

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G425	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2016
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NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 SHELBY PL NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: May 9, 10 and 11, 2016.</p> <p>Facility Number: 000939 AIM Number: 100368660 Provider Number: 15G425</p> <p>These deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/19/16.</p>	W 0000		
W 0288 Bldg. 00	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the use of a camera to monitor client #1's whereabouts was a part of his Behavior Support Plan (BSP).</p> <p>Findings include:</p>	W 0288	The BSP has been amended to include the use of cameras and the locking of sharps. Cara Pavlica RN, QIDP and Debbie Robison BC will be responsible for the correction and ongoing maintenance of BSP's to meet this standard.	06/10/2016

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>Observations were conducted at the facility on the evening of 5/09/2016 from 4:00 PM until 6:15 PM. A portable video monitor was observed in the downstairs living room where staff could see the upstairs bedroom door of client #1. The upstairs bedroom/bathroom area was observed at 5:15 PM. A camera was observed to be mounted in the back corner of the hallway focused on client #1's bedroom door. House Manager staff #3 was observed to obtain a vegetable peeler type kitchen tool for client #4 to use in making a salad at 5:30 PM from an upstairs locked office/storage room. The staff cleaned the peeler and returned it to the upstairs locked room.</p> <p>Review of facility incident reports on 5/9/16 at 2:00 PM indicated BDDS/Bureau of Developmental Disabilities Services reports documenting incidents of physical aggression between clients #1 and client #7. On 1/26/16 client #1 kicked client #7 on the shin and caused an abrasion requiring first aid. Client #7 visited another facility operated by the agency while steps were taken to evaluate client #1's behavior. On 2/16/16, client #1 reported to staff "he had a weapon and planned to kill one of his housemates." Client #1 was found to have a "shard of glass which he had</p>			
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W 0381	<p>hidden in his room." On 2/17/16, client #1 was seen by psychiatric services and the clinician recommended an inpatient reevaluation. Client #1 was inpatient for treatment/evaluation 2/17-22/16. Client #1 and client #7 had a physical encounter on 4/9/16 at 12:00 PM wherein client #1 received scratches and client #7 received an abrasion; only requiring first aid. According to review of client #1's record on 5/11/16 at 12:15 PM, he had a Behavior Support Plan/BSP dated January through December 2016 which addressed non-compliance and physical aggression. The use of cameras and locking of sharps (kitchen knives, kitchen tools) was not in the BSP.</p> <p>Interview with Qualified Developmental Disabilities Professional staff #1 on 5/11/16 at 4:00 PM indicated client #1 was awarded a waiver and placement was imminent. The interview indicated necessary approval had been sought/obtained for the restrictive measures of the camera and locking of the sharps in the facility but the current BSP did not reflect those necessary changes/additions.</p> <p>9-3-5(a)</p>				
	483.460(l)(1)				

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Bldg. 00	<p>DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security.</p> <p>Based on observation, record review and interview for 2 additional clients (#5 and #7) whose medications included a controlled substance, the facility failed to ensure controlled substances were double locked.</p> <p>Findings include:</p> <p>Observations of the facility owned/operated day program were conducted on 5/10/16 from 10:55 AM until 12:40 PM. Staff #5 was observed to administer client #7 clonazepam (behavior) 1.0 milligrams at 12:00 PM. Staff #5 administered client #5 1.0 milligram of lorazepam at 12:04 PM. According to observation of the room where the medications were stored at 12:15 PM, there was only one lock (the door) and the box which held the controlled medications had no lock.</p> <p>Review of the Food and Drug Administration's website on 5/10/16 at 8:00 PM indicated the medications lorazepam and clonazepam were schedule IV controlled drugs.</p> <p>During interview (5/10/16 at 12:20 PM) with the day program supervisor, staff #8, the day program staff carried the medications in unlocked pouches and placed the drugs in a locked storage room in a clear plastic tote without an additional lock. All day program staff could access the storage area with the pouch button combination lock on the door.</p> <p>9-3-6(a)</p>	W 0381	The locked storage area will be outfitted with a locking storage container with which to store the medications under double lock. The Director of Operation, Sheridan Vowels, will be responsible for implementing this correction	06/03/2016	

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W 0385 Bldg. 00	<p>483.460(l)(3) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must maintain records of the receipt and disposition of all controlled drugs.</p> <p>Based on observation, record review and interview for 2 additional clients (#5 and #7), the facility failed to maintain records of the receipt and disposition of all controlled medications.</p> <p>Findings include:</p> <p>During observations at the facility on 5/10/16 at 4:08 PM, client #7 received clonazepam 1.0 milligrams/mg. for behavior. On 5/10/16 at 7:30 AM, client #5 received lorazepam/Ativan 1.0 milligram/mg (used for seizures or panic disorders).</p> <p>Review (5/10/16 at 8:30 AM) of the facility's MAR/Medication Administration Records/MARs for clients #5 and #7 indicated there was no controlled medication count sheet for either the lorazepam or clonazepam.</p> <p>Review of the Food and Drug</p>	W 0385	The medications in this facility are in "Dis-pill" multi packages; the entire medication pass is contained in one sealed packet. The packets are specifically packed and timed on their specific labels and attached in sequential order. A weekly audit document will be instituted to verify the packets are accounted for and untampered. Cara Pavlica RN, QIDP will be responsible for implementing and maintenance of this documentation.	06/10/2016

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	<p>Administration's website on 5/10/16 at 8:00 PM indicated the medications lorazepam and clonazepam were schedule IV controlled drugs.</p> <p>Interview with Qualified Developmental Disabilities Professional staff #1 on 5/11/16 at 4:00 PM indicated no controlled drug records which documented periodic auditing of medication amounts.</p> <p>9-3-6(a)</p>						