

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G024	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2015
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NAME OF PROVIDER OR SUPPLIER  ADEC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 807 MOTTVILLE RD BRISTOL, IN 46507
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W000000	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of Complaint #IN00162557.</p> <p>COMPLAINT #IN00162557 - SUBSTANTIATED, Federal/State deficiencies related to the allegation are cited at W102, W104, W122, W149, and W249.</p> <p>Dates of Survey: January 26, 27, 28, 29, and 30, 2015.</p> <p>Facility number: 000590 Provider number: 15G024 AIM number: 100248560</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/4/15 by Ruth Shackelford, QIDP.</p>	W000000	See all corretions	
W000102	483.410			

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><b>GOVERNING BODY AND MANAGEMENT</b> The facility must ensure that specific governing body and management requirements are met. Based on observation, record review, and interview, the Condition of Participation of Governing Body is not met as the facility's governing body failed to assure adequate interventions were in place and implemented to prevent falls for 1 of 4 sampled clients (Client G) who had a history of falls.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Please refer to W104 as the facility's governing body failed to assure interventions were implemented to protect 1 of 4 sampled clients (client G) from injuries from falls.</li> <li>Please refer to W122, the Condition of Participation: Client Protections, as the facility neglected to assure 1 of 4 sampled clients (client G) received adequate interventions to prevent injuries from falls.</li> </ol> <p>This federal tag relates to complaint #IN00162557. 9-3-1(a)</p>	W000102	Please see W104 and 122	02/09/2015	

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review, observation, and interview, the facility's governing body failed to assure interventions were implemented to protect 1 of 4 sampled clients (client G) from injuries from falls.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Please refer to W149 as the governing body neglected to implement their "Incident Reporting and Management Policy" (abuse/neglect policy) to provide "appropriate supervision and care", and to implement a "Health Care Support Plan" for 1 of 4 sampled clients (client G) who fell and sustained injury.</li> <li>Please refer to W249 as the governing body failed to implement a "Health Care Support Plan" for 1 of 4 sampled clients (client G) who fell and sustained injury.</li> </ol>	W000104	<p>On 2/9/15 the facility nurse met with the facility staff to review all 1 risk plans including fall plans in the home. The fall plan or client G was incorrect and she had no issues with stairs The interventions in client G's health support plan were not causes of her fall On 2/9/15 the facility nurse was trained on the importance of accurate risk plans and the importance of updating and implementing them timely. The facility nurses are reviewing all risk plans for all individuals within the agency to ensure that there is accuracy In order to prevent this in the future the facility has implemented the following risk management protocol: <u>Risk Management</u> Any time there is an injury, potential for injury, or illness that requires immediate action, the IDT for the individual will meet to implement immediate correction. The Risk Management Committee will</p>	02/09/2015

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	This federal tag relates to complaint #IN00162557. 9-3-1(a)		ensurethat corrective actions are implemented to protect the individual from furtherharm. Risk Management Committeemeeting will be held every week. Theteam is composed of the QIDPs, Q-techs, nurses and the Residential Director whichwill review all accident and injury reports looking for ways to prevent injuryas well as to trend accidents and illnesses of individual clients. The teamwill review interventions implemented at the time of the accident or injury todetermine if the initial interventions were effective. At the meeting, theaccident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRPwill be responsible for implementation. The nurse will document all incidents on a chart that can be looked atby house and by individuals served. Theteam will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incidentoccurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category istotaled at the bottom. The totalincident number for each client is entered into the column on the side. The total incidents for the house is enteredin the lower right total column. <b>FALLS MANAGEMENT PROTOCOL</b> <u>Criteria for High</u>		

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			<p><u>Risk of Falls</u> A person is considered highrisk for falls:</p> <ol style="list-style-type: none"> <li>1.They have two falls within three months with assessedcontributing factors using the Outreach fall assessment tool</li> <li>2.Use an ambulation device of any kind (walker,wheelchair, hoyer, cane)</li> <li>3.They have one fall with serious injuries or a fall requiringmedical attention. A Falls Risk Assessment willbe completed, by the nurse, every quarter for all individuals. If a fall takesplace the staff, manager, nurse and or QIDP will complete the Outreach Servicesfall assessment to determine the conditions at time of fall. The Outreach fall assessmenttool will be completed and attached to the correlating accident/illness form.The risk plan on the HCSP will be updated as indicated after the assessment iscompleted.</li> </ol> <p>Fall precautions and interventions will beaddressed on the Health Care Support Plan (HSCP) and thesecond page of the fall assessment form. If the fall prevention interventions areunsuccessful and the individual has not scored a "high" risk status on the riskassessment for the last two assessed quarters, they can be decreased in status.</p> <p>Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP,Nurse</p>		

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review, and interview, the Condition of Participation of Client Protections is not met as the facility neglected to assure 1 of 4 sampled clients (Client G) received adequate interventions to prevent injuries from falls.</p> <p>Findings include:</p> <p>Please refer to W149 as the facility neglected to implement their "Incident reporting and Management Policy" (abuse/neglect policy) to provide "appropriate supervision and care", and to implement a "Health Care Support Plan" for 1 of 4 sampled clients (client G) who fell and sustained injury.</p> <p>This federal tag relates to complaint #IN00162557. 9-3-2(a)</p>	W000122	<p>On 2/9/15 the facility nurse met with the facility staff to review all I risk plans including fall plans in the home. The fall plan or client G was incorrect and she had no issues with stairs The interventions in client G's health support plan were not causes of her fall On 2/9/15 the facility nurse was trained on the importance of accurate risk plans and the importance of updating and implementing them timely. The facility nurses are reviewing all risk plans for all individuals within the agency to ensure that there is accuracy In order to prevent this in the future the facility has implemented the following risk management protocol: <u>Risk Management</u> Any time there is an injury,potential for injury, or illness that requires immediate action, the IDT forthe individual will meet to implement immediate correction. The Risk Management Committee will ensurethat corrective actions are implemented to protect the individual from furtherharm. Risk Management Committeemeeting will be held every week. Theteam is composed of the QIDPs, Q-techs, nurses and the Residential Director whichwill review all accident and injury reports</p>	02/09/2015
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			<p>looking for ways to prevent injurias well as to trend accidents and illnesses of individual clients. The teamwill review interventions implemented at the time of the accident or injury todetermine if the initial interventions were effective. At the meeting, theaccident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRPwill be responsible for implementation. The nurse will document all incidents on a chart that can be looked atby house and by individuals served. Theteam will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incidentoccurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category istotaled at the bottom. The totalincident number for each client is entered into the column on the side. The total incidents for the house is enteredin the lower right total column. <b>FALLS MANAGEMENT PROTOCOL</b> <u>Criteria for High Risk of Falls</u> A person is considered highrisk for falls:</p> <ol style="list-style-type: none"> <li>1.They have two falls within three months with assessedcontributing factors using the Outreach fall assessment tool</li> <li>2.Use an ambulation device of</li> </ol>		

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W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review, observation, and interview, the facility neglected to	W000149	any kind (walker, wheelchair, hoyer, cane) 3. They have one fall with serious injuries or a fall requiring medical attention. A Falls Risk Assessment will be completed, by the nurse, every quarter for all individuals. If a fall takes place the staff, manager, nurse and or QIDP will complete the Outreach Services fall assessment to determine the conditions at time of fall. The Outreach fall assessment tool will be completed and attached to the correlating accident/illness form. The risk plan on the HCSP will be updated as indicated after the assessment is completed. Fall precautions and interventions will be addressed on the Health Care Support Plan (HSCP) and the second page of the fall assessment form. If the fall prevention interventions are successful and the individual has not scored a "high" risk status on the risk assessment for the last two assessed quarters, they can be decreased in status. Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP, Nurse	02/09/2015	
			On 2/9/15 the facility nurse met with the facility staff to review all		

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	<p>implement their "Incident Reporting and Management Policy" (abuse/neglect policy) to provide "appropriate supervision and care", and to implement a "Health Care Support Plan" for 1 of 4 sampled clients (client G) who fell and sustained injury.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/26/15 at 2:09 P.M. A review of facility incident reports and accident/illness reports from 6/1/14 to 1/26/15 indicated the following falls and injuries sustained by client G:</p> <p>"Date: 09/02/2014, Time: 1:00 AM, Narrative: [Client G] was getting out of bed to use the restroom. She lost her balance and hit her head on her bedroom wall. She has about a one and a half inch bump on her head. Neuro checks (observation for symptoms of a concussion) were started with no negative findings at this time. Plan to Resolve: [Client G] does not have a fall risk plan at this time. This was an isolated incident due to [client G] being drowsy from sleep. SGL (Supported Group Living) staff will continue to perform neuro checks and will communicate any negative findings to [client G's] nurse."</p>		<p>risk plans including fall plans in the home. The fall plan or client G was incorrect and she had no issues with stairs The interventions in client G's health support plan were not causes of her fall On 2/9/15 the facility nurse was trained on the importance of accurate risk plans and the importance of updating and implementing them timely. The facility nurses are reviewing all risk plans for all individuals within the agency to ensure that there is accuracy In order to prevent this in the future the facility has implemented the following risk management protocol: <u>Risk Management</u> Any time there is an injury, potential for injury, or illness that requires immediate action, the IDT for the individual will meet to implement immediate correction. The Risk Management Committee will ensure that corrective actions are implemented to protect the individual from further harm. Risk Management Committee meeting will be held every week. The team is composed of the QIDPs, Q-techs, nurses and the Residential Director which will review all accident and injury reports looking for ways to prevent injury as well as to trend accidents and illnesses of individual clients. The team will review interventions implemented at the time of the accident or injury to determine if the initial interventions were effective. At</p>		

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	<p>"Date: Client: [Client G], 1-4-15, Time: 12:20 AM, Observed by: [Direct care staff #10], Narrative: Client (client G) was leaving restroom and lost her footing and fell and hit her head. Staff (direct care staff #10) was doing routine bed checks when she (client G) yelled for staff (direct care staff #12) to come to the back (back bedroom area of the group home). When she (direct care staff #12) got there client (client G) was laid (sic) in a puddle of blood with (incontinence brief) off trying to sit up. Both staff (direct care staff #10 and #12) ran to client checked the surroundings and immediately [direct care staff #12] called 911 while staff (direct care staff #10) was talking to client. Client (client G) was trying to get up and was vocalizing and moaning. 911 operator instructed staff to keep close eye on her (client G) but not to move her. Paramedics arrived. The only visible injury was to client (client G's) head. ... Paramedics here (at group home) to attend to client (client G) and transport her safely and effectively to hospital."</p> <p>A 1/5/15 follow up report by QIDP (Qualified Intellectual Disabilities Professional) #1 to the 1/4/15 incident of client G's fall, reviewed on 1/26/15 at 2:15 P.M., indicated the following:</p>		<p>the meeting, the accident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRP will be responsible for implementation. The nurse will document all incidents on a chart that can be looked at by house and by individuals served. The team will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incident occurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category is totaled at the bottom. The total incident number for each client is entered into the column on the side. The total incidents for the house is entered in the lower right total column. <b>FALLS MANAGEMENT</b> <b>PROTOCOL</b> <u>Criteria for High Risk of Falls</u> A person is considered high risk for falls:</p> <ol style="list-style-type: none"> <li>1. They have two falls within three months with assessed contributing factors using the Outreach fall assessment tool</li> <li>2. Use an ambulation device of any kind (walker, wheelchair, hoyer, cane)</li> <li>3. They have one fall with serious injuries or a fall requiring medical attention. A Falls Risk Assessment will be completed, by the nurse, every quarter for all individuals. If a fall takes place the staff, manager,</li> </ol>				

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	<p>"Date: 1/5/15, [Client G] was admitted to the hospital with a skull fracture, brain bleed (bleeding of the brain), and pneumonia."</p> <p>Client G's records were reviewed on 1/26/15 at 2:17 P.M. Review of hospital records dated 1/4/15 indicated client G was admitted to the hospital on 1/4/15 with the following diagnosis of client G's injuries by the emergency room physician which included but was not limited to: "2. Subdural hematoma and moderate subarachnoid hemorrhage (bleeding in the brain). ... 5. Skull fracture without loss of consciousness."</p> <p>The facility records were further reviewed on 1/26/15 at 2:29 P.M. Review of the 1/8/15 report indicated the following: "[Client G] was released from the hospital (to the group home) on 1/06/2015 (sic). Today (1/8/15) she (client G) appeared to have increased weakness, decreased appetite and had developed a low grade fever. Due to previous hospitalization (1/4/15 to 1/6/15) 911 was called and [client G] was transported to ER (Emergency Room) at [local hospital] for evaluation."</p> <p>Further review of facility incident reports on 1/26/15 at 2:35 P.M. indicated the following: "Date: 01/17/15, Narrative:</p>		<p>nurse and or QIDP will complete the Outreach Services fall assessment to determine the conditions at time of fall. The Outreach fall assessment tool will be completed and attached to the correlating accident/illness form. The risk plan on the HCSP will be updated as indicated after the assessment is completed.</p> <p>Fall precautions and interventions will be addressed on the Health Care Support Plan (HSCP) and the second page of the fall assessment form. If the fall prevention interventions are unsuccessful and the individual has not scored a "high" risk status on the risk assessment for the last two assessed quarters, they can be decreased in status.</p> <p>Failure to comply with this correction will result in disciplinary action Person Responsible: DRO, QIDP, Nurse</p>		

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	<p>[Client G] was admitted to [local hospital] on 01/08/2015. She (client G) began receiving Hospice Services at the hospital on 01/09/2015."</p> <p>Additional review of facility incident reports on 1/26/15 at 2:41 P.M. indicated the following: "Date: 01/23/2015, Narrative: [Client G] passed away while under hospice care in [local hospital] on 1/17/2015."</p> <p>Client G's hospital records were reviewed on 1/27/15 at 8:03 A.M. Review of the client's "Death Information Sheet", dated 1/17/15, indicated client G's final diagnosis at the time of her death was " Intra-cranial hemorrhage due to occipital skull fracture (bleeding in the brain due to skull fracture), and Mental Retardation Mod (moderate)-Severe."</p> <p>The facility's records were further reviewed on 1/27/15 at 8:10 A.M. Review of the facility's 1/7/15 investigation into client G's 1/4/15 fall indicated, in part, the following conclusions of the investigation: "... Due to the nature and location of the injuries, [client G] must have fallen backwards while attempting to go the bathroom."</p> <p>An observation of the group home where client G resided was conducted on</p>			

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	<p>1/27/15 from 6:32 A.M. until 8:00 A.M. While observing client G's living area, client G's bedroom was noted as being 11 feet from the bathroom which she used. To access the bathroom there were three steps up.</p> <p>House manager #1 was interviewed on 1/27/15 at 7:47 A.M. House manager #1 stated, "Staff (direct care staff #10 and #12) found [client G] on the floor." When asked if staff were to assist client G when using stairs, house manager #1 stated, "No, she (client G) never had a problem with stairs. If she (client G) was unsteady we (direct care staff) were to assist her." When asked to describe client G's gait, house manager #1 stated, "She (client G) was a little wobbly. She would sometimes walk kind of sideways. We would assist her (client G) when she needed assistance." When asked about client G's 12/14 Health Care Support Plan which indicated "staff will assist [client G] when ambulating or transferring over uneven ground and on steps", house manager #1 stated, "I don't know how that got in the risk plan (Health Care Support Plan). She (client G) never really had a problem with using steps."</p> <p>Client G's record was reviewed on 1/27/15 at 9:17 A.M. The review</p>				

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	<p>indicated client G had a "Health Care Support Plan" dated 6/14, with revisions dated 9/14/14, and 12/14. Client G's Health Care Support and revisions indicated, in part, the following: "6. At Risk for falls. . . . b. Staff (direct care staff) to provide stand-by assistance at all times for ambulation and transfers if noted that she (client G) is unsteady on her feet. c. Staff will assist [client G] when ambulating or transferring over uneven ground or steps."</p> <p>Director of Residential Services was interviewed on 1/27/15 at 9:55 A.M. Director of Residential Services stated, "She (client G) should never have fallen."</p> <p>The facility's records were further reviewed on 1/28/15 at 8:41 A.M. A review of the facility's "Incident Reporting and Management Policy" (abuse/neglect policy) dated 12/21/11 defined neglect as "failure to provide appropriate supervision, care or training."</p> <p>This federal tag relates to complaint #IN00162557. 9-3-2(a)</p>			

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 record review, observation, and interview, the facility failed to implement a "Health Care Support Plan" for 1 of 4 sampled clients (client G) who fell and sustained injury.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/26/15 at 2:09 P.M. A review of facility incident reports and accident/illness reports from 6/1/14 to 1/26/15 indicated the following falls and injuries sustained by client G:</p> <p>"Date: 09/02/2014, Time: 1:00 AM, Narrative: [Client G] was getting out of bed to use the restroom. She lost her balance and hit her head on her bedroom wall. She has about a one and a half inch bump on her head. Neuro checks (observation for symptoms of a concussion) were started with no</p>	W000249	<p>On 2/9/15 the facility nurse met with the facility staff to review all I risk plans including fall plans in the home. The fall plan or client G was incorrect and she had no issues with stairs The interventions in client G's health support plan were not causes of her fall On 2/9/15 the facility nurse was trained on the importance of accurate risk plans and the importance of updating and implementing them timely. The facility nurses are reviewing all risk plans for all individuals within the agency to ensure that there is accuracy In order to prevent this in the future the facility has implemented the following risk management protocol: <u>Risk Management</u> Any time there is an injury,potential for injury, or illness that requires immediate action, the IDT forthe individual will meet to implement immediate correction. The Risk Management Committee will</p>	02/09/2015

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	<p>negative findings at this time. Plan to Resolve: [Client G] does not have a fall risk plan at this time. This was an isolated incident due to [client G] being drowsy from sleep. SGL (Supported Group Living) staff will continue to perform neuro checks and will communicate any negative findings to [client G's] nurse."</p> <p>"Date: Client: [Client G], 1-4-15, Time: 12:20 AM, Observed by: [Direct care staff #10], Narrative: Client (client G) was leaving restroom and lost her footing and fell and hit her head. Staff (direct care staff #10) was doing routine bed checks when she (client G) yelled for staff (direct care staff #12) to come to the back (back bedroom area of the group home). When she (direct care staff #12) got there client (client G) was laid (sic) in a puddle of blood with (incontinence brief) off trying to sit up. Both staff (direct care staff #10 and #12) ran to client checked the surroundings and immediately [direct care staff #12] called 911 while staff (direct care staff #10) was talking to client. Client (client G) was trying to get up and was vocalizing and moaning. 911 operator instructed staff to keep close eye on her (client G) but not to move her. Paramedics arrived. The only visible injury was to client (client G's) head. ... Paramedics here (at group</p>		<p>ensure that corrective actions are implemented to protect the individual from further harm. Risk Management Committee meeting will be held every week. The team is composed of the QIDPs, Q-techs, nurses and the Residential Director which will review all accident and injury reports looking for ways to prevent injury as well as to trend accidents and illnesses of individual clients. The team will review interventions implemented at the time of the accident or injury to determine if the initial interventions were effective. At the meeting, the accident/illness report will be reviewed. The team will make additional recommendations as needed, and the QMRP will be responsible for implementation. The nurse will document all incidents on a chart that can be looked at by house and by individuals served. The team will be responsible for completed follow-up of recommendations made. <u>Risk Management Graph</u> The dates that an incident occurred are entered into the corresponding columns (i.e. falls). Then the total for each incident category is totaled at the bottom. The total incident number for each client is entered into the column on the side. The total incidents for the house is entered in the lower right total column. <b>FALLS</b></p>	

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	<p>home) to attend to client (client G) and transport her safely and effectively to hospital."</p> <p>A 1/5/15 follow up report by QIDP (Qualified Intellectual Disabilities Professional) #1 to the 1/4/15 incident of client G's fall, reviewed on 1/26/15 at 2:15 P.M., indicated the following: "Date: 1/5/15, [Client G] was admitted to the hospital with a skull fracture, brain bleed (bleeding of the brain), and pneumonia."</p> <p>Client G's records were reviewed on 1/26/15 at 2:17 P.M. Review of hospital records dated 1/4/15 indicated client G was admitted to the hospital on 1/4/15 with the following diagnosis of client G's injuries by the emergency room physician which included but was not limited to: "2. Subdural hematoma and moderate subarachnoid hemorrhage (bleeding in the brain). ... 5. Skull fracture without loss of consciousness."</p> <p>The facility's records were further reviewed on 1/27/15 at 8:10 A.M. Review of the facility's 1/7/15 investigation into client G's 1/4/15 fall indicated, in part, the following conclusions of the investigation: "... Due to the nature and location of the injuries, [client G] must have fallen backwards</p>		<p><b>MANAGEMENT PROTOCOL</b> <u>Criteria for High Risk of Falls</u> A person is considered highrisk for falls:</p> <ol style="list-style-type: none"> <li>1.They have two falls within three months with assessedcontributing factors using the Outreach fall assessment tool</li> <li>2.Use an ambulation device of any kind (walker,wheelchair, hoyer, cane)</li> <li>3.They have one fall with serious injuries or a fall requiringmedical attention. A Falls Risk Assessment willbe completed, by the nurse, every quarter for all individuals. If a fall takesplace the staff, manager, nurse and or QIDP will complete the Outreach Servicesfall assessment to determine the conditions at time of fall. The Outreach fall assessmenttool will be completed and attached to the correlating accident/illness form.The risk plan on the HCSP will be updated as indicated after the assessment iscompleted.</li> </ol> <p>Fall precautions and interventions will beaddressed on the Health Care Support Plan (HSCP) and thesecond page of the fall assessment form. If the fall prevention interventions areunsuccessful and the individual has not scored a "high" risk status on the riskassessment for the last two assessed quarters, they can be decreased in status. Failure to comply with this correction will result in disciplinary</p>		

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	<p>while attempting to go the bathroom."</p> <p>An observation of the group home where client G resided was conducted on 1/27/15 from 6:32 A.M. until 8:00 A.M. While observing client G's living area, client G's bedroom was noted as being 11 feet from the bathroom which she used. To access the bathroom there were three steps up.</p> <p>House manager #1 was interviewed on 1/27/15 at 7:47 A.M. House manager #1 stated, "Staff (direct care staff #10 and #12) found [client G] on the floor." When asked if staff were to assist client G when using stairs, house manager #1 stated, "No, she (client G) never had a problem with stairs. If she (client G) was unsteady we (direct care staff) were to assist her." When asked to describe client G's gait, house manager #1 stated, "She (client G) was a little wobbly. She would sometimes walk kind of sideways. We would assist her (client G) when she needed assistance." When asked about client G's 12/14 Health Care Support Plan which indicated "staff will assist [client G] when ambulating or transferring over uneven ground and on steps", house manager #1 stated, "I don't know how that got in the risk plan (Health Care Support Plan). She (client G) never really had a problem with using</p>		<p>action Person Responsible: DRO, QIDP, Nurse</p>				

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