

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 420 FUQUAY RD EVANSVILLE, IN 47715
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 29, 30, 31, and November 1, 5, 8, 2012</p> <p>Provider: 15G379 Aims: 100239720 Facility: 000893</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/16/12 by TimShebel, Medical Surveyor III.</p>	W0000		

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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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>The facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and four non-sample clients (#5, #6, #7, #8) to provide sufficient staff to provide supervision to manage client training programs.</p> <p>Findings include:</p> <p>An observation was done at the group home on 10/29/12 from 4:18p.m. to 6:24p.m. During the observation there were 8 clients and 2 staff. At 4:44p.m. staff #2 was assisting with meal preparation and staff #3 was starting a medication pass. Staff pushed client #3 (in her wheelchair) to the dining room corner and left her while they continued with supper prep and client handwashing. The supper food was on the table at 4:48p.m. and the clients did not start eating until 5:25p.m., due to staff finishing the medication pass and 1 staff assisting clients with hand washing and dinner setup. During supper, staff #2 was</p>	W0186	<p>In general, RCDS provides sufficient and effective staffing to all group home settings. The Fuquay Group Home had 3 staff scheduled to work that evening. One staff called in. The on-call person did not follow protocol and attempt to obtain, staff to replace the call off. This is unacceptable and leads to low staffing ratios.</p> <p>The on-call person was retrained regarding their role to ensure the on-call system is effective.</p> <p>All professional/on-call staff will be retrained regarding the staffing ratio numbers and on-call policy in general.</p> <p>The group home schedules will also begin to be monitored by administration particularly regarding staff ratios. Likewise, the recaps of the actual hours worked will also be reviewed by administration. This will help ensure appropriate ratios are occurring.</p> <p>The current on-call policy has</p>	11/30/2012	

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	<p>at the kitchen bar assisting client #7 with her meal and client #8 was also at the bar. Staff #3 was at the dining room table with clients #1, #2, #3, #4, #5 and #6. Staff #3 was sitting by client #5. Client #5 needed one to one assistance to eat and staff #3 was custodialy feeding client #5. Client #4 served himself 13 meatballs at supper without redirection. The menu had indicated 3 meatballs per serving. Clients #1 and #6 did not drink with their meal for the first ten minutes of eating, until staff would verbally prompt them. At 5:49p.m. client #8 had finished supper and self propelled himself to the living room. Client #8 had asked staff for assistance to transfer out of his wheel chair. Staff told him just a second as both staff were assisting with clients #5 and #7's 1 to 1 dining needs. Client #8 was still in his wheelchair at the end of the observation at 6:24p.m. Client #6 had finished supper and had left the dining room. Client #6 had to be prompted out of the kitchen as he was food searching. Client #6 was prompted to sit in the medication room with staff #3 who was passing medication to client #5. Staff #2 was in the dining room assisting client #1 with his supper. Client #3 had sat in the dining room corner from 4:44p.m. to 6:09p.m. Client #3 did not eat supper as client #3 was tube fed at a different time. Client #3 was not given any activity while</p>		<p>historically been and currently is proven to be effective in not only maintaining client staff ratios, but also in providing good care for the clients in general.</p>				

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	<p>in the dining room other than staff briefly verbally interacting with her.</p> <p>Interview of staff #2 on 10/29/12 at 5:18p.m. indicated there should be 3 staff during the evening and they were short staffed. Staff #1 was interviewed on 10/29/12 at 6:15p.m. Staff #1 indicated client #6 had issues with food stealing and was to be in line of sight when in the kitchen area. Staff #1 indicated client #6 was in the medication room during the med pass so he could be monitored by staff. Staff #1 indicated client #1 and #6 had programs to alternate drinks and bites of food. Staff #1 indicated client #3 did not eat at the same time as her peers. Staff #1 indicated client #3 should be offered activity during the other clients supper time.</p> <p>9-3-3(a)</p>				

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2's individual program plan (IPP) had a training program in place to address the identified training need with personal space.</p> <p>Findings include:</p> <p>An observation was done at the facility on 10/29/12 from 4:18p.m. to 6:24p.m. At 4:48p.m. client #2 hugged client #7 in staff's presence without redirection.</p> <p>Record review of the facility's incident reports was done on 10/30/12 at 10:44a.m. Client #2 had an incident on 3/20/12 at the workshop. Client #2 had accused a peer of inappropriately touching her. The report indicated client #2 might of have hugged the peer prior to the allegation of inappropriate touch. Client #2 then changed day programs after this incident.</p> <p>Record review for client #2 was done on 11/1/12 at 2:55p.m. Client #2 had a</p>	W0227	<p>An IDT will be held to discuss client #2's personal space/appropriate touch issue. A program will be developed as needed.</p> <p>Any new programs will be in-serviced to group home staff.</p> <p>All professional staff will be retrained regarding their role in ensuring identified needs are addressed effectively.</p> <p>Preventatively, the Assistant Director will begin to randomly review the behavior reports and CAFAs in relationship to needed IPP programming to ensure appropriate programs are in place.</p>	11/30/2012			

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	<p>9/17/12 IPP. Client #2's IPP did not address her identified training need regarding personal space/appropriate touch. Client #2's IPP did not have any training programs in place to address this identified need.</p> <p>Staff #1 was interviewed on 11/5/12 at 1:45p.m. Staff #1 indicated client #2 hugged others. Staff #1 indicated client #2 did not have training programs in place to address this identified need.</p> <p>9-3-4(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#1, #4), to ensure the clients' personal space and dining training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 10/29/12 from 4:18p.m. to 6:24p.m. At 4:49p.m., client #4 hugged clients #2 and #7 with staff present and without redirection from staff. Client #1 had dinner (started eating) at 5:25p.m. Client #1 did not drink while eating until 5:45p.m. when prompted by staff.</p> <p>The record of client #1 was reviewed on 11/1/12 at 1:32p.m. Client #1's 6/5/12 individual program plan (IPP) indicated client #1 was to alternate liquids (drinks between bites) with foods.</p> <p>The record of client #4 was reviewed on 11/1/12 at 3:15p.m. Client #4's 5/8/12 IPP</p>	W0249	<p>All group home staff will be retrained on the importance of continuous, consistent active treatment. Also, on the need to implement IPP goals and objectives at every opportunity. This training will particularly focus on the following:</p> <ul style="list-style-type: none"> ·Client #4's goal to use handshakes when greeting others. ·Client #1's goal to alternate liquid with food (between bites) at mealtime <p>All professional staff will be retrained on their role to ensure active treatment occurs and IPP goals and objectives are run at every opportunity.</p> <p>Observations of client #1 and #4's above mentioned goals and active treatment in general will be conducted once per week for 4 weeks to ensure they are being run effectively.</p> <p>Also, preventatively, a member of administration will observe at the group home to ensure active treatment and goal</p>	11/30/2012

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	<p>indicated client #4's was to use handshakes for greeting others.</p> <p>Interview of staff #1 on 11/5/12 at 1:45p.m. indicated clients #1 and #4's training programs should have been implemented at all opportunities. 9-3-4(a)</p>		<p>implementation is occurring on an ongoing basis.</p>		