

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G457	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/24/2012
NAME OF PROVIDER OR SUPPLIER MCSHERR INC - B ST			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 S B ST RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Dates of Survey: October 15, 16, 17, 19, 23, and 24, 2012.</p> <p>Facility Number: 000971 Provider Number: 15G457 AIM Number: 100244800</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 10/29/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance was completed.</p> <p>Findings include:</p> <p>During the group home observations on 10/15/12 from 4:05pm until 6:30pm, and on 10/16/12 from 5:20am until 7:30am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked throughout the the group home. On 10/15/12 at 4:15pm, the back hallway floor was tile 10' x 4' (ten feet by four feet), the back bathroom floor was 7' x 7', and FS (Facility Staff) #1 stated both floor tiles were "worn and stained." At 4:35pm, FS #1 and client #2 showed client #2's bedroom. At 4:35pm, FS #1 and client #2 indicated the carpeted floor had a stain covering a 4' x 3' area. At 5pm, FS #1 stated the dining room floor was "approximately" 17' wide x 15' long and had "pitted holes from the chair bottoms into the floor." FS #1 stated "It makes the chairs move," and the floor</p>	W0104	The McSherr Agency Director (CEO) did purchase flooring for the back hallway, back bedroom, client's bedroom, and dining room. The flooring will be replaced by November 23, 2012. In the future, the home manager and/or the residential director will do monthly - or as needed- checks on the condition of the home and refer recommended repairs to the CFO for upkeep and repair.	11/23/2012			

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	<p>"had over 200" holes in the floor.</p> <p>On 10/17/12 at 11am, the facility's Maintenance and Repair log/communication information was requested from the agency's QMRP (Qualified Mental Retardation Professional). The QMRP indicated no maintenance information was available for review.</p> <p>On 10/17/12 at 11am, an interview with the QMRP and the Agency Director (AD) was completed. The QMRP and AD both indicated no maintenance repair information was available for review. The AD stated she was going to the home and she "will be fixing the floors."</p> <p>9-3-1(a)</p>				

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W0112	<p>483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview for 4 of 4 sample clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8) living in the group home, the facility failed to keep each client's personal information confidential by posting the clients' level of supervision information on the dining room bulletin board.</p> <p>Findings include:</p> <p>During observations on 10/15/12 from 4:05pm until 6:30pm, and on 10/16/12 from 5:20am until 7:30am, posted on the dining room bulletin board was an undated piece of paper which indicated "Community Outing Status...[Client #5] 2 clients w/ (with) 1 staff, [Client #3] 2 clients w/1 staff, [Client #6] 2 clients w/1 staff, [Client #4] 3 clients w/1 staff, [Client #1] 2 clients w/1 staff, [Client #7] 3 clients w/1 staff, [Client #8] 3 clients w/1 staff (and) bowling alley 4 clients w/1 staff, [Client #2] 3 clients w/1 staff (and) bowling alley 4 clients w/1 staff." At 5:15pm, FS (Facility Staff) #1 indicated visitors to the group home had access to</p>	W0112	The level of supervision has been removed from the bulletinboard and placed in the staff communication log. Any other identifying information ie: daily active treatment assignments, calendar of activities, etc. was also removed to the staff communication log. In the future, there will be no personal identification information posted in the home where anyone who is visiting the home could see that information.	10/25/2012			

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	<p>view client #1, #2, #3, #4, #5, #6, #7, and #8's posted first names with each client's last initials, level of supervision, and the information was not kept confidential.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 10/16/12 at 10:40am. At 10:40am, the QMRP indicated client #1, #2, #3, #4, #5, #6, #7, and #8's personal information should not have been posted on the group home bulletin board where visitors to the home had access.</p> <p>9-3-1(a)</p>				

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client #1), the facility failed to allow/encourage clients to register to vote to exercise their rights as citizens of the United States.</p> <p>Findings include:</p> <p>On 10/16/12 at 12:45pm, client #1's record was reviewed. Client #1's 9/19/12 ISP (Individual Support Plan) indicated client #1 was an emancipated adult and did not indicate if he was a registered voter. Client #1's record indicated he was admitted 9/27/2011. Client #1's record contained a 10/19/12 CFA (Comprehensive Functional Assessment) which did not indicate if client #1 was a registered voter. Client #1's 3/29/12 "Human Rights Assessment" indicated client #1 understood his civil rights and "...Does the individual understand the democratic procedures and implications of voting?...Yes." Client #1's record and ISP did not indicate the facility had</p>	W0125	<p>Each client in the home will be asked if they would like to vote/register to vote. If the client states that they would like to vote/register to vote, they will be escorted to the courthouse to register to vote. Prior to the next registration deadline, any client who chose not to register at this time will again be asked if they would like to do so. During the next election, every client who has chosen to register to vote will be given the opportunity to go to the polls to cast their ballot. In the future when a new resident moves into the home, they will be given the opportunity to register if they desire to do so.</p>	11/23/2012			

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	<p>encouraged and/or taught the client his civil rights in regard to voting.</p> <p>On 10/16/12 at 8:50am, client #1 stated "I wanted to vote, but I lost my picture ID (Identification)." Client #1 indicated he missed the deadline to register to vote.</p> <p>An interview with the QMRP (Qualified Mental Retardation Professional) was conducted on 10/16/12 at 10:40am. The QMRP stated she "was unaware" if client #1 was a registered voter. The QMRP indicated client #1 had a picture ID and the ID was kept secure inside the group home.</p> <p>An interview with the QMRP was conducted on 10/17/12 at 11am. The QMRP indicated the clients should be taught their civil rights in regard to voting and should be allowed to vote if they chose to. The QMRP indicated client #1 had attended a church activity and missed the outing when clients from other group homes went to register to vote. The QMRP indicated no additional opportunity was available for client #1 to register to vote.</p> <p>9-3-2(a)</p>				

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (clients #1, #2, #3, and #4), the facility failed to allow and/or encourage the clients to carry money on their person to the extent they were capable.</p> <p>Findings include:</p> <p>During the group home observations on 10/15/12 from 4:05pm until 6:30pm, and on 10/16/12 from 5:20am until 7:30am, and workshop observation on 10/16/12 from 8:10am until 9:15am, clients #1, #2, #3, and #4 did not have access to their personal money and brought drinks from the group home. On 10/16/12 at 8:35am, client #1 stated "I want to carry my own money." Client #1 took his wallet out of his pants pocket, opened the wallet, and stated "See it's empty, I can't buy a coke." Client #1 indicated he wanted to be able to use the vending machine at the workshop breakroom to buy his girlfriend a drink. Client #1 stated "I won't spend it all at once." At 8:50am, client #2 stated "I'm broke" and indicated he wanted to</p>	W0126	<p>A new financial assessment will be conducted by the IDT on 11/12/2012. The narrative will be completed justifying the assessment as to the amount of money each client should be allowed to carry on their person. In the future, the financial section in the assessment for vulnerability that is completed by the IDT at the meeting prior to their annual IHP will include a narrative justifying the assessment. The adaptive and independent living section narrative in the IHP will address the client's ability to carry money and the amount recommended. There is also a section in the FARS that is to be completed annually prior to the IHP addressing the client's ability to carry money.</p>	11/23/2012			

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	<p>carry his own money. Client #2 took out his wallet, opened it, and stated "See, no money." At 9:15am, the workshop supervisor indicated clients #1, #2, #3, and #4 did not carry their own money and did not have access to money.</p> <p>Client #1's record was reviewed on 10/16/12 at 12:45 PM. Client #1's 9/19/12 Individual Support Plan (ISP) indicated a goal for client #1 to budget his paycheck and did not indicate client #1 should not be allowed to carry money/pocket change. Client #1's 9/19/12 review of "Section 8: Adaptive and Independent Living Skills" indicated "...Strengths:...Understands Money."</p> <p>Client #2's record was reviewed on 10/16/12 at 10:50am. Client #2's 1/4/12 ISP indicated a goal for client #2 to purchase a pop at a restaurant and did not indicate client #2 should not be allowed to carry money/pocket change.</p> <p>Client #3's record was reviewed on 10/16/12 at 11:50am. Client #3's 10/2/12 ISP indicated a goal for client #3 to participate in weekly outings to purchase a beverage at a restaurant and did not indicate client #3 should not be allowed to carry money/pocket change.</p> <p>Client #4's record was reviewed on</p>						

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	<p>10/17/12 at 8:55am. Client #4's 10/10/12 ISP indicated a goal for client #4 to attend a weekly shopping trip into the community and did not indicate client #4 should not be allowed to carry money/pocket change.</p> <p>Interview with the Social Service Staff (SSS) and the Qualified Mental Retardation Professional (QMRP) on 10/17/12 at 11:00 AM indicated clients #1, #2, #3, and #4 should be allowed to carry money/pocket change on their person. The QMRP indicated clients #3 and #4 did not understand money and staff should use formal and informal opportunities to teach clients about their money.</p> <p>9-3-2(a)</p>			

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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client #3), the facility failed to complete an assessment of the client's functional skills of walking, eating, and communicating.</p> <p>Findings include:</p> <p>During observations at the group home on 10/15/12 from 4:05pm until 6:30pm, and on 10/16/12 from 5:20am until 7:30am, client #3 sat in a rocker and held a stuffed animal, was assisted by staff pulling on his right/left arms to be upright from the chair, and walked behind staff throughout the group home and held staff's arms at the elbow. Client #3 was observed to have a visual impairment; client #3 did not use a walking cane during the observation. On 10/15/12 at 5:15pm, Facility Staff (FS) #6 assisted client #3 to the dining room table by pulling his left arm forward, placed client #3's left arm on her right elbow, spoke louder than the volume of the television while assisting client #3, and the two walked to the dining room table. At 5:15pm, FS #6</p>	W0214	Mr. Michael Neese, a consultant referred to McSherr by Independant Living Centers is scheduled to conduct an assessment and orientation for mobility, eating and communication for client #3 on Friday 11/09/2012. Any recommendations from that assessment will be included in client #3's plans and staff will be ins-serviced on any new protocols that are put in place following the assessment. In the future, the QMRP will arrange for any assessments that are needed for any new client in the home.	11/23/2012	

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	<p>filled client #3's three (3) compartment divided plate with food, placed the divided plate in front of client #3, hand over hand held client #3's spoon over each of the compartments of food to identify each one, spoke louder than the conversation sound level, and identified the foods counter clockwise. The clock face approach to identify objects and items for client #3's visual impairments was not used. At 5:15pm, FS #6 stated client #3 was "blind," non verbal, and needed staff assistance to walk and eat.</p> <p>On 10/16/12 at 11:50am, client #3's record was reviewed. Client #3's record indicated he was admitted on 9/6/12. Client #3's 9/27/12 Functional Assessment Record (FAR) did not identify his visual impairment. No assessments were available for review to determine client #3's functional capabilities and how staff should assist client #3. Client #3's 10/2/12 ISP (Individual Support Plan) indicated he was blind, had limited verbalization, had goals/objectives to permit staff to be a sighted guide, to sign the word toilet, and to use sign language with his hands to communicate basic wants/needs.</p> <p>Interview with the QMRP on 10/16/12 at 9am, indicated client #3 was blind and no assessment of his functional capabilities</p>				

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	to teach client #3 further independence was available for review. 9-3-4(a)				

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation, record review, and interview, the facility failed to secure the medication cabinet keys for 4 of 4 sample clients (#1, #2, #3, and #4) and four additional clients (clients #5, #6, #7, and #8) who resided in the home.</p> <p>Findings include:</p> <p>During the group home observations on 10/15/12 from 4:05pm until 6:30pm, and on 10/16/12 from 5:20am until 7:30am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked throughout the the group home. During both observation periods, the keys for the group home medication cabinet hung on a ring on the side of the access door to the medication cabinet in the dining room. On 10/15/12 at 6pm, FS (Facility Staff) #1 stated the medication cabinet was in the dining room, the keys to the cabinet were on a ring on the access side of the cabinet, and "everyone" who came into the group home had access to the medication keys.</p> <p>An interview was conducted on 10/17/12 at 10:45am, with the QMRP (Qualified Mental Retardation Professional) and the agency Registered Nurse (RN). Both</p>	W0383	On 10/17/2012 the keys were removed from the medication cabinet and placed in a drawer in the kitchen away from the medication area. The keys are on a ring mixed with other keys so that anyone who is not familiar with the keys will not readily identify which key is to the medication cabinet.	11/23/2012			

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	<p>stated the medication keys were "kept" on a key ring on the side of the medication cabinet. Both indicated the medication keys should be kept secured when medications were not administered. The QMRP indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to the medication keys to the medication cabinet. Both indicated the facility followed "Living in the Community" for medication administration.</p> <p>On 10/17/12 at 11am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medication cabinet keys should be kept secure.</p> <p>9-3-6(a)</p>			