

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2011
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN47805
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W0000	<p>This visit was for investigation of complaint #IN00099945.</p> <p>Complaint #IN00099945: Substantiated, Federal/State deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W189, W318 and W331.</p> <p>Survey Dates: November 29, 2011 and December 1, 2, 2011</p> <p>Facility Number: 001022 Aim Number: 100245140 Provider Number: 15G508</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/9/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0102	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on interview and record review for 1 of 8 clients (D) residing in the facility, the facility failed to meet the Condition of Participation: Governing Body. The</p>	W0102	The facility will ensure that specific governing body and management requirements are met. 1. The facility will meet the Condition of Participation of Client	01/01/2012

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>Governing Body failed to exercise general policy and operating direction over the facility in that the facility failed to implement written policy and procedures to prevent neglect (supervision and medical services).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility's governing body failed to ensure the facility met the Condition of Participation: Client Protections, in that the facility failed to implement written policy and procedures to prevent neglect of client D, regarding implementation of client D's supervision needs with cleaning supplies and identified medical service needs. Please see W122. 2. The facility's governing body failed to exercise general policy and operating direction over the facility in regards to implementing written policy and procedures to prevent neglect of client D. Please see W104. 3. The facility's governing body failed to ensure the facility met the Condition of Participation of Health Care Services. The facility failed to ensure nursing services met the medical monitoring needs (physician orders) of client D to ensure timely acquisition and administration of client D's medication as the physician 		<p>Protections. The facility will insure that written policies and procedures are implemented to prevent neglect of all clients served. The facility has a written policy that outlines the use of and storage of Cleaning Supplies. The policy includes guidelines supervision needs for when clients are utilizing cleaning supplies. The policy has been revised to further specify the use and storage of cleaning supplies in order to prevent accidents or misuse and ensure safety for clients and staff. (Please see the response to W122.) 2. The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. The Governing Body of the facility is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment Policies and Procedures upon hire and at least annually thereafter. All allegations of abuse are reported and investigated according to the written policies of the facility. Normal Life of Indiana has a "zero-tolerance" policy for abuse,</p>				

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W0104	<p>ordered. Please see W318.</p> <p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-1(a)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 8 clients (D), the facility's governing body failed to exercise general policy and operating direction over the facility in regards to ensuring client D received identified supervision with cleaning supplies and follow up identified medical services in a timely manner.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to implement written policy and procedures</p>	W0104	<p>neglect or mistreatment of individuals served. Normal Life of Indiana will actively and aggressively investigate all allegations of abuse, neglect, and/ or mistreatment. All incidents are to be reported immediately according to the facility procedures. (Please see the response to W104.) 3. The facility will meet the Condition of Participation of Health Services. The facility will ensure that nursing services meet the medical monitoring needs and physician orders for all clients served. This includes timely acquisition and administration of medications as ordered by a physician. (Please see the response to W104, W318 and W331.)</p> <p>The facility will exercise general policy, budget, and operating direction over the facility. 1. The facility has a written policy that outlines the use of and storage of Cleaning Supplies. The policy includes guidelines supervision needs for when clients are utilizing cleaning supplies. The policy has been recently revised to further specify the use and storage of cleaning supplies in order to prevent accidents or misuse and ensure safety for clients and staff. The policy specifies when cleaning supplies should be secured/ locked, what</p>	01/01/2012	

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	<p>to provide services (supervision, medical orders) to prevent neglect of client D. Please see W149.</p> <p>2. The facility's governing body failed to ensure nursing services monitored client D's physician ordered medication/treatment to ensure he received the medication/treatment as ordered. Please see W331.</p> <p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-1(a)</p>		<p>supplies are to be utilized in the home, the supervision expectations of staff when clients are utilizing cleaning supplies, and how supplies are to be stored. Each client is assessed as to their skill level and their ability to utilize cleaning supplies safely. This assessment is initiated by the Program Coordinator/ QMRP and is reviewed with the Individuals Support Team on an annual basis. Client D's assessment had indicated that she possessed the skills to utilize cleaning supplies safely independently, and cleaning the bathroom/ toilet was a routine task that she completed. Because she had gained the skill to be independent in this area, Client D had often initiated the task without staff intervention and supervision. All staff will complete training on the revised Use and Storage of Cleaning Supplies Policy/ Procedure. The Executive Director will provide this initial training and the Home Manager will be responsible for the provision of the training on at least an annual basis to all staff in the home. Training will be documented in each staff training file. All staff will be expected to adhere to the revised policy immediately in order to ensure the safe storage and use of cleaning supplies in the home at all times. The Home Manager and Program Coordinator will be</p>		

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			responsible for providing ongoing monitoring in the home to insure compliance with the policy among all staff. 2. The facility has written policy / procedures and specific staff training designed to ensure that medical services are provided and monitored for each client and those medications/ treatments are received as ordered by the physician. Upon hire, all staff must complete training and must show competency in the state required medication administration training course <i>Living in the Community Medication Administration Course –Core A and B</i> . During that training, staff learns the facility procedures for administering medications according to physician orders, how to order medications as ordered by the physician, how to obtain medication after hours, and what to do when medication is not available. The facility has recently revised a written procedure that specifically outlines what needs to be completed following a medical appointment or emergency room visit. This procedure includes a step-by-step instruction of how to insure new medications ordered are obtained as quickly as possible to ensure that physician's orders are followed as written. The procedure also outlines who is responsible for each step and follow-up. All staff, including nursing staff, will		

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			complete training on this procedure and their responsibilities to insure that all medications and physicians orders are administered as indicated by the physician in a timely manner. The training will be initially provided by the Executive Director. The Home Manager will be responsible to provide the training to staff on at least an annual basis thereafter. The Home Manager and Program Coordinator will provide at least weekly monitoring and observation in the home to insure compliance. The Nurse will receive the documentation following each appointment or emergency room visit and will follow-up to any issues or missing information immediately. Any issues will be reported to the Director of Health Services as needed for further intervention. Each home has an LPN assigned to support the medical needs of the individuals that reside in the home. The LPN is responsible for visiting the home on at least a weekly basis to review documentation, medication storage and supplies, and to follow-up on any type of medical or illness that any individual may be experiencing. The LPN also visits the home following any incident that would require nursing follow-up within no more than 24 hours. The nurse for this home will received counseling and re-training		

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W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review, the facility failed for 1 of 8 clients (D) residing in the facility to meet the Condition of Participation: Client Protections by: failing to implement written policy and procedure to prevent neglect of client D in regards to not providing identified service needs (supervision with cleaning supplies) to prevent client injury and timely acquisition and administration of medication for identified medical needs.</p> <p>Findings include:</p> <p>See W149. The facility failed to</p>	W0122	<p>concerning her responsibilities to ensure that staff receive the information and support necessary to administer medication and treatment according to physicians orders as indicated. The Health Services Director is responsible to see that nursing services are adequately provided according to each individual need. Nurses conduct at least a monthly audit of medications and medical documentation in order to insure that staff are following orders as indicated by the physician. The written audits are submitted to the Director of Health Services who ensures that any issues noted are addressed immediately.</p> <p>The facility will ensure that specific client protections requirements will be met. The facility will meet the Condition of Participation of Client Protections. The facility will insure that written policies and procedures are implemented to prevent neglect of all clients served. The facility has a written policy that outlines the use of and storage of Cleaning Supplies. The policy includes guidelines supervision needs for when clients are utilizing cleaning supplies. The policy has been revised to further specify the use and storage of cleaning supplies in order to prevent accidents or misuse and ensure safety for</p>	01/01/2012

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W0149	<p>implement written policy and procedures to prevent neglect of client D in regards to: implementation of supervision during use of cleaning chemicals and provide identified medical services as needed.</p> <p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-2(a)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 1 allegation of client neglect reviewed (client D), to implement policy and procedures to prevent injury to client D (assist with storage of toilet bowl cleaner) and possible further injury to client D by not timely acquiring client D's physician ordered medications and administration of the medication as ordered following client D's release from the emergency room.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 12/1/11 at 12:50p.m. Client D had an incident report on 11/9/11. The incident report indicated</p>	W0149	<p>clients and staff. (Please see the response to W104 and W189.)The facility will insure that written policy and procedures are implemented in regards to client identified medical services needs as needed. The facility has written policy / procedures and specific staff training designed to ensure that medical services are provided and monitored for each client and those medications/ treatments are received as ordered by the physician. (Please see response to W104 and W331).</p> <p>The facility has developed and will consistently implement written policies that prohibit mistreatment, neglect or abuse of the client. The facility has policies and procedures that outline the definition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. The Governing Body of the facility is very adamant that no person served by the facility is subject to abuse and neglect at any time. All staff are trained and show competency in the Abuse, Neglect and Mistreatment Policies and Procedures upon hire and at least annually</p>	01/01/2012	

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	<p>client D was putting away a bottle of toilet bowl cleaner onto a shelf above her head at 9:18p.m. The report indicated there was a staff in the area but not directly assisting client D with putting away the toilet bowl cleaner. The lid had come off the bottle of toilet bowl cleaner and splashed into client D's face and eyes. Client D was taken to the emergency room.</p> <p>Record review of physician's notes were reviewed on 12/1/11 at 1:25p.m. The emergency room physician's report, released with client D on 11/10/11 at 2:35a.m., indicated: client D had a diagnosis of chemical conjunctivitis and large corneal abrasion; instructions to give Vigamox eye drops 1 drop both eyes every 6 hours, preservative free Artificial Tears every hour while awake and Vicodin every 4-6 hours as needed for pain; schedule an afternoon doctor appointment with an eye specialist.</p> <p>An 11/10/11 nursing note was reviewed on 12/1/11 at 1:25p.m. The nursing note indicated client D had been given prescriptions for Vigamox and Vicodin. The note indicated client D was also to use preservative free Artificial Tears eyedrops every hour. The nursing note indicated the medication Vigamox was not covered by insurance and "she has eye appointment today, informed staff to let</p>		<p>thereafter. All allegations of abuse are reported and investigated according to the written policies of the facility. Normal Life of Indiana has a "zero-tolerance" policy for abuse, neglect or mistreatment of individuals served. Normal Life of Indiana will actively and aggressively investigate all allegations of abuse, neglect, and/ or mistreatment. All incidents are to be reported immediately according to the facility procedures. All staff will receive retraining on the facilities policies and procedures that outline the prevention of neglect to all clients, specifically in regards to the provision of adequate supervision in the home during the use of cleaning chemicals and the provision of identified medical services as needed by each individual. The Executive Director will conduct the training initially. The Home Manager is responsible to insure that staff receives training on the facilities policy and procedure concerning the prohibition of abuse, neglect, and mistreatment; reporting requirements for allegations of such incidents; the obligation and responsibility of reporting abuse; and the process for reporting and appropriate follow-up to any such allegations reported. Training will be documented in each staff person's training file. Immediately following the</p>		

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	<p>doctor know Vigamox not covered." The note indicated staff had given client D Tylenol for discomfort.</p> <p>Record review of the facility's 11/11 medication administration record (MAR) was reviewed on 11/29/11 at 1:22p.m. Client D had a "Nurse Measure" dated 11/10/11 to: 1. Vigamox eye drops one drop both eyes every 6 hours (8a.m., 2p.m., 8p.m.) 2. Vicodin 5/500 give 1/2-1 tablet every 4-6 hours as needed for pain, must call nurse first 3. Preservative free Artificial Tears every hour while awake (pick up at pharmacy over the counter, will have to use P-Card (facility charge card) to purchase). 4. do not rub eyes 5. wear sunglasses when outdoors. The November 2011 MAR for client D indicated the medications Vigamox, Vicodin and preservative free Artificial Tears were not administered by the facility to client D on 11/10/11. The MAR indicated client D had been absent from the facility since 4p.m. on 11/10/11. An 11/11/11 nursing note indicated client D had gone home with her mother after the 11/10/11 1p.m. eye appointment.</p> <p>Staff #1 (qualified mental retardation professional) was interviewed on 12/1/11 at 12:11p.m. Staff #1 indicated client D was independent with using cleaning supplies. Staff #1 indicated a staff at the</p>		<p>accident in which Client D received an injury while placing toilet bowl cleaner in the storage area, all cleaning materials were relocated to insure that they were not being stored above eye level and beyond the reach of the individuals in the home. The revised policy/ procedure of the facility regarding the use and storage of cleaning supplies include instructions that indicate these storage guidelines. All staff will receive training on these revised guidelines as indicated above. (See W104 - #1)Upon Client D's release from the Emergency Room at approximately 3:30am, staff had not followed the facility procedure to insure that the medication that was ordered by the emergency room physician was obtained and documented so as to communicate the orders to other staff in the home. Staff #4, (Home Manager) will be counseled and receive re-training concerning their responsibility to follow-up and ensure that new orders from a physician following an appointment are implemented immediately. Additionally, Staff #2 (nurse) did not follow facility procedures to insure that the medication ordered was obtained and administered according to the physicians order. Staff #2 will be counseled and receive re-training concerning their responsibility to follow-up and ensure that new orders are implemented</p>				

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	<p>facility on the evening of 11/9/11 was in the area (eyesight) of client D but did not assist client D with the storage of the toilet bowl cleaner. Staff #1 indicated client D had returned home from the emergency room around 4a.m. on 11/10/11. Staff #1 indicated he had gone to the group home around 10a.m. on 11/10/11 to try to coordinate medications, artificial tears and the antibiotic. Staff #1 indicated there was a problem with getting the facility P-Card to purchase the over the counter Artificial Tears. Staff #1 indicated he had purchased the Artificial Tears around 11a.m. Staff #1 was not sure if any medication had been given to client D prior to her 1p.m. eye doctor appointment. Staff #1 indicated client D went to an eye doctor appointment at 1p.m. on 11/10/11. Staff #1 indicated client D's mother attended the 1p.m. appointment and client D had gone home with her Mother. Staff #1 indicated client D had not returned to the group home since the 1p.m. appointment on 11/10/11, still with her mother.</p> <p>Staff #2 (nurse) was interviewed on 12/1/11 at 2:07p.m. Staff #2 indicated the following in regards to nurse involvement with the 11/9/11 incident with client D: visited the group home on 11/10/11, faxed in orders to the pharmacy. Staff #2 indicated they were informed the</p>		<p>immediately. The unfortunate timing of the accident resulted in Client D being released from the emergency room at approximately 3:30am, which hindered the retrieval of and the follow-up to obtaining the new medication orders following the ER visit. Client D did not wake up until approximately 9:30am. She had an appointment scheduled with an eye specialist at 1:00pm. During the time that she was awake, staff was failed to insure that she received the medication as ordered and she missed one dose of the Vigamox drops. Staff had obtained and administered the Artificial Tears, but had not done so in a timely manner. There was some apparent confusion concerning the method in which to purchase medications when they are not covered by Medicaid Prescription Insurance. The facility maintains a purchase card/ credit card at each home in order to make general purchases for that home. The Home Manager is responsible for monitoring the purchases made for the home card. When the home card is not available, there are three other cards available in the facility office that could be utilized for such emergencies. There should be no delay in the purchase of over-the-counter or other medication needed. All staff at the home, nursing, and other management staff will receive training on the use of the</p>		

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	Vigamox, for corneal abrasion, was not covered by insurance and staff were told to ask the doctor at the 1p.m. appointment what the medication could be switched to. Staff #2 indicated staff were to pick up the artificial tears over the counter. Staff #2 indicated staff #5 had shown up at the 1p.m. eye doctor appointment with an unused sample bottle of Vigamox. Staff #5 had told staff #2 they had found the sample bottle in the group home office. Staff #2 indicated they were not aware a sample bottle of Vigamox was in the group home. Staff #2 indicated staff #4 had returned from the earlier emergency room visit with client D and had been given the sample of Vigamox by the emergency room doctor. Staff #2 indicated staff #4 had not made anyone aware the sample of Vigamox was in the group home. Staff #2 indicated client D did not receive any Vigamox following her release from the emergency room until her 1p.m. eye doctor appointment. Staff #2 was not sure when the over the counter Artificial Tears were in the group home and available for client D. Staff #2 indicated there was no documentation client D had received any Artificial Tears prior to the 1p.m. eye doctor appointment. Staff #2 indicated staff were to call the nurse if they return home from a client's doctor appointment with new prescriptions and any new medications.		p-card for such purchases and/ or what to do in the event that the home p-card is not available. The Executive Director will be responsible for completing this training and document such training in each staff training file.		

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	<p>Staff #2 indicated the over the counter Artificial tears should have been purchased immediately after discharge from the emergency room. Staff #2 indicated client D should have received one dose of the Vigamox, Vicodin for pain if needed and Artificial Tears hourly upon her return from the emergency room until her 1p.m. eye doctor appointment.</p> <p>The facility's 7/1/11 policy and procedure "Individual Abuse, Neglect, Exploitation and Mistreatment" was reviewed on 12/1/11 at 2:00p.m. The policy indicated the facility shall prohibit any form of mistreatment, exploitation, neglect or abuse. The policy indicated "Neglect refers to the placement, knowingly or intentionally, of an individual in a situation that may endanger his/her life or health; abandoning or cruelly confining the individual; depriving the individual of necessary support including food, drink, clothing, shelter, use of bathroom facilities, sleep, medical care." The facility's undated policy and procedure "New Medications Orders and Medication Changes" indicated "It shall be the policy of this operation that a licensed nurse will be monitoring all changes in prescription medication orders. When the nurse receives notification of a medication change, the nurse shall ensure that the order is accurately transcribed onto the</p>				

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W0189	<p>MAR and that the order is submitted to the pharmacy." The policy indicated "If the staff received a new prescription, the nurse will call in the new or instruct them to take the prescription to the local pharmacy to be filled." The facility policy dated 5/1/09 "Security and use of Cleaning Supplies" indicated "Individuals that possess skill necessary to use and handle cleaning supplies appropriately shall have access to cleaning supplies during instructional sessions and shall be fully supervised during said times."</p> <p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-2(a)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review, observation and interview, the facility failed for 8 of 8 clients (A, B, C, D, E, F, G, H) living in the facility to ensure staff received training in regards to monitoring the clients to ensure clients were fully supervised when using cleaning supplies</p>	W0189	The facility will provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. The facility has a written policy that outlines the Use and Storage of Cleaning Supplies and Chemicals. The	01/01/2012	

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	<p>and cleaning supplies were properly stored under the kitchen sink.</p> <p>Findings include:</p> <p>An observation was done at the group home for clients A, B, C, D, E, F, G and H on 11/29/11 from 11:52a.m. to 1 42p.m. At 12:37p.m. some cleaning supplies were seen in a closet in the facility office that was kept locked. At 12:54p.m. Lysol spray cleaner and laundry detergent were seen kept unlocked in the kitchen area. Staff #4 saw the cleaning supplies and took them and locked them in the office.</p> <p>Record review of the facility incident reports was done on 12/1/11 at 12:50p.m. Client D had an incident report on 11/9/11. The incident report indicated client D was putting away a bottle of toilet bowl cleaner onto a shelf above her head at 9:18p.m. The report indicated there was a staff in the area but not directly assisting client D with putting away the toilet bowl cleaner. The lid had come off the bottle of toilet bowl cleaner and splashed into client D's face and eyes. Client D was taken to the emergency room.</p> <p>Staff #7 was interviewed on 11/29/11 at 12:37p.m. Staff #7 indicated the facility cleaning supplies were to be kept locked</p>		<p>policy includes guidelines supervision needs for when clients are utilizing cleaning supplies. The policy has been revised to further specify the use and storage of cleaning supplies in order to prevent accidents or misuse and ensure safety for clients and staff. All staff will receive training on the revised policy/ procedure on the Use and Storage of Cleaning Supplies and Chemicals to ensure consistent implementation in the home. The Executive Director will provide the initial training. In the future, the Home Manager will be responsible to ensure that all employees receive training on the policy during their initial on-the-job training/ orientation period. The completion of the training will be tracked by the Training Coordinator and maintained in each employees training file.</p>		

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	<p>in the office for safety reasons.</p> <p>Staff #4 was interviewed on 11/29/11 at 1:12p.m. Staff #4 indicated the facility cleaning supplies were kept locked for safety reasons.</p> <p>Staff #8 was interviewed on 11/29/11 at 1:40p.m. Staff #8 indicated they did not think all the cleaning supplies were to be kept locked.</p> <p>Staff #1 (qualified mental retardation professional) was interviewed on 12/1/11 at 12:11p.m. Staff #1 indicated the facility cleaning supplies were to be kept unlocked. Staff #1 indicated the cleaning supplies should be kept under the kitchen sink to allow accessibility of all clients. Staff #1 indicated there was no documented staff training regarding the current storage procedure for group home cleaning supplies.</p> <p>Interview of staff #9 on 12/2/11 at 2:30p.m. indicated staff are trained to follow the facility policy on use of cleaning supplies and supervise clients during their use (chemical cleaning supplies).</p> <p>This federal tag relates to complaint #IN00099945.</p>				

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W0318	<p>9-3-3(a)</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, for 1 of 8 clients living in the group home (client D), the facility failed to meet the Condition of Participation: Health Care Services. The facility failed to ensure nursing services met the nursing/health needs of client D (chemical eye burn) by monitoring her nursing needs (medication timely acquired after emergency room visit) and ensuring client care orders (administration of medication) were followed by staff.</p> <p>Findings include:</p> <p>The facility's nursing services failed for client D to ensure: staff communicated with nursing staff the availability of medication sent home with the client from the emergency room; the timely acquisition of physician ordered medication for treatment for care of chemical burn to client D's eyes; staff followed written nursing orders regarding care for client D upon client D's return from the emergency room on 11/10/11. Please see W331.</p>	W0318	<p>The facility will ensure that specific health care services requirements are met.</p> <p>The facility will meet the Condition of Health Services by ensuring that the nursing services meet the nursing/ health needs of all clients served, specifically by monitoring the nursing needs, ensure timely medications acquired following a medical or emergency room appointment and by ensuring that client care orders from the physician are followed by staff. (Please see response to W331).</p>	01/01/2012	

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W0331	<p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-6(a)</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 8 clients residing in the group home (D) to ensure client D received nursing services (care and monitoring) for her identified health/nursing needs after client D's return from the emergency room for chemical burn to eyes on 11/10/11.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 12/1/11 at 12:50p.m. Client D had an incident report on 11/9/11. The incident report indicated client D was putting away a bottle of toilet bowl cleaner onto a shelf above her head at 9:18p.m.. The lid had come off the bottle of toilet bowl cleaner and splashed into client D's face and eyes. Client D was taken to the emergency room.</p> <p>Record review of physician's notes were reviewed on 12/1/11 at 1:25p.m. The emergency room physician's report,</p>	W0331	<p>The facility will provide clients with nursing services in accordance with their needs. The facility has written policy / procedures and specific staff training designed to ensure that medical services are provided and monitored for each client and those medications/ treatments are received as ordered by the physician. Each home has an LPN assigned to support the medical needs of the individuals that reside in the home. The LPN is responsible for visiting the home on at least a weekly basis to review documentation, medication storage and supplies, and to follow-up on any type of medical or illness that any individual may be experiencing. The LPN also visits the home following any incident that would require nursing follow-up within 24 hours. Immediately following any type of medical appointment, staff is to contact the LPN to insure follow-up to any orders that are obtained from that medical appointment. The nurse is to follow-up immediately to insure that any new medications are</p>	01/01/2012	

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	<p>released with client D on 11/10/11 at 2:35a.m., indicated: client D had a diagnosis of chemical conjunctivitis and large corneal abrasion; instructions to give Vigamox eye drops 1 drop both eyes every 6 hours, preservative free Artificial Tears every hour while awake and Vicodin every 4-6 hours as needed for pain; schedule an afternoon doctor appointment with an eye specialist.</p> <p>An 11/10/11 nursing note was reviewed on 12/1/11 at 1:25p.m. The nursing note indicated client D had been given prescriptions for Vigamox and Vicodin upon release from the emergency room. The note indicated client D was also to use preservative free Artificial Tears eyedrops every hour. The nursing note indicated the medication Vigamox was not covered by insurance and "she has eye appointment today, informed staff to let doctor know Vigamox not covered." The note indicated staff had given client D Tylenol for discomfort.</p> <p>Record review of the facility's 11/11 medication administration record (MAR) was reviewed on 11/29/11 at 1:22p.m. Client D had a "Nurse Measure" dated 11/10/11 to: 1. Vigamox eye drops one drop both eyes every 6 hours (8a.m., 2p.m., 8p.m.) 2. Vicodin 5/500 give 1/2-1 tablet every 4-6 hours as needed for pain,</p>		<p>ordered an obtained. The facility has recently revised a written procedure, previously called the Nursing Measure Form, which specifically outlines what needs to be completed following a medical appointment or emergency room visit. This procedure includes a step-by-step instruction of how to insure new medications ordered are obtained as quickly as possible to ensure that physician's orders are followed as written. The procedure also outlines who is responsible for each step and follow-up. The person that accompanies the client to the appointment is responsible for the initiation of the form and the nurse is responsible to ensure that all steps in the follow-up process is completed in a timely manner. All staff, including nursing staff, will complete training on this procedure and their responsibilities to insure that all medications and physicians orders are administered as indicated by the physician in a timely manner. The training will be initially provided by the Executive Director. The Home Manager will be responsible to provide the training to staff on at least an annual basis thereafter. The Home Manager and Program Coordinator will provide at least weekly monitoring and observation in the home to insure compliance. The Nurse will receive the documentation</p>		

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	<p>must call nurse first 3. Preservative free Artificial Tears every hour while awake (pick up at pharmacy over the counter, will have to use P-Card to purchase). 4. do not rub eyes 5. wear sunglasses when outdoors. The November 2011 MAR for client D indicated the medications Vigamox, Vicodin and preservative free Artificial Tears were not administered by the facility to client D on 11/10/11. The MAR indicated client D had been absent from the facility since 4p.m. on 11/10/11. An 11/11/11 nursing note indicated client D had gone home with her mother after the 11/10/11 1p.m. eye appointment.</p> <p>Staff #1 (qualified mental retardation professional) was interviewed on 12/1/11 at 12:11p.m. Staff #1 indicated client D had returned home from the emergency room around 4a.m. on 11/10/11. Staff #1 indicated he had gone to the group home around 10a.m. on 11/10/11 to try to coordinate medications, artificial tears and the antibiotic. Staff #1 indicated there was a problem with getting the facility P-Card (charge card) to purchase the over the counter Artificial Tears. Staff #1 indicated he had purchased the Artificial Tears around 11a.m. Staff #1 was not sure if any medication had been given to client D prior to her 1p.m. eye doctor appointment. Staff #1 indicated client D went to an eye doctor appointment at 1p.m. on 11/10/11.</p>		<p>following each appointment or emergency room visit and will follow-up to any issues or missing information immediately. Any issues will be reported to the Director of Health Services as needed for further intervention. The nurse assigned to this home will received counseling and re-training concerning her responsibilities to ensure that staff receive the information and support necessary to administer medication and treatment according to physicians orders as indicated. The Health Services Director is responsible to see that nursing services are adequately provided according to each individual need. Nurses conduct at least a monthly audit of medications and medical documentation in order to insure that staff is following orders as indicated by the physician. The written audits are submitted to the Director of Health Services who ensures that any issues noted are addressed immediately. Upon hire, all staff must complete training and must show competency in the state required medication administration training course <i>Living in the Community Medication Administration Course –Core A and B</i>. During that training, staff learns the facility procedures for administering medications according to physician orders, how to order medications as ordered by the</p>		

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	<p>Staff #1 indicated client D's mother attended the 1p.m. appointment and client D had gone home with her Mother. Staff #1 indicated client D had not returned to the group home since the 1p.m. appointment on 11/10/11, still with her mother.</p> <p>Staff #2 (nurse) was interviewed on 12/1/11 at 2:07p.m. Staff #2 indicated the following in regards to nurse involvement with the 11/9/11 incident with client D: visited the group home on 11/10/11, faxed in orders to the pharmacy. Staff #2 indicated they were informed the Vigamox, for corneal abrasion, was not covered by insurance and staff were told to ask the doctor at the 1p.m. appointment what the medication could be switched to. Staff #2 indicated staff were to pick up the artificial tears over the counter. Staff #2 indicated staff #5 had shown up at the 1p.m. eye doctor appointment with an unused sample bottle of Vigamox. Staff #5 had told staff #2 they had found the sample bottle in the group home office. Staff #2 indicated they were not aware a sample bottle of Vigamox was in the group home. Staff #2 indicated staff #4 had returned from the earlier emergency room visit with client D and had been given the sample of Vigamox by the emergency room doctor. Staff #2 indicated staff #4 had not made anyone</p>		<p>physician, how to obtain medication after hours, and what to do when medication is not available.</p>		

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	<p>aware the sample of Vigamox was in the group home. Staff #2 indicated client D did not receive any Vigamox following her release from the emergency room until her 1p.m. eye doctor appointment. Staff #2 was not sure when the over the counter Artificial Tears were in the group home and available for client D. Staff #2 indicated there was no documentation client D had received any Artificial Tears prior to the 1p.m. eye doctor appointment. Staff #2 indicated staff were to call the nurse if they return home from a client's doctor appointment with new prescriptions and any new medications. Staff #2 indicated client D should have received a dose of the Vigamox and Artificial Tears hourly upon her return from the emergency room until her 1p.m. eye doctor appointment.</p> <p>This federal tag relates to complaint #IN00099945.</p> <p>9-3-6(a)</p>				