STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G671	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORVILLA INC	1318 ROELKE ST SOUTH BEND, IN 46614

(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
W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: May 14, 15, and 16, 2014 Facility number: 001217 Provider number: 15G671 AIM number: 100244670 Surveyor: Tim Shebel, LSW The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/21/14 by Ruth Shackelford, QIDP.	W000000		
W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed to assure 4 of 16 medications were administered according to physician's orders for 2 of 3 sampled clients (clients #1 and #3).	W000369	Individual #1 (and all individuals for that matter) will have medication administered with food when recommended Individual #1 for example, will take medication with an 8 ounce glass of milk, or 1 ounce of yogurt	06/13/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: Client #3 was observed during the group home observation period on 5/15/14 from 3:53 P.M. until 5:30 P.M. At 4:38 P.M., direct care staff #1 administered the following medications to client #3: Metoclopramide, 10 mg (milligram) tablet (medication for gastroesophageal reflux); Naproxen, 500 mg tablet (medication to treat inflammation); Simethicone, 2 tablets (medication for gas/bloating); Ferrous, 150 mg tablet (iron supplement). At 4:58 P.M., direct care staff #1 administered the following to client #1: Calcium with vitamin D, 600 mg tablet (medication to increase bone density). After taking their medications, client #1 and #3 did not have anything to eat until the evening meal was served at 5:41 P.M. Client #1's record was reviewed on 5/16/14 at 8:22 A.M. Review of client #1's 4/14/14 physician's orders indicated the following: "Calcium 600 mg plus vit (vitamin) D, 1 tablet orally 2 times a day with food." Client #3's record was reviewed on 5/16/14 at 10:10 A.M. Review of client #3's 4/14/14 physician's orders indicated the following: "Metoclopramide 10 mg tablet, give 1 tablet orally with meals and		or pudding as suggested by dietary All staff will be re-trained by 6-13-14 Additionally, all Corvilla Staff (regardless of home) will obtain the same training by 6-13-14 All new staff will be trained in medication administration (as mandated) and observed in med pass demonstration for three individual demonstrations by an authorized supervisor Medication given with food will be monitored weekly by the Program Nurse, and daily by House Managers to review staff compliance with medication administration Effective 6-13-14, all staff will undergo an annual med pass demonstration with the Program Nurse, to include med pass associated with food	

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	at bedtime; Naproxen 500 mg tablet, give 1 tablet orally 2 times a day with food; Simethicone, give 2 tablets orally with meals and at bedtime; Ferrous 150 mg capsule, 1 capsule orally 2 times a day with food." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/16/14 at 10:21 A.M. QIDP #1 stated, "Those medications need to be given with food or a meal as the physician indicated." 9-3-6(a)			
W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, the facility failed to assure 2 of 3 sampled clients' (clients #1 and #3's) diet recommendations were followed for the evening meal. Findings include: Clients #1 and #3 were observed during	W000460	All Program Staff were re-trained on 6-3-14 by the Program Dietician in regard to dietary, med /food compliance and documentation-reporting of protocol for med administration. In order to ensure that other individuals (none of whom were directly impacted) are safe-guarded, staff training occurred for the entire home staff. Risk Management Plans,	06/06/2014

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	the 5/15/14 group home observation period from 3:53 P.M. until 5:50 P.M. At 5:33 P.M., direct care staff #1 and #3 assisted in serving dinner to the clients. Direct care staff #1 assisted client #1 in serving herself 2 cups of spaghetti, 3/4 cup spaghetti sauce, two cups of lettuce salad, and 1 piece of garlic toast. Direct care staff #2 assisted client #3 in serving herself 1 1/2 cups of spaghetti, 1 cup of spaghetti sauce, 1 cup of salad, and 1 piece of garlic toast. Direct care staff #1 and #2 were not observed to prompt or assist the clients in serving themselves portioned size servings. The facility's records were reviewed on 5/16/14 at 7:03 A.M.. A review of the facility's menu for the 5/15/14 evening meal indicated client #1 was on a controlled carbohydrate with no added salt diet. Client #1 was to have received the following portion sizes during the 5/15/14 evening meal: "1/2 cup meat sauce, 1/2 cup pasta or roll, 1/2 cup vegetable, 1 cup milk, 1/2 cup fruit." Further review of the facility's menu for the 5/15/14 evening meal indicated client #3 was on a regular mechanically soft diet. Client #3 was to have received the following portion sizes during the 5/15/14 evening meal: "1/2 cup meat sauce, 1 cup pasta or roll, 1/2 cup vegetable, 1 cup milk, 1/2 cup fruit."		diets and menus were reviewed for all indivduals in the home (not simply Client #1 and Client #3). Nursing staff and House Manager's will conduct weekly visits to observe staff compliance in regard to dietary, meal preparation, and staff interaction during meals. Documentation will be reviewed as well. Corvilla will review this deficiency to look at universal issues that could exist in all four homes. Policies will be reviewed to make sure that Risk Management plans address issues relted to defeciencies. The dietician will also review menus to ensure that they are individualized for all people served, especially as menus relate to mechaical diets, nutrition and other dietary program needs.To ensure that a deficiency of this nature does not occur again the Managers of each Corvilla home will monitor each meal daily to observe that all Client meals are always properly proportioned. The Nurse and QDIP will additionally monitor each home weekly to see that each Client has meals served in an appropriate manner.	

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	QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/16/14 at 10:21 A.M. QIDP #1 stated, "Staff should have assisted [clients #1 and #3] to serve themselves appropriate sized portions of food." 9-3-8(a)			