

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2015
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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W 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 21, 22, 23, 24, 27, and May 1, 2015.</p> <p>Facility number: 000810 Provider number: 15G291 AIM number: 100249070</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise operating direction over the facility to ensure the facility's nursing services met the needs of the clients for 4 of 4 sampled clients (#1, #2, #3, #4) in regards to</p>	W 104	The facility's governing body will exercise general policy, budget and operating direction over the facility by providing nursing services to meet the medical needs of the clients. The governing body will	05/31/2015

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>routine examinations of visions, audiological testing, annual physicals, quarterly nursing assessments, annual nursing summary, ensuring physician prescribed medication was ordered, to ensure accurate and updated diagnoses on physician orders, ensure clarification on dietary recommendations for GERD (gastroesophageal reflux disease), to clarify a positive TB (tuberculosis) result and ensure appropriate exposure control and annual TB risk assessment screening, to ensure a care plan for arthritis and/or pain was developed and implemented, and to ensure quarterly psychiatric medication review for a client on ADHD (attention deficit hyperactivity disorder) medication.</p> <p>Findings include:</p> <p>1) The governing body failed to exercise operating direction over the facility to ensure nursing services met clients' needs by failing to ensure clients' physician's orders had an accurate and current list of diagnoses for 4 of 4 sampled clients (#1, #2, #3, #4), failed to ensure clarification of dietary recommendations for clients with a diagnosis of GERD for 2 of 4 sampled clients (#2, #3), failed to ensure follow up for doctor's recommendations in regards to a "limb length study" for 1 of 4 sampled clients (#2), failed to ensure</p>		<p>provide operating direction over nursing services to ensure routine examinations and evaluations will be completed in a timely manner and as recommended to include, but not limited to, vision evaluations, audiological evaluations, annual physicals, quarterly nursing assessments, quarterly psychiatric medication reviews and annual nursing assessments.</p> <p>The governing body will provide operating direction over nursing services to ensure that physician prescribed medication is ordered, client diagnosis are current and accurate and updated on physician's orders, dietary recommendations for GERD are consistently implemented, and care plans for pain accompanied by arthritis diagnosis are developed and implemented.</p> <p>The governing body will exercise general policy and operating direction over the facility by clarifying positive TB results with the client's PCP and ensuring appropriate exposures control plans, policy and procedures are implemented regarding positive test results from a Mantoux test indicating a diagnosis of TB.</p> <p><u>As noted at W331</u>-The facility will provide nursing services to clients in accordance to their needs. The nurse will review all physicians'</p>				

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	<p>audiological examinations were completed as recommended for 4 of 4 sampled clients (#1, #2, #3, and #4), failed to ensure vision exams every 2 years for clients with prescribed eye glasses for 2 of 4 sampled clients (#2, #4), failed to ensure quarterly assessments were completed for 4 of 4 sampled clients (#1, #2, #3, and #4), failed to ensure a physician prescribed PRN (given as needed) pain medication was ordered and available and a arthritis care plan and/or pain care plan was developed and implemented for a client with a diagnosis of arthritis for 1 of 4 clients (#3), failed to ensure quarterly psychiatric medication evaluation for 1 of 4 sampled clients (#4), failed to ensure an annual nursing summary for 1 of 4 sampled clients (#2), failed to ensure a clarification of a positive TB result and have systemic policy/procedures in regards to an exposure control plan for 1 of 4 sampled clients (#2). Please see W331.</p> <p>2) The governing body failed to exercise operating direction over the facility to ensure quarterly psychiatric medication evaluations in regards to a medication prescribed for ADHD (attention deficit hyperactivity disorder) for 1 of 4 sampled clients (#4). Please see W314.</p>		<p>orders to ensure the orders are accurate and include all current diagnosis. The nurse will review and clarify dietary recommendations for client's #2 and #3 with a diagnosis of GERD. The nurse and QIDP will ensure follow up to doctor's orders and recommendations including the recommendation for a limb length study. The nurse and QIDP will ensure audiological evaluations are completed as recommended. The nurse and QIDP will ensure vision exams are completed every 2 years for individuals that have vision loss that requires eye glasses for correction. The nursing department will ensure and provide nursing assessments to clients on a quarterly basis. The nurse and QIDP will ensure PRN pain medication is available and a pain and or arthritis care plan is developed, written and implemented for clients experiencing pain and/or have a diagnosis of arthritis. The nurse will monitor the schedule and ensure that client's receive psychiatric medication evaluations on a quarterly basis. The nurse will ensure the completion of annual nursing summaries for clients. The nurse will clarify with the PCP and follow policy and procedure involving the approved exposure control plan when a client responds positively to a TB test reading.</p> <p>1. The nurse will review all current physicians' orders.</p>				

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	<p>3) The governing body failed to exercise operating direction over the facility to ensure a follow up for doctor's recommendations in regards to a "limb length study" for 1 of 4 sampled clients (#2) and failed to ensure an annual physical was completed for 1 of 4 sampled clients (#2). Please see W322.</p> <p>4) The governing body failed to exercise operating direction over the facility to ensure audiological examinations were completed as recommended for 3 of 4 sampled clients (#1, #2, and #4), and failed to ensure vision exams every 2 years for clients with prescribed eye glasses for 2 of 4 sampled clients (#2, #4). Please see W323.</p> <p>5) The governing body failed to exercise operating direction over the facility to ensure a clarification of a positive TB (tuberculosis) result and to have implemented the facility's policy/procedures in regards to an exposure control plan for 1 of 4 sampled clients (#2). Please see W327.</p> <p>6) The governing body failed to exercise operating direction over the facility to ensure the facility's nursing services reviewed clients' health status on a quarterly basis for 4 of 4 sampled clients (#1, #2, #3, and #4). Please see W336.</p>		<p>Additional documents, including but not limited to, the client's ISP, BSP, psychiatric medication review form, and annual physical form will be reviewed for clarification with the QIDP. Discrepancies will be identified, addressed and resolved to ensure all diagnosis for each client is up to date and accurate. Client #1 will have the diagnosis of Impulse Control Disorder NOS added to the physician's orders. Client #2 will have the diagnoses of GERD, obesity, tachycardia and latent TB infection (as appropriate, once clarified) added to the physicians' orders. Client #3 will have the diagnosis of arthritis added the physicians' orders. Client #4 will have the diagnosis of seizure disorder added to the physicians' orders.</p> <p>In the future, the nurse will review all medical documents, when received, after any medical appointments to confirm diagnosis to reflect on the Medication Administration Record as well as the Physician's Orders. Additionally, the QIDP will be responsible to review and maintain accurate diagnosis information in the ISP and BSP on annual basis, more often as appropriate.</p> <p>2. Physician and medication orders will be reviewed, involving contact with the PCP, as appropriate, to clarify all orders</p>	

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	<p>7) The governing body failed to exercise operating direction over the facility to ensure a menu was specifically adapted for a diagnosis of GERD (acid reflux disease) for 2 of 4 sampled clients (#2, #3). Please see W460.</p> <p>9-3-1(a)</p>		<p>pertaining to the pain medication to address the arthritis diagnosis for client #3. Medication orders will be faxed to the pharmacy. Medication will be obtained as ordered and client #3 will receive medication as ordered and prescribed for pain and diagnosis of arthritis. Additionally arthritis care plan will be developed, written and implemented for Client #3. Staff will receive documented training on the arthritis care plan.</p> <p>In the future, nurses will review the Health Provider Medical Summary form completed at each medical appointment that include physician's orders and prescriptions, as received, to fax to pharmacy for MAR implementation and client administration.</p> <p>3. Client #2's annual nursing assessment was completed on May 20, 2015. Unfortunately, it was not completed within the one year time frame due to an oversight.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight and to prevent late annual nursing assessments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose and assessments are completed in a timely manner.</p> <p>4. Client #2 and #3 will receive a</p>		

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			<p>specially adapted diet for their diagnosis of GERD (acid reflux disease). For Client #2, with the dietician's input and consultation, as appropriate, the nurse and QIDP will revise client #2's GERD care plan to include specific diet recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>For Client #3, with the dietician's input and consultation, as appropriate, the nurse and The QIDP will develop and write a GERD care plan for client #3. The care plan will include specific recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>Once completed, staff will be trained on the GERD care plans and implement the plans as outlined and provide specific diet and menu adaptations for client #2 and #3.</p> <p>In the future, when a client receives a medical diagnosis that would have impact to the individual's diet and food consumption choices, a care plan will be developed in consultation with the dietician, as appropriate. Once written by the nurse and QIDP, staff will be trained to implement in a consistent manner. At least annually, more often as needed, the care plan will be reviewed for accuracy and revisions made, as appropriate.</p>	

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			<p>5. The facility will obtain audiological exams as recommended and obtain vision exams for clients with visual impairments that require corrective lenses every two years.</p> <p>Client #1 will have an audiological evaluation completed on June 9, 2015. Client #2 will have an audiological evaluation on May 27, 2015. Client #4 will have an audiological evaluation on June 1, 2015</p> <p>Client #2 had a vision evaluation completed on May 5, 2015. Client #4 had a vision exam completed on May 1, 2015.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight in effort to prevent late evaluations including, but not limited to vision and audiological evaluations. Reminders will be initiated by the nurses to staff for the scheduling of the evaluation appointments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure evaluations are completed in a timely manner.</p> <p>6. The facility's nursing staff will review and document each client's health status on a quarterly basis. The facility had a change in nursing staff. With the added position of</p>	

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			<p>Director of Nursing Services, additional oversight is now provided, via tracking forms to ensure compliance of quarterly nursing assessments within the accepted timeframes.</p> <p>Clients did receive a quarterly nursing assessment in the current quarter, but unfortunately had not for the two past quarters. Going forward, clients will be receiving nursing assessments on a quarterly basis.</p> <p>In the future, if a change in nursing personnel occurs, the Director of Nursing Services will reassign nurse caseloads/homes to ensure quarterly assessments are completed in a timely manner. As appropriate the Director of Nursing Services will complete quarterly assessments to ensure completed in the appropriate quarter timeframe. As a last resort, nursing services will be obtained through other avenues, such as contracted nursing services. This will allow for clients to receive nursing assessments on a quarterly basis without interruption as well as address any medical needs in a timely manner. Finally, the Director of Nursing Services will routinely audit medical records to ensure that nursing assessments are completed on a quarterly basis in effort to prevent quarters being missed.</p> <p>7. The positive TB result for client</p>	

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			<p>#2 will be clarified and then, based on the clarification outcome, the facility's policy and procedure that outlines an exposure control plan will be implemented for client #2. The nurse will consult with Client #2's PCP to gather additional information in effort to clarify the test results that were recorded as a positive Mantoux test in 2006. If the results are determined to be positive, formal documentation of this will be recorded and available for nursing staff so that appropriate monitoring and care can be provided to client #2. The exposure control plan policy will be initiated and implemented, as appropriate. If the clarification is that the test results were negative, documentation from the PCP will support the negative findings.</p> <p>In the future, when a client presents with a positive Mantoux test result, proper steps to confirm this diagnosis will be obtained by PCP. In the event a client has a positive confirmation of a TB diagnosis, nursing staff will follow policy on obtaining an annual TB questionnaire and implement all necessary steps, procedures and treatments as required and outlined in the facility's policies and procedures.</p> <p>8. The facility will ensure quarterly psychiatric medication evaluations are completed in</p>	

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			<p>regards to medications prescribed for control of inappropriate behavior. A psychiatric medication evaluation is scheduled to be completed for client #4 on June 17, 2015.</p> <p>In the future, the nurse will have a documented schedule/tracking system that records quarterly evaluations in effort to prevent future evaluation appointments being overlooked. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure quarterly psychiatric medication evaluations are completed in a timely manner.</p> <p><u>As noted at W314</u></p> <p>The facility will ensure quarterly psychiatric medication evaluations are completed in regards to medications prescribed for control of inappropriate behavior. A psychiatric medication evaluation is scheduled to be completed for client #4 on June 17, 2015.</p> <p>In the future, the nurse will have a documented schedule/tracking system that records quarterly evaluations in effort to prevent future evaluation appointments being overlooked. Additionally, the Director of Nursing Services will routinely review the tracking system</p>	

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			<p>to ensure it is utilized for its intended purpose in effort to ensure quarterly psychiatric medication evaluations are completed in a timely manner.</p> <p><u>As noted at W322</u></p> <p>The facility will provide and obtain preventative and general medical care including the completion of annual physical evaluations and medical evaluations based on medical recommendations.</p> <p>Client #2 had an annual physical evaluation completed on May 7, 2015.</p> <p>The nurse will contact Client #2's PCP to obtain the CT exam in regards to a "limb deformity" and his/her recommendations based on the exam results. The recommendations will be implemented. As appropriate, staff will be trained to implement any recommendations.</p> <p>In the future, the nurse will read and review, when received, PCP medical documents from medical appointments. The nurse will follow up if recommendations are indicated to ensure they are addressed and document the outcome of all recommendations and outcomes.</p> <p><u>As noted at W323</u></p>	

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			<p>The facility will obtain audiological exams as recommended and obtain vision exams for clients with visual impairments that require corrective lenses every two years.</p> <p>Client #1 will have an audiological evaluation completed on June 9, 2015. Client #2 will have an audiological evaluation on May 27, 2015. Client #4 will have an audiological evaluation on June 1, 2015</p> <p>Client #2 had a vision evaluation completed on May 5, 2015. Client #4 had a vision exam completed on May 1, 2015.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight in effort to prevent late evaluations including, but not limited to vision and audiological evaluations. Reminders will be initiated by the nurses to staff for the scheduling of the evaluation appointments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure evaluations are completed in a timely manner.</p> <p><u>As noted at W327</u></p> <p>The positive TB result for client #2</p>	

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			<p>will be clarified and then, based on the clarification outcome, the facility's policy and procedure that outlines an exposure control plan will be implemented for client #2. The nurse will consult with Client #2's PCP to gather additional information in effort to clarify the test results that were recorded as a positive Mantoux test in 2006. If the results are determined to be positive, formal documentation of this will be recorded and available for nursing staff so that appropriate monitoring and care can be provided to client #2. The exposure control plan policy will be initiated and implemented, as appropriate. If the clarification is that the test results were negative, documentation from the PCP will support the negative findings.</p> <p>In the future, when a client presents with a positive Mantoux test result, proper steps to confirm this diagnosis will be obtained by PCP. In the event a client has a positive confirmation of a TB diagnosis, nursing staff will follow policy on obtaining an annual TB questionnaire and implement all necessary steps, procedures and treatments as required and outlined in the facility's policies and procedures.</p> <p><u>As noted at W336</u></p> <p>The facility's nursing staff will review</p>	

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			<p>and document each client's health status on a quarterly basis. The facility had a change in nursing staff. With the added position of Director of Nursing Services, additional oversight is now provided, via tracking forms to ensure compliance of quarterly nursing assessments within the accepted timeframes.</p> <p>Clients did receive a quarterly nursing assessment in the current quarter, but unfortunately had not for the two past quarters. Going forward, clients will be receiving nursing assessments on a quarterly basis.</p> <p>In the future, if a change in nursing personnel occurs, the Director of Nursing Services will reassign nurse caseloads/homes to ensure quarterly assessments are completed in a timely manner. As appropriate the Director of Nursing Services will complete quarterly assessments to ensure completed in the appropriate quarter timeframe. As a last resort, nursing services will be obtained through other avenues, such as contracted nursing services. This will allow for clients to receive nursing assessments on a quarterly basis without interruption as well as address any medical needs in a timely manner. Finally, the Director of Nursing Services will routinely audit medical records to ensure that nursing assessments are completed on a quarterly basis in effort to</p>	

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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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			<p>prevent quarters being missed.</p> <p>-</p> <p><u>As noted at W460</u></p> <p>Client #2 and #3 will receive a specially adapted diet for their diagnosis of GERD (acid reflux disease). For Client #2, with the dietician's input and consultation, as appropriate, the nurse and QIDP will revise client #2's GERD care plan to include specific diet recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>For Client #3, with the dietician's input and consultation, as appropriate, the nurse and The QIDP will develop and write a GERD care plan for client #3. The care plan will include specific recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>Once completed, staff will be trained on the GERD care plans and implement the plan as outlined and provide specific diet and menu adaptations for client #2 and #3.</p> <p>In the future, when a client receives a medical diagnosis that would have impact to the individual's diet and food consumption choices, a care plan will be developed in consultation with the dietician, as appropriate. Once written by the nurse and QIDP, staff will be trained to implement in a consistent</p>	

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W 314  Bldg. 00	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 record review and interview, the facility failed to ensure quarterly psychiatric medication evaluations in	W 314	manner. At least annually, more often as needed, the care plan will be reviewed for accuracy and revisions made, as appropriate. The governing body has taken steps to provide successful operating direction over the nursing services by developing and implementing a nursing department led by the Director of Nursing Services. This position provides more detailed oversight and monitoring of the nursing staff. Tracking systems have been developed in effort to ensure client's medical needs are met in a timely manner. In addition, the Director of Nursing Services audits the systems to ensure implementation as intended and client nursing and medical needs are addressed in a timely manner.  Persons Responsible: Director of Nursing Services, Nurse, QIDP, Director of Quality Assurance, Director of Residential Services and Chief Programs Officer  -  The facility will ensure quarterly psychiatric medication evaluations are completed in regards to	05/31/2015	

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	<p>regards to a medication prescribed for ADHD (attention deficit hyperactivity disorder) for 1 of 4 sampled clients (#4).</p> <p>Findings include:</p> <p>During record review on 4/24/15 at 2:50PM, Client #4's physician's order dated 4/1/15 indicated Client #4's diagnoses as intellectual disabilities and ADHD (attention deficit hyperactivity disorder).</p> <p>Record review indicated Client #4 had her last psychiatric medication review dated 10/15/14. The psychiatric medication review indicated Client #4 was prescribed Methylphenidate (stimulant) ER (extended release) 54mg (milligrams).</p> <p>On 4/27/15 at 1:21 PM during an interview, the DON (Director Of Nursing) indicated Client #4's last quarterly psychiatric medication review was on 10/15/14. The DON stated Client #4's quarterly psychiatric medication review was "late."</p> <p>9-3-5(a)</p>		<p>medications prescribed for control of inappropriate behavior. A psychiatric medication evaluation is scheduled to be completed for client #4 on June 17, 2015.</p> <p>Nursing staff and QIDP will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed medical evaluations including but not limited to psychiatric medication reviews.</p> <p>In the future, the nurse will have a documented schedule/tracking system that records quarterly evaluations in effort to prevent future evaluation appointments being overlooked. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure quarterly psychiatric medication evaluations are completed in a timely manner.</p> <p>Persons responsible Nurse and Director of Nursing Services and Director of Quality Assurance</p>	

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W 322 Bldg. 00	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to ensure an annual physical was completed for 1 of 4 sampled clients (#2).</p> <p>Based on record review and interview, the facility failed to ensure follow up on doctor's recommendations in regards to a "limb length study" for 1 of 4 sampled clients (#2).</p> <p>Findings include:</p> <p>1) On 4/24/15 at 3:54 PM, record review indicated Client #2's physician order dated 4/1/15 which indicated Client #2's diagnoses included, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2's last annual physical was dated 1/21/14.</p>	W 322	<p>The facility will obtain audiological exams as recommended and obtain vision exams for clients with visual impairments that require corrective lenses every two years.</p> <p>Client #1 will have an audiological evaluation completed on June 9, 2015. Client #2 will have an audiological evaluation on May 27, 2015. Client #4 will have an audiological evaluation on June 1, 2015</p> <p>Client #2 had a vision evaluation completed on May 5, 2015. Client #4 had a vision exam completed on May 1, 2015.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight in effort to prevent late evaluations including, but not limited to vision and audiological evaluations. Reminders will be initiated by the nurses to staff for the scheduling of the</p>	05/31/2015

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	<p>During an interview on 4/27/15 at 1:21 PM, the DON (Director of Nursing) indicated Client #2's last annual physical was on 1/21/14 and she was late for her annual physical. The DON indicated the facility nurses give residential staff reminders when appointments are due but it was the responsibility of residential staff to make the appointment.</p> <p>2) On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but were not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified).</p> <p>Record review indicated Client #2 had an appointment dated 1/29/14 (also had a date of 1/29/13) for "Limb deformity, doctor referred." The "Medical Service Provider Report" indicated "limb length study ordered - CT (computerized tomography) exam. Will call to follow up with recommendations, inserts/heel lifts vs. (versus) physical therapy." Client #2's "Annual Physical" dated 1/21/14 indicated Client #2's left "limb" was 93 cm (centimeters) in length and her right "limb" was 95 cm in length. Record review indicated no updated annual</p>		<p>evaluation appointments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure evaluations are completed in a timely manner.</p> <p>Nursing staff, QIDP and Program Coordinator will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed medical evaluations including but not limited to audiological and vision examinations.</p> <p>Persons Responsible: Nurse, Director of Nursing Services and Director of Quality Assurance</p>				

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W 323 Bldg. 00	<p>physical and no further follow up on the "limb length study."</p> <p>During an interview on 4/27/15 at 1:21 PM, the DON (Director of Nursing) indicated she believed the conclusion of the study indicated staff had given Client #2 shoes which were the wrong size. The DON indicated there was no further documentation to review to indicate a follow up for Client #2's "limb length study."</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to ensure audiological examinations were completed as recommended for 3 of 4 sampled clients (#1, #2, and #4).</p> <p>Based on record review and interview,</p>	W 323	<p>The facility will obtain audiological exams as recommended and obtain vision exams for clients with visual impairments that require corrective lenses every two years.</p> <p>Client #1 will have an audiological</p>	05/31/2015

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	<p>the facility failed to ensure vision exams every 2 years for clients with prescribed eye glasses for 2 of 4 sampled clients (#2, #4).</p> <p>Findings include:</p> <p>1) On 4/24/15 at 3:20 PM, record review indicated Client #1's physician's orders dated 4/2/15 which indicated Client #1's diagnoses included MR (intellectual disabilities), autism, progressive developmental delay, and depression. Record review indicated Client #1's audiological exam dated 1/26/12 included a recommendation for "Retest in 3 years."</p> <p>On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but were not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, impulse control disorder NOS (not otherwise specified). Record review indicated Client #2 had an audiological examination dated 6/28/11 which indicated "Recommend: Retest in 3 years."</p> <p>On 4/24/15 at 2:50PM, record review indicated Client #4's diagnoses included, but were not limited to, intellectual</p>		<p>evaluation completed on June 9, 2015. Client #2 will have an audiological evaluation on May 27, 2015. Client #4 will have an audiological evaluation on June 1, 2015</p> <p>Client #2 had a vision evaluation completed on May 5, 2015. Client #4 had a vision exam completed on May 1, 2015.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight in effort to prevent late evaluations including, but not limited to vision and audiological evaluations. Reminders will be initiated by the nurses to staff for the scheduling of the evaluation appointments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure evaluations are completed in a timely manner.</p> <p>Nursing staff, QIDP and Program Coordinator will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed medical evaluations including but not limited to audiological and vision examinations.</p>				

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	<p>disabilities and ADHD (attention deficit hyperactivity disorder). Record review indicated Client #4 had an audiological exam dated 1/26/12. Client #4's hearing exam indicated the recommendation "retest in 3 years." Record review indicated no updated audiological examination.</p> <p>On 4/27/15 at 1:21 PM during an interview, the DON (Director of Nursing) indicated the facility had changes in nursing staff. The DON indicated clients #1, #2, and #4 had not had their audiological examinations retested in 3 years as recommended.</p> <p>2) On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but were not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2 had a vision exam dated 11/12/12. The vision exam indicated "No change this year - current specs (glasses) OK."</p> <p>On 4/24/15 at 2:50PM, record review indicated Client #4's diagnoses included, but were not limited to, intellectual disabilities and ADHD (attention deficit</p>		<p>Persons Responsible: Nurse, Director of Nursing Services and Director of Quality Assurance</p>	

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W 327 Bldg. 00	<p>hyperactivity disorder). Record review indicated Client #4 had a vision exam dated 1/9/12 which indicated "new spectacle (eye glasses) Rx (prescription) released for full-time wear." Record review did not indicate Client #4 had an updated vision exam.</p> <p>On 4/27/15 at 1:21 PM during an interview, the facility's DON (Director of Nursing) indicated clients #2 and #4's vision examinations were late.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p>			

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	<p>Based on record review and interview, the facility failed to ensure a clarification of a positive TB (tuberculosis) result and to have implemented the facility's policy/procedures in regards to an exposure control plan for 1 of 4 sampled clients (#2).</p> <p>Findings include:</p> <p>On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included (all inclusive), MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2's ISP dated 3/5/15 included a "Behavior Management Plan" dated 3/2/15 which included additional diagnoses of GERD (acid reflux disease), obesity, tachycardia (a heart beat rate which exceeds normal resting heart rate), and latent TB infection.</p> <p>Record review indicated Client #2 had a "Health Services Annual Summary" dated 3/01/14 which indicated Client #2 had a positive Mantoux (tuberculosis) test in 2006. Record review indicated Client #2 was given a Mantoux skin test on 4/21/15 which read negative.</p>	W 327	<p>The positive TB result for client #2 will be clarified and then, based on the clarification outcome, the facility's policy and procedure that outlines an exposure control plan will be implemented. The nurse will consult with Client #2's PCP to gather additional information in effort to clarify the test results that were recorded as a positive Mantoux test in 2006. If the results are determined to be positive, formal documentation of this will be recorded and available for nursing staff so that appropriate monitoring and care can be provided to client #2. The exposure control plan policy will be initiated and implemented, as appropriate. If the clarification is that the test results were negative, documentation from the PCP will support the negative findings.</p> <p>Nursing staff will receive documented training that reviews the facility's policy and procedure regarding TB screening and the steps to be implemented if test results are positive. Training will include documentation process to prevent clarification and/or uncertainty issues regarding the results of a test.</p> <p>In the future, when a client presents with a positive Mantoux test result, proper steps to confirm this diagnosis will be obtained by PCP. In the event a client has a positive confirmation of a TB diagnosis,</p>	05/31/2015

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W 331 Bldg. 00	<p>On 5/1/15 at 10:55 AM during an interview, the Director of Quality Assurance (DQA) indicated she was unable to locate further documentation to clarify Client #2's diagnosis of "latent TB infection", to indicate whether Client #2 had an annual TB risk assessment by a physician or follow up chest x-rays. The DQA indicated the facility had a policy for exposure control for tuberculosis but could not locate documentation to indicate whether the facility had implemented the policy. The DQA indicated the facility needed to clarify Client #2's diagnosis and implement the exposure control policy as necessary.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing</p>		<p>nursing staff will follow policy on obtaining an annual TB questionnaire and implement all necessary steps, procedures and treatments as required and outlined in the facility's policies and procedures.</p> <p>Persons Responsible: Director of Nursing Services, Nurse and Director of Quality Assurance</p>	

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	<p>services in accordance with their needs.</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure clients' physician's orders had an accurate and current list of diagnoses for 4 of 4 sampled clients (#1, #2, #3, #4).</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure clarification of dietary recommendations for clients with a diagnosis of GERD for 2 of 4 sampled clients (#2, #3).</p> <p>Based on record review and interview, the facility failed to ensure follow up for doctor's recommendations in regards to a "limb length study" for 1 of 4 sampled clients (#2), failed to ensure audiological examinations were completed as recommended for 3 of 4 sampled clients (#1, #2, and #4), and failed to ensure vision exams every 2 years for clients with prescribed eye glasses for 2 of 4 sampled clients (#2, #4)</p> <p>Based on record review and interview, the facility's nursing services failed to ensure quarterly assessments were completed for 4 of 4 sampled clients (#1, #2, #3, and #4).</p> <p>Based on record review and interview, the facility's nursing services failed to ensure a physician prescribed PRN (given</p>	W 331	<p>The facility will provide nursing services to clients in accordance to their needs.</p> <p>The nurse will review all physicians' orders to ensure the orders are accurate and include all current diagnosis.</p> <p>The nurse will review and clarify dietary recommendations for client's #2 and #3 with a diagnosis of GERD.</p> <p>The nurse and QIDP will ensure follow up to doctor's orders and recommendations including the recommendation for a limb length study.</p> <p>The nurse and QIDP will ensure audiological evaluations are completed as recommended.</p> <p>The nurse and QIDP will ensure vision exams are completed every 2 years for individuals that have vision loss that requires eye glasses for correction.</p> <p>The nursing department will ensure and provide nursing assessments to clients on a quarterly basis.</p> <p>The nurse and QIDP will ensure PRN pain medication is available and a pain and/or arthritis care plan is developed, written and implemented for clients</p>	05/31/2015

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	<p>as needed) pain medication was ordered and available and an arthritis care plan and/or pain care plan was developed and implemented for a client with a diagnosis of arthritis for 1 of 4 sampled clients (#3).</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure quarterly psychiatric medication evaluation for 1 of 4 sampled clients (#4).</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure an annual nursing summary for 1 of 4 sampled clients (#2).</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure a clarification of a positive TB (tuberculosis) result and have systematic policy/procedures in regards to an exposure control plan for 1 of 4 sampled clients (#2).</p> <p>Findings include:</p> <p>1) On 4/24/15 at 3:20 PM, record review indicated Client #1's physician's orders dated 4/2/15 which indicated Client #1's diagnoses included (all inclusive) MR (intellectual disabilities), autism, progressive developmental delay, and</p>		<p>experiencing pain and/or have a diagnosis of arthritis.</p> <p>The nurse will monitor the schedule and ensure that client's receive psychiatric medication evaluations on a quarterly basis.</p> <p>The nurse will ensure the completion of annual nursing summaries for clients.</p> <p>The nurse will follow policy and procedure clarifying positive TB results and implement the approved exposure control plan when a client responds positively to a TB test reading.</p> <p>1. The nurse will review all current physicians' orders. Additional documents, including but not limited to, the client's ISP, BSP, psychiatric medication review form, and annual physical form will be reviewed with clarification with the QIDP. Discrepancies will be identified, addressed and resolved to ensure all diagnosis for each client is up to date and accurate. Client #1 will have the diagnosis of Impulse Control Disorder NOS added to the physicians' orders. Client #2 will have the diagnoses of GERD, obesity, tachycardia and latent TB infection (if appropriate, once clarified) added to the physicians' orders. Client #3 will have the diagnosis of arthritis added the physicians' orders. Client #4 will</p>				

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	<p>depression.</p> <p>Record review indicated Client #1's ISP (Individual Support Plan) dated 9/3/14 included a "Behavior Management Plan" dated 7/25/14 which indicated Client #1 had an additional diagnosis of "Impulse Control Disorder NOS (not otherwise specified)."</p> <p>On 4/24/15 at 3:54 PM, record review indicated Client #2's physician order dated 4/1/15 which indicated Client #2's diagnoses included (all inclusive), MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, impulse control disorder NOS (not otherwise specified).</p> <p>Record review indicated Client #2's ISP dated 3/5/15 included a "Behavior Management Plan" dated 3/2/15 which indicated Client #2's diagnoses also included GERD (acid reflux disease), obesity, tachycardia (a heart beat rate which exceeds normal resting heart rate), and latent TB infection.</p> <p>On 4/24/15 at 2:28 PM, record review indicated Client #3's physician's order dated 4/1/15 indicated diagnoses which included (all inclusive) intellectual disabilities, bipolar affective disorder,</p>		<p>have the diagnosis of seizure disorder added to the physicians' orders.</p> <p>Nursing staff and QIDP will receive documented training regarding review of diagnosis to ensure current and recorded accurately on documents including but not limited to, medication administration record, physicians' orders, ISP, and BSP.</p> <p>In the future, the nurse will review all medical documents, when received, after any medical appointments to confirm diagnosis to reflect on the Medication Administration Record as well as the Physicians' Orders. Additionally, the QIDP will be responsible to review and maintain accurate diagnosis information in the ISP and BSP on annual basis, more often as appropriate.</p> <p>Persons Responsible: QIDP, Nurse and Director of Nursing Services and Director of Quality Assurance</p> <p>2. Physician and medication orders will be reviewed, involving contact with the PCP, as appropriate, to clarify all orders pertaining to the pain medication to address the arthritis diagnosis for client #3. Medication orders will be faxed to the pharmacy. Medication</p>	

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	<p>cerebral palsy, allergic rhinitis, acne, epilepsy, depression, anxiety, and impulse control disorder. Client #3's physician's order did not indicate a diagnosis of arthritis.</p> <p>Record review indicated Client #3 had a physical exam dated 1/30/14 which indicated "add PRN (given as needed) Tylenol (acetaminophen, pain reliever) ER (extended release) 650mg (milligrams) for pain." Review of Client #3's physician's order dated 4/1/15 indicated an order dated 2/1/11 for Acetaminophen Arthritis ER (extended release) 650mg (milligrams) to "give 1 tablet orally 2 times a day for pain."</p> <p>During record review on 4/24/15 at 2:50PM, Client #4's physician's order dated 4/1/15 indicated Client #4's diagnoses (all inclusive) as intellectual disabilities and ADHD (attention deficit hyperactivity disorder).</p> <p>Record review indicated Client #4 had a psychiatric medication review dated 10/15/14. The psychiatric medication review indicated Client #4 had "Problem #2: New onset of seizure activity. She is on Lamictal (anticonvulsant) ER (extended release) 100mg (milligrams) qam (every morning) by [Neurologist]." Review of Client #4's physician's order</p>		<p>will be obtained as ordered and client #3 will receive medication as ordered and prescribed for pain and diagnosis of arthritis. Additionally, an arthritis care plan will be developed, written and implemented for Client #3. Staff will receive documented training on the arthritis care plan.</p> <p>Nursing staff, QIDP and Program Coordinator will receive documented training regarding the procedure for medication orders, obtaining the medication, and the client receiving the medication in a timely manner. Training will include the development and implementation of care plans pertaining to pain and medication for pain management.</p> <p>In the future, nurses will review the Health Provider Medical Summary form completed at each medical appointment that include physician's orders and prescriptions, as received, to fax to pharmacy for MAR implementation and client administration.</p> <p>Persons Responsible: Nurse and Director of Nursing Services and Director of Quality Assurance</p> <p>3. Client #2's annual nursing assessment was completed on May 20, 2015. Unfortunately, it was not</p>		

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	<p>dated 4/1/15 did not indicate seizure disorder as a diagnosis.</p> <p>On 4/27/15 at 1:21 PM during an interview, the facility's DON (Director of Nursing) indicated the nursing department was to notify the pharmacy with updated diagnosis information. The DON indicated she thought the pharmacy was notified every month but clients #1, #2, #3, or #4's physician's orders were not updated with current diagnoses.</p> <p>2) During record review on 4/24/15 at 2:28 PM, Client #3's diagnoses included, but were not limited to, intellectual disabilities, bipolar affective disorder, cerebral palsy, allergic rhinitis, acne, epilepsy, depression, anxiety, and impulse control disorder.</p> <p>Record review indicated Client #3 had a physical exam dated 1/30/14 which indicated "add PRN (given as needed) Tylenol (acetaminophen, pain reliever) ER (extended release) 650mg (milligrams) for pain." Review of Client #3's physician's order dated 4/1/15 indicated an order dated 2/1/11 for Acetaminophen Arthritis ER (extended release) 650mg (milligrams) to "give 1 tablet orally 2 times a day for pain." Client #3's physician's order also indicated an PRN (given as needed) order</p>		<p>completed within the one year time frame due to an oversight.</p> <p>Nursing staff will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed annual nursing assessments.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight and to prevent late annual nursing assessments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose and assessments are completed in a timely manner.</p> <p>Persons Responsible: Nurse and Director of Nursing Services</p> <p>4. Client #2 and #3 will receive a specially adapted diet for their diagnosis of GERD (acid reflux disease). For Client #2, with the dietician's input and consultation, as appropriate, the nurse and QIDP will revise client #2's GERD care plan to include specific diet recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>For Client #3, with the dietician's</p>	

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	<p>dated 4/9/01 for "Children's Tylenol 160mg" syrup for "pain/fever &gt; (greater than) 101 (degrees)." Record review indicated no current PRN order for Client #3's PRN pain medication for arthritis. Record review indicated no further documentation to indicate Client #3 had a pain and/or arthritis care plan.</p> <p>On 4/27/15 at 1:21 PM during an interview, the facility's DON (Director of Nursing) indicated she believed the order from the physician was not faxed to the pharmacy to be ordered.</p> <p>3) On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2's last annual nursing summary was dated 3/2/14.</p> <p>During an interview on 4/27/15 at 1:21 PM, the DON (Director of Nursing) indicated the last documented annual nursing health summary for Client #2 was dated 3/2/14. The DON indicated Client #2's annual nursing summary was late.</p>		<p>input and consultation, as appropriate, the nurse and The QIDP will develop and write a GERD care plan for client #3. The care plan will include specific recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>Once completed, staff will be trained on the GERD care plans and implement the plans as outlined and provide specific diet and menu adaptations for client #2 and #3.</p> <p>Additionally, QIDP and nursing staff will receive documented training regarding medical diagnosis and/or health issues, giving particular attention to diet and menu adaptations that require a care plan.</p> <p>In the future, when a client receives a medical diagnosis that would have impact to the individual's diet and food consumption choices, a care plan will be developed in consultation with the dietician, as appropriate. Once written by the nurse and QIDP, staff will be trained to implement in a consistent manner. At least annually, more often as needed, the care plan will be reviewed for accuracy and revisions made, as appropriate.</p> <p>Persons Responsible: Director of Nursing Services, QIDP and Director of Quality Assurance</p>	

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	<p>4) Please see W460. The facility's nursing services failed to ensure a menu was specifically adapted for a diagnosis of GERD (acid reflux disease) for 2 of 4 sampled clients (#2, #3).</p> <p>5) Please see W323. The facility's nursing services failed to ensure audiological examinations were completed as recommended for 3 of 4 sampled clients (#1, #2, and #4) and failed to ensure vision exams every 2 years for clients with prescribed eye glasses for 2 of 4 sampled clients (#2, #4).</p> <p>6) Please see W336. The facility's nursing services failed to review a client's health status on a quarterly basis for 4 of 4 sampled clients (#1, #2, #3, and #4).</p> <p>7) Please see W327. The facility's nursing services failed to ensure a clarification of a positive TB (tuberculosis) result and to have implemented the facility's policy/procedures in regards to an exposure control plan for 1 of 4 sampled clients (#2).</p> <p>8) Please see W314. The facility's nursing staff failed to ensure quarterly psychiatric medication evaluations in regards to a medication prescribed for ADHD (attention deficit hyperactivity disorder) for 1 of 4 sampled clients (#4).</p>		<p>5. The facility will obtain audiological exams as recommended and obtain vision exams for clients with visual impairments that require corrective lenses every two years.</p> <p>Client #1 will have an audiological evaluation completed on June 9, 2015. Client #2 will have an audiological evaluation on May 27, 2015. Client #4 will have an audiological evaluation on June 1, 2015</p> <p>Client #2 had a vision evaluation completed on May 5, 2015. Client #4 had a vision exam completed on May 1, 2015.</p> <p>In the future, the nurses will utilize a tracking/audit system that will allow for better oversight in effort to prevent late evaluations including, but not limited to vision and audiological evaluations. Reminders will be initiated by the nurses to staff for the scheduling of the evaluation appointments. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure evaluations are completed in a timely manner.</p> <p>Nursing staff, QIDP, and Program Coordinator will receive documented training regarding the tracking system methods and</p>	

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	9-3-6(a)		<p>oversight that has been implemented in effort to avoid late or missed medical evaluations including but not limited to audiological and vision examinations.</p> <p>Persons Responsible: Nurse and Director of Nursing Services and Director of Quality Assurance</p> <p>6. The facility's nursing staff will review and document each client's health status on a quarterly basis. The facility had a change in nursing staff. With the added position of Director of Nursing Services, additional oversight is now provided via tracking forms to ensure compliance of quarterly nursing assessments within the accepted timeframes.</p> <p>Clients did receive a quarterly nursing assessment in the current quarter, but unfortunately had not for the two past quarters. Going forward, clients will be receiving nursing assessments on a quarterly basis.</p> <p>Nursing staff will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed quarterly nursing assessments.</p> <p>In the future, if a change in nursing</p>	

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			<p>personnel occurs, the Director of Nursing Services will reassign nurse caseloads/homes to ensure quarterly assessments are completed in a timely manner. As appropriate the Director of Nursing Services will complete quarterly assessments to ensure completed in the appropriate quarter timeframe. As a last resort, nursing services will be obtained through other avenues, such as contracted nursing services. This will allow for clients to receive nursing assessments on a quarterly basis without interruption as well as address any medical needs in a timely manner. Finally, the Director of Nursing Services will routinely audit medical records to ensure that nursing assessments are completed on a quarterly basis in effort to prevent quarters being missed.</p> <p>Persons responsible: Director of Nursing Services.</p> <p>7. The positive TB result for client #2 will be clarified and then, based on the clarification outcome, the facility's policy and procedure that outlines an exposure control plan will be implemented. The nurse will consult with Client #2's PCP to gather additional information in effort to clarify the test results that were recorded as a positive Mantoux test in 2006. If the results are determined to be positive, formal documentation of this will be recorded and available for nursing</p>	

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			<p>staff so that appropriate monitoring and care can be provided to client #2. The exposure control plan policy will be initiated and implemented, as appropriate. If the clarification is that the test results were negative, documentation from the PCP will support the negative findings.</p> <p>Nursing staff will receive documented training that reviews the facility's policy and procedure regarding TB screening and the steps to be implemented if test results are positive. Training will include the documentation process to prevent clarification and/or uncertainty issues regarding the results of the test.</p> <p>In the future, when a client presents with a positive Mantoux test result, proper steps to confirm this diagnosis will be obtained by PCP. In the event a client has a positive confirmation of a TB diagnosis, nursing staff will follow policy on obtaining an annual TB questionnaire and implement all necessary steps, procedures and treatments as required and outlined in the facility's policies and procedures.</p> <p>Persons Responsible: Director of Nursing Services and Nurse and Director Quality Assurance</p>	

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W 336  Bldg. 00	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those		<p>8. The facility will ensure quarterly psychiatric medication evaluations are completed in regards to medications prescribed for control of inappropriate behavior. A psychiatric medication evaluation is scheduled to be completed for client #4 on June 17, 2015.</p> <p>In the future, the nurse will have a documented schedule/tracking system that records quarterly evaluations in effort to prevent future evaluation appointments being overlooked. Additionally, the Director of Nursing Services will routinely review the tracking system to ensure it is utilized for its intended purpose in effort to ensure quarterly psychiatric medication evaluations are completed in a timely manner.</p> <p>Nursing staff and QIDP will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed medical evaluations including but not limited to psychiatric medication reviews.</p> <p>Persons responsible Nurse and Director of Nursing Services</p>		

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	<p>clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview, the facility's nursing services failed to review a client's health status on a quarterly basis for 4 of 4 sampled clients (#1, #2, #3, and #4).</p> <p>Findings include:</p> <p>On 4/24/15 at 3:20 PM, record review indicated Client #1's diagnoses included, but were not limited to, MR (intellectual disabilities), autism, progressive developmental delay, and depression. Record review indicated Client #1 had quarterly nursing evaluations on 6/2/14 and 2/3/15.</p> <p>On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but were not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2 had a nursing quarterly on 2/16/15.</p> <p>During record review on 4/24/15 at 2:28 PM, Client #3's diagnoses included, but</p>	W 336	<p>The facility's nursing staff will review and document each client's health status on a quarterly basis. The facility had a change in nursing staff. With the added position of Director of Nursing Services, additional oversight is now provided via tracking forms to ensure compliance of quarterly nursing assessments within the accepted timeframes.</p> <p>Clients did receive a quarterly nursing assessment in the current quarter, but unfortunately had not for the two past quarters. Going forward, clients will be receiving nursing assessments on a quarterly basis.</p> <p>Nursing staff will receive documented training regarding the tracking system methods and oversight that has been implemented in effort to avoid late or missed quarterly nursing assessments.</p> <p>In the future, if a change in nursing personnel occurs, the Director of Nursing Services will reassign nurse caseloads/homes to ensure quarterly assessments are completed in a timely manner. As appropriate the Director of Nursing Services will complete quarterly</p>	05/31/2015

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	<p>were not limited to, intellectual disabilities, bipolar affective disorder, cerebral palsy, allergic rhinitis, acne, epilepsy, depression, anxiety, and impulse control disorder. Record review indicated Client #3 had nursing quarterlies on 5/30/14 and 2/13/15.</p> <p>During record review on 4/24/15 at 2:50PM, Client #4's physician's order dated 4/1/15 indicated Client #4's diagnoses as intellectual disabilities and ADHD (attention deficit hyperactivity disorder). Record review indicated Client #4 had quarterly nursing assessments on 5/30/14 and 2/16/15.</p> <p>On 4/27/15 at 1:21 PM during an interview, the facility's DON (Director of Nursing) indicated the facility had a change in nursing staff. The DON indicated the nursing quarterlies for clients #1, #2, #3, and #4 were not completed timely.</p> <p>9-3-6(a)</p>		<p>assessments to ensure completed in the appropriate quarter timeframe. As a last resort, nursing services will be obtained through other avenues, such as contracted nursing services. This will allow for clients to receive nursing assessments on a quarterly basis without interruption as well as address any medical needs in a timely manner. Finally, the Director of Nursing Services will routinely audit medical records to ensure that nursing assessments are completed on a quarterly basis in effort to prevent quarters being missed.</p> <p>Persons responsible: Director of Nursing Services.</p>	

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W 460  Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on record review and interview, the facility failed to ensure a menu was specifically adapted for a diagnosis of GERD (acid reflux disease) for 2 of 4 sampled clients (#2, #3).</p> <p>Findings include:</p> <p>On 4/24/15 at 3:54 PM, record review indicated Client #2's diagnoses included, but were not limited to, MR (intellectual disabilities), epilepsy, paranoid schizoaffective disorder-chronic, constipation, cardiac murmurs, and impulse control disorder NOS (not otherwise specified). Record review indicated Client #2's ISP dated 3/5/15 included a "Behavior Management Plan" dated 3/2/15 which indicated Client #2's diagnoses also included GERD (acid reflux disease), obesity, tachycardia (a heart beat rate which exceeds normal resting heart rate), and latent TB infection.</p> <p>Review of Client #2's ISP dated 3/5/15 indicated a "GERD" care plan dated 3/5/15. Client #2's GERD care plan indicated no specific diet</p>	W 460	<p>Client #2 and #3 will receive a specially adapted diet for their diagnosis of GERD (acid reflux disease). For Client #2, with the dietician's input and consultation, as appropriate, the nurse and QIDP will revise client #2's GERD care plan to include specific diet recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>For Client #3, with the dietician's input and consultation, as appropriate, the nurse and the QIDP will develop and write a GERD care plan for client #3. The care plan will include specific recommendations and adapted menu suggestions for her GERD diagnosis.</p> <p>Once completed, staff will be trained on the GERD care plans and implement the plans as outlined and provide specific diet and menu adaptations for client #2 and #3.</p> <p>Additionally, QIDP and nursing staff will receive documented training regarding medical diagnosis and/or health issues, giving particular attention to diet and menu adaptations that would require a care plan.</p>	05/31/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G291	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2015
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NAME OF PROVIDER OR SUPPLIER  LOGAN COMMUNITY RESOURCES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 SPRUCE ST SOUTH BEND, IN 46601
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	<p>recommendations or specially adapted menu suggestions.</p> <p>On 4/24/15 at 2:28 PM, Client #3's physician's order dated 4/1/15 indicated diagnoses which included, but were not limited to, intellectual disabilities, bipolar affective disorder, cerebral palsy, allergic rhinitis, acne, epilepsy, depression, anxiety, and impulse control disorder. Review of Client #3's physician's order indicated a prescribed medication, omeprazole DR (delayed release) 20 mg (milligrams) capsule. Client #3's order for omeprazole had handwritten below it "GERD" (acid reflux disease). Client #3's annual nutritional assessment dated 4/6/14 did not list "GERD" as a diagnosis nor were there dietary recommendations for a GERD diet.</p> <p>Review of Client #3's ISP (Individual Support Plan) dated 6/10/14 did not indicate a care plan for Client #3's diagnosis of GERD.</p> <p>On 4/27/15 at 1:21 PM during an interview, the facility's DON (Director of Nursing) indicated there were no documented dietary recommendations for clients (#2 and #3) in regards to their diagnosis of GERD.</p> <p>9-3-8(a)</p>		<p>In the future, when a client receives a medical diagnosis that would have impact to the individual's diet and food consumption choices, a care plan will be developed in consultation with the dietician, as appropriate. Once written by the nurse and QIDP, staff will be trained to implement in a consistent manner. At least annually, more often as needed, the care plan will be reviewed for accuracy and revisions made, as appropriate.</p> <p>Persons Responsible: Director of Nursing Services, Nurse, QIDP, and Director of Quality Assurance</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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