STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G114	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL CRF INC	324 W 3RD ST CONNERSVILLE, IN 47331

(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 an annual fundamental recertification and state licensure survey. Dates of Survey: May 19, 20 and 21, 2014. Facility Number: 000651 Provider Number: 15G114 AIMS Number: 100234250 Surveyor: Vickie Kolb, RN These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed June 1, 2014 by Dotty Walton, QIDP.	W000000		
W000314	483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement at §483.460(j). Based on interview and record review for 1 of 2 sampled clients (#2) who took medications for behavior modification, the facility failed to ensure client #2's behavior medications were monitored quarterly by a physician. Findings include: Client #2's record was reviewed on	W000314	Client #2 will have their medications reviewed by their physician.Residential CRF nursing staff and behavior clinician will monitor psychotropic medications in conjunction with the physician on a quarterly basis. The Residential nurse and behavior clinician will review client's charts on monthly basis to ensure that client's needing a medication review are scheduled	06/20/2014

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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	5/20/14 at 2 PM. Client #2's physician's orders for 2014 indicated client #2 took Depakote 500 mg (milligrams) once a day for personality disorders and Clonidine 0.1 mg twice a day for Tourette Syndrome (a condition that causes a person to make uncontrollable, repeated and quick movements or sounds). Client #2's record indicated client #2 was seen on 8/9/13 by her PCP (Primary Care Physician) for an annual physical. Client #2's record indicated no quarterly and/or regular review of client #2's behavior modification medications by a physician. During interview with the LPN on 5/20/14 at 2 PM, the LPN stated client #2 was to have her behavior medications reviewed "every three to four months." The LPN stated, "She kind of slipped through the cracks with all that was going on with the doctors and all." The LPN indicated client #2's behavior medications were last reviewed by the client's PCP on 8/9/13. 9-3-5(a)		for one within the quarter.Staff Responsible: Nurse, Behavior Clinician	
W000316	483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate			

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RESIDENTIAL CRF INC	324 W 3RD ST CONNERSVILLE, IN 47331

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	behavior must be gradually withdrawn at least annually. Based on record review and interview for 1 of 2 sample clients receiving medications to control maladaptive behaviors (#2), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made. Findings include: Client #2's record was reviewed on 5/20/14 at 2 PM. Client #2's physician's orders for 2014 indicated client #2 took Depakote 500 mg (milligrams) once a day for personality disorders and Clonidine 0.1 mg twice a day for Tourette Syndrome (a condition that causes a person to make uncontrollable, repeated and quick movements or sounds). Client #2's BSP (Behavior Support Plan) of 2/12/14 indicated targeted behaviors of lying, arguing, property destruction, sexually inappropriate behaviors and temper tantrums. __The BSP indicated a plan of reduction for the Clonidine to be considered when client #2 had 30 or fewer incidents of tantrums for 120 days. __The BSP indicated a plan of reduction	W000316	Client #2 will be evaluated for a medication reduction.Residential nursing staff and behavior clinician will review each clients program/chart on a monthly basis to determine who is eligible for a medication reduction.Those clients who are have met the criteria for a medication reduction based on their medication reduction plan will be evaluated by their physician. The IDT will review each client's medication reduction plan on an annual basis. Staff Responsible: QIDP, Nurse and Behavior Clinician	06/20/2014

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	for the Depakote to be considered when client #2 had 30 or fewer incidents of lying, sexually inappropriate, argumentative, property destruction and tantrums for 120 days. Client #2's quarterly progress note from the BC (Behavior Clinician) dated October 2013 indicated "There have been very few target behaviors reported over the past twelve months. [Client #2] appears to be stable at this time. Continue same program." Review of client #1's monthly behavior records of 2013/2014 indicated no incidents of lying, property destruction, sexual inappropriateness and/or tantrums in the past 12 months. The records indicated 18 incidents of argumentative behaviors in the previous 12 months. Client #2's record indicated a "Justification for Medication" note dated 2/12/14. The note indicated "[Client #2] has been under the care of her physician for many years since her group home placement. Her family has stressed their desire for her medications not to be reduced. Past reductions were unsuccessful, once reduced she will then start having behavioral issues. The IDT (Interdisciplinary Team) is requesting that no dosage reduction take place. In			

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	the past it has caused considerable problems for [client #2]. Due to the request, the IDT feels it is in the best interest of [client #2] not to reduce the medication. She will continue to see her physician on a regular basis and he will continue to monitor her medication. The team will continue to review for any further interventions." Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/20/14 at 2 PM indicated she did not know when the last attempt to reduce client #2's behavior medications was made. The QIDP indicated no documentation in regard to previous failed attempts to reduce client #2's behavior medications and/or contraindication as to why an attempt of reduction should not be attempted. The QIDP indicated the family had requested client #2's medications not be reduced. 9-3-5(a)			