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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G596 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/20/2011 |
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| NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 1426 S ALVORD LN EVANSVILLE, IN47714 |
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|--------------------|---|---------------|---|----------------------|
| W0000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: 9/12, 9/13, 9/14 and 9/20/11</p> <p>Facility Number: 001110 Provider Number: 15G596 Aim Number: 100240090</p> <p>Surveyor: Jenny Ridao, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/7/11 by Ruth Shackelford, 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 for 1 of 24 doses of medication administered, the facility failed to ensure staff administered client #3's medication as ordered.</p> <p>Findings include:</p> <p>During the 9/14/11 5:30 AM medication pass at 5:40 AM, staff #1 administered Oyst-Cal 500+D to client #3 without any food.</p> <p>Client #3's 9/1/11 physician's order was reviewed on 9/14/11 at 12:00 PM. Client #3's 9/1/11 physician's order indicated client #3 was to receive Oyst-Cal 500+D two</p> | W0369 | <p>The staff person responsible for the error, as well as all group home staff, will be retrained on ensuring that the Oyst-Cal 500+D is administered within 30 minutes of the client receiving his/her meal.</p> <p>All professional staff will be retrained on their role to ensure thorough consistent observation of medication administration namely to ensure that medications are administered correctly and per MAR instruction. Professional</p> | 10/21/2011 |

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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| W0440 | <p>times a day with meals.</p> <p>During the morning observation on 9/14/11 from 5:20 AM to 7:40 AM, client #3 was observed eating breakfast of eggs and toast at 6:45 AM.</p> <p>Interview with staff #1 on 9/14/11 8:20 AM indicated client #3 usually eats before everyone else, but today was different because he had a meeting. Staff #1 indicated client #3 should have eaten within 30 minutes of being administered the Oyst-Cal 500 +D.</p> <p>Interview with Nursing staff on 9/14/11 at 3:00 PM indicated staff should have given client #3's Oyst-Cal 500+D within 30 minutes of being served breakfast. The nurse indicated the client needs to eat breakfast within 30 minutes of receiving his Oyst-Call 500+D.</p> <p>9-3-6(a)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7) living in the group home, the facility failed to conduct evacuation drills quarterly on day shift and evening shift for the months of October, November and December of 2010.</p> <p>Findings include:</p> <p>The evacuation drills were reviewed 9/14/11 at 12:30 PM. There was no record of a drill being conducted on the day shift or evening shift from 7:00 AM to 3:00 PM and 3:00 PM to 9:00 PM during the months of October, November, or December of 2010 for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Interview with Group Home Coordinator on 9/14/11 at 2:45 PM indicated there should have been evacuation drills conducted on day shift and evening shift for the months of October, November and December of 2010.</p> | W0440 | <p>staff will specifically ensure the Oyst-Cal 500+D is given within 30 minutes of the client receiving his/her meal.</p> <p>In general, RCDS medication administration training is thorough and effective. This area is reviewed thoroughly at each staff person's evaluation as well as randomly throughout the year. Strict disciplinary and retraining protocol are in place through the RCDS Medication Error Policy. Disciplinary action is taken upon discovery of each med error.</p> <p>Preventatively & systemically, all group home managers and/or group home coordinators will conduct routine observations of med passes to ensure administration is correct and per MAR instruction. Group Home Management at Alvord group home will specifically observe the staff person who made the error as well as the other Alvord staff to ensure the Oyst-Cal 500+D is administered with food as indicated in the MAR.</p> <p>The implementation and filing of drills is the responsibility of the group home manager. The group home manager at Alvord during this time of error (Oct to Dec 2010), did not follow through on many job tasks and is therefore no longer employed with The Rehabilitation Center.</p> <p>All group home managers will be retrained on the correct protocol for completion of quarterly drills.</p> <p>Preventatively, the new group home manager has been trained on quarterly drill requirements and is currently effective in following protocol.</p> <p>Systemically, a quarterly drill schedule</p> | 10/21/2011 |

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| | 9-3-7(a) | | for each year is provided for management. It shows the dates for completion of each fire drill and the shift it is to be run in order to ensure each group home is following the state and life safety regulatory code. | | |