

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

PRINTED: 09/23/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15G563</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>09/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST VINCENT NEW HOPE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2999 WESTLANE RD INDIANAPOLIS, IN 46268</b>	
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{W 000}	INITIAL COMMENTS  This visit was for a 23-day revisit to the investigation of complaint #IN00094847 which resulted in an immediate jeopardy that was not removed prior to exit on 8/31/11.  Survey date: September 15, 2011  Facility Number: 001077 Provider Number: 15G563 AIMS Number: 100245490  Surveyors: Paula Chika, Medical Surveyor III - Team Leader Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III.  These deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/21/11 by Ruth Shackelford, Medical Surveyor III.	{W 000}		
{W 122}	483.420 CLIENT PROTECTIONS  The facility must ensure that specific client protections requirements are met.  This CONDITION is not met as evidenced by: Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (client B). The facility neglected to implement its policy and procedures to prevent neglect of client B in regard to ensuring the facility adequately monitored client B's blood sugar to prevent the client from developing a critical blood glucose level which resulted in admission to the	{W 122}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 122}	<p>Continued From page 1</p> <p>intensive care unit of the hospital. This non-compliance resulted in an Immediate Jeopardy as the facility neglected to ensure sufficient safe guards and training were implemented to prevent potential harm due to lack of staff awareness for managing client B's diabetes. The Immediate Jeopardy was identified on 08/25/2011 at 3:30 p.m. The Director of Group Homes and QDDP (Qualified Developmental Disabilities Professional) were notified of the Immediate Jeopardy on 08/25/2011 at 4:00 p.m. The Immediate Jeopardy began on 07/04/2011. The facility submitted a revised plan of removal of the Immediate Jeopardy on 08/30/2011 at 9:06 a.m. The facility's plan of action indicated the following:</p> <p>1. "... All staff will be trained by a nurse on the client specific health care needs in respect to diabetes management. Staff will be trained on the Accucheck, Insulin administration, high risk plans, signs and symptoms of hypo and hyperglycemia and nutrition/meal management for client. This training will be documented on a training sheet signed by all trainees and the trainer and a competency checklist. The training sheet and competency checklists will be submitted to GH (Group Home) Director no later than Tues. Aug 31, 2011. 2. High Risk Plans and hypo/hyperglycemia protocols with signs and symptoms of diabetes will be maintained in the med administration book. Documentation and who/when to call will be indicated on the MAR (Medication Administration Record). 3. Relief staff who may enter the home without this client specific training will refrain from providing these specific specialized care tasks. These specialized care tasks are specifically accucheck,</p>	{W 122}			

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{W 122}	Continued From page 2 insulin, treatment of diabetes, J (Jejunostomy) Tube feeding or med administration. Team Leader/QDDP (Qualified Developmental Disabilities Professional) will be responsible to ensure staff are assigned accordingly. 4. A med observation will be conducted daily M-F (Monday - Friday) by a nurse, supervisor, or QDDP. The nurse will conduct at least 3 per week. These med administration observations should frequently include observation of accurate BS (Blood Sugar) monitoring, administration of insulin and administration of medication in J Tube for another individual. This observation will continue until Conditions of Participation deficiencies are rectified and will then be provided weekly by nurse consultant for 1 more month and resume monthly thereafter. Med observations will be documented on medication administration observation forms and submitted to GH Director weekly. 5. Treatment and diabetes plan compliance will be monitored routinely by the nurse including each time she visits the site. This monitoring will consist of checks of documented accucheck data to ensure that blood sugar levels are within normal range or that the protocol to contact nurse and treat according to diabetes protocols was followed. The medication observation check sheet had been revised to record this. These checks are to be completed daily M-F by nurse, QDDP, or Team Leader as noted in #4. Nursing notes will document the summation of site visits. The observation schedule will continue until Conditions of 6.(SIC) Participation deficiencies are rectified and will then be provided weekly by nurse consultant for 1 more month and resume monthly thereafter. Med observations will be submitted to the GH Director weekly. 7. Meal observations will be conducted	{W 122}			

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{W 122}	<p>Continued From page 3</p> <p>3 time per week by QDDP and/or supervisor of site. Observations of [client] will indicate compliance with her diabetes meal plan. Observations will be documented on the Meal Observation checklist and submitted to GH Director weekly. This timeline will continue for 1 month at which point it will continue on a weekly basis until compliance is regained. At that point, the observations will resume monthly. 8. Group Home Director will conduct site visits at least 3 times per week for 3 weeks, then reduce to 1 per week until compliance is reached. 9. Group Home Director will also be meeting with QDDP and nurse consulted weekly to monitor progress...."</p> <p>Based on observation, interview and record review of the facility's revised 8/30/11 plan of removal, it was determined the facility's plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because the facility's 8/30/11 plan of removal did not indicate how the facility would ensure the relief staff would be trained in regard to the hypo/hyperglycemia protocols which included signs and symptoms of abnormal blood sugars.</p> <p>The facility's Immediate Jeopardy continued because the facility needed to ensure all staff were trained in regard to client B's diabetic protocols and competency in performing accuchecks and administering insulin. The facility needed to ensure efficacy of its system for monitoring/supervising nursing services over a period of time to ensure the health needs of clients were met to prevent potential harm.</p> <p>During an interview on 08/30/2011 at 8:10 p.m.,</p>	{W 122}			

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{W 122}	<p>Continued From page 4</p> <p>DSP #1 indicated she was not a regular staff at the group home. DSP #1 stated she was a "float staff." When asked if DSP #1 had been trained in regard to client B ' s diabetic condition, DSP #1 stated " I ' m not allowed to pass [client B ' s] diabetic insulin. " DSP #1 indicated she did not do client B ' s accuchecks as well. DSP #1 indicated she did not receive the training on client B as she did not work at the group home as a routine/regular staff. DSP #1 indicated she worked at the group home 1 to 2 days a week for an 8 hour shift.</p> <p>During observations on 08/30/2011 between 7:50 p.m. and 9:45 p.m. at the group home, DSP (Direct Support Professional) #4 assisted client B into her wheelchair via the hooyer lift in the hallway. During an interview with client B on 08/30/2011 at 7:55 p.m., she stated, "dizzy" in response to a question of how she was doing. When asked if she was dizzy at the time of the interview or earlier, client B stated, "earlier, call [guardian's name]." During an interview with DSP #4 immediately following client B's report of dizziness, DSP #4 stated client B was "playing" when she made the report of dizziness. DSP #4 indicated client B had not complained of dizziness prior to this reporting.</p> <p>During observations on 08/30/2011 at 8:57 p.m., DSP #2, administered oral medications in one container of applesauce, then performed the accucheck to check blood sugar levels, followed by administration of the insulin. During an interview with the DSP immediately following the medication administration, he indicated the nurse did not give him guidelines for checking the blood sugar in relation to medication administration.</p>	{W 122}			

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{W 122}	<p>Continued From page 5</p> <p>During an interview on 08/31/2011 at 9:50 a.m., the facility nurse indicated she still needed to develop specific guidelines for amounts of food or applesauce used for a medication administration medium. The facility RN indicated she instructed facility staff on 08/30/2011 to use one tablespoon of applesauce for administering medications. The facility RN indicated she had instructed DSP #2 to check blood sugars before giving the oral medication in applesauce or pudding.</p> <p>During an interview on 08/31/2011 at 11:55 a.m., the GH (Group Home) Director indicated all facility staff would be trained as indicated in the plan of removal letter. The GH Director indicated the float staff would not be trained in regard to specialized care (accuchecks and insulin administration). The director indicated the signs and symptoms of hypo/hyperglycemia were listed on the high risk plan located in client B's medication administration record. The GH Director indicated she was still working on a system to ensure the float/relief staff who worked in the home received training/information in regard to symptoms of abnormal blood sugars.</p> <p>The facility RN (registered nurse) provided a training roster on 08/31/2011 at 12:25 p.m. The training roster, titled, "Med (Medication) Administration" and dated 08/26/2011, indicated DSP #12 and DSP #13 had not been trained in regard to client B's diabetes protocol. The facility's medication administration observation training sheets, dated 08/27/2011 and 08/30/2011, indicated the facility nurse observed two staff administer client B's insulin.</p>	{W 122}			

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{W 122}	<p>Continued From page 6</p> <p>Client B's record was reviewed on 08/31/2011 at 1:40 p.m. for medical appointments/laboratory reports since the Immediate Jeopardy was identified on 08/25/2011. A Basic Metabolic Panel, collected on 08/26/2011 at 7:21 a.m. (blood test that includes blood glucose) indicated a ALT (Liver enzyme) of 44 (normal range of 0-31) and AST (liver enzyme) of 39 (normal range of 0-31). The laboratory report indicated the report had been faxed to the physician on 08/28/2011. The record did not indicate the facility RN had received a response to the abnormal labs. The facility's Immediate Jeopardy was not removed.</p> <p>Findings include:</p> <p>The facility failed to meet the health needs of client B in a timely manner and failed to prevent client B's blood sugar from elevating to a dangerous level resulting in admission to an intensive care unit at a hospital. The facility failed to ensure the facility staff were adequately trained to monitor, manage, and to report abnormal signs and symptoms of diabetes which could result in potential harm to the client.</p> <p>The Immediate Jeopardy was removed on 09/15/2011 when through observation, interview, and record review, it was determined the facility had implemented a plan of action to remove the Immediate Jeopardy and that steps taken removed the immediacy of the problem. The Immediate Jeopardy was removed as the following actions were taken:</p> <p>During observation on 09/15/2011 at 7:00 a.m., DSP (Direct Support Professional) #9 checked</p>	{W 122}			

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{W 122}	<p>Continued From page 7</p> <p>client B's blood sugar and administered insulin. The DSP checked the blood sugar prior to administration of oral medications in applesauce and prior to breakfast. The insulin pen was dialed to the correct dose and administered into client B's right upper abdomen using aseptic (clean) techniques. There were no concerns related to the procedures/techniques observed.</p> <p>During meal observations on 09/15/2011 at 7:20 a.m., DSP #7 assisted client B with serving 1/2 cup of scrambled eggs substitute, 1/2 cup of orange juice, and 4 ounces of milk. One cup of oatmeal was substituted for whole wheat toast. The undated fall/winter, 1800 calorie, low fat/low cholesterol menu was reviewed on 09/15/2011 at 7:28 a.m. The undated menu indicated client B was to receive 1/2 cup of orange juice, 1/2 cup of scrambled eggs substitute, 2 slices of whole wheat toast, 1 teaspoon margarine, and 1 teaspoon of low sugar jelly. There were no concerns related to portion sizes or food substitution.</p> <p>During an interview on 09/15/2011 at 7:15 a.m., DSP #4 indicated client B's blood sugars were stable and that the client was eating good. She stated the blood sugars were between 71 and 84. The DSP indicated she received training in diabetic care for client B on 09/07/2011. The DSP indicated she would check a blood sugar if client B displayed symptoms of abnormal blood sugars. The DSP indicated she would give 1/4-1/2 cup of orange juice for low blood sugar. She indicated she would give water to reduce an elevated blood sugar. The DSP indicated she would recheck the blood sugar in 15 minutes to determine if treatment was successful. She</p>	{W 122}			

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{W 122}	<p>Continued From page 8</p> <p>indicated she would call the nurse for additional instructions if the treatment was not successful. The DSP stated she would call "the rescue squad", then the nurse if the blood sugar was over 400. She indicated client B's insulin had recently been adjusted to 18 units of Novolog insulin in the morning.</p> <p>During interview on 09/15/2011 at 7:20 a.m., DSP #9 indicated she would check a blood sugar if client B displayed symptoms of abnormal blood sugar. She stated "increased tiredness, increased thirst, shakiness, and complaints of pain or not feeling well" were symptoms that warrant checking client B's blood sugar. The DSP indicated she would give 1/4 cup of orange juice if the blood sugar was less than 70. She indicated she would give water to reduce a high blood sugar. The DSP indicated she would recheck the blood sugar in 15 minutes. She indicated treatment would be repeated and the blood sugar rechecked in 15 minutes if the blood sugar remained abnormal. The DSP indicated she would call the nurse if the second treatment did not improve the blood sugar. She stated she would "call 911" if the blood sugar was over 400.</p> <p>During an interview on 09/15/2011 at 7:40 a.m., DSP #7 stated a symptom of low blood sugar was "dizziness." The DSP indicated blood sugars are checked randomly based on a schedule from the physician. She indicated she would give a soda or beverage for low blood sugar and water for a high blood sugar. The DSP indicated she would recheck the blood sugar if the previous blood sugar was abnormal. She stated, "[Client B] has not had real high or real low blood sugar. She is doing a lot better."</p>	{W 122}			

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{W 122}	Continued From page 9  A "Training Roster" dated 9/7/2011 was reviewed on 09/15/2011 at 10:35 a.m. The Training Roster indicated 11 staff (all staff regularly assigned to work with client B) received training on client B's diabetes. The training included dietary information related to diabetes, high risk plans, the dining plan, and hyper/hypoglycemia protocols.  A "Performance Checklist", dated 9/12/2011, was reviewed on 09/15/2011 at 10:35 a.m. The Performance Checklist indicated DSP #2 and DSP #4 demonstrated competency with glucose monitoring and insulin administration.  A "Performance Checklist" dated 09/13/2011, was reviewed on 09/15/2011 at 10:35 a.m. The Performance Checklist indicated DSP #9 demonstrated competency with glucose monitoring and insulin administration.  Client B's record was reviewed on 09/15/2011 at 10:00 a.m. Client B's 08/26/2011 nurse note indicated the facility nurse pursued and received physician responses to abnormal laboratory results from a laboratory test obtained on 08/26/2011.  During an interview on 09/15/2011 at 10:30 a.m., the facility nurse indicated she had been in the group home daily since assuming the caseload on 09/12/2011 to ensure staff were trained to meet client B's health care needs.  During an interview on 09/15/2011 at 10:35 a.m., the QDDP (Qualified Developmental Disabilities Professional) indicated administrative staff and	{W 122}			

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{W 122}	<p>Continued From page 10</p> <p>the nurse had a schedule that provided daily supervision and oversight of client care in the group home. The QDDP indicated relief staff are required to review high risk plans, behavioral support plans, dining plans and protocols for all clients when assigned to the group home. He indicated the relief staff are not allowed to provide specialized care, including blood sugar monitoring or insulin administration unless checked off on skills by the nurse.</p> <p>During an interview on 09/15/2011 at 10:40 a.m., the Director of Group Homes indicated she had been going to the group home weekly to supervise client care and had recently been in the home for meal observations.</p> <p>Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at the Condition of Participation: Client Protections, as the facility needs to continue to complete monitoring/supervision of facility staff to ensure the effectiveness of its plan of correction.</p> <p>This Federal tag relates to complaint #IN00094847.</p> <p>1.1-3-2(a)</p>	{W 122}			