

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: February 16, 19, 20, and 23, 2015.</p> <p>Facility Number: 000829 Provider Number: 15G310 AIM Numbers: 100239650</p> <p>Surveyor: Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/3/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure the rights of all clients including client #4 wearing appropriately fitting clothing.</p>	W 137	Client # 4's clothing was immediately gone through and adjustments to the length of the clothing made as needed to ensure hersafety. Client #4 will likely be betterfitted in a	03/25/2015

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>Based on observation and record review for 2 of 4 sampled clients (clients #2 and #3), the facility failed to implement a method to keep clients' personal belongings inventory complete and current.</p> <p>Findings include:</p> <p>1) During observation at the group home on 2/19/15 between 4:10 PM and 6:30 PM, client #4 was wearing black slacks with the right pant leg rolled up to the ankle and the left pant leg approximately 6 inches too long past the heel. Client #4 was having difficulty ambulating as she attempted to pull up her left pant leg in order to walk.</p> <p>During interview with the Group Home Coordinator on 2/20/15 at 11:50 AM, she stated "We should have had the pants hemmed up. You noticed I had rolled both pant legs up but the left one came unrolled."</p> <p>2) During observation at the group home on 2/19/15 between 5:15 AM and 7:45 AM, client #2 was wearing shiny, bright colored high top tennis shoes. The shoes were unstained, only lightly worn and looked brand new.</p>		<p>petite size, so all staff were trained on the need for her clothing to be fitted correctly and the petite size will be tried to see if that length works without adjustment. If the clothing purchased does not fit correctly, adjustments must be made at theseamstress before it can be worn. All group home staff were in-serviced on the need for all clothing to fit appropriately on all clients prior to the clothing being worn. Group home staff will inform management if there is an issue with clothing and appropriate adjustments will be made. All professional staff were also retrained on the need for all clients clothing to fit appropriately. Group home management will also in-service their own group home staff as well.</p> <p>To prevent reoccurrence, the group home manager has been deemed as the responsible entity to ensure clothing fits appropriately. The group home manager will observe routinely in the home to ensure client clothing fits appropriately. Additionally, the Group Home Coordinator will add discussion about clothing to their monthly meeting agenda to ensure management is aware of any issues and ensure the clothing is modified if necessary. Group Home observations are also done on a routine basis (several times per month by management). The observation form will be updated to</p>	

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	<p>Interview with staff #3 was conducted on 2/19/15 at 6:45 AM. She stated client #2 had received the tennis shoes as a recent Christmas gift.</p> <p>Record review of client #2's records on 2/20/15 at 8:30 AM indicated the last personal possession logged onto client #2's Personal Possession Inventory was 8/16/14. There was not an entry indicating the client had received new tennis shoes on or about the Christmas holidays in 2014.</p> <p>Interview with the Group Home Coordinator was conducted on 2/20/15 at 11:50 AM. She stated "The last entry in [client #2's] Personal Possession Inventory log was on 8/16/14. [Client #2's] inventory log should have been updated to include the tennis shoes she received around the holidays."</p> <p>3) During observation at the group home on 2/19/15 between 4:10 PM and 6:30 PM, client #3 was sitting on a black vibrating throw/pad approximately 4 feet long and 4 feet wide.</p> <p>Interview with staff #4 on 2/19/15 at 5:15 PM stated client #3 "had received the vibrating throw for Christmas. She likes to sit on it because it is soothing to her."</p>		<p>includemanagement specifically looking at client clothing to ensure appropriate fitand that no safety issues are noted. This update will ensure consistency in this area moving forward.</p> <p>All clients' personal possessions inventories, includingclient #2 and #3 will be updated immediately to reflect the Christmas purchasesthat have been made. At the time of theChristmas purchase, the group home coordinator instructed the group homemanager to ensure it was logged on the personal possessions inventory. However, the group home manager at that timehad given her notice to leave her position and failed to follow through on therequest. The position of manager hasbeen filled again, and the current manager is aware that all purchases must belogged on the personal possessions inventories. In general, personal possessions inventories are kept up to dateeffectively. It is part of management'sresponsibility anytime a purchase for the client is made. Additionally, client purchases are alwaysdouble checked by the group home coordinator prior to the tags beingremoved. To prevent reoccurrence, thegroup home coordinator will now also check the personal possessions inventorywhen new items are purchased and are being checked in at the group home. Group Home coordinators will be made awarethat they need to</p>	

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W 249 Bldg. 00	<p>Record review of client #3's records on 2/20/15 at 9:20 AM indicated the last personal possessions logged onto client #3's Personal Possession Inventory was on 8/16/14. There was not an entry indicating the client had received a new vibrating throw on or about the Christmas holidays in 2014.</p> <p>Interview with the Group Home Coordinator was conducted on 2/20/15 at 11:50 AM. She stated "The last entry in [client #3's] Personal Possession Inventory log was on 8/16/14. [Client #3's] inventory log should have been updated to include the vibrating throw she received around the holidays."</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the</p>		check the inventory when checking the new items in at each of their homes. Additionally, all professional staff will be re-inserviced to ensure that all purchases are logged on the personal possessions inventory upon checking the items in at the group home with the group home coordinator.		

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	<p>achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview, and record review for 1 of 4 sampled clients (client #4), the facility failed to implement a medication goal, as established in the client's Individualized Program Plan (IPP).</p> <p>Findings include:</p> <p>During observation of the medication pass on 2/19/15 between 5:55 AM and 6:25 AM, staff #5 administered client #4's medications in applesauce without having the client identify any of her morning medications.</p> <p>Client #4's record review was completed on 2/20/15 at 10:35 AM. Client #4's IPP, dated 1/22/15, indicated the client's medication goal was to "choose Baclofen, a muscle relaxer, from a choice of two by reaching."</p> <p>Interview with the Group Home Coordinator on 2/20/15 at 11:50 AM stated "[Staff #5] should have prompted [client #4] to identify her Baclofen, choosing between it and another medication. The medication goal should be offered at every available opportunity."</p>	W 249	<p>All group home staff will be retrained on the importance of continuous consistent active treatment. Also, they will be retrained on the need to implement IPP goals and objectives at every opportunity. The training will particularly focus on Client #4's medication goal.</p> <p>All professional staff will also be retrained on their role in ensuring active treatment occurs and IPP objectives are run at every opportunity. Observations will also be done in the group home by management at least one time per week for four weeks to ensure the citation with the med goal is corrected as well as ensuring overall continuous active treatment is occurring.</p> <p>To prevent future occurrence moving forward, the observation form which is completed by management several times per month, will be updated to include observations of IPP goals being run and implemented. This will ensure consistent implementation of IPP goals during formal and informal opportunities is being completed routinely moving forward.</p>	03/25/2015

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W 382 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7), the facility failed to keep the keys to the medication cabinets secure and medications locked while staff administered medications to the clients in their bedrooms.</p> <p>Findings include:</p> <p>During observation of the medication pass for clients #1, #2, #3, #4, #5, #6 and #7 on 2/19/2015 between 5:55 AM and 6:35 AM, staff #5 left the medication room to administer medications to 3</p>	W 382	<p>The staff responsible for not securing the keys during the medication pass will be retrained on medication protocol which is to ensure the keys are always placed in a secured location or kept with the staff member passing meds. Additionally, all staff at Oakhill Group Home will be retrained on the medication protocol to ensure the keys are never left on the medication counter. Staff will be instructed on safe areas the keys can be left or that they should remain with the med passer at all times. To prevent future occurrence, the Group Home Manager and Group Home Coordinator will conduct observations several times per week for at least four weeks. The</p>	03/25/2015

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	<p>clients (clients #3, #4, and #5) while leaving the keys unsecured in one of the medication cabinets. The med room door was unlocked.</p> <p>Interview with the Group Home Coordinator on 2/19/15 at 8:05 AM stated "Staff administering medications should keep the keys to the medication cabinets with them. They should not be left unattended in the lock of the medication cabinet, especially when the room is left unlocked and unattended."</p> <p>9-3-6(a)</p>		<p>observations will focus on medication administration times with varying staff to ensure the keys are always being secured or kept with the person passing medications. Additionally, management completes routine monthly observations to ensure numerous areas of care/safety related to clients are being completed. This form will be updated to include medication observation and ensuring the medication keys are being handled according to policy. The update to this form will ensure consistent observation and monitoring of how the medication keys are handled moving forward. Systemically, all professional staff will be retrained on medication policy and ensuring the medication keys are kept secured. Professional staff will also be trained on the revisions to the monthly observation forms and ensuring they are monitoring their staff during medication passes to ensure the keys are kept secured at all times. All group homes will retrain their Residential Assistants at their next staff meetings.</p> <p>The Med Training Checklist which is used for medication training already states that the keys should be kept in a safe location. This form will be updated to include more specific details related to keeping the medication keys secured and/or on the</p>	

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			medication passer. The additional detail will ensure more awareness for staff to ensure completion. As an additional preventative/systemic measure, the RCDS nurses will be made aware to monitor staff related to the safe handling of the keys. The RCDS nurses are in the homes on a routine basis (at least two to three days per week) and can monitor securement of the med keys while they are there observing medication passes, completing paperwork, etc.		