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Z9999	FINDINGS LICENSURE VIOLATIONS: 350.620a) 350.1060e) 350.1080a) 350.1610b) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. Section 350.1080 Restraints a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so	Z9999		

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Z9999	Continued From page 1 close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. Section 350.1610 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure that their policies and procedures governing the management of inappropriate client behavior specifies all facility approved interventions and that these interventions are designated on a hierarchy of implementation ranging from least restrictive to most intrusive and failed to have reproducible documentation that individuals placed in restraint are checked at least every thirty minutes and a record of those restraint checks and usage are kept as evidenced for 15 of 15 individuals of the facility (R8, R21, R25, R27, R31, R33, R35, R38, R45, R47, R52, R53, R54, R55 and R56) having restraints utilized to address a behavior. A. 15 of 15 individuals of the facility (R8, R21,	Z9999		

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Z9999	Continued From page 2 R25, R27, R31, R33, R35, R38, R45, R47, R52, R53, R54, R55 and R56) having restraints (physical holds (R27, R31, R45), helmet (R56), full chest vest (R21 and R47), gloves/mitts (R8, R33, R35 and R38) and one piece pajamas (R25, R52, R53, R54, R55 and R56) utilized to address a behavior; and B. 39 of 39 individuals (R1, R2, R3, R12, R14, R17-R47, R49-R51 of the facility receiving drugs for the control of inappropriate behavior(s). Findings include: A. During the interview with E1 (Administrator) and E2 (Social Services Coordinator) on 09/23/14 at 12:45 P.M., E1 and E2 confirmed that R27, R31 and R45 have physical holds used to address their physically aggressive behaviors; R25, R52, R53, R54, R55 and R56 have one piece pajamas used to address their self injurious behaviors and/or rectal digging; R56 uses a helmet to prevent injury from crawling out of the bed; R47 and R21 have a full, chest vest with ties for attachment to the bed rails used to prevent them from crawling out of the bed; and R33, R35 and R38 use mitts and/or gloves to address self injurious behaviors. The Facility's Policy on CLIENT BEHAVIOR AND FACILITY PRACTICES dated 8/26/2014, Section: Restraints, Subject: Non-emergency use of Physical Restraints states, "Physical restraints will be used only as an integral part of an individual's program plan in effort to manage and eliminate the behavior for which they are utilized. The use of restraints as a therapeutic intervention will be based on an assessment of the individual's capabilities, and	Z9999		

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trials of lesser restrictive alternatives that were proven ineffective. (Physical restraints shall only be used to treat the individual's medical symptoms or as planned therapeutic intervention as ordered by the physician and based upon professional assessments.) "

This policy states,

"6) Anyone utilizing mechanical restraints must be monitored every 30 minutes by staff trained in the use of mechanical restraints.
6a) Staff must document that the individual is monitored at least every 30 minutes.
6b) The Individual Program Plan must specify the frequency of monitoring.
13) The Restraint Record for Planned/Approved Use of Restraints must be completed every time the restraint is applied and released."

Further review of this policy does not specify the facility approved interventions to manage inappropriate behaviors inclusive of the interventions of medications, full, body vest, helmet, physical holds, mitts/gloves and one piece pajamas. This policy also does not identify these specific interventions and designate these interventions on a hierarchy of implementation, ranging from least restrictive to most intrusive.

Review of R27's Program dated 3/3/2014: Elimination of Aggression towards self/others states, "Method #1, When R27 engages in aggressive behavior, staff will redirect with verbal prompts (speak to him to get his attention away from the behavior) going for a walk, or going to a quiet place in the facility. R27 also enjoys holding activities in his hands, for example, phone book. R27 also seems to enjoy sensory stimulation

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Z9999	Continued From page 4 such as lotion rubbed onto his hands/forearms. Method # 2, If the behavior does not subside, R27 will be taken to his room until calm. R27 will be assisted to his room via wheelchair. Method #3, Staff will attempt to de-esclate the behaviors by evaluating him for toileting needs, needing to lie down, wanting a drink, pain, etc. If signs of distress or pain are observed, staff will call for assistance of supervisor and two staff members (depending on the severity of the behavior). One person will then get the mat from the 100 wing mechanical room the other staff members will continue to redirect by blocking R27's hands from hitting self by placing open palms onto R27's forearms (using only enough pressure to keep his hands down) placed on until the mat is attained and additional staff has arrived. Method #5, The mat will be placed on the floor (ensuring there aren't any items near that could cause injury),place the helmet on his head and gently transfer R27 onto the mat in a natural position with his back flat on the mat. One staff will keep the helmet on his head preventing him fro head butting floor and/or staff by gently holding the helmet on each side of his head with flat palms (applying only enough pressure to keep his head stable and the helmet in place). The other two staff will hold R27's wrist/forearms with open palms onto the matt, applying only enough pressure to prevent him from striking his face/head or staff. If R27 is kicking or knocking his ankles/knees together, additional staff will hold R27's ankles (as directed with wrists/forearms). * Staff will restrain R27 for a maximum of 10 minutes being switched out, to prevent staff from becoming fatigued. Floor supervisor will remain present for entire process. Method #6, If R27's physically aggressive behavior or self-injurious behavior continues beyond 15 minutes, staff will immediately contact	Z9999		

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nurse to consult with physician for possible medical intervention. Method #7, Staff will continue physical restraining technique until behavior subsides. Method #8, If severe self injurious behavior continues and orders were not received after 30 minutes, R27 will be transported to the ER (emergency room) per ambulance for evaluation".

R27's Behavior Intervention Record, procedures for charting states,

1. write down the month, day, year...
2. write beginning and end times of behavior...

There are no further instructions contained within these procedures to indicate that staff are to check R27 every thirty minutes and maintain a record of the restraint.

In review of R27's behavioral documentation entitled, Comments--Regarding Behavior, documentation for 08/18/14 states, "R27 was very upset he was hitting himself and others who was 1:1 with him. At 6:30 P.M. he was put on the mat he later was calm and able to getup. He went and ate supper then started hitting himself and me so I had another DSP (direct support person) go get the supervisor and nurse. We put him back on mat at 7:15 P.M. and an 8:45 P.M. he was calm and got up and went to sleep".

E5 (QIDP) was interviewed on 09/17/14 at 1:15 P.M. and stated that the facility does not maintain restraint release records. E5 stated, "There is no documentation of a restraint record for R27. E1 (Administrator) has one now that staff are current being inserviced on. A restraint record has been developed but has not been implemented as of yet". When E5 was asked if the facility checks

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any individual every thirty minutes when restrained, she stated, "No, we check and release the restraint every two hours for fifteen minutes".

Review of R31's Program dated 8/5/2014: Behavior/Aggression identifies," If after a third attempt R31 is still physically aggressive, 2 staff will physically redirect R31 limbs while other 2 staff assist R31 with the ADL. The 2 staff members will make sure to demonstrate safe redirection of hands/feet (episodes of hitting, kicking, etc.) using open hands to physically redirect. Method #6, Once R31 has calmed down and /or the ADL(activity of daily living) is complete, staff will offer verbal praise for his efforts...".

Further record review does not identify that a restraint record is maintained and/or that R31 is checked every thirty minutes when physically restrained.

Review of R45's Program dated 9/15/2014: Aggression/Self-injurious behavior, Method #1, If R45 becomes Method #4, If R45 attempts to strike out or hit another individual who lives here, staff will immediately step between R45 and the other person to prevent injury. If he does not walk away, staff will call for assistance and physically assist R45 to his bedroom. A supervisor , nurse, QMRP(QIDP-Qualified Intellectual Disabilities Professional) or program manager must direct the program implementation. Method #5, If R45 continues self-injurious or aggressive behavior: a.) call a nurse- nurse must stay in visual contact if R45 is restrained. b.) Assist to mat, with 4 staff holding his 4 extremities so that R45 cannot kick, hit or bite himself or others, He should lay on his

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back, Staff will hold limbs with open hands to insure safe redirection... f.) The holding should only be enough pressure to prevent movement and injury. Method #6, R45 must be allowed to repositioned, or use the bathroom if needed. He cannot be held in excess of 1 hour. If he continues to be agitated after 1 hour, his physician must be called for further directions. Method #7, Nursing staff must monitor and document physical status throughout the immobilization.

Further record review does not identify that a restraint record is maintained and/or that R45 is checked every thirty minutes when physically restrained.

During the interview with E1 (Administrator) and E2 (Social Services Coordinator) on 09/23/14 at 12:45 P.M., E2 also identified that R21 utilizes a full chest vest during the night time hours to keep him from getting out of bed. E2 went on to say that R21 has a diagnosis of Dementia and consent from his guardian for use of the vest. When E2 was asked if a restraint record is maintained for the vest which ties him to the bed, E2 stated, "No".

In continued interview with E1 and E2, E2 confirmed that R47 also utilizes a full chest vest when in bed to prevent her from crawling out bed. Prior to this interview, E1 presented the surveyors with a full chest cloth vest. This vest was observed to secure in the back and a cloth tie was attached to each side of the vest. E1 stated that only a nurse applies the vest and secures the ties to the bed frame. Review of R47's plan dated 4/28/2014 states, "Application of ... Vest. Method #1 Nursing will apply the vest when R47 is in bed". No further methods are included within this

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plan to identify what behaviors that R47 is to demonstrate prior to the application of the vest and/or what behaviors are to be demonstrated for the removal of the vest. When E2 was asked if R47 had a behavior program records for use of the full, cloth vest at night which is tied to the bed rails of her bed, she stated, "No".

Per continued interview with E1 and E2, E2 stated that R56 wears a helmet to address her behavior of crawling out of bed during the night time hours. R56 has Review of R56's Consent for Restrictive Programming dated 09/08/14 states, "I agree with the IDT's (Interdisciplinary Team's) members regarding the usage of a soft helmet when in bed to avoid injury related to crawling out of bed". When asked if there were restraint record identifying that the individuals are checked every thirty minutes, E2 stated, "No".

In reviewing R56's record, a letter to R56's guardians dated 09/08/14 was noted which states, "... R56 does not use blankets in bed due to the risk of becoming tangled in them while trying to crawl out of bed. Instead she wears, one piece pajamas or 2 piece pajamas and socks on her feet". When E2 was asked if R56's one piece pajamas were addressed in a program, she stated, "No". During the interview with E1 and E2 on 09/23/14 at 12:45 P.M., E2 stated that R25, R52, R53, R54 and R55 also wear one piece pajamas when in bed. Review of their program sheets identfies:

*Review of R55's Program dated 4/28/2014: Prevention of Self -Injury using one piece clothing documents method #1 " At bedtime, staff will assist R55 in dressing in her one-piece pajamas/clothing".

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Z9999	Continued From page 9 *Review of R54's Program dated 12/9/2013: Reduction of Self Injurious Behaviors reads " One-Piece pajamas (with socks to them) are to be applied by DSP (Direct Support Person) when R54 is in his room for downtime and hours of sleep". *Review of R53's Program dated 4/28/2014: Refraining from mouthing small clothing items." R53 wearing pants with socks sewn into them when at home to deter him from the behavior to be modified". *Review of R52's Program dated 6/22/2014: Wearing of one piece outfit/thermals. Method #1 At all down times in bed/bedtime staff will assist R52 in dressing in his one piece thermal (s)'. *Review of R25's Program dated 7/01/2014: Prevention of Self-Injury using one piece garment. Method #1 At bedtime and /or downtime, staff will assist R25 in dressing in his one-piece pajamas". No documentation was found within R25, R52, R53, R54 and R55's record to identify that restraint records are maintained for the one piece pajamas and that these restraints are checked every 30 minutes. The Individual Program Plan (IPP) dated 01/09/14, identifies R8 as an individual who functions at a Profound range of Intellectual Disabilities. R8's IPP states: Glove Usage - R8 wears gloves at all times. The gloves are released every 2 hours for a 15 minute period. R8's IPP further states under 'Behaviors or conditions that require restrictive programming and or medications: R8 has a tendency to scratch his facial areas due to tremors...A plan for R8 to	Z9999		

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Z9999	Continued From page 10 wear bilateral hand gloves at all times was implemented...' During observation on 09/16/14 from 4:08 PM thru 6:25 PM, R8 was wearing gloves bilaterally while he was at home. During an interview with E5, Qualified Intellectual Disability Professional, (QIDP), on 09/18/14 at 3:26 PM, E5 confirmed that the only documentation was the glove release every two hours for R8's gloves. Further review of R33, R35 and R38's behavioral documentation does not identify that the individuals are monitored every thirty minutes by staff when placed in restraints and that a record of those checks are maintained by the facility as per the facility's policy: *R33's Program dated 8/18/2014: Behavioral-Depression as Evidenced by scratching head and face. Method #1 When R33 is observed demonstrating any of the above mentioned behavior (s) staff is to approach R33 using a soothing/calm voice. R33 will have soft gloves that are to be worn at all times. Gloves will be released every 2 hours for 15 minutes; *R35's Program dated 9/15/2014: Behavior development: refraining from Anxiety/Agitation. Method #1 While in the day area, staff will offer R35 a variety of activities (her favorite having a throw around her, or a head wrap/scarf and listening to music). If R35 becomes bored and shows signs of agitation/anxiety, staff will offer her a replacement activity. If she calms down immediately and completes the stated time period without becoming upset, staff will document a successful trial. If she continues to become	Z9999		

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agitated with replacement activities the trial will be failed. Method #2 If R35 begins scratching herself, staff will notify the nurse immediately to apply mitts Mitts are to be released every 2 hours for 15 minutes; and

*R38's Program dated 9/14/2014: Application of left hand fingerless glove RE: Scratching. Method #1 R35 is to wear a left hand fingerless glove at all times. The glove is to be released every 2 hours for 15 minutes.

Further review of R33, R35 and R38's restraint documentation does not identify that these individuals are checked every thirty minutes and a record of those checks are maintained as per facility policy.

B) The Psychiatrist-Drugs list (not dated) provided by the facility identifies that the following individuals receive medications:
R1 -Ativan and Paxil
R2 - Depakote, Risperdal, and Prozac
R3 -Abilify
R20- Lexapro.
R12- Buspar
R14- Risperdal and Celexa
R17- Ativan, Zoloft
R18- Abilify, Tegretol, Ativan
R19- Celexa , Depakote
R21- Ativan, Celexa
R22- Lexapro
R23- Risperdal, Lexapro
R24- Risperdal, Ritalin
R25- Risperdal
R26- Risperdal
R27- Geodone, Ativan, Paxil
R28- Buspar
R29- Depakote, Risperdal

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Z9999	Continued From page 12 R30- Zoloft, Depakote R31- Haldol R32- Risperdal R33- Celexa R34- Zyprexa, Trazadone R35- Celexa R36- Celexa R37- Seroquel R38- Paxil R39- Depakote R40- Seroquel, Buspar, Ativan R41- Risperdal, Zoloft R42- Risperdal R43- Risperdal, Effexor, Ativan, Haldol R44- Buspar, Celexa R45- Abilify Lexapro, Klonopin, Risperdal, Revia R46- Risperdal R47- Celexa, Risperdal R49- Buspar R50- Ativan, Effexor R51- Zyprexa The Facility's Policy on CLIENT BEHAVIOR AND FACILITY PRACTICES dated 8/26/2014 does not identify medications as a specific intervention and designate this behavioral, chemical intervention on a hierarchy of implementation, ranging from least restrictive to most intrusive. (B)	Z9999		