

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 29, 30, 31 and August 7, 2015.</p> <p>Provider Number: 15G579 Facility Number: 001093 AIM Number: 100239970</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104  Bldg. 00	<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>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 1 additional client (#6), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the clients' balance of their COH (Cash On Hand) did not exceed \$50.00 for clients #1, #2, #3 and #4.</p> <p>The governing body failed to exercise</p>	W 0104	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/7/2015</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> 07U911</p> <p><b>Finding: W104 –</b> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the</p>	09/06/2015

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>general policy, budget and operating direction over the facility to ensure the facility implemented written policies and procedures to prevent the abuse of clients #2, #4 and #6 and the neglect of client #2.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law and to ensure all allegations of abuse/neglect were investigated for clients #2, #4 and #6.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility investigated all allegations of neglect for client #2.</p> <p>Findings include:</p> <p>1. Client #1's, #2's, #3's and #4's financial records for 2015 were reviewed on 7/31/15 at 12 PM with the Residential Manager (RM).</p> <p>Client #1's COH records indicated the</p>		<p>clients' balance of their COH (Cash on Hand) did not exceed \$50 for clients #1, #2, #3, and #4. <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Cash on Hand (COH) in excess of \$50 stated in current policy will be immediately deposited into each client's personal bank account.</li> <li>·Policy #CP-310 Representative Payee will be updated to reflect that IDT will meet to determine how much money each client may keep in the Cash on Hand. This will be determined by client interest, money management skills, etc.</li> <li>·Amounts in excess updated policy guideline/IDT recommendation will be deposited into the bank</li> <li>·Residential Administrator monthly review of client finances will include Cash on Hand reconciliation to IDT recommendation</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All consumers have the potential to be affected.</li> <li>·Cash on Hand (COH) in excess of \$50 stated in current policy will be immediately deposited into each client's personal bank</li> </ul>	

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	<p>following balances:</p> <p>04/18/15 - \$221.83. 04/24/15 - \$140.24. 05/02/15 - \$241.51. 05/29/15 - \$110.53. 06/27/15 - \$264.40. 07/03/15 - \$204.72. 07/31/15 - \$36.37.</p> <p>Client #2's COH records indicated the following balances:</p> <p>04/25/15 - \$77.25. 05/15/15 - \$120.34. 05/22/15 - \$76.92. 06/19/15 - \$75.92. 06/24/15 - \$66.55. 07/09/15 - \$145.60. 07/31/15 - \$140.29.</p> <p>Client #3's COH records indicated the following balances:</p> <p>04/01/15 - \$76.71. 04/11/15 - \$141.69. 04/24/15 - \$147.09. 04/25/15 - \$128.09. 05/09/15 - \$226.44. 05/16/15 - \$239.88. 05/22/15 - \$230.95. 06/13/15 - \$218.11. 06/20/15 - \$174.33. 07/09/15 - \$251.09. 07/31/15 - \$233.40.</p> <p>Client #4's COH records indicated the</p>		<p>account.</p> <ul style="list-style-type: none"> <li>·Policy#CP-310 Representative Payee will be updated to reflect that IDT will meet to determine how much money each client may keep in the Cash on Hand. This will be determined by client interest, money management skills, etc.</li> <li>·Amounts in excess updated policy guideline/IDT determination will be deposited into the bank</li> <li>·Residential Administrator monthly review of client finances will include Cash on Hand reconciliation to IDT recommendation</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·Cash on Hand (COH) in excess of \$50 stated in current policy will be immediately deposited into each client's personal bank account.</li> <li>·Policy#CP-310 Representative Payee will be updated to reflect that IDT will meet to determine how much money each client may keep in the Cash on Hand. This will be determined by client interest, money management skills, etc.</li> <li>·Amounts in excess updated policy guideline/IDT determination will be deposited into the bank</li> <li>·Residential Administrator monthly review of client finances will include Cash on</li> </ul>	

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	<p>following balances: 04/01/15 - \$73.71. 04/24/15 - \$105.71. 05/09/15 - \$157.71. 05/22/15 - \$139.08. 06/18/15 - \$133.04. 06/19/15 - \$120.43. 07/09/15 - \$150.43. 07/31/15 - \$144.03.</p> <p>During interview with the Residential Manager (RM) on 7/31/15 at 12 PM, the RM: __ Indicated she was responsible for the COH in the home. __ When asked why the clients maintained a large amount of money in the COH accounts, the RM stated, "I meant to take some of their money back to the bank." __ Indicated she did not know the maximum amount of money each client could maintain in the COH account in the group home.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/31/15 at 3 PM, the QIDP: __ Indicated she did not know the maximum amount of money each client could maintain in the COH account in the group home. __ The QIDP indicated she would provide the facility financial policy for review.</p>		<p>Handreconciliation to IDT recommendation</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b> · House Manager will monitor daily · Residential Administrator will monitor monthly · IDT will monitor monthly</p> <p><b>What is the date by which the systemic changes will be completed?</b> 9/6/2015</p> <p><b>Finding: W104 – #2, #3 &amp; #4)</b> The governing body failed to exercise general policy, budget and operating direction over the facility to prevent the abuse of clients #2, #4, and #6 and the neglect of client #2. The governing body failed to ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the BDDS and APS according to state law and to ensure all allegations of abuse/neglect were investigated for clients #2, #4, and #6.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> · Health Services Coordinator immediately completed physical assessment of all clients in the home to determine if there were</p>				

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	<p>The policy "Representative Payee" (no date was indicated on the policy) was reviewed on 7/31/15 at 3 PM. The policy indicated "Consumer balances shall not exceed \$50.00 on hand in the locked cash box."</p> <p>2. The governing body failed to exercise general policy, budget, and operating direction over the facility to prevent the abuse of clients #2, #4 and #6 and the neglect of client #2. The governing body failed to ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the BDDS and APS according to state law and to ensure all allegations of abuse/neglect were investigated for clients #2, #4 and #6. Please see W149.</p> <p>3. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse/neglect were reported immediately to the administrator and to BDDS and APS according to state law for clients #2, #4 and #6. Please see W153.</p> <p>4. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of neglect were thoroughly</p>		<p>any injuries</p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator counseled with all clients that were affected by the abuseand/or neglect</li> <li>·Staffthat did not report as tasked per McSherr policy, BDDS regulations, and statelaw were counseled, suspended without pay, and were re-trained on SuspectedAbuse and Neglect and Incident Reporting</li> <li>·Onestaff determined by Peer Review Committee to be guilty of abuse was suspendedpending the outcome of the investigation and terminated from employment.</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting</li> <li>·SocialServices Coordinator conducts quarterly interviews of ALL staff and ALL clientsresiding in McSherr Group Homes and asks specifically if there is anything thatcould potentially be construed as abuse/neglect that they would like to report</li> <li>·Interviewsare reviewed by RA and at IDT</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the potential to be affected.</li> <li>·Staffthat do not report as tasked per McSherr policy, BDDS regulations, and statelaw will be</li> </ul>	

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	<p>investigated for client #2. Please see W154.</p> <p>9-3-1(a)</p>		<p>disciplined per McSherr Policy, BDDS regulations, and state lawpertaining to Suspected Abuse and Neglect and Incident Reporting</p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Interviewswill be reviewed by RA and IDT on a monthly basis</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor potential abuse/neglect</li> <li>·ALLreports of or suspicion of abuse and/or neglect will be investigated andreported to BDDS</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·Staffthat do not report as tasked per McSherr policy, BDDS regulations, and statelaw will be disciplined per McSherr Policy, BDDS regulations, and state lawpertaining to Suspected</li> </ul>	

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			<p>Abuse and Neglect and Incident Reporting</p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Quarterlyinterviews are reviewed by the RA and IDT at monthly meetings to screen forsuspected abuse/neglect</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor suspected abuse/neglect</li> <li>·ALLincidents determined to be suspected abuse and/or neglect or suspicion of such willbe investigated and reported to BDDS</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Quarterlyinterviews are</li> </ul>	

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W 0149  Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 4 sampled clients (#2 and #4) and 1	W 0149	reviewed by the RA and IDT at monthly meeting to screen for potential abuse/neglect · ALL Accident and Injury reports are now sent to Social Services Coordinator at the corporate office, reviewed with the Residential Administrator and Health Services Coordinator, and signed to ensure they have been reviewed to screen for potential abuse/neglect · ALL reports of or suspicion of suspected abuse and/or neglect will be investigated and reported to BDDS · All A&I's are now reviewed quarterly at a Professional Review Team meeting (includes QIDP, Residential Administrator, Social Services Coordinator, and Health Services Coordinator) · ALL staff have been retrained on Suspected Abuse, Neglect & Exploitation and Incident Reporting <b>Date by which the systemic changes will be completed?</b> 9/6/2015 Respectfully Submitted, Rosemary Taylor, Residential Administrator  <b>Name and Address of Provider:</b> McSherr, Inc., 496 Denny Drive, New Castle, IN	09/06/2015

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	<p>additional client (#6), the facility failed to implement its policy and procedures to prevent the abuse of clients #2, #4 and #6 and the neglect of client #2. The facility failed to ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law and to ensure all allegations of abuse/neglect were investigated for clients #2, #4 and #6.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 7/29/15 at 1 PM.</p> <p>A 9/12/14 BDDS report indicated on 9/11/14 the SSD (Social Services Director) received an allegation of abuse that indicated staff #8 had displayed abusive behavior toward clients #2, #4 and #6. "The allegation stated that [staff #8] had slapped [client #6] on the upper shoulder/back and then responded to staff saying 'He gets on my nerves sometimes I wish he would behave.' The allegation also stated that when [staff #8] took [client #2] [(wheelchair bound)] into the bathroom to shower, he (staff #8) started</p>		<p><b>DateSurvey Completed:</b> 8/7/2015</p> <p><b>ProviderIdentification Number:</b> 15G579</p> <p><b>SurveyEvent ID:</b> 07U911</p> <p><b>Finding: W149</b> – The facility failed to implement its policy and procedures to prevent the abuse of clients #2, #4, and #6 and the neglect of client #2. The facility failed to ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the BDDS per IAC 9/3/1(b)(5) and APS per IC 12-10-3 according to state law and to ensure all allegations of abuse and neglect were investigated for clients #2, #4, and #6.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· Health Services Coordinator immediately completed physical assessment of clients #2, #4, and #6 to determine if there were any injuries</li> <li>· Social Services Coordinator counseled with clients #2, #4, and #6 that were affected by the abuse and/or neglect</li> <li>· Staff that did not report as tasked per McSherr policy, BDDS regulations, and state law were counseled, suspended without pay, and were re-trained on Suspected Abuse and Neglect and Incident Reporting</li> </ul>				

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	<p>cussing at [client #2] due to [client #2] having BM (a bowel movement) in his pants. Another allegation in the report was that [client #4] will keep his eye on [staff #8] when he (staff #8) enters a room where [client #4] is at or [client #4] will scream and leave the area when [staff #8] enters."</p> <p>Review of the 9/11/14 investigative records indicated the SSD asked the following questions of each staff interviewed:</p> <p>"1) Have you ever heard a co-worker yell, cuss, or threaten a resident? 2) Have you ever seen a co-worker slap a resident? 3) Have you ever been concerned about the way a resident responds to a co-worker? (I.e. they purposely stay away from them, appear scared when the staff is around)."</p> <p>The 9/11/14 investigative records indicated: __ Staff #9 indicated client #2 "was left outside one day by himself and [staff #8] got written up for it. [Staff #8] then treated [client #2] bad the remaining shift. He (staff #8) was verbally mean to [client #2] yelling and intimidating. After dinner [staff #8] took [client #2] into the bathroom to shower. [Client #2] had BM in his pants, and [staff #8] started cussing</p>		<ul style="list-style-type: none"> <li>·Onestaff determined by Peer Review Committee to be guilty of abuse was suspendedpending the outcome of the investigation and terminated from employment.</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation and Incident Reporting and are tested to ensure they have retained the information</li> <li>·SocialServices Coordinator conducts quarterly interviews of ALL staff and ALL clientsresiding in McSherr Group Homes and asks specifically if there is anything thatcould potentially be construed as abuse/neglect that they would like to report</li> <li>·Interviewsare reviewed by RA and at IDT to screen for potential abuse/neglect</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the potential to be affected.</li> <li>·HealthServices Coordinator immediately completed physical assessment of ALL clientsin the home to determine if there were any injuries</li> <li>·SocialServices Coordinator counseled with ALL clients in the home that couldpotentially have been affected by the abuse and/or neglect</li> <li>·Staffthat do not report as tasked per McSherr policy, BDSS</li> </ul>	

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	<p>at [client #2]. [Client #2] was screaming in the shower for about 5 minutes which [client #2] does sometimes when staff takes (sic) his ted-hose (compression socks) off. However, when [client #2] got out of the shower he (client #2) looked terrified. [Client #2] told other staff [staff #8] was mean to him and kept repeating 'cold water'."</p> <p>__Staff #9 indicated staff #8 "was taking [client #6] to his seat at the kitchen table to do an activity. As he was seating [client #6] he (staff #8) slapped him (client #6) on the upper shoulder/back. When [staff #8] noticed that I (staff #9) saw, his (staff #8's) response was 'He (client #6) gets on my nerves sometimes. I wish he would behave'."</p> <p>__Staff #9 indicated when staff #8 entered the same room client #4 was in client #4 would "keep his eyes" on staff #8 or would "scream and run away."</p> <p>__Staff #10 stated, "Yes, I have heard [staff #8] yell and cuss at the clients listed above (clients #2, #4 and #6)."</p> <p>__Staff #10 stated, "Yes, I have seen [staff #8] slap [client #2] and [client #6] in the head."</p> <p>__Staff #10 stated, "Yes at times the above clients (clients #2, #4 and #6) have cringed or shied away from [staff #8]."</p> <p>__Staff #5 indicated an example on question number one was staff #8 would say "go sit down, you (client #4) just</p>		<p>regulations, and statelaw will be disciplined per McSherr Policy, BDDS regulations, and state lawpertaining to Suspected Abuse and Neglect and Incident Reporting</p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Interviewswill be reviewed by RA and IDT on a monthly basis to screen for potentialabuse/neglect</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor potential abuse/neglect</li> <li>·ALLreports of or suspicion of abuse and/or neglect will be investigated andreported to BDDS</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting and tested to make sure they have retained the information</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·Staffthat do not report as tasked per McSherr policy, BDDS regulations, and statelaw will be</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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	<p>came out of there, no more bathroom breaks for you (client #4)."</p> <p>__Staff #5 indicated an example of question number two was "staff sitting at table and a light popping tap on forehead and says well stop to [client #6]."</p> <p>__Staff #5 indicated an example of question number three was "sometimes [client #6] would run away and sit down on couch."</p> <p>__Staff #5 indicated in all examples given the staff involved was staff #8.</p> <p>__Staff #6 indicated when staff #8 would snap his finger and cuss at a client, staff #6 would tell the client "let's go toilet or lay out your clothes."</p> <p>__To question number two staff #6 stated, "[Client #6] will yell stop it and then this staff (#6) will hear slap-slap, which sounds like it is his (client #6's) forehead and then will hear staff (#8) say well stop it then."</p> <p>__Staff #6 indicated client #4 runs when he sees staff #8, staff #8 would make client #4 stay in the TV room and staff #8 would limit client #4's bathroom visits.</p> <p>__To question number one staff #11 indicated "Not yelling, but statements made by intimidation" and gave an example of "[Client #4] come here right now."</p> <p>__Staff #11 indicated when client #4 attempts to go to the bathroom staff #8 would say, "No you (client #4) just came</p>		<p>disciplined per McSherr Policy, BDDS regulations, and state lawpertaining to Suspected Abuse and Neglect and Incident Reporting</p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Quarterlyinterviews are reviewed by the RA and IDT at monthly meetings to screen forsuspected abuse/neglect</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor suspected abuse/neglect</li> <li>·ALLincidents determined to be suspected abuse and/or neglect or suspicion of suchwill be investigated and reported to BDDS</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting and tested on the information presented to make sure theyhave retained it</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator</li> </ul>	

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	<p>out of there. You go back and sit down." __Staff #11 indicated staff #8 "has a method of saying things to residents that no one can hear but you hear the residents respond. [Staff #8] has a technique to make the residents fear. [Staff #8] will be walking behind [client #2] (who is in a wheelchair) and telling him to hurry up and put his things away and then will pop him in his ears, not hard enough to leave a mark." __Staff #11 indicated client #4 "has a tendency to stay away from [staff #8]."</p> <p>The investigative record indicated "The Corrective Action: [Staff #8] was terminated from McSherr on 9/16/14. All staff that stated they had seen or heard things will receive disciplinary action per McSherr's Disciplinary policy. All McSherr staff will be re-trained on McSherr's policy concerning suspected Abuse/Neglect.... McSherr will start conducting quarterly interviews with residents and/or staff to see if there are any concerns of suspected abuse/neglect."</p> <p>Review of facility employee counseling and training files on 7/30/15 at 3 PM indicated an "Employee Coaching/Counseling" record for staff #8 dated 8/5/14. The record indicated staff #8 had left a client outside without staff supervision. The record did not include</p>		<p>currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable ·Quarterlyinterviews are reviewed by the RA and IDT at monthly meeting to screen forpotential abuse/neglect ·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor potential abuse/neglect ·ALLreports of or suspicion of suspected abuse and/or neglect will be investigatedand reported to BDDS ·AllA&amp;I's and Incident Reports are now reviewed quarterly at a ProfessionalReview Team meeting (includes QIDP, Residential Administrator, Social ServicesCoordinator, and Health Services Coordinator) to ensure that reporting andinvestigations are occurring as per policy, BDDS regulations and state law ·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting and tested to make sure they have retained the informationpresented</p>	

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	<p>details of the incident and/or the client that was neglected.</p> <p>During interview with the CEO (Chief Executive Officer) on 7/29/15 at 12:45 PM, the CEO:            ___ Indicated all allegations of abuse and neglect were to be reported to the administrator immediately and to BDDS and APS within 24 hours of knowledge of abuse.            ___ Indicated all allegations of abuse and neglect were to be thoroughly investigated.</p> <p>During interview with the SSD on 7/30/15 at 2 PM, the SSD:            ___ Indicated staff #5, #6, #10 and #11 failed to report witnessed abuse of clients #2, #4 and #6 immediately to their supervisor.            ___ Indicated all abuse was to be reported immediately to the administrator.            ___ Indicated staff #5, #6, #10 and #11 were counseled and suspended for one day.            ___ Indicated all staff in the home were retrained on recognizing and reporting abuse immediately.</p> <p>During e-mail interview with the Administrator (Adm) on 8/3/15 at 4:25 PM, the Adm:            ___ Indicated staff #8 was counseled by the</p>		<p><b>What is the date by which the systemic changes will be completed? 9/6/2015</b></p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>	

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	<p>group home manager on 8/5/14 for leaving client #2 outside without staff supervision.</p> <p>__ Indicated the neglect of client #2 on 8/5/14 was not reported to BDDS or APS as per state law.</p> <p>__ The neglect of client #2 on 8/5/14 was not investigated.</p> <p>Review of the 2014 revised facility policy "MCSHERR, INC. INVESTIGATIONS and SUSPECTED ABUSE NEGLECT OR EXPLOITATION" on 7/29/15 at 2 PM. indicated any "alleged, suspected, or actual abuse, neglect or exploitation of an individual, any violation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin must be reported accordingly to Bureau of Quality Improvement Services (BQIS) within twenty-four (24) hours, while following appropriate reporting procedures." The policy indicated all alleged, suspected, or actual abuse, neglect or exploitation of an individual, any violation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin was to be reported immediately to the administrator and was to be thoroughly investigated.</p> <p>9-3-2(a)</p>			

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W 0153  Bldg. 00	<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>Based on record review and interview for 1 of 1 allegation of staff to client abuse and 1 of 1 allegation of neglect, the facility failed to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #2, #4 and #6.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 7/29/15 at 1 PM.</p> <p>A 9/12/14 BDDS report indicated on 9/11/14 the SSD (Social Services Director) received an allegation of abuse that indicated staff #8 had displayed abusive behavior toward clients #2, #4 and #6. "The allegation stated that [staff #8] had slapped [client #6] on the upper</p>	W 0153	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denny Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/7/2015</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> 07U911</p> <p><b>Finding: W153</b> – the facility failed to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #2, #4, and #6.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· Health Services Coordinator immediately completed physical assessment of clients #2, #4, and #6 to determine if there were any injuries</li> <li>· Social Services Coordinator counseled with clients #2, #4, and</li> </ul>	09/06/2015

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	<p>shoulder/back and then responded to staff saying 'He gets on my nerves sometimes I wish he would behave.' The allegation also stated that when [staff #8] took [client #2] [(wheelchair bound)] into the bathroom to shower, he (staff #8) started cussing at [client #2] due to [client #2] having BM (a bowel movement) in his pants. Another allegation in the report was that [client #4] will keep his eye on [staff #8] when he (staff #8) enters a room where [client #4] is at or [client #4] will scream and leave the area when [staff #8] enters."</p> <p>Review of the 9/11/14 investigative records indicated the SSD asked the following questions of each staff interviewed:</p> <p>"1) Have you ever heard a co-worker yell, cuss, or threaten a resident? 2) Have you ever seen a co-worker slap a resident? 3) Have you ever been concerned about the way a resident responds to a co-worker? (I.e. they purposely stay away from them, appear scared when the staff is around)."</p> <p>The 9/11/14 investigative records indicated: __Staff #9 indicated client #2 "was left outside one day by himself and [staff #8] got written up for it. [Staff #8] then</p>		<p>#6 that were affected by the abuse and/or neglect</p> <ul style="list-style-type: none"> <li>·Staff that did not report as tasked per McSherr policy, BDDS regulations, and statelaw were counseled, suspended without pay, and were re-trained on Suspected Abuse and Neglect and Incident Reporting</li> <li>·One staff determined by Peer Review Committee to be guilty of abuse was suspended pending the outcome of the investigation and terminated from employment.</li> <li>·ALL staff have been retrained on Suspected Abuse, Neglect &amp; Exploitation and Incident Reporting and are tested to ensure they have retained the information</li> <li>·Social Services Coordinator conducts quarterly interviews of ALL staff and ALL clients residing in McSherr Group Homes and asks specifically if there is anything that could potentially be construed as abuse/neglect that they would like to report</li> <li>·Interviews are reviewed by RA and at IDT to screen for potential abuse/neglect</li> <li>·All A&amp;I's and Incident Reports are now reviewed quarterly at a Professional Review Team meeting (includes QIDP, Residential Administrator, Social Services Coordinator, Health Services Coordinator, and one House Manager) to ensure that reporting and investigations are occurring as per policy, BDDS regulations and state law</li> </ul>	

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	<p>treated [client #2] bad the remaining shift. He (staff #8) was verbally mean to [client #2] yelling and intimidating. After dinner [staff #8] took [client #2] into the bathroom to shower. [Client #2] had BM in his pants, and [staff #8] started cussing at [client #2]. [Client #2] was screaming in the shower for about 5 minutes which [client #2] does sometimes when staff takes (sic) his ted-hose (compression socks) off. However, when [client #2] got out of the shower he (client #2) looked terrified. [Client #2] told other staff [staff #8] was mean to him and kept repeating 'cold water'."</p> <p>__Staff #9 indicated staff #8 "was taking [client #6] to his seat at the kitchen table to do an activity. As he was seating [client #6] he (staff #8) slapped him (client #6) on the upper shoulder/back. When [staff #8] noticed that I (staff #9) saw, his (staff #8's) response was 'He (client #6) gets on my nerves sometimes. I wish he would behave'."</p> <p>__Staff #9 indicated when staff #8 entered the same room client #4 was in client #4 would "keep his eyes" on staff #8 or would "scream and run away."</p> <p>__Staff #10 stated, "Yes, I have heard [staff #8] yell and cuss at the clients listed above (clients #2, #4 and #6)."</p> <p>__Staff #10 stated, "Yes, I have seen [staff #8] slap [client #2] and [client #6] in the head."</p>		<p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All consumers have the potential to be affected.</li> <li>·Health Services Coordinator immediately completed physical assessment of ALL clients in the home to determine if there were any injuries</li> <li>·Social Services Coordinator counseled with ALL clients in the home that could potentially have been affected by the abuse and/or neglect</li> <li>·Staff that do not report as tasked per McSherr policy, BDDS regulations, and state law will be disciplined per McSherr Policy, BDDS regulations, and state law pertaining to Suspected Abuse and Neglect and Incident Reporting</li> <li>·Social Services Coordinator currently interviews all clients and staff quarterly to determine if there is any suspected abuse or neglect that may be reportable</li> <li>·Interviews will be reviewed by RA and IDT on a monthly basis to screen for potential abuse/neglect</li> <li>·ALL Accident and Injury reports are now sent to Social Services Coordinator at the corporate office, reviewed with the Residential Administrator and Health Services Coordinator, and signed to ensure they have been</li> </ul>	
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	<p>made by intimidation" and gave an example of "[Client #4] come here right now."            __ Staff #11 indicated when client #4 attempts to go to the bathroom staff #8 would say, "No you (client #4) just came out of there. You go back and sit down."            __ Staff #11 indicated staff #8 "has a method of saying things to residents that no one can hear but you hear the residents respond. [Staff #8] has a technique to make the residents fear. [Staff #8] will be walking behind [client #2] (who is in a wheelchair) and telling him to hurry up and put his things away and then will pop him in his ears, not hard enough to leave a mark."            __ Staff #11 indicated client #4 "has a tendency to stay away from [staff #8]."</p> <p>Review of facility employee counseling and training files on 7/30/15 at 1 PM indicated an Employee Coaching/Counseling record for staff #8 dated 8/5/14. The record indicated staff #8 had left a client outside without staff supervision.</p> <p>During interview with the CEO (Chief Executive Officer) on 7/29/15 at 12:45 PM, the CEO indicated all allegations of abuse/neglect were to be reported to the administrator immediately and to BDDS and APS within 24 hours of knowledge</p>		<ul style="list-style-type: none"> <li>·Quarterlyinterviews are reviewed by the RA and IDT at monthly meetings to screen for suspected abuse/neglect</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor suspected abuse/neglect</li> <li>·ALLincidents determined to be suspected abuse and/or neglect or suspicion of suchwill be investigated and reported to BDDS</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation and Incident Reporting and tested on the information presented to make sure theyhave retained it</li> <li>·AllA&amp;I's and Incident Reports are now reviewed quarterly at a ProfessionalReview Team meeting (includes QIDP, Residential Administrator, Social ServicesCoordinator, and Health Services Coordinator) to ensure that reporting andinvestigations are occurring as per policy, BDDS regulations and state law</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator</li> </ul>				

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	<p>of abuse.</p> <p>During interview with the SSD on 7/30/15 at 2 PM, the SSD indicated:            ___ Staff #5, #6, #9, #10 and #11 failed to immediately report witnessed abuse of clients #2, #4 and #6.            ___ All abuse was to be reported immediately to the administrator.</p> <p>During e-mail interview with the administrator on 8/3/15 at 4:25 PM, the administrator indicated:            ___ Staff #8 was counseled by the group home manager on 8/5/14 for leaving client #2 outside without staff supervision.            ___ The neglect of client #2 was not reported immediately to the administrator and was not reported to BDDS or APS as per state law.</p> <p>9-3-2(a)</p>		<p>currently interviews all clients and staff quarterly to determine if there is any suspected abuse or neglect that may be reportable</p> <ul style="list-style-type: none"> <li>· Quarterly interviews are reviewed by the RA and IDT at monthly meeting to screen for potential abuse/neglect</li> <li>· ALL Accident and Injury reports are now sent to Social Services Coordinator at the corporate office, reviewed with the Residential Administrator and Health Services Coordinator, and signed to ensure they have been reviewed to screen for potential abuse/neglect</li> <li>· ALL reports of or suspicion of suspected abuse and/or neglect will be investigated and reported to BDDS</li> <li>· AIA &amp; I's and Incident Reports are now reviewed quarterly at a Professional Review Team meeting (includes QIDP, Residential Administrator, Social Services Coordinator, and Health Services Coordinator) to ensure that reporting and investigations are occurring as per policy, BDDS regulations and state law</li> <li>· ALL staff have been retrained on Suspected Abuse, Neglect &amp; Exploitation and Incident Reporting and tested to make sure they have retained the information presented</li> </ul>		

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 1 of 1 allegation of neglect, the facility failed to ensure all allegations of neglect were thoroughly investigated for client #2.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 7/29/15 at 1 PM. The 9/11/14 investigative record indicated an interview with staff #9. Staff #9 indicated client #2 "was left outside one day by himself and [staff #8] got written up for it. [Staff #8] then treated [client #2] bad the remaining shift."</p> <p>Review of the facility employee counseling and training files on 7/30/15 at 3 PM indicated an Employee Coaching/Counseling record for staff #8 dated 8/5/14. The record indicated staff</p>	W 0154	<p><b>What is the date by which the systemic changes will be completed?</b> 9/6/2015</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496 Denny Drive, New Castle, IN <b>Date Survey Completed:</b> 8/7/2015 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> 07U911 <b>Finding: W154</b> – The facility failed to ensure all allegations of neglect were thoroughly investigated for client #2 <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> · This incident should have been reported and investigated per McSherr policy and BDDS regulations. · ALL staff, including the House Manager, have been retrained on identification of Suspected Abuse, Neglect &amp; Exploitation and</p>	09/06/2015

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	<p>#8 had left a client outside without staff supervision.</p> <p>During interview with the CEO (Chief Executive Officer) on 7/29/15 at 12:45 PM, the CEO indicated all allegations of abuse/neglect were to be thoroughly investigated.</p> <p>During e-mail interview with the administrator on 8/3/15 at 4:25 PM, the administrator indicated:            ___ Staff #8 was counseled by the group home manager on 8/5/14 for leaving client #2 outside without staff supervision.            ___ The 8/5/14 neglect of client #2 was not investigated.</p> <p>9-3-2(a)</p>		<p>Incident Reporting and are tested to ensure they have retained the information</p> <ul style="list-style-type: none"> <li>· Social Services Coordinator conducts quarterly interviews of ALL staff and ALL clients residing in McSherr Group Homes and asks specifically if there is anything that could potentially be or could have been construed as abuse/neglect that they would like to report</li> <li>· Interviews are reviewed by RA and at IDT to screen for potential abuse/neglect</li> <li>· All A&amp;I's, Incident Reports are now reviewed quarterly at a Professional Review meeting (includes QIDP, Residential Administrator, Social Services Coordinator, Health Services Coordinator, and one House Manager) to ensure that reporting and investigations are occurring as per policy, BDDS regulations and state law</li> <li>· All allegations of neglect will be reported and investigated</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· This incident should have been reported and investigated per McSherr policy and BDDS regulations.</li> </ul>		

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			<p>·ALLstaff, including the House Manager, havebeen retrained on identification of Suspected Abuse, Neglect &amp; Exploitationand Incident Reporting and are tested to ensure they have retained theinformation</p> <p>·SocialServices Coordinator conducts quarterly interviews of ALL staff and ALL clientsresiding in McSherr Group Homes and asks specifically if there is anything thatcould potentially be or could have been construed as abuse/neglect that theywould like to report</p> <p>·Interviewsare reviewed by RA and at IDT to screen for potential abuse/neglect</p> <p>·AllA&amp;I's, Incident Reports are now reviewed quarterly at a ProfessionalReview meeting (includes QIDP,Residential Administrator, Social Services Coordinator, Health ServicesCoordinator, and one House Manager) to ensure that reporting and investigationsare occurring as per policy, BDDS regulations and state law</p> <p>·Allallegations of neglect will be reported and investigated</p> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <p>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is or could have been any</p>	

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			<p>suspected abuse or neglect that may be reportable</p> <ul style="list-style-type: none"> <li>·Quarterly interviews are reviewed by the RA and IDT at monthly meetings to screen for suspected abuse/neglect</li> <li>·ALL Accident and Injury reports are now sent to Social Services Coordinator at the corporate office, reviewed with the Residential Administrator and Health Services Coordinator, and signed to ensure they have been reviewed to screen for suspected abuse/neglect</li> <li>·ALL incidents determined to be suspected abuse and/or neglect or suspicion of such will be investigated and reported to BDDS</li> <li>·ALL staff have been retrained on Suspected Abuse, Neglect &amp; Exploitation and Incident Reporting and tested on the information presented to make sure they have retained it</li> <li>·ALL A&amp;I's and Incident Reports are now reviewed quarterly at a Professional Review Team meeting (includes QIDP, Residential Administrator, Social Services Coordinator, and Health Services Coordinator) to ensure that reporting and investigations are occurring as per policy, BDDS regulations and state law</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put</b></p>	

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			<p><b>intoplace?</b></p> <ul style="list-style-type: none"> <li>·SocialServices Coordinator currently interviews all clients and staff quarterly todetermine if there is any suspected abuse or neglect that may be reportable</li> <li>·Quarterlyinterviews are reviewed by the RA and IDT at monthly meeting to screen forpotential abuse/neglect</li> <li>·ALLAccident and Injury reports are now sent to Social Services Coordinator at thecorporate office, reviewed with the Residential Administrator and HealthServices Coordinator, and signed to ensure they have been reviewed to screenfor potential abuse/neglect</li> <li>·ALLreports of or suspicion of suspected abuse and/or neglect will be investigatedand reported to BDDS</li> <li>·AllA&amp;I's and Incident Reports are now reviewed quarterly at a ProfessionalReview Team meeting (includes QIDP, Residential Administrator, Social ServicesCoordinator, Health Services Coordinator and one House Manager) to ensure thatreporting and investigations are occurring as per policy, BDDS regulations and statelaw</li> <li>·ALLstaff have been retrained on Suspected Abuse, Neglect &amp; Exploitation andIncident Reporting and tested to make sure they have retained the informationpresented</li> </ul>	

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>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 1 of 4 sampled clients (#2), the facility failed to ensure client #2 was provided a seating assessment for his current wheel chair to ensure proper alignment and fit.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/29/15 between 3:10 PM and 5:40 PM and on 7/30/15 between 6:10 AM and 7:45 AM. During these time periods the following was observed:            ___ Client #2 was a heavyset male that required a wheelchair for mobility inside and outside of the home.            ___ Client #2's body filled the wheelchair with little room for client #2 to reposition himself.            ___ Client #2 often leaned to one side or the other of his wheelchair and would</p>	W 0210	<p><b>What is the date by which the systemic changes will be completed?</b> 9/6/2015</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN  <b>Date Survey Completed:</b> 8/7/2015  <b>Provider Identification Number:</b> 15G579  <b>Survey Event ID:</b> 07U911  <b>Finding:</b> W210 – The facility failed to ensure Client #2 was provided a seating assessment for his current wheelchair to ensure proper alignment and fit.  <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <p>· Client # 2 has seen an Occupational Therapist where it has been recommended that Client #2 should have a new wheelchair            · McSherr House Manager has scheduled an appointment for</p>	09/06/2015

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	<p>hang his head down toward his chest.</p> <p>__ The staff assisted client #2 with all transfers in and out of his wheelchair.</p> <p>__ Client #2 was able to use his feet and hands to move himself while in the wheelchair from one room to another.</p> <p>__ Client #2's wheelchair had no leg or foot rests.</p> <p>__ Client #2 wore compression stockings to decrease swelling of his lower extremities.</p> <p>__ Client #2's legs and ankles were swollen.</p> <p>Client #2's record was reviewed on 7/31/15 at 1 PM. Client #2's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) with orthopedic anomalies, shallow hip socket and venous insufficiency (failure of the veins to adequately circulate the blood, especially from the lower extremities).</p> <p>Client #2's Appointment form dated 4/2/15 indicated client #2 was seen by an Occupational Therapist for a wheelchair assessment. The assessment indicated "For evaluate (sic) of proper w/c (wheelchair) for pt (patient) with regards to improved posture. Wheelchair needs new cushion, backrest and seat is sliding. [Client #2] is short in stature and may</p>		<p>Client #2 to see his PCP to geta doctors order for a new chair per New Motion</p> <ul style="list-style-type: none"> <li>·WhenHouse Manager gets doctors order, New Motion will see Client #2 and order thenew Wheelchair</li> <li>·NewMotion will also be asked for suggestions to assist client #2 with sitting uprightin his new chair.</li> <li>·McSherrHouse Manager and HSC will make weekly notes in Accel (electronic recordkeepingsystem) to update RA on progress of acquisition of new wheelchair</li> <li>·IDTwill review assessments of all McSherr clients in wheelchairs annually (or moreoften if needed) to assure all assessments are current and equipment isappropriate to client #2 needs</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers in wheelchairs have the potential to be affected.</li> <li>·IDTwill review assessments of all McSherr clients in wheelchairs at the nextscheduled IDT and annually (or more often if needed) to assure all assessmentsare current and equipment is appropriate to needs</li> </ul> <p><b>Whatmeasures will be put into place or what systemic</b></p>	

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	<p>benefit from.... height chair. Recommend to have vendor of choice come into pt's (client #2's) home for assessment."</p> <p>During interview with client #2 on 7/30/15 at 6 AM, client #2 indicated his wheelchair was too small for him and he would like to have a different wheelchair that fit him better.</p> <p>During interview with the Residential Manager (RM) on 7/31/15 at 3:30 PM, the RM:            ___ Indicated client #2 was seen by an Occupational Therapist (OT) on 4/2/15 to be evaluated for his wheelchair needs and proper seating.            ___ Indicated the OT recommended client #2 be assessed for a new wheelchair and indicated she (the RM) call a vendor of choice.            ___ Indicated after the evaluation she called a vendor to assess client #2's wheelchair, seating and the possible need for a new wheelchair and stated no one answered the phone and she left a message with the vendor.            ___ Indicated the vendor never returned her call.            ___ Indicated she had not called the vendor again to check on the status of the facility request.            ___ The RM indicated she called the vendor back during the survey process</p>		<p><b>changes you will make to ensure that the deficient practice does not recur?)</b>            · IDT will review assessments of all McSherr clients in wheelchairs at the next scheduled IDT and annually (or more often if needed) to assure all assessments are current and equipment is appropriate to needs            · Observations done by House Manager, Health Service Coordinator, Social Services Coordinator and QIDP will include issues/concerns with wheelchairs.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place? .</b>            · House Manager will monitor through daily interaction with and observation of clients in wheelchairs in the home            · IDT will monitor observations and assessment needs at monthly meeting and review at least annually            · QIDP, Social Services Coordinator, HSC, and House Manager will monitor assessment needs through observations</p> <p><b>What is the date by which the systemic changes will be</b></p>	

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W 0240 Bldg. 00	<p>and found there was a miscommunication as the vendor thought the facility would call and the facility was waiting for the vendor to call. _The RM indicated client #2 would be scheduled for an assessment.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 2 of 4 sampled clients (#2 and #4), the clients' program plans failed to include the following:</p> <p>Client #2's HRP for venous insufficiency (failure of the veins to adequately circulate the blood, especially from the lower extremities) failed to include the elevation of client #2's lower extremities to prevent swelling, when and for how long client #2 was to elevate his lower extremities and how the staff were to assist client #2 in elevating his lower extremities while sitting in his wheelchair or in a straight chair throughout the day while at the group home and while at day services.</p>			W 0240	<p><b>completed?</b>9/6/2015</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor,</b> <b>ResidentialAdministrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496 Denny Drive, NewCastle, IN</p> <p><b>Date Survey Completed:</b> 8/7/2015 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> 07U911</p> <p><b>Finding: W240 –</b> The clients' program plans failed to include: 1. Client #2's HRPfor venous insufficiency failed to include the elevation of client #2's lowerextremities to prevent swelling, when and for how long client #2 was to elevatehis lower extremities and how the staff were to assist client #2 in</p>		09/06/2015

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	<p>Client #4's Individual Behavior Plan (IBP) and HRP for Polydipsia (a constant, excessive drinking as a result of thirst) failed to include how the staff were to monitor client #4 while at the group home, while at the day services and/or while in the community to ensure client #4 was not drinking from a faucet, sink, toilet or any other water supply.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/29/15 between 3:10 PM and 5:40 PM.</p> <p>__ Client #2 was a heavyset male that required a wheelchair for mobility inside and outside of the home.</p> <p>__ Client #2's legs and ankles were swollen and the client wore compression stockings to decrease the swelling of his lower extremities.</p> <p>__ Client #2's wheelchair had no leg or foot rests.</p> <p>__ From 3:10 PM to 4:45 PM client #2 sat in his wheelchair and/or a wooden straight chair at the dining room table with his legs down and feet on the floor.</p> <p>__ From 4:45 PM to 5:10 PM while client #2 was sitting in his wheelchair in the living room watching television staff #2 elevated client #2's legs up onto an ottoman.</p>		<p>elevatinghis lower extremities while sitting in his wheelchair or in a straight chairthroughout the day while at the group home and while at day services.</p> <p>2.Client #4's IBP and HRP for Polydipsia failed toinclude how the staff were to monitor client #4 while at the group home, whileat the fay services and/or while in the community to ensure client #4 was notdrinking from a faucet, sink, toilet, or any other water supply</p> <p><b>Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice?</b></p> <p>·1) HSC has written guidelines for elevation of Client #2's legs at grouphome and day services and has created a form to monitor.</p> <p>·Staff at day services and group homehave been trained on the elevation and monitoring schedule</p> <p>·2) Client #4's IBP and HRP have been updated to include how staff are tomonitor client #4 at Group Home and Day Services or community to ensure client#4 is not drinking from a faucet, sink, toilet or any other water supply</p> <p>·Client #4 has been moved to a new workroom at the workshop to ensure better staff oversight</p> <p>·QIDP, SSC, HSC, and House Manager willmonitor during monthly observations of client #4 and Client #2 at day servicesand</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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	<p>__ At 5:11 PM client #2 was assisted to the dining room table into a straight chair for his evening meal. Client #2's lower extremities were not elevated throughout the remainder of the observation.</p> <p>Observations were conducted at the group home on 7/30/15 between 6:10 AM and 7:45 AM. During this observation period:</p> <p>__ Client #2 was observed wearing compression stockings.</p> <p>__ Client #2's lower extremities were swollen.</p> <p>__ Client #2 sat in his wheelchair and in a wooden straight chair.</p> <p>__ Client #2's legs were not elevated during this observation period.</p> <p>Observations were conducted at the day services facility on 7/30/15 between 10 AM and 11 AM. During this observation period:</p> <p>__ Client #2 sat in a hard plastic straight chair at one of the tables in the room.</p> <p>__ Client #2's wheelchair was in the corner of the room several feet away from client #2. __ Client #2 wore compression stockings.</p> <p>__ Client #2's lower extremities were swollen.</p> <p>__ Client #2's legs were not elevated during this observation period.</p>		<p>at the group home</p> <ul style="list-style-type: none"> <li>· QIDP, Health Services Coordinator, and Social Services Coordinator will train group home and day services staff on the behavioral and healthcare guidelines and monitoring schedule for both Client #2 and Client #4</li> <li>· IDT will monitor the above monthly</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers with Venous Insufficiency or Polydipsia have the potential to be affected.</li> <li>· 1) HSC has written guidelines for clients with Polydipsia and Venous Insufficiency for elevation of Clients legs and monitoring access to water at group home and day services and has created a form to monitor.</li> <li>· Staff at day services and group home would be trained on the elevation schedule for venous insufficiency and monitoring access to water schedule</li> <li>· 2) Clients IBP's and HRP's would be updated to include how staff are to monitor clients with polydipsia at Group Home, Day Services or community to ensure clients are not drinking from a faucet, sink, toilet or any other</li> </ul>	

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	<p>Client #2's record was reviewed on 7/31/15 at 1 PM. Client #2's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) with orthopedic anomalies, shallow hip socket and venous insufficiency.</p> <p>Client #2's nursing quarterly assessment dated 7/2/15 indicated "[Client #2] also complains of pain in bilateral feet due to swelling caused by venous insufficiency. Swelling in right foot is 1+ (slight detectable impression when finger is pressed into skin) and 3+ (an indentation in the skin when pressed that takes 30 seconds to return to normal) in left foot. [Client #2] is not able to rate pain effectively but responds 'yes' when asked if it hurts a lot. Legs elevated routinely to decrease swelling. Wears compression stockings during waking hours. [Client #2] uses wheelchair and is able to propel self short distances. Able to stand and pivot with assistance for transfers. Some curvature of spine noted with exam."</p> <p>Client #2's HRP for venous insufficiency dated 3/9/15 indicated:            ___ Client #2 has a history of venous insufficiency and swelling of his feet.            ___ "Staff will ensure that daily monitoring of leg condition, monitor for swelling,</p>		<p>watersupply            ·QIDP, SSC, HSC, and House Manager will monitor during monthly observations of clients with Polydipsia and Venous Insufficiency at day services and at the group home            ·QIDP, Health Services Coordinator, and Social Services Coordinator will train group home and day services staff on the behavioral and healthcare guidelines and monitoring schedule for both Polydipsia and Venous Insufficiency            ·IDT will monitor the above monthly</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?)</b>            ·1) HSC has written guidelines for elevation of Client #2's legs at group home and day services and has created a form to monitor.            ·Staff at day services and group home have been trained on the elevation and monitoring schedule            ·2) Client #4's IBP and HRP have been updated to include how staff are to monitor client #4 at Group Home and Day Services or community to ensure client #4 is not drinking from a faucet, sink, toilet or any other water supply            ·Client #4 has been moved to a</p>	

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	<p>color changes and ulcers (blister)."            ___ "Staff will ensure that compression stockings are on every am and off at hour of sleep, a clean pain (sic) of stockings needs to be worn daily."            ___ "Staff will ensure that client has a wedge pillow in place at hour of sleep to prevent dangling of feet off the bed."            ___ "Staff will notify nurse if signs of venous insufficiency are uncontrolled or if [client #2] complains of symptoms."</p> <p>Client #2's HRP for venous insufficiency failed to include when client #2 was to elevate his lower extremities and for how long and how the staff were to assist client #2 in elevating his lower extremities while sitting in his wheelchair or in a straight chair throughout the day while at home and while at day services.</p> <p>During interview with staff #2 on 7/29/15 at 4:20 PM, staff #2:            ___ Indicated client #2 required a wheelchair for mobility.            ___ Indicated the foot pedals were removed from client #2's wheelchair at client #2's request.            ___ Indicated client #2 had difficulty maneuvering his wheelchair using his feet when the foot pedals were on the wheelchair.            ___ Indicated client #2 wore compression stockings because of the constant</p>		<p>new workroom at the workshop to ensure better staff oversight            ·QIDP, SSC, HSC, and House Manager will monitor during monthly observations of client #4 and Client #2 at day services and at the group home            ·QIDP, Health Services Coordinator, and Social Services Coordinator will train group home and day services staff on the behavioral and healthcare guidelines and monitoring schedule for both Client #2 and Client #4            ·IDT will monitor the above monthly</p> <p>·Administrative/Professional staff will monitor through observation and training of staff at group home and day services            ·Any concerns will be discussed with IDT monthly            ·QIDP will revise IBPs and HSC will revise HRP's as health and behavioral concerns arise</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b>            ·Administrative/Professional staff will monitor through observation and training of staff at group home and day services            ·Any concerns will be discussed with IDT monthly            ·QIDP will revise IBPs and HSC</p>	

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	<p>swelling in client #2's lower extremities.            ___ Stated the staff would "sometimes" use an ottoman to have client #2 elevate his legs while at home.            ___ Indicated client #2's plan of care indicated no specific directives on how and when client #2 was to elevate his legs.</p> <p>During interview with the day services Direct Support Professional (DPS) #1 on 7/30/15 at 10:55 AM, DSP #1:            ___ Indicated she was filling in for a staff that was absent that day.            ___ Indicated she had been trained on client #2's medical needs.            ___ Stated client #2 "frequently" sat in a straight chair while at day services.            ___ Stated client #2's legs were not elevated while at day services "to my knowledge."</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/31/15 at 3 PM, the QIDP:            ___ Stated, "I know they (the staff) have him elevate his legs sometimes when he is here at home."            ___ Indicated client #2's HRP for venous insufficiency did not include when and for how long client #2 was to elevate his lower extremities and how the staff were to assist client #2 in elevating his lower extremities while sitting in his wheelchair</p>		<p>willrevise HRP's as health and behavioral concerns arise            ·ResidentialAdministrator will monitor monthly through IDT reporting process</p> <p><b>What is the date by which the systemic changes will be completed? 9/6/2015</b></p> <p><b>RespectfullySubmitted,            RosemaryTaylor, Residential Administrator</b></p>	

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	<p>or in a straight chair throughout the day while at home and while at day services.</p> <p>2. Observations were conducted at the group home on 7/29/15 between 3:10 PM and 5:40 PM.</p> <p>__At 5:25 PM client #4 finished his meal and took his dinnerware to the kitchen sink and began running the water in the sink. The Home Manager (HM) redirected client #4 away from the sink. Client #4 ran to the front living room and back to the kitchen sink, screaming and biting at the wrist band on his arm while running. Client #4 was again redirected away from the kitchen sink and again client #4 ran from the kitchen sink to the living room and back again while screaming and biting at the wrist bands on his wrists.</p> <p>__At 5:30 PM staff #1 stated, "He has a thing with water." Client #4 was directed to come back to the dining room table to eat his evening dessert of peaches. Client #4 returned to the table, ate his peaches, got up from the table, returned to the kitchen sink and tried to turn the water on. Client #4 was again redirected away from the kitchen sink by the staff. Client #4 began screaming and biting at the wrist band on his arm and ran into the front living room and back into the kitchen. Client #4 turned the water on in the kitchen sink and was again redirected</p>			

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	<p>away from the sink. Staff #1 then stated, "I'll start the dishes." Staff #1 prompted client #4 to the kitchen sink to assist her with doing the evening dishes.</p> <p>Observations were conducted at the day services facility on 7/30/15 between 10 AM and 11 AM.</p> <p>__ At 10 AM client #4 was in a small room along with five other clients and DSP #2. DSP #2 indicated he was not the usual staff in the room and was filling in for another staff.</p> <p>__ At 10:34 AM DSP #2 left the room leaving client #4 unsupervised.</p> <p>__ At 10:35 AM client #4 left the room without the knowledge of DSP #2 and walked to the restroom.</p> <p>__ At 10:40 AM client #4 exited the bathroom and returned to the program room.</p> <p>__ Client #4 was not supervised while in the bathroom.</p> <p>Client #4's record was reviewed on 7/31/15 at 2 PM. Client #4's record indicated a diagnosis of, but not limited to, Polydipsia (a constant, excessive drinking as a result of thirst).</p> <p>Client #4's "Liquid Intake Guidelines" dated 5/5/15 indicated: __ "[Client #4] is to have his liquid intake limited to 4000 cc's (cubic centimeters)</p>			

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	<p>per Dr's orders."</p> <p>___ "Staff will document all liquids and amounts on Intake Chart in Client's book."</p> <p>___ "Each time he (client #4) drinks from the faucet it counts as a minimum of 60 cc's."</p> <p>___ "[Client #4] is allotted 870 cc's at [name of day services] (1 bottle of water and 360 cc can of pop)."</p> <p>___ "Staff are to document incidents of [client #4] drinking water from faucets, others' drinks, etc. on Antecedent Sheet."</p> <p>___ "If he obtains extra water/drink at [name of day services], staff need to notify McSherr, Inc. by phone so it can be documented on his liquid intake chart."</p> <p>Client #4's Antecedent Sheet for July 2015 indicated 7/17/15 at 6:30 PM client #4 was observed in the bathroom drinking water from the faucet.</p> <p>Client #4's July 2015 Behavior Reports from the day services indicated: ___ 7/1/15 at 8:55 AM "[Client #4] got in water fountain and drank approx (approximately) 120 cc's water. [Client #4] went into room. [Client #4] ran out of room. Staff redirected - he started running and screaming, biting his wrist, kicking wall and table." ___ 7/1/15 at 10:18 AM "Walked to</p>			

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	<p>bathroom. Flushed urinal. Attempted to drink water out of sink faucet. Redirected by Service Coordinator. [Client #4] yelled and hit wall 2 times on the way back to room (Ran back to room)."            __7/1/15 at 11:45 AM "[Client #4] tried to put his head under faucet in sink - staff redirected. [Client #4] started running, screaming, hitting wall, biting his wrist - when he got back in room he waited bout (sic) 5 min (minutes) - ran out of room and started all over again."            __7/9/15 at 8:20 AM client #4 went to the bathroom. "When [client #4] was returning to work room he got into the water. He drank 20 cc of water."            __7/13/15 at 11 AM "[Client #4] left lunch room while staff was doing other client lunches - [client #4] got in water fountain drinking approx 120 cc's - [client #4] started running and screaming."            __7/13/15 at 11:20 AM "[Client #4] left lunch room and got into water fountain. [Client #4] drank approx 180 cc's (was drinking about 2 min). [Client #4] started running and screaming."              Client #4's IBP dated 6/8/15 indicated:            __ Targeted behaviors of self injurious behaviors (biting his wrist and kicking/hitting objects), property abuse and running.            __ "[Client #4] tends to display agitation</p>			

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	<p>when he is frustrated. Frustration is a result of being unable, interrupted or re-directed from repetitive behavior such as multiple trips to the bathroom, leaving his work area (possibly related to Polydipsia - see Polydipsia Plan) or one of his other target behaviors."</p> <p>Client #4's HRP for Polydipsia dated 3/9/15 indicated the definition of Polydipsia and the signs and symptoms of Polydipsia.</p> <p>Client #4's HRP for Polydipsia and client #4's IBP did not include how the staff were to monitor client #4 while at the group home, while at the day services and/or while in the community to ensure client #4 was not drinking from a faucet, sink, toilet or any other water supply.</p> <p>During interview with staff #9 on 7/31/15 at 2:30 PM, staff #9 indicated:            __Staff do not go into the bathroom with client #4 every time the client goes to the bathroom.            __Stated, "When he (client #4) goes to the bathroom we (the staff) usually know and someone will stand outside the bathroom and can hear if he's running the water."            __Stated client #4 liked to let the water run and had "a thing about water."</p>			

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W 0323 Bldg. 00	<p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/31/15 at 3 PM, the QIDP:</p> <p>__ Indicated the staff at the day services were to supervise client #4 while around the drinking fountain to ensure client #4 did not drink excessively.</p> <p>__ Indicated client #4 was on a water restriction of 4000 cc's per day per client #4's physician's orders due to client #4's history of Polydipsia.</p> <p>__ Indicated client #4 was not supervised while going to the bathroom.</p> <p>__ Indicated the day service staff should be aware when client #4 leaves his work room.</p> <p>__ Indicated the staff at the home do not always go in the bathroom with client #4.</p> <p>__ Indicated client #4's HRP for Polydipsia and client #4's IBP did not include how the staff were to monitor client #4 while at the group home, while at the day services and/or while in the community to ensure client #4 was not drinking from a faucet, sink, toilet or any other water supply.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual</p>			

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	<p>physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the client's vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 7/31/15 at 2 PM. Client #4's record indicated a vision evaluation dated 7/10/14. The evaluation indicated client #4 had cataracts in both eyes and was to return in one year for re-evaluation.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/31/15 at 3:30 PM, the QIDP indicated:</p> <p>__ Client #4 had cataracts in his both eyes.</p> <p>__ Client #4's most recent vision evaluation was conducted on 7/10/14.</p> <p>9-3-6(a)</p>	W 0323	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496Denny Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/7/2015</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> 07U911</p> <p><b>Finding: W323</b>— the facility failed to ensure the clients' vision was evaluated annually.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by</b></p> <ul style="list-style-type: none"> <li>· Client #4's Vision Evaluation was completed in August 2015</li> <li>· Recommendations from vision evaluation will be implemented immediately.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· Health Services Coordinator and House Managers will assure that all consumers have had an initial baseline and annual vision evaluation</li> <li>· Health Services Coordinator will enter information re: evaluations into Professional Notes in Accel (electronic recordkeeping system)</li> </ul>	09/06/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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			<p>to track all evaluations including hearing evaluations</p> <ul style="list-style-type: none"> <li>· RA and House Manager will monitor through Healthcare tracking spreadsheet</li> <li>· IDT will monitor monthly</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Health Services Coordinator and House Managers will assure that all consumers have had an initial baseline and annual vision evaluation</li> <li>· Health Services Coordinator will enter information re: evaluations into Professional Notes in Accel (electronic record keeping system) to track all evaluations including hearing evaluations</li> <li>· RA and House Manager will monitor through Healthcare tracking spreadsheet</li> <li>· IDT will monitor monthly</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· House Manager will monitor through review of consumer records</li> <li>· IDT (Residential Administrator, Health Services Coordinator, Social Services Coordinator,</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE				STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362			
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W 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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 received an annual TB (Tuberculosis) testing/screening.</p>			W 0327	<p>QIDP) will monitor monthly through review of evaluation trackingin spreadsheet.</p> <p>·QIDP, Social Services Coordinator, Health Services Coordinator, House Manager, andResidential Administrator will monitor to determine the need for a morefrequent evaluation through observation at the home, day program, and in thecommunity. If problems with vision aresuspected/observed, an evaluation will be scheduled</p> <p><b>What is the date by which the systemic changes will be completed? 9/6/2015</b></p> <p><b>RespectfullySubmitted, RosemaryTaylor, Residential Administrator</b></p> <p><b>Nameand Address of Provider:</b> McSherr, Inc., 496Denny Drive, New Castle, IN</p> <p><b>DateSurvey Completed:</b> 8/7/2015</p> <p><b>ProviderIdentification Number:</b>15G579</p> <p><b>SurveyEvent ID:</b> 07U911</p>		09/06/2015

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	<p>Findings include:</p> <p>Client #2's record was reviewed on 7/30/15 at 1 PM. Client #2's record indicated client #2's most recent TB test was conducted on 7/15/14.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/30/15 at 3:30 PM, the QIDP indicated:</p> <p>__ Client #2's most recent TB test was conducted on 7/15/14.</p> <p>__ She (the QIDP) spoke with the facility's RN and the RN indicated he had overlooked client #2's annual TB testing but would do it tomorrow.</p> <p>9-3-6(a)</p>		<p><b>Finding: W327</b>– the facility failed to ensure Client #2 received an annual TB testing/screening</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by</b></p> <ul style="list-style-type: none"> <li>· Client #2's was administered a TB test on the evening of 7/30/15 when the oversight was discovered.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· Health Services Coordinator and House Managers will review all consumer records to assure that all consumers have had a TB test</li> <li>· House Managers will enter information re: TB tests into Health Tracking spreadsheet to track all TB tests</li> <li>· IDT will monitor monthly through review of Health Tracking Spreadsheet</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p>	

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			<ul style="list-style-type: none"> <li>· Health Services Coordinator and House Managers will review all consumer records to assure that all consumers have had a TB test</li> <li>· House Managers will enter information re: TB tests into Health Tracking spreadsheet to track all TB tests</li> <li>· IDT will monitor monthly through review of Health Tracking Spreadsheet</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· House Manager will monitor through review of consumer records and Health Tracking Spreadsheet</li> <li>· Health Services Coordinator will monitor through consumer record review</li> <li>· IDT (Residential Administrator, Health Services Coordinator, Social Services Coordinator, QIDP) will monitor monthly through review of Health Tracking Spreadsheet</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/6/2015</p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>	