

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130
--	--

(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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 27 and 28, 2014.</p> <p>Facility Number: 001199 Provider Number: 15G661 AIM Number: 100235480</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 6/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed to ensure written informed consent was obtained for 2 of 3 sampled clients (clients #2 and #3) and three additional clients (#4, #5 and #6) for the practice of locking laundry detergent, soap and household</p>	W000263	<p>A review of rights restrictions for all clients has been completed. The IDT will obtain the proper signatures from the Human Rights Committee and client guardians/healthcare representatives. Telephone permissions have been obtained. Written corrective record sign offs</p>	06/27/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/28/2014	
NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130			
(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			
	<p>cleaners.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/27/14 from 4:30 PM until 6:00 PM and on 5/28/14 from 6:45 AM until 10:00 AM. During both observation periods, shampoo, cleaning supplies, and laundry detergent were seen kept locked in the facility's medication room.</p> <p>Staff #5 was interviewed on 5/28/14 at 7:16 AM. She indicated the soap, detergent, shampoo and cleaning supplies were locked up at the group home for the safety of client #5 who had ingested cleaning products. She indicated other clients in the home who did not need the restriction would gain access through staff.</p> <p>Client #2's record was reviewed on 5/27/14 at 12:15 PM. The record indicated client #2 had adoptive parents who served as her co-guardians. A "Client Rights Restriction Approval" form dated 2/19/14 indicated: "Description of Rights Restriction: All cleaning products are secured in a locked cabinet, access is available with staff assistance. Description of behavior issue, safety issue, or financial issue to be</p>		<p>will be obtained. The Director of Community Support Services as liaison to the Human Rights Committee will monitor future compliance and review at each meeting. The IDT has determined that it is necessary to secure the cleaning supplies. One client in the home has ingested "Pine-sol" on two occasions, believing it to be iced tea. To reduce risk to this client the IDT has implemented a plan of controlled exposure to cleaning supplies. The supplies are available with staff supervision when cleaning chores are being conducted. The clients need only to request cleaning supplies at any time. The HRC and parents/guardians/Health Care Reps. are in agreement that this intervention does not impact each of their respective clients in a negative way.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/28/2014	
NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130			
(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			
	<p>addressed by the rights restriction: A resident has a history of drinking cleaning products." The record review did not indicate client #2 needed to have soap, detergent and cleaning products locked.</p> <p>Client #2's record indicated she had guardians to assist her in making decisions. There was no evidence client #2's guardians had signed consent for the practice of locking up soap, detergent and cleaning products.</p> <p>Client #3's record was reviewed on 5/27/14 at 1:30 PM. The record indicated client #3's mother acted as her Health Care Representative/HCR and assisted her with decision making. A "Client Rights Restriction Approval" form dated 2/19/14 indicated: "Description of Rights Restriction: All cleaning products are secured in a locked cabinet, access is available with staff assistance.</p> <p>Description of behavior issue, safety issue, or financial issue to be addressed by the rights restriction: A resident has a history of drinking cleaning products." The record review did not indicate client #3 needed to have soap, detergent and cleaning products locked. There was no evidence client #3's HCR had signed consent for the practice of locking up soap, detergent and cleaning products.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130
--	--

(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
	<p>Client #4's record was reviewed on 5/27/14 at 2:30 PM. The record indicated client #4's mother acted as his Health Care Representative/HCR and assisted him with decision making. A "Client Rights Restriction Approval" form dated 2/19/14 indicated: "Description of Rights Restriction: All cleaning products are secured in a locked cabinet, access is available with staff assistance. Description of behavior issue, safety issue, or financial issue to be addressed by the rights restriction: A resident has a history of drinking cleaning products." The record review did not indicate client #4 needed to have soap, detergent and cleaning products locked. There was no evidence client #4's HCR had signed consent for the practice of locking up soap, detergent and cleaning products.</p> <p>Client #5's record was reviewed on 5/27/14 at 2:45 PM. The record indicated client #5's sister acted as her Health Care Representative/HCR and assisted her with decision making. A "Client Rights Restriction Approval" form dated 2/19/14 indicated: "Description of Rights Restriction: All cleaning products are secured in a locked cabinet, access is available with staff assistance. Description of behavior issue, safety issue, or financial issue to be addressed by the rights restriction: [Client #5] has a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130
--	--

(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
	<p>history of drinking cleaning products." There was no evidence client #5's HCR had signed consent for the practice of locking up soap, detergent and cleaning products.</p> <p>Client #6's record was reviewed on 5/27/14 at 12:15 PM. The record indicated client #6 had adoptive parents who served as her co-guardians. A "Client Rights Restriction Approval" form dated 2/19/14 indicated: "Description of Rights Restriction: All cleaning products are secured in a locked cabinet, access is available with staff assistance. Description of behavior issue, safety issue, or financial issue to be addressed by the rights restriction: A resident has a history of drinking cleaning products." The record review did not indicate client #6 needed to have soap, detergent and cleaning products locked.</p> <p>Client #6's record indicated she had guardians to assist her in making decisions. There was no evidence client #6's guardians had signed consent for the practice of locking up soap, detergent and cleaning products.</p> <p>The Residential Director's assistant was interviewed on 5/28/14 at 2:47 PM and indicated the consent for the restrictive programs/practices had been obtained</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G661	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/28/2014
NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4 SYLVAN LN JEFFERSONVILLE, IN 47130		
(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	
	verbally in 2/14 but the written informed consent had not been obtained for clients #2, #3, #4, #5 and #6. 9-3-4(a)				