA PERIODS BY MARCH 31, 2007. " THE DATA COLLECTION TOOL LISTED PERFORMANCE LEVELS AS FOLLOWS; 1. REFUSAL, 2. MANIPULATION, 3. PHYSICAL PROMPTS, 4. VERBAL PROMPTS, 5. GESTURAL PROMPTS, AND 6. INDEPENDENT. THE DATA WAS COLLECTED IN THE FOLLOWING AREAS OF GROOMING, TOILETING, WASHING/BATHING, TOOTHBRUSHING, DRESSING, CHOICE MAKING, MEALTIME ACTIVITIES, POSITIVE ENGAGEMENT, HOUSEKEEPING CHORES, SUPPLEMENTALS, AND RECREATION/LEISURE.</p> <p>THE DATA COLLECTION FORM FOR RESIDENT 12'S ADL OBJECTIVE SHOWED AN INCREASE IN LEVEL OF PROMPTING NEEDED FOR GROOMING, WASHING/BATHING AND TOOTHBRUSHING BETWEEN October 2006 AND December 2006. THE LEVEL OF PROMPTING REQUIRED FOR WASHING/BATHING AND TOOTHBRUSHING INCREASED FROM VERBAL PROMPTING TO</p>	W 231			

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W 231	Continued From page 33 MANIPULATION.  THE QUARTERLY REVIEW FOR THE ADL OBJECTIVE DATED 12/06 STATED THAT THE RESIDENT " AVERAGED STEP 7 (WILL PERFORM THE TASK WITH AT LEAST 60% INDEPENDENCE) LAST MONTH AND STEP 6 (WILL PERFORM THE TASK WITH AT LEAST 50% INDEPENDENCE) THIS MONTH. THIS SHOWS A DECLINE FROM LAST MONTH, WHEN PROGRESS WAS NOTED. QUARTERLY NOTE (3RD QUARTER) [RESIDENT NAME] DEMONSTRATED A MONTHLY AVERAGE OF 53.3 % INDEPENDENCE FOR THIS QUARTER, WHICH IS BETTER THAN HER 2ND QUARTER AVERAGE OF 50%, BUT LESS THAN THE FIRST QUARTER AVERAGE OF 55%. CONTINUE OBJECTIVE. "	W 231			
W 249	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 treatment program consisting of needed interventions and services in sufficient number	W 249			

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W 249	<p>Continued From page 34 and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: BASED ON OBSERVATION, INTERVIEW AND RECORD REVIEW ONE CLIENT (#9) DID NOT RECEIVE THE CONTINUOUS ACTIVE TREATMENT SPECIFIC TO HIS MEAL PROGRAM AND THE FACILITY FAILED TO INDIVIDUALIZE ACTIVE TREATMENT SCHEDULES THAT ALLOWED FOR CLIENT FLEXIBILITY AND PREFERENCE IN 2 OF 10 APARTMENTS WITH 12 CLIENTS (APARTMENT B IN THE DAY PROGRAM SETTING AND APARTMENT C IN THE HOME SETTING). THE ENVIRONMENT WAS NOT CONDUCIVE TO ACTIVE TREATMENT.</p> <p>FINDINGS INCLUDE:</p> <p>BASED ON RECORD REVIEW DONE ON 1/9/07, AT APPROXIMATELY 4:30PM IN BUILDING 610, CLIENT # 9'S INDIVIDUAL PROGRAM PLAN DESCRIBED HIS MEAL PROGRAM WHICH INCLUDED, " VERBAL SOCIAL PRAISE SHOULD BE USED AS RESPONSE...; FORK TO BE USED..; AT THE BEGINNING REMIND NOT TO BE IN A HURRY...; PROMPT USE OF FORK WHEN REQUEST- SPOON FOR PUDDING, SOUP...; USE PROMPT TO USE NAPKIN BETWEEN BITES...; USE VERBAL AND SOCIAL PRAISE AFTER EATING..."</p> <p>CLIENT #9 WAS OBSERVED ON 1/9/07 IN HIS APARTMENT PRIOR TO THE DINNER MEAL.</p>	W 249			

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W 249	<p>Continued From page 35</p> <p>HE WAS GIVEN A BLACK CLOTHING PROTECTOR. THERE WAS NO ACKNOWLEDGEMENT WHEN CLIENT #9 WAS RECEPTIVE TO THE OFFER. THE INTERVENTION STATED A VERBAL PAISE MAY BE USED AS A RESPONSE. CLIENT #9 WAS OBSERVED TO SIT AT THE TABLE WITH ONE HAND CONTINUOUSLY HOLDING A SET OF CARDS. HE APPEARED TO BE RESTLESS AND COULD NOT SIT FOR MORE THAN A FEW SECONDS BEFORE HE GOT UP AND PACED BETWEEN THE DINING AREA AND THE TELEVISION AREA, BEFORE HE RETURNED TO THE DINING TABLE, TO WAIT FOR THE FOOD. AT ABOUT 5:10PM CLIENT#9 WAS NOTED BEING ASSISTED TO LIFT THE LID OF THE JUICE AND PROCEEDED TO DRINK INDEPENDENTLY. AROUND THIS TIME, HE STOOD UP AND JUICE SPILLED ON THE TABLE AND THE FLOOR. STAFF PERSON RESPONDED IMMEDIATELY TO CLEAN THE AREA. CLIENT #9 WAS NOT ASKED TO HELP WIPE THE TABLE OR CLEAN UP WHICH WAS A MISSED OPPORTUNITY. PRIOR TO THE MEAL, THE CLIENT WAS NOT REMINDED TO SLOW DOWN WHILE EATING WHICH WAS ANOTHER MISSED OPPORTUNITY TO IMPLEMENT THE INTERVENTIONS FOR THE MEAL PROGRAM. THE STAFF PERSON WAS LATER ASKED HOW HE THOUGHT CLIENT #9 DID DURING SUPPER. THE RESPONSE WAS "OK" AND ADDED THAT HE WAS NOT NORMALLY ASSIGNED TO THE UNIT.</p> <p>ON 1/11/07, CLIENT #9 WAS OBSERVED IN HIS APARTMENT PRIOR TO DINNER TIME. THERE WAS NO CLOTHING PROTECTOR</p>	W 249			

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W 249	<p>Continued From page 36</p> <p>OFFERED AND THE CLIENT WAS READY TO BE SERVED HIS FOOD. WHEN STAFF WAS INTERVIEWED ABOUT THE MEAL PROGRAM, SHE EXPLAINED SHE WAS REASSIGNED TO THE UNIT AND WAS NOT FAMILIAR WITH THE CLIENTS. HOWEVER, SHE HAD A SHEET THAT SUMMARIZED EACH CLIENT'S MEAL ACTIVITIES AND PROCEEDED TO READ CLIENT # 9'S MEAL PROGRAM. A CLOTHING PROTECTOR WAS PROVIDED AND CLIENT #9 WAS PROMPTED TO SLOW DOWN AND USE HIS NAPKIN. THESE INTERVENTIONS WERE IMPLEMENTED IN CONTRAST TO THE 1/9/07'S LACK OF ACTIVE PROGRAMMING AROUND DINNERTIME. [02921]</p> <p>DURING OBSERVATION OF CLIENTS FROM APARTMENT B IN BUILDING 204/DAY PROGRAM SETTING ON THE MORNING OF 1/8/07 AT APPROXIMATELY 11:05 AM., 12 CLIENTS AND 4 STAFF WERE OBSERVED INVOLVED IN A GROUP ACTIVITY OF CURRENT EVENTS. ONE STAFF PERSON (RCA-RESIDENT CARE AIDE) WAS OBSERVED TO BE SEATED IN A CHAIR AT THE FRONT OF THE ROOM (WITH THE NEWS PAPER) WHILE 8 OF THE 12 CLIENTS AND 1 OTHER STAFF WERE SEATED IN FRONT OF THE WINDOWS AT THE END OF THE ROOM. TWO CLIENTS WERE IN THE RESTROOM WITH THE REMAINING 2 STAFF. THE REMAINING TWO CLIENTS WERE WALKING AROUND THE ROOM. TWO OF THE CLIENTS SEATED IN THE ROOM WHERE THE CURRENT EVENTS WERE BEING READ WERE ENGAGED IN VOCALIZING DURING THE MAJORITY OF THE TIME, WHILE</p>	W 249			

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W 249	Continued From page 37 ANOTHER CLIENT WAS SLAPPING THE SIDE OF HIS LEG. OCCASIONALLY THE STAFF SEATED WITH THE CLIENTS IN FRONT OF THE WINDOWS WOULD COMMENT ON THE EVENTS THAT WERE BEING READ AND AT OTHER TIMES WOULD COMMENT TO THE CLIENTS IN A SOFT TONE. THE NOISE LEVEL IN THE ROOM WAS LOUD WHICH MADE IT DIFFICULT FOR PARTICIPANTS TO HEAR THE READER. THIS WAS REPEATED AGAIN ON 1/9/07 AT APPROXIMATELY 10 AM WITH THE GROUP ASSEMBLED (IN THE LARGER ROOM UTILIZED BY THE CLIENTS FROM APARTMENT B). THE TWO VOCALIZING CLIENTS (ONE WAS CLIENT #28, THE OTHER WAS AN OFF- SAMPLE) WERE ENGAGED AGAIN IN MAKING NON-INTELLIGIBLE NOISES, ANOTHER CLIENT WAS OCCASIONALLY CLAPPING, A FOURTH CLIENT WAS IN A CHAIR TO THE SIDE SCOOTING A PLASTIC CHAIR ON THE FLOOR . THE STAFF CONTINUED READING WHILE 2 MAINTENANCE STAFF WERE REPAIRING THE BATHROOM DOOR LATCH WITH A DRILL OR ELECTRIC SCREWDRIVER. ALL THE WHILE, THE STAFF (RCA), CONTINUED TO READ, AT TIMES RAISED HIS VOICE TO BE HEARD OVER THE NOISE. THE ROOM IN WHICH THIS APARTMENT'S ACTIVITIES OCCURRED WAS ADJACENT TO A ROOM UTILIZED BY CLIENTS FROM APARTMENT C. THE ONLY WALLS SEPARATING THE TWO DAY ROOMS WERE THE RESTROOMS. A STROLL WAS MADE TO THE ADJOINING SIDE OF THE DAY PROGRAM SETTING WHERE CLIENTS FROM APARTMENT C WERE GATHERED WATCHING THE TELEVISION. THE TELEVISION VOLUME WAS AT MEDIUM	W 249			

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W 249	Continued From page 38 RANGE AND THE COMMOTION/VOLUMES FROM THE OTHER APARTMENT COULD BE HEARD IN THAT SIDE OF THE DAY PROGRAM.  DISCUSSION WITH THE CASE MANAGER ON 1/11/07 AT APPROXIMATELY 10:40 AM AT THE DAY PROGRAM CONFIRMED THAT 3-4 OF THE CLIENTS FROM APARTMENT B CAN BECOME VOCAL/DISRUPTIVE MAKING IT DIFFICULT FOR A GROUP ACTIVITY TO BE ENGAGING AND RELEVANT FOR THE OTHER CLIENTS.	W 249			
W 256	[02822] 483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION, INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO REVISE THE INDIVIDUAL PROGRAM PLAN AFTER A LOSS OF SKILLS WAS DOCUMENTED FOR 1 RESIDENT (12), RESULTING IN THE CONTINUED REGRESSION. FINDINGS INCLUDE:  DURING AN OBSERVATION ON 1/9/07 AT 6:40 A.M., RESIDENT 12 WAS OBSERVED WHILE IN THE SHOWER. THE CAREGIVER PROMPTED THE RESIDENT 3 TIMES VERBALLY TO "TURN THE WATER ON" AND	W 256			

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W 256	<p>Continued From page 39</p> <p>THEN SHE TURNED THE WATER ON. THE CAREGIVER THEN GAVE VERBAL PROMPTS TO "GET THE WASH CLOTH WET" AND "LET'S PUT SOME SOAP ON IT." WHEN THE RESIDENT DID NOT RESPOND THE CAREGIVER PUT SOAP ON THE WASHCLOTH AND THEN USED HAND OVER HAND ASSISTANCE TO WASH THE RESIDENT'S FACE. THE CAREGIVER THEN SAID "CAN YOU WASH YOUR ARMS" AND PROCEEDED TO USE HAND OVER HAND ASSISTANCE WITH WASHING RESIDENT 12'S ARMS.</p> <p>THE DATA COLLECTION FORM FOR ADL (ACTIVITIES OF DAILY LIVING) DATED October 2006 SHOWED THAT RESIDENT 12 REQUIRED VERBAL PROMPTS FOR "WASHING/BATHING", VERBAL PROMPTS FOR "TOOTHBRUSHING", AND VERBAL PROMPTS FOR "GROOMING."</p> <p>THE DATA COLLECTION FORM FOR ADL DATED November 2006 SHOWED THAT RESIDENT 12 REQUIRED PHYSICAL PROMPTS FOR "WASHING/BATHING", PHYSICAL PROMPTS FOR "TOOTHBRUSHING", AND PHYSICAL PROMPTS FOR "GROOMING."</p> <p>THE DATA COLLECTION FORM FOR ADL DATED December 2006 SHOWED THAT RESIDENT 12 REQUIRED "MANIPULATION" FOR "WASHING/BATHING", "MANIPULATION" FOR "TOOTHBRUSHING", AND PHYSICAL PROMPTS FOR "GROOMING."</p> <p>THE QMRP (QUALIFIED MENTAL RETARDATION PROFESSIONAL) WAS INTERVIEWED ON 1/9/07 AT 1:30 P.M. SHE</p>	W 256			

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W 256	<p>Continued From page 40</p> <p>STATED THAT ALL RESIDENTS HAD AN ADL PROGRAM. SHE STATED THAT THE COMPUTER PROGRAM CALCULATED A PERCENTAGE BASED ON THE DATA THAT WAS INPUT INTO THE COMPUTER. THE QMRP STATED THAT SHE ENTERED ALL OF THE DATA ON THE DATA COLLECTION FORM FOR ACTIVITIES OF DAILY LIVING. THE ACTIVITIES OF DAILY LIVING FORM INCLUDED GROOMING, WASHING/BATHING, TOOTHBRUSHING, DRESSING, CHOICE MAKING, MEAL TIME ACTIVITIES, POSITIVE ENGAGEMENT, HOUSEKEEPING CHORES, SUPPLEMENTALS, AND RECREATION/LEISURE.</p> <p>THE QUARTERLY REVIEW SUBMITTED December 12, 2006 COVERING September 1 - November 30, 2006 SUMMARIZED THE ADL ACTIVITIES PROGRAM AS FOLLOWS "WHEN PRESENT IN THE APARTMENT, [RESIDENT 12'S NAME] WILL PARTICIPATE INDEPENDENTLY IN ACTIVITIES OF DAILY LIVING 60% OF THE TIME FOR SIX CONSECUTIVE DATA PERIODS BY MARCH 31, 2007. RESPONSIBLE PERSON: [QMRP'S NAME] PROGRESS REPORT (MOST CURRENT MONTH &amp; ANNUAL REPORT): [RESIDENT 12'S NAME] RECEIVED 56 TRAINING SESSIONS DURING THE MONTH OF November. SHE AVERAGED STEP 7 (WILL PERFORM THE TASK WITH AT LEAST 60% INDEPENDENCE) LAST MONTH, AND STEP 6 (WILL PERFORM THE TASK WITH AT LEAST 50% INDEPENDENCE) THIS MONTH. THIS SHOWS A DECLINE FROM LAST MONTH, WHEN PROGRESS WAS NOTED. QUARTERLY NOTE 3RD QUARTER): [RESIDENT 12'S NAME] DEMONSTRATED A</p>	W 256			

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W 256	Continued From page 41 MONTHLY AVERAGE OF 53.3 % INDEPENDENCE FOR THIS QUARTER, WHICH IS BETTER THAN HER 2ND QUARTER AVERAGE OF 50%, BUT LESS THAN THE FIRST QUARTER AVERAGE OF 55%. CONTINUE OBJECTIVE."  THE QUARTERLY REVIEW DID NOT MENTION THE DECLINE FROM VERBAL PROMPTING TO PHYSICAL PROMPTING IN THE AREAS OF GROOMING, WASHING/BATHING AND TOOTHBRUSHING. THE RESIDENT THEN SHOWED FURTHER REGRESSION IN THE AREAS OF WASHING/BATHING AND TOOTHBRUSHING.	W 256			
W 264	[17437] 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.  This STANDARD is not met as evidenced by: BASED ON INTERVIEW THE COMMITTEE FAILED TO REVIEW THE FACILITY PRACTICE OF CONDUCTING BODY CHECKS WITHOUT CLIENT OR GUARDIAN APPROVAL RESULTING TO VIOLATION OF CLIENT'S RIGHTS. FINDINGS INCLUDE:	W 264			

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W 264	Continued From page 42 DURING AN INTERVIEW ON 1/10/07 AT 11:45AM AT THE ADMINISTRATION BUILDING WITH TWO REPRESENTATIVES FROM THE HUMAN RIGHTS COMMITTEE , IT WAS ACKNOWLEDGED THAT THEY WERE UNAWARE OF THE FACILITY PRACTICE TO CONDUCT A BODY CHECK FOR ANY CLIENT WHO LEFT THE CENTER . THE ASSESSMENT WAS CONDUCTED BY A STAFF PRIOR TO THE CLIENT LEAVING THE FACILITY AND UPON RETURN. THE REPRESENTATIVES FROM THE COMMITTEE SHARED THIS WOULD BE A POLICY THAT THE COMMITTEE WOULD REVIEW SINCE IT AFFECTED CLIENT'S INDIVIDUAL RIGHTS.	W 264			
W 368	483.460(k)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: BASED ON RECORD REVIEW AND INTERVIEW, THE FACILITY FAILED TO ENSURE MEDICATIONS WERE ADMINISTERED TO ELEVEN CLIENTS (#S 14, 18, 31, 37, 38, 39, 40, 41, 42, 43, AND 44) AS ORDERED BY THE PHYSICIAN RESULTING IN A POTENTIAL FOR ADVERSE PHYSICAL AND PSYCHOSOCIAL CONSEQUENCES. FINDINGS INCLUDE:  DURING REVIEW OF THE ACCIDENT AND INCIDENT REPORTS ON 1/09/07 AT 2:00 P.M., IT WAS NOTED THERE WERE ELEVEN INCIDENT REPORTS DATED 11/22/06 FOR CLIENTS' #14, 18, 31, 37, 38, 39, 40, 41, 42, 43, AND 44 RELATED TO "LATE MEDICATION"	W 368			

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W 368	Continued From page 43 ADMINISTRATION. ALL THE ABOVE MENTIONED CLIENTS LIVED TOGETHER IN THE SAME APARTMENT.  THE DIRECTOR OF NURSING SERVICES (DON) WAS INTERVIEWED ON 1/11/07 AT 11:00 A.M. AND REPORTED THE INCIDENT WAS INVESTIGATED. ACCORDING TO THE UNIT SUPERVISOR, WHO WROTE UP THE INCIDENTS ON 11/22/06, THE NURSE DID NOT ADMINISTER THE MEDICATIONS AT THE PRESCRIBED TIME AS ORDERED BY THE PHYSICIAN. THE DON REPORTED THAT HE TALKED WITH THE NURSE AND SHE STATED THERE WERE "NUMEROUS INTERRUPTIONS" IN THE APARTMENT THAT DAY. THE MEDICATIONS WERE GIVEN TO THE CLIENTS; HOWEVER, THEY WERE GIVEN AFTER THE MEDICATION PASS TIME AT 10:30 P.M.  REVIEW OF THE POLICY AND PROCEDURE FOR MEDICATION ADMINISTRATION, DATED 3/30/05, DIRECTED STAFF TO "ADMINISTER MEDICATIONS AT THE APPROPRIATE TIME."	W 368			
W 369	[02942] 483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION AND RECORD REVIEW THE FACILITY FAILED TO ADMINISTER EYE DROPS WITHOUT AN ERROR TO ONE OF ONE CLIENT OBSERVED	W 369			

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W 369	Continued From page 44 (#33) TO RECEIVE EYE DROPS RESULTING IN A POTENTIAL THAT THE DROPS WOULD NOT BE ADEQUATELY ABSORBED. FINDINGS INCLUDE:  ON 1/10/07 AT APPROXIMATELY 8:10 AM THE MEDICATION TRAINED RCA (RESIDENT CARE AIDE) WAS OBSERVED TO REMOVE A BOTTLE OF DROPS FROM THE PLASTIC CONTAINER WHICH WAS LABELED WITH THE CLIENTS NAME AND ADMINISTRATION INSTRUCTIONS ON IT. THE DROP WAS PLACED IN THE CORRECT EYE, HOWEVER, THE MEDICATION BOTTLE WAS NOT "SHAKE(N) WELL" AS RECOMMENDED BY THE MANUFACTURER. IN ADDITION, THE PHARMACY APPLIED STICKER LABEL ON THE BOTTLE DIRECTED THE STAFF TO SHAKE THE SUSPENSION PRIOR TO ADMINISTERING THE EYE DROP FOR ITS FULL THERAPEUTIC EFFECT.  REVIEW OF THE PHYSICIAN'S ORDERS FOR CLIENT #33 REVEALED THAT HE WAS PRESCRIBED PRED FORTE 1%, ONE DROP TO BE INSTILLED DAILY TO HIS LEFT EYE. [02822]	W 369			
W 393	483.460(n)(1) LABORATORY SERVICES  If a facility chooses to provide laboratory services, the laboratory must meet the requirements specified in part 493 of this chapter.  This STANDARD is not met as evidenced by: BASED ON OBSERVATION, INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO OBTAIN A CURRENT VALID CERTIFICATE FOR LABORATORY TESTS FOR CLIENTS	W 393			

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W 393	<p>Continued From page 45</p> <p><b>RESULTING TO A LACK OF WAIVER FOR THE EXAMINATION OF BLOOD GLUCOSE LEVELS DONE ON CLIENTS. FINDINGS INCLUDE:</b></p> <p>ON 1/8/07 AT APPROXIMATELY 10:00 A.M., THE CLIA ( CLINICAL LABORATORY IMPROVEMENT ACT) WAIVER WAS REQUESTED FROM THE FACILITY DIRECTOR. THE DIRECTOR REPORTED THE FACILITY DID NOT HAVE A CLIA WAIVER. THE DIRECTOR WAS ASKED IF THERE WERE ANY CLIENTS WHO USED A GLUCOMETER AND HE STATED YES.</p> <p>ON 1/9/07 AT 11:45 A.M., LPN #1 (LICENSED PRACTICAL NURSE) WAS OBSERVED PERFORMING ACCU-CHECK (BLOOD SUGAR LEVELS) ON CLIENT #49. WHEN ASKED WHO "OWNS" THE GLUCOSE METER, THE LPN STATED THAT EACH CLIENT HAD HIS/HER OWN GLUCOSE METER. HOWEVER, THE LICENSED NURSES PERFORMED THE ACCU-CHECK.</p> <p>ON 1/9/07 AT APPROXIMATELY 4:30 P.M., LPN #2 WAS OBSERVED PERFORMING ACCU-CHECK ON CLIENT #50. SHE (LPN #2) STATED THERE WERE FIVE CLIENTS IN UNIT 610 WHOSE BLOOD SUGAR LEVELS WERE TESTED AT VARIED TIMES .</p> <p>PER RECORD REVIEW, CLIENT #49, 36 YEARS OLD WAS READMITTED INTO THE FACILITY ON 9/16/05 WITH DIAGNOSES THAT INCLUDED SEVERE MENTAL RETARDATION, DIABETES MELLITUS. REVIEW OF THE MONTHLY PHYSICIAN'S ORDERS DATED 1/4/07 INDICATED FOR</p>	W 393			

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W 393	<p>Continued From page 46</p> <p>CLIENT #49 TO HAVE HIS BLOOD SUGAR TESTED FOUR TIMES A DAY (BEFORE MEALS AND AT BEDTIME).</p> <p>RECORD REVIEW OF CLIENT #50 ON 1/11/07 AT 9:40 A.M. REVEALED HE WAS READMITTED INTO THE FACILITY ON 12/2/06 WITH DIAGNOSES THAT INCLUDED MODERATE MENTAL RETARDATION, SEIZURE DISORDER AND DIABETES MELLITUS. THE DOCTOR'S ORDER DATED 12/2/06 INDICATED THAT CLIENT #50 WAS TO HAVE HIS BLOOD GLUCOSE LEVEL TESTED THREE TIMES A DAY.</p> <p>CLIENT #47, 36 YRS. OLD WAS ADMITTED INTO THE FACILITY ON 5/3/1988 WITH DIAGNOSES THAT INCLUDED MILD MENTAL RETARDATION AND DIABETES MELLITUS. REVIEW OF THE PHYSICIAN'S ORDERS DATED 1/4/07 INDICATED THAT THE BLOOD SUGAR LEVEL FOR CLIENT #47 WAS TO BE TESTED BEFORE BREAKFAST AND BEFORE DINNER THREE TIMES A WEEK (MONDAYS, WEDNESDAYS AND FRIDAYS).</p> <p>CLIENT #48, 60 YEARS OLD WAS ADMITTED INTO THE FACILITY ON 10/1/1997 WITH DIAGNOSES THAT INCLUDED MILD MENTAL RETARDATION AND DIABETES MELLITUS. THE PHYSICIAN'S ORDER DATED 1/3/07 INDICATED FOR CLIENT #48 TO HAVE HIS BLOOD SUGAR TESTED BEFORE BREAKFAST MONDAYS AND WEDNESDAYS AND BEFORE DINNER TUESDAYS AND THURSDAYS.</p> <p>ACCORDING TO THE UNIT MANAGER IN UNIT</p>	W 393			

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W 393	Continued From page 47 405, THERE WERE FIVE CLIENTS WHOSE BLOOD SUGAR LEVELS WERE TESTED AT VARIED TIMES. CLIENT #42'S BLOOD SUGAR WAS TO BE TESTED THREE TIMES A WEEK AND AS NEEDED.  CLIENT #40, 32 YRS.OLD WAS ADMITTED INTO THE FACILITY ON 11/3/1988. PER DOCTORS ORDER DATED 1/3/07, BLOOD SUGAR FOR CLIENT #40 WAS TO BE TESTED TWICE A WEEK AND AS NEEDED.  ACCORDING TO THE PHYSICIAN'S ORDER DATED 1/3/07, CLIENT #41 WAS TO HAVE HER BLOOD SUGAR TESTED BEFORE LUNCH, DINNER AND AT BEDTIME AND AS NEEDED.  DURING AN INTERVIEW ON 1/11/07 AT APPROXIMATELY 10:20 A.M., THE DIRECTOR OF NURSING WAS NOT AWARE THAT THE FACILITY DID NOT HAVE A CLIA WAIVER CERTIFICATE.	W 393			
W 456	[02942/13384] 483.470(l)(2) INFECTION CONTROL  The facility must implement successful corrective action in affected problem areas.  This STANDARD is not met as evidenced by: BASED ON INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO IDENTIFY CORRECTIVE MEASURES FOR INFECTION CONTROL ISSUES IDENTIFIED, RESULTING IN THE INCREASED POTENTIAL FOR UNRESOLVED INFECTION CONTROL PROBLEMS. FINDINGS INCLUDE:	W 456			

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W 456	Continued From page 48  DURING AN INTERVIEW ON 1/10/07 AT APPROXIMATELY 11:20 A.M., THE INFECTION CONTROL COORDINATOR PRESENTED DATA COLLECTED RELATED TO INFECTIONS FROM October 2006 UNTIL December 2006. FOR THE MONTH OF October 2006, IT WAS DOCUMENTED THAT THERE WERE 9 INDIVIDUALS WITH "SKIN" PROBLEMS. HOWEVER, REVIEW OF THE October 2006 AND QUARTERLY INFECTION CONTROL REPORT REVEALED NO DOCUMENTATION OF CORRECTIVE ACTION OR MEASURES THAT THE FACILITY INSTITUTED TO ENSURE THAT THE "SKIN" PROBLEMS WERE RESOLVED OR PREVENTED FROM RECURRENCE.  [02921/13384]	W 456		