

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 281 MCGRAIN ST CORYDON, IN47112			
(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			
W0000	<p>This visit was for a post certification revisit (PCR) to the recertification and state licensure survey completed on October 27, 2011.</p> <p>Survey Dates: January 12 and 13, 2012</p> <p>Facility Number: 001162 Provider Number: 15G611 Aim Number: 100385630</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality Review completed on 1/23//12 by Tim Shebel, Medical Surveyor III.</p>	W0000					
W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview of the 4:00 PM medication pass of 6 doses of medication, the facility failed to ensure all medications were administered, for 1 of 4 clients..</p> <p>Findings include:</p> <p>The afternoon medication pass on 1/12/12 was started at 3:35 PM. Staff #3 assisted the clients with the checking of the medication bubble pack</p>	W0369	The group home manager reviewed with staff the appropriate protocol during medication passes, how to handle a medication error, storing medications, and obtaining refills. To protect other clients: The staff will discuss with the group home manager the importance of checking the Medical Administration Record (MAR)	01/25/2012			

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>with the MAR (Medical Administration Record). Client #4 received her medication at 3:35 PM, client #6 received her medication at 3:45 PM, client #3 received his medication at 3:50 PM and client #2 received her medication at 4:00 PM. Staff #3 did not check the MAR to ensure all the clients received the medications as ordered.</p> <p>Review of the MAR at 4:45 PM on 1/12/13 indicated client #7 was to receive Sulfacetamide Sodium, 4 drops in both ears for infection. Client #7 did not receive the medication during the medication pass.</p> <p>Interview with staff #3 on 1/12/13 at 4:49 PM indicated the medication was new for client #7 and she forgot to check the MAR.</p> <p>9-3-6(a)</p>		<p>prior to administering medications. Staff will also recheck each page of the MAR at the end of the medication pass to ensure that no medications were missed. Doing so will ensure that the client has the correct medication and dosage. To prevent recurrence: Twice per month, the group home manager will randomly observe medication passes and complete a checklist of all the necessary steps of medication pass. During this time, the group home manager will ensure that the staff checks the MAR to assess what medications must be given. Quality assurance: The group home manager will observe medication passes two times per month basis to ensure compliance with all medication pass protocol. Staff will be retrained if they do not complete the medication pass correctly. Responsible party: Group home manager</p>		