

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G699	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2013
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 6101 HAYES ST MERRILLVILLE, IN 46410		
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W000000	<p>This visit was for a post certification revisit (PCR) to the extended annual recertification and state licensure survey completed on 01/25/13.</p> <p>Dates of Survey: March 11, 12, 13, 14 and 15, 2013</p> <p>Facility Number: 003132 Provider Number: 15G699 AIMS Number: 200372010</p> <p>Surveyors: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III - Team Leader Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/26/13 by Ruth Shackelford, Medical Surveyor III.</p>	W000000			

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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 2 of 2 sample clients (#1 and #2), and 2 additional clients (clients #3 and #4), the governing body failed to exercise general policy, budget and operating direction over the facility: ___ To ensure the clients' floors and kitchen counters were kept clean and free of hazardous materials. ___ To ensure its health care services met the health and nursing needs of the clients. ___ To ensure the facility provided nursing services to the clients. ___ To ensure all client to client abuse was thoroughly investigated.</p> <p>Findings include:</p> <p>1. During observations at the group home on 3/12/13 between 5:45 AM and 10:20</p>	W000104	The Service Coordinator will visit the group home weekly for 2 months and bi-monthly thereafter. The Area Manager will be notified in the event that the house is found to be unclean or unsafe. To ensure future compliance, the Service Coordinator and Area Manager will make unannounced visits to monitor the home's condition.	04/14/2013	

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	<p>AM, the following was observed: There were pieces of dirt and grit throughout the floors in the home. The carpets were in need of vacuuming and the bare floors were in need of dusting/mopping. Pieces of paper and/or trash were noted on the carpeted floors, and a 2 inch by 3 inch piece of broken plastic was lying on the floor in the den. Pieces of cotton from the dirty mop were on the floor in the hallway, bathroom and kitchen. The kitchen counter with the small sink was stained and sticky with a red residue similar to that of spilled red Kool-aid. At 10:10 AM the day service bus arrived to take the clients to the day program. Clients #1, #2 and #4 were in wheel chairs while client #3 walked to the bus. All of the clients exited the home by way of the back door and through the garage. Clients #1, #2, #3, #4, staff #1 and staff #2, all walked and/or wheeled through shards of glass from a broken light bulb when exiting the house. The clients were loaded onto the bus and staff #1 and #2 reentered the home. Upon reentering the home, staff #1 and staff #2 were sitting at the dining room table. Staff #2 was asked to accompany this surveyor back to the garage and was shown the pile of broken glass. Staff #2 stated, "Oh my, I don't know how that could have happened. Looks like a light bulb done broke." Staff #2 indicated she would clean up the</p>			

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	<p>broken glass.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM indicated the floors and counter tops were to be kept clean at all times. The SC indicated she had spoken with staff #2 and was told staff #2 was in the process of cleaning up the broken glass when the surveyor arrived and she had forgotten to go back and finish cleaning it up.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to protect the client #3's and #4's privacy while toileting, showering and dressing. Please see W130.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to ensure nursing services provided direct oversight by assessing and monitoring client #2's health care and revising and/or implementing health care plans for clients #1 and #2 in regard to the clients' health needs and/or changes. Please see W149.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to provide evidence of</p>			

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	<p>and/or conduct a thorough investigation for client #3 in regard to client to client abuse. Please see W154.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services assessed, monitored and/or addressed client #2's medical needs and implemented/revised and/or updated the client's health plans to mirror client #2's changes in health. The governing body failed to exercise general policy and operating direction over the facility to ensure the staff documented client #1's and #2's medical data. Please see W331.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's health care services adequately trained staff in regard to the use of a Hoyer while transferring client #2. Please see W342.</p> <p>7. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility administered client #2's medication without error. Please see W369.</p> <p>8. On 03/12/13 at 2:00 PM a record review of nursing personnel files and nursing contract services of the agency</p>						

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	<p>was completed. The records indicated the following:</p> <p>RN (Registered Nurse) #1 was hired 01/07/13.</p> <p>RN #1's timecard indicated she was not on the clock from 02/13/13 after 11:00 AM until 03/04/13 at 9:00 AM.</p> <p>LPN (Licensed Practical Nurse) #1's last day of employment was 01/24/13.</p> <p>LPN #2's last day of employment was 01/24/13.</p> <p>LPN #3's last day of employment was 02/07/13.</p> <p>A contract with an outside provider for contract nursing services of two LPN's was signed 02/18/13.</p> <p>Contract LPN #1's first day of service to the agency was 02/19/13.</p> <p>Contract LPN #2's first day of service to the agency was 02/21/13.</p> <p>On 03/13/13 at 11:45 AM an interview with the RN was conducted. The RN indicated she was hired by the agency 01/07/13 and was currently using the services of a contract agency for nursing services along with herself. She indicated she took calls for the agency and was available by pager after hours. She indicated she went on sick leave on 02/13/13 and was in the hospital 2 - 3 days, at which time she did not have a pager and was not available to the agency.</p>			

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	<p>She indicated the first day the contract LPN #1 worked was 02/19/13. The RN indicated after she was hospitalized she took beeper calls from home. She indicated she was out of the office on medical leave from 02/13/13 to 03/04/13. She further indicated there was no nursing service available to the agency from 02/13/13 to 02/19/13.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>			

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (#1 and #2) and for 1 additional client (#3). The facility failed to implement policy and procedures to prevent neglect of clients in regard to the care of a Foley Catheter, a wound on a client's ankle/foot and in regard to assessing a client's injury and/or conducting a thorough investigation in regard to possible allegations of neglect/abuse.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policy and procedures to prevent neglect of client #2 to ensure nursing services assessed and monitored client #2's medical needs, updated client #2's risk plans and implemented a risk plan in regards to client #2's urinary retention, to ensure the staff documented client #1's and #2's medical data and to ensure the staff were trained to use the Hoyer for client #2. Please see W149. 2. The facility failed to protect client #3's 	W000122	Condition- Please refer to tags W149, W130, and W154	04/14/2013			

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	<p>and #4's privacy while toileting, showering and dressing. Please see W130.</p> <p>3. The facility failed to conduct an investigation and/or conduct a thorough investigation in regard to client to client abuse for client #3. Please see W154.</p> <p>This deficiency was cited on 1/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 2 additional clients (#3 and #4), the facility failed to protect the clients' privacy while toileting, showering and dressing.</p> <p>Findings include:</p> <p>During the 3/12/13 observation period between 5:45 AM and 10:20 AM, at the group home, the following was observed:</p> <p>At 6 AM client #3 stood in the bathroom naked with staff #1 assisting him to toilet and shower. The bathroom door was open. After a few minutes, staff #1 closed the door to the bathroom three fourths of the way. Client #3 was still fully visible in the mirror in the bathroom.</p>	W000130	Staff will be re-trained to assist clients in preserving their dignity by 4/14/13. All clients will be prompted to close doors while changing, showering, or using the bathroom. To ensure future compliance, Service Coordinator will make unannounced visits to the home to ensure that clients are being encouraged and prompted to close the doors when necessary.	04/14/2013

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	<p>At 6:15 AM, client #3 returned to his bedroom, a towel around his waist. Once in his bedroom client #3 dropped his towel and was naked while staff #1 assisted client #3 to dress.</p> <p>At 6:30 AM, client #4 was sitting naked in a shower chair in the bathroom with staff #1. The bathroom door was open. At 6:40 AM staff #2 walked by the bathroom door and closed the door.</p> <p>During this observation, staff #1 did not prompt clients #3 and #4 to close the bathroom and/or bedroom doors while toileting, bathing and dressing. Staff #1 did not close the bathroom and/or bedroom doors to protect client #3's and #4's privacy.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM indicated the staff should protect clients' privacy by closing the bathroom and/or bedroom doors whenever the clients were toileting, showering and/or dressing.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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W000149	<p>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.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility neglected to implement its written policy and procedures: ___ To ensure nursing services assessed and monitored client #2's medical needs, updated client #2's risk plans and implemented a risk plan in regards to client #2's urinary retention. ___ To ensure staff documented medical</p>	W000149	<p>Staff will be re-trained on all clients risk plans by 4/14/13. This training will include the proper use of all adaptive equipment, and all pertinent tracking sheets. This includes use of the Hoyer lift to move clients from one seat to another. Staff will be re-trained how to properly document areas of concern such as wound tracking forms, repositioning sheets, bowel and bladder tracking, and any other specific forms needed.</p> <p>To ensure future compliance, the Community Services Nurse will review all documentation sent in for all areas of risk plan tracking. The Nurse will notify the Area Manager and Service Coordinator if tracking sheets are not being received.</p>	04/14/2013			

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	<p>information as indicated in client #1's and #2's Health Risk plans.</p> <p>__ To ensure all staff were trained in the use of the Hoyer lift in regards to client #2.</p> <p>__ To ensure all allegations of client to client abuse were investigated in regards to client #3.</p> <p>__ To ensure clients #1, #2, #3 and #4 were provided nursing service.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:10 AM. At 7:35 AM, staff #2 was giving client #2 a bed bath. Client #2 had a large kerlix roll/bandage covering his left foot and ankle. A Hoyer lift was at the bottom of client #2's bed. At 8 AM, staff #2 did a one person lift and transferred client #2 from the bed to his wheel chair by herself. Client #2 was wheeled to the kitchen, ate his breakfast and sat, waiting on the bus to take him to day services. At 9 AM, staff #1 and #2 took client #2 back to his bedroom to change his depends (adult brief) and then returned client #2 to the living room to again wait for day service transportation.</p>			

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	<p>Interview with staff #2 on 3/12/13 at 7:40 AM stated the dressing was put on client #2's left foot "sometime last week, Thursday I think." Staff #2 indicated she was not allowed to remove the dressing because it had been put on at the doctors office or the wound clinic, the staff was not sure which. Staff #2 indicated she did not know why client #2 had a dressing on his left foot and did not remove it while giving the client his daily bed bath. Staff #2 showed this surveyor client #2's right foot and right great toe and stated client #2 was going to a wound clinic and getting "some kind of treatments on it, but I think it's mostly healed now." Staff #2 indicated client #2 was a 1 person lift and the Hoyer was used in the evening when getting client #2 from the wheel chair back into the bed. Staff #2 showed this surveyor the lift sling under client #2 that would be used with the Hoyer. Staff #2 indicated client #2's health had declined and client #2 was now non ambulatory and required total staff assistance for all of his needs. Staff #2 indicated client #2 was to be repositioned every 2 hours around the clock and the staff were to document it on the client's repositioning</p>			

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	<p>forms. Staff #2 indicated client #2 liked to lay on his back and was at risk for further skin break down.</p> <p>Interview with staff #1 on 3/12/13 at 8 AM indicated she did not know why client #2 had a dressing on his left foot/ankle. Staff #1 stated staff #2 "usually" gets him up and takes care of him. When asked if staff #2 would use the Hoyer to lift client #2 out of bed, staff #1 indicated staff #2 would call for her help and she would go in and help her get client #2 up. Staff #1 indicated she had not been trained on the use of the Hoyer and had not used it to get client #2 out of bed. Staff #1 indicated client #2 was a 2 person lift.</p> <p>Client #2's record was reviewed on 3/12/13 at 1 PM. Client #2's record indicated: ___The 1/7/13 Urology Consult Note indicated "Reason for Consult chronic urinary retention" "...the patient was admitted with acute chronic urinary retention...." The note indicated client #2 "has a history of dementia/Down's syndrome and possible bladder outlet obstruction."</p>						

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	<p>__ 1/8/13 hospital Confidential Medication Information Enclosed record indicated client #2 was admitted to the hospital as the client could not urinate on 1/7/13. The record indicated client #2 was discharged back to the group home with a Foley Catheter.</p> <p>__ Client #2's 1/9/13 Confidential Medical Information hospital records indicated client #2 was admitted to the hospital on 1/7/13 for Urinary Retention. The hospital records indicated client #2 had an assessment of the wound, on his right foot, while the client was in the hospital. The 1/9/13 medical record indicated on 1/8/13, "...Assessment completed. Patient has dry eschar to the right lateral foot. Recommendations to leave OTA (open to air). Will continue to follow as needed. Preventative measures ordered." The 1/8/13 assessment indicated the wound was first assessed on 1/7/13 and was "pre-existing." The 1/8/13 note indicated client #2's wound on the right foot was 1 cm (centimeter) in length and 1 cm in width with "Attached edges."</p> <p>Client #2's CMRs (Cumulative Medical Records - nursing and physician's notes) indicated the following: 11/2/12 doctor's note indicated "necrotic (dead tissue)" of right great toe and lateral</p>			

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	<p>foot wound with "foot cellulitis." The doctor indicated the client had a diagnosis of, but not limited to, Right Foot Cellulitis, Right Foot Osteomyelitis (an infection of the bone) with necrotic wounds and Possible Sepsis Syndrome.</p> <p>11/2/12 nursing note indicated "Consumer [client #2] was seen by [name of physician] today for blister on his right foot. He was admitted to [name of hospital] for Sepsis Syndrome Rt [right] Cellulitis with Osteomyelitis."</p> <p>11/5/12 nursing note indicated client #2 was still in hospital and having daily dressing changes done to his right foot.</p> <p>11/12/12 nursing note indicated client #2 had been transferred to another hospital. The note indicated another chest Xray and bone scan were going to be done. The note indicated "...He is getting dressing changes to his right foot. Consumer in the hospital duration is not known @ (at) this time."</p> <p>11/15/12 nursing note indicated "...Receiving wound care to RT foot daily. He remains in hospital (sic) duration unknown."</p> <p>11/20/12 nursing note indicated</p>						

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	<p>"...Consumer remains on IV (intravenous) ABT (antibiotic) Rocefin (sic) q (every) 24 hrs (hours). He receives bilateral wound care to both feet. the (sic) right foot he gets Aquacel AG (wound care) every 3 days and on his left foot (inner) Tegaderm...."</p> <p>11/27/12 nursing note indicated "...He continues to receive IV antibiotics of Rocefin (sic) every 24 hours. He receives wound care bilateral feet. Physical therapy continues to work (with) this consumer...."</p> <p>12/3/12 nursing note indicated "...Remains on IV fluids (with) continuous IV antibiotics. Drsg (dressing) care to Rt foot wound and Lt (left) foot care noted...."</p> <p>12/10/12 nursing note indicated "Duration of hospital stay is unknown @ this time."</p> <p>12/18/12 nursing note indicated "Report given consumer was doing very well. ...Continues (with) wound care treatments. PT gets him up daily. No distress noted. Hospital duration is unknown at his time."</p> <p>12/22/12 Post hospital admission nursing note. "...No open areas noted. Consumer has wound care noted to right great toe.</p>			

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	<p>Area is dressed with Aquacel ag [a wound dressing] and apply tegaderm [a would dressing] to area and elevate foot off bed surface and apply Silvedene [an antibiotic cream] to left ankle. Apply Aquaphor ointment to dry skin daily. [Client #2] has pain medication PRN [as needed]. Denies any c/o [complaint of] pain or discomfort."</p> <p>1/14/13 nursing note indicated "Late Entry I went to the group home to check on consumer VS (vital signs) stable. Assessment done his penis was swollen and painful to the touch. He has a foley catheter in place for Urinary Retention. I advised staff to take him to the [name of hospital] emergency. He was taken to the ER (emergency room) and new orders received for his Dx (diagnosis) of Encounter for Foley Catheter replacement and UTI (Urinary Tract Infection) and medication and new medications orders received (sic). He will be seen by his urology doctor next week, Labs will be done on 1/15/13."</p> <p>1/16/13 nursing note indicated "Foley removed from the client and no signs or symptoms of distress or discomfort, client denies any pain at this time. Staff informed to monitor client for voiding and encourage 8 ounces of water every 2 hours and to contact the nurse if the client</p>						

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	<p>did not void within 4 hours."</p> <p>1/16/13 nursing note indicated "Spoke with group home staff at 6:20 PM. client was incont [incontinent] x1."</p> <p>1/17/13 nursing note indicated client #2 continued to urinate without problem. The note indicated the nurse instructed the staff to continue to encourage client #2 to drink 8 ounces of water every 2 hours.</p> <p>1/17/13 nursing note indicated a follow up hospital note from the wound clinic physician - "Right great toe healing." The client was to be seen in 1 week for follow up.</p> <p>1/24/13 nursing note indicated "Please send patient by ambulance transport for HBO (Hyperbaric Oxygen - wound therapy) treatments Monday through Friday."</p> <p>2/1/13 nursing note indicated Hyperbaric Rx (treatment), tolerated well.</p> <p>2/4/13 nursing note indicated Hyperbaric Rx, tolerated well.</p> <p>2/5/13 nursing note indicated Hyperbaric Rx, tolerated well.</p> <p>2/6/13 nursing note indicated Hyperbaric</p>						

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	<p>Rx, tolerated well.</p> <p>2/7/13 nursing note indicated Hyperbaric Rx, tolerated without difficulty.</p> <p>2/11/13 nursing note indicated Hyperbaric Rx.</p> <p>2/13/13 nursing note indicated Hyperbaric Rx.</p> <p>2/18/13 nursing note indicated Hyperbaric Rx.</p> <p>2/19/13 nursing note indicated Hyperbaric Rx.</p> <p>2/20/13 nursing note indicated Hyperbaric Rx.</p> <p>2/21/13 nursing note indicated Hyperbaric Rx.</p> <p>2/25/13 nursing note indicated Hyperbaric Rx.</p> <p>2/26/13 nursing note indicated Hyperbaric Rx.</p> <p>Client #2's Developmental Assessment of 8/21/12 indicated client #2 "...frequently has toilet accidents during the day and night. He needs assistance with getting to the toilet; staff must use a Hoyer lift.... He</p>			

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	<p>needs assistance with all self care at toilet.... His posture is poor as his stomach sticks out, mouth hangs open, head hangs down, and his shoulders are slumped forward and his back is bent; also since his cataracts are so bad he makes little attempt to walk. [Client #2] is afraid of falling, so he sits on the floor most of the time at home.... He [client #2] walks with assistance only...."</p> <p>Client #2's Skin Breakdown Plan of 1/16/13 indicated client #2 was at greater risk for skin breakdown due to multiple incidents of incontinence and his decreased mobility. The plan indicated "[Client #2] is to be encouraged to reposition himself frequently (at least every two hours). [Client #2] should be encouraged to sit on other chairs or the floor when practical. Staff should ask him about and be aware of any incontinence issues he might be having. He should be encouraged to change and clean himself after any episodes of incontinence.... Staff should complete a visual inspection of [client #2's] skin daily and document any changes on the daily log.... Staff are to notify the Community Services Nurse or Service Coordinator if any redness, openings, or bleeding is observed. If the sores are severe [client #2] should be taken to the ER [Emergency Room]."</p> <p>Client #2's record did not indicate client</p>			

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	<p>#2's Skin Breakdown Plan had been updated to reflect client #2's immobility, the use of the Hoyer and constant use of the wheelchair.</p> <p>Client #2's Sleep Apnea Plan of 2/4/13 indicated the staff were to monitor client #2 throughout the night to ensure the client slept on his side. The client's record did not indicate the staff were monitoring client #2's sleep patterns. The client's record did not indicate nursing services was monitoring client #2's sleep patterns and/or the staff was ensuring client #2 was on his side.</p> <p>Client #2's skin assessment records were reviewed for January, February and March, 2013. The records indicated assessments conducted on 2/14/13, 2/26/13, 2/17/13 and 3/5/13.</p> <p>__3/5/13 at 8 AM indicated "Chapped and sores on groin area and inner thigh next to groin."</p> <p>__2/26/13 at 8:30 PM indicated no new bruises cuts or abrasions. Old wounds on feet healing well. The same form indicated "2-27-13 AM (no time) "Groin area still gets chaffed (sic) periodically especially his testicles. Staff need to modern (sic) him more during the night</p>			
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	<p>and change him." ___2/14/13 at 8:15 PM, "Old scares (sic) on testicles and butt cheek. No new wounds. Bandage on foot pressur (sic) sore on heal toe healed (sic)." The record indicated an arrow pointing to the left foot. The client's record did not indicate staff were conducting daily and/or weekly skin assessments. The client's record did not indicate nursing was monitoring client #2's skin assessments.</p> <p>Client #2's (RTRs) Repositioning Tracking Records for January, February and March, 2013 indicated the staff were to reposition client #2 every 2 hours and the staff were to document the position client #2 was lying in after being repositioned. The RTRs indicated documentation only for 3/3/13 through 3/12/13. The RTRs indicated the staff did not reposition client #2 every 2 hours as indicated on the RTRs on March 3, 4, 5, 6, 7, 8, 9, 11 and 12. The RTRs indicated the staff did not reposition client #2 at all on 3/3/13 and 3/9/13. Client #2's record did not indicate nursing was monitoring client #2's RTRs and/or to ensure the staff was repositioning client #2.</p> <p>Client #2's bladder/bowel incontinence</p>			
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	<p>records for February and March 2013 indicated the staff did not document the client had been toileted every two hours as indicated on the incontinence records.</p> <p>Review of the facility staff training records for the direct care staff in the group home on 3/14/13 at 2 PM did not indicate any of the staff had been trained on the use of the Hoyer lift in regards to client #2.</p> <p>Client #2's record failed to indicate nursing services had assessed and/or monitored client #2 in regards to his history of urinary retention, fluid levels, intake and output and incontinence. Client #2's 8/27/12 ISP and current risk plans did not indicate a nursing care plan and/or a risk plan in place in regards to client #2's urinary retention and fluid levels.</p> <p>Client #2's ISP and risk plans did not indicate how the staff were to transfer client #2, when and how the staff were to use the Hoyer, when the client was to use the wheel chair and how the client was to be repositioned while sitting in the wheel chair.</p> <p>Interview with RN #1 (Registered Nurse) on 3/13/13 at 11:45 AM indicated client #2 was going for Hyperbaric treatments</p>			

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	for his right foot due to a recent ulcer. RN #1 indicated she had not assessed client #2's feet and/or ankles since the client had returned to the group home on 12/22/12 was not aware of client #2 having an issue of skin breakdown on his left foot and was not aware the client had a kerlix dressing on his left foot. RN #1 indicated the staff should conduct skin assessments at every available opportunity and at least daily. RN #1 indicated the staff were to document the skin assessments on the facility skin assessment records. RN #1 stated client #2's risk plans were current "To my knowledge." The RN indicated the staff were to reposition client #2 every 2 hours and document the client had been repositioned. The RN stated if the staff did not document on the clients' record the care that was to be given in regards to the repositioning sheets, the skin assessments and incontinent logs, then it had to be "assumed, it was not done." The RN indicated client #2 did not have a risk assessment in regards to client #2's urinary retention and fluid needs. The RN indicated client #2's Risk plans did not include specific directions as to how the staff were to move the client and use of			

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	<p>the Hoyer.</p> <p>Interview with the SC (Service Coordinator) on 3/14/13 at 11:30 AM indicated the staff did not do daily body assessments on client #2 but were told by another facility nurse that the staff were instructed they had to only do the assessments once a week. The SC indicated she was only able to find the assessments previously mentioned and was not able to locate any further assessments for review. The SC indicated all the staff in the home had been trained on the use of the Hoyer, but was not able to provide documentation for review. The SC indicated client #2's ISP did not include the use of the Hoyer and wheel chair since client #2's decline in mobility.</p> <p>2. Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:10 AM. During this time, client #1 was observed sitting in a wheel chair and was non ambulatory.</p> <p>Client #1's record was reviewed on 3/12/13 at 11 AM. Client #1's 12/3/12 Health/Risk Plan indicated client #1 was</p>				

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	<p>at risk for "Decubitis ulcers related to orthopedic impairment." The plan indicated client #1 had "a decubitis ulcer that was noted on 1/6/12." The plan indicated the staff were to complete weekly skin assessment sheets on client #1 and turn them into the nurse and the nurse was to monitor client #1's health needs. Client #1's record indicated 1 skin assessment for 2013 and that was the one for 2/26/13 at 9 PM. The assessment indicated "No New Bruises or Abrasions." Client #1's record did not indicate the staff were doing weekly skin assessments and/or the nurse was monitoring client #1's records.</p> <p>Interview with staff #1 on 3/12/13 at 8:30 AM indicated client #1 could stand for short periods but used the wheel chair most of the time. Staff #1 indicated client #1 could reposition himself and at times the staff needed to remind him to reposition.</p> <p>Interview with RN #1 on 3/13/13 at 11:45 AM indicated she was not aware of any skin assessments for client #1.</p>			

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	<p>Interview with the SC on 3/14/13 at 11:30 AM indicated she was unable to find weekly documentation of skin assessments for client #1.</p> <p>3. Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:20 AM. During this time, client #4 was observed sitting in a wheel chair. At 7:10 AM staff #2 brought a soft helmet and placed it on client #4. Client #4 leaned forward and his helmet fell off of his head and onto the floor. Client #4 leaned forward in his wheelchair to pick up his helmet. Staff #1 assisted client #4 to put his helmet back on. At 7:20 AM, client #4 came out of the staff office and was not wearing his helmet. At 7:25 AM staff #2 brought client #4's helmet back to him and placed it on his head. Throughout the observation client #4's helmet was not strapped below his chin and client #4's seat belt was not buckled. At 10:20 AM client #4 was outside waiting to board the day service bus. When staff #2 was asked when was client #4's wheel chair seat belt to be latched, staff #2 stated, "Whenever he's (client #4) in his wheel chair. Why? Isn't it latched?" Staff #2 saw that client</p>			
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	<p>#4's seat belt was not latched. Staff #1 and staff #2 stood client #4 up to release the seat belt as it was caught beneath client #4's seat. When staff #2 was asked when is client #4's helmet to be strapped under his chin, staff #2 stated, "Oh, he's supposed to have it strapped whenever he's wearing it." Staff #2 strapped client #4's helmet under his chin.</p> <p>Client #4's record was reviewed on 3/13/13 at 12:30 PM. Client #4's physician's orders of 12/13/12 indicated client #4 was to have a self releasing seat belt on whenever client #4 was in his wheelchair. The physician's orders indicated client #4 was to wear a soft helmet whenever client #4 was awake. Client #4's ISP of 12/5/12 indicated client #4 wore a helmet and was in a wheelchair but could walk with assistance and a gait belt. Client #4's Health/Risk Plan of 12/5/12 indicated client #4 "Wears a soft helmet for drop seizures." Client #4's ISP and/or risk plans did not indicate when and where client #4 was to use and/or wear his adaptive equipment. Client #4's ISP and risk plan did not address when client #4's seat belt was to be used and/or</p>			

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	<p>client #4's helmet was to be secured to his head.</p> <p>Interview with the RN (Registered Nurse) on 3/13/13 at 11:45 AM indicated the use of a helmet was addressed in client #4's seizure risk plan, but did not indicate when the client was to wear it and when it was to be secured. The RN did not know if the use of a wheelchair and/or the securing of the seat belt had been addressed in client #4's risk plans.</p> <p>4. A request for all investigative records was made on 3/11/13 at 1:30 PM. No investigative records were submitted for review.</p> <p>The facility's records were reviewed on 3/11/13 at 2 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/9/13 indicated on 1/8/13 at 1:50 PM "a consumer got out of her seat and walked up behind [client #3] and grabbed him in an attempt to bite him. The other consumer scratched [client #3's] right shoulder causing the shoulder to bleed." The report indicated the scratch was "one inch long" and client #3 was seen by the "health safety tech."</p> <p>During interview with the SC (Service</p>						

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	<p>Coordinator) on 3/14/13 at 11:30 AM, the SC stated, "We do not consider client to client to be abuse." The RC indicated the incident of 1/9/13 was not investigated.</p> <p>5. On 03/12/13 at 2:00 PM a record review of nursing personnel files and nursing contract services of the agency was completed. The records indicated the following:</p> <p>RN (Registered Nurse) #1 was hired 01/07/13. RN #1's timecard indicated she was not on the clock from 02/13/13 after 11:00 AM until 03/04/13 at 9:00 AM. LPN (Licensed Practical Nurse) #1's last day of employment was 01/24/13. LPN #2's last day of employment was 01/24/13. LPN #3's last day of employment was 02/07/13. A contract with an outside provider for contract nursing services of two LPN's was signed 02/18/13. Contract LPN #1's first day of service to the agency was 02/19/13. Contract LPN #2's first day of service to the agency was 02/21/13.</p> <p>On 03/13/13 at 11:45 AM an interview with the RN was conducted. The RN indicated she was hired by the agency</p>						

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	<p>01/07/13 and was currently using the services of a contract agency for nursing services along with herself. She indicated she took calls for the agency and was available by pager after hours. She indicated she went on sick leave on 02/13/13 and was in the hospital 2 - 3 days, at which time she did not have a pager and was not available to the agency. She indicated the first day the contract LPN #1 worked was 02/19/13. The RN indicated after she was hospitalized she took beeper calls from home. She indicated she was out of the office on medical leave from 02/13/13 to 03/04/13. She further indicated there was no nursing service available to the agency from 02/13/13 to 02/19/13.</p> <p>The facility's policy and procedures were reviewed on 3/12/13 at 2 PM. The facility's 2/15/12 policy entitled Policy For Handling Cases Of Neglect and Abuse indicated "...The ARC Northwest Indiana prohibits all abuse, neglect and exploitation of our clients...." The 2/15/12 policy indicated "...Neglect - is defined as failure to consider and provide for the safety or care of the client and anticipate and remedy the placing of a client in a situation that poses a threat to</p>						

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	<p>his/her health and well being. Examples include, but are not limited to depriving a client of food, drink, clothing, sleep, shelter, use of bathroom facilities, or medical care/treatment...." The policy indicated "...The ARC Northwest Indiana prohibits all abuse, neglect and exploitation of our clients...All investigations of abuse, neglect, humiliation or exploitation will be investigated per The ARC Northwest Indiana's investigation process, while protecting the individual...."</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 1 incident of client to client abuse reviewed, the facility failed to maintain a reproducible system and/or failed to provide evidence of a thorough investigation regarding client to client abuse for client #3.</p> <p>Findings include:</p> <p>A request for all investigative records was made on 3/11/13 at 1:30 PM. No investigative records were submitted for review.</p> <p>The facility's records were reviewed on 3/11/13 at 2 PM. The BDDS (Bureau of Developmental Disabilities Services) report of 1/9/13 indicated on 1/8/13 at 1:50 PM "a consumer got out of her seat and walked up behind [client #3] and grabbed him in an attempt to bite him. The other consumer scratched [client #3's] right shoulder causing the shoulder to bleed." The report indicated the scratch was "one inch long" and client #3 was seen by the "health safety tech."</p> <p>During interview with the SC (Service</p>	W000154	<p>An investigation was not completed in regards to client #3s scratch due to the fact that it was known how the injury occurred. This is a targeted behavior of the aggressor and is addressed in the BSP. The behavior was observed by staff and therefore an investigation was not necessary. This situation has been investigated and the aggressive consumer's behavior plan has been identified as being ineffective. An IDT will be held for this consumer by 4/25/13 to revise this plan. In the future the Service Coordinator will conduct and document an investigation and recommendations. The administrator will be notified of these actions. Recommendations will be reviewed by the Behavior Health Director and will follow through with changes if necessary. Follow through may include IDT meetings, revision of plan, additional training of staff on any changes. Service coordinator will also observe new Plan in action immediately and bimonthly thereafter. This procedure will be reviewed will all staff at the next meeting 4/23/13.</p>	04/14/2013			

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	<p>Coordinator) on 3/14/13 at 11:30 AM, the SC stated, "We do not consider client to client to be abuse." The RC indicated the incident of 1/9/13 was not investigated.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W000227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.	W000227	Client #3's ISP will be revised to include an objective for eating slowly and using appropriate table manners by 4/14/13. To ensure future compliance, the IDT team will review objectives to ensure that all clients have objectives that are appropriate to their needs. Client #3's ISP will be revised to include an objective for eating slowly and using appropriate table manners by 4/25/13. Goal progress will be reviewed by the Service Coordinator monthly and any necessary changes will be made. To ensure future compliance, the IDT team will review objectives to ensure that all clients have objectives that are appropriate to their needs. Additionally, the IDT will review health, developmental and other assessments on as they are received or at least annually to compare them to Client goals and risk plans to ensure that all areas of need are being addressed. The Behavior health director or designee will perform a random audit of client files at least quarterly to ensure that	04/14/2013	

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	<p>Based on observation, interview and record review for 1 additional client (#3), the ISP (Individual Support Plan) failed to include objectives to address client #3's dining needs in regards to manners, taking appropriate bites and slowing his pace of eating.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/13 between 5:45 AM and 10:20 AM. At 6:55 AM, clients #1 and #3 sat at the dining room table waiting on breakfast. Staff #1 placed cups, dishes/bowls/silverware, a box of cereal and containers of milk/juice/water in front of client #1. Client #1 then poured a large bowl of cereal and pushed it down to client #3. Client #3 immediately picked the bowl of cereal up, poured the cereal onto the table and began eating the cereal off the table with his hands. While making toast, staff #1 stated, "You shouldn't put your food on the table." Staff #1 continued to make toast with butter, placed it on a plate and put it on the table in front of client #3. Staff #1 opened a fruit snack pack and poured it onto the plate with the toast for client #3. Client #3 began scooping the toast and fruit up with a spoon and taking large</p>		<p>emerging client needs are being addressed by the team.</p>				

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	<p>bites of food in his mouth at a fast pace as well as scooping up the dry cereal on the table with his hands and putting the cereal in his mouth. Staff #1 did not prompt client #3 again to not eat off the table and/or assist client #3 to clean up the cereal on the table and offer the client a clean bowl with cereal and a spoon. Staff #1 did not prompt client #3 in the use of silverware, to slow his pace of eating and/or to take smaller bites.</p> <p>At 7:30 to 8 AM, client #2 was wheeled into the kitchen for breakfast. Staff #2 did not push client #2's wheel chair up to the dining room table to eat his morning meal. Instead, staff #2 wheeled client #2 over to the kitchen/dining room bar/counter area and fed client #2 his breakfast. Staff #2 stated client #2 "usually" did not eat his breakfast at the dining room table because of client #3's behaviors of grabbing for everything (food, cups, dishes, etc.) on the table.</p> <p>Client #3's record was reviewed on 3/13/13 at 11:30 AM. Client #3's Developmental Assessment of 3/26/12 indicated client #3 "drops food on the table, does not use a napkin, but takes food off others' plates, and eats too fast/too slow. He also throws food, wallows (sic) food without chewing, chews with mouth open, talks with</p>			

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	<p>mouthful, and plays in food with fingers... He does not have ordinary control of his appetite." Client #3's revised BSP (Behavior Support Plan) of 2/13 indicated client #3 was to be monitored at mealtime to maintain "appropriate manners." Client #3's ISP (Individual Support Plan) of 12/16/11 did not indicate any objectives to assist client #3 with his table manners, taking smaller bites and slowing his pace of eating.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM stated client #3 "has a thing with food." The SC indicated it was not unusual for client #3 to turn his bowl and/or plate over and eat off of the table. When asked what were the staff to do when he did that, the SC indicated the staff were to prompt the client in proper table manners. The SC indicated client #3's ISP did not include any objectives to assist client #3 with his table manners.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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 observation, record review and interview for 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#4 and #5), the facility failed to implement the clients' training objectives during formal and informal training opportunities.</p> <p>Findings include:</p> <p>During observations at the group home on 3/12/13 between 5:45 AM and 10:20 AM, the following was observed:</p> <p>At 5:50 AM, client #1 was dressed and sitting in a wheel chair in his bedroom, putting on his shoes and socks. After dressing, client #1 stayed in his room watching television. At 6:50 AM client #1 took his AM medications then ate his breakfast. After eating, client #1 returned to his bedroom to watch television. At 9:00 AM, client #1 put his coat and sat by the front window watching for the day service bus to arrive. At 9:20 AM client</p>	W000249	The Service Coordinator will retrain DSPs on implementation of objectives and document training by 4/14/13. To ensure future compliance, the Service Coordinator will observe implementation of the program objectives weekly for three consecutive months and bi-monthly thereafter.	04/14/2013			

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	<p>#1 did his leg exercises in the living room for 15 minutes and then returned to sit by the window, watching for the day service bus which arrived at 10:10 AM. During this observation, the staff did not offer client #1 a choice of leisure activities and/or training objectives.</p> <p>At 7:35 AM, client #2 was given a bed bath and dressed by staff #2. At 8 AM, staff #2 did a one person lift and transferred client #2 from the bed to his wheel chair. At 8:10 AM, client #2 was in the kitchen sitting in his wheel chair with his back to the kitchen bar/counter, not at the dining room table, while staff #2 sat with client #2, at client #2's right side, feeding client #2. Client #2 finished eating at 8:17 AM. From 8:17 AM until 9 AM, client #2 sat in his wheel chair in the dining/kitchen area without activity. At 9 AM staff #2 helped client #2 put his coat on. At 9:30 AM staff #1 and #2 took client #2 to his bedroom to change his attends (adult brief). After changing client #2, the staff wheeled client #2 back to the kitchen where he stayed until the day service bus arrived at 10:10 AM. During this observation, the staff did not offer client #2 a choice of leisure activities and/or training objectives.</p> <p>At 6 AM, client #3 got up and was assisted to shower, dress and put his</p>						

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	linens in the wash. At 6:55 AM to 7:10 AM clients #1 and #4 sat at the dining room table waiting on breakfast. Staff #1 placed cups, dishes/bowls/silverware, a box of cereal and containers of milk/juice/water in front of client #1. Client #1 then poured a large bowl of cereal and pushed it over to client #3. Client #3 immediately picked the bowl of cereal up, poured the cereal onto the table and began eating the cereal off the table with his hands. Staff #1 made toast with butter, placed it on a plate and put it on the table in front of client #3. Staff #1 opened a fruit snack pack and poured it on the plate with the toast for client #3. Client #3 began scooping the toast and fruit up with a spoon and taking large bites at a fast pace as well as scooping up the dry cereal on the table with his hands and putting the cereal in his mouth. After eating, client #3 paced in the living room, dining room and kitchen and then lay down on the couch in the living room. At 8:15 AM while client #3 lay on the couch sleeping, staff #1 took client #3's linens out of the washer/dryer. Staff #1 woke client #3 at 8:45 AM to go to the bathroom. After returning from the bathroom, client #3 was prompted to put his coat on in preparation to leave for the day services. Client #3 went to the bathroom, put his coat on and lay back down on the couch. At 9:50 AM client #3			

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	<p>got up from the couch, took his coat off and began pacing in the living room, kitchen and dining room until the day service bus arrived at 10:10 AM. During this observation, the staff did not offer client #3 a choice of leisure activities and/or training objectives. The staff did not prompt client #3 to go to the bathroom prior to lying down on the couch and/or while lying on the couch from 7:30 AM to 8:45 AM.</p> <p>At 7:30 to 8 AM, client #4 ate his breakfast. From 8 AM until 9 AM, client #4 sat in his wheel chair in the dining/kitchen area of the house. At 9 AM staff #1 assisted client #4 to put a coat and a knit hat on. Client #4 continued to sit with his coat/hat on in the dining/kitchen area of the home until the bus arrived at 10:10 AM. During this observation, the staff did not offer client #4 a choice of leisure activities and/or training objectives.</p> <p>Client #1's record was reviewed on 3/12/13 at 11 AM. Client #1's ISP dated 12/9/11 indicated the following formal objectives: <input type="checkbox"/> To enter the amount of a receipt. <input type="checkbox"/> To prepare a recipe of his choice. <input type="checkbox"/> To complete physical therapy exercises for 20 minutes. <input type="checkbox"/> To get out of the wheelchair and walk</p>			

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	<p>for 10 minutes.</p> <p>__ To name the medication and purpose of the medications he was taking.</p> <p>__ To independently shower.</p> <p>Client #2's record was reviewed on 3/12/13 at 1 PM. Client #2's ISP dated 8/27/12 indicated the following formal objectives:</p> <p>__ To set his place at the table.</p> <p>__ To repeat the name of his Alzheimer's medication.</p> <p>__ To brush his teeth.</p> <p>__ To indicate the need to use the restroom.</p> <p>__ To identify coins independently.</p> <p>Client #3's record was reviewed on 3/13/13 at 11:30 AM. Client #3's ISP dated 12/7/12 indicated the following formal objectives:</p> <p>__ To brush his teeth.</p> <p>__ To complete his physical therapy exercises.</p> <p>__ To use his communication book to indicate his wants and needs.</p> <p>__ To point to an item that he chooses to buy.</p> <p>__ To clean the table after a meal.</p> <p>__ Prior to getting his medications, he is to point to his mouth.</p> <p>__ To floss his teeth.</p> <p>__ To toilet himself.</p>			
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	<p>Client #3's Developmental Assessment of 3/26/12 indicated client #3 "will not engage in assigned activities. He needs constant encouragement to complete tasks, has to be made to do things, has no ambition, seems to have no interest in things, finishes task last because of wasted time, is unnecessarily dependent on others for help, and movement is slow and sluggish. He will pay attention to purposeful activities for as long as five minutes. His attention span is extremely short. He cannot organize a task or arrange leisure time activities even of the simplest nature, without assistance."</p> <p>Client #3's Addendum to his 12/7/12 ISP indicated the staff were to prompt client #3 to go to the bathroom prior to lying down on the couch or if the staff notices him lying on the couch, "they should re-direct him to use the toilet."</p> <p>Client #4's record was reviewed on 3/13/13 at 12:30 PM. Client #4's ISP dated 12/5/12 indicated the following formal objectives:</p> <ul style="list-style-type: none"> __ Verbalize purchase and give money to cashier. __ To help prepare a salad. __ To toilet himself with 50% or more independence. __ To choose matching clothes. __ To bring the needed supplies to the bathroom to brush his teeth. 			

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	<p>__ To verbalize his medications and state the reason he takes them.</p> <p>__ To brush his teeth.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM indicated clients were to be offered a choice of activities and/or training throughout the day. The SC indicated clients should not be sitting idle without activity for long periods and should be prompted to activity every 15 minutes.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.	W000318	CONDITION. Please refer to tags W331, W342, and W369 An RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN. All other homes were affected by this dramatic change in nursing staff. These new nurses will serve 54 th and our other group homes. In addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care.	04/14/2013	

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			<p>We now have a contract with a temporary nursing agency so that there is no delay in replacing a nurse should one not be able to fulfill their job duties.</p> <p>In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services.</p> <p>When a consumer is hospitalized the Community Services Nurse in coordination with the Service Coordinator will develop plans to address any changes in condition. A meeting will be held within 24 hours prior to or following discharge with the day program and others relevant to the client's care and document team discussion and approvals if necessary. To prevent reoccurrence, this will be done for all consumers returning home after hospitalization as a standard practice.</p> <p>The Behavior Health Director or the Community Services Operations Director will hold a weekly meeting to review changes in client status and ensure these meetings are scheduled or have been completed and document this discussion.</p>	

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	<p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 2 sampled clients (#1 and #2) and for 2 additional client (#3 and #4). the facility's nursing services failed:</p> <p>___ To assess, monitor and/or address client's health care needs and revise the plans as needed to meet the changes in the client's health status for client #2.</p> <p>___ To ensure the facility staff documented health data as indicated in the plans and/or instructed by nursing for clients #1 and #2.</p> <p>___ To ensure the facility staff were trained in the use of a Hoyer lift for client #2.</p> <p>___ To ensure all medications were administered as ordered by the physician for clients #1, #2, #3 and #4.</p> <p>Findings include:</p> <p>1. The facility's health care services failed to ensure the facility's nursing services assessed/monitored and provided nursing oversight in regards to client #1's and #2's skin integrity, urinary retention, sleep apnea and changes in health status. Nursing services failed to revise and/or update client #2's health plans as the client's health status changed. Nursing services failed to ensure the staff were trained in regard to the use of the Hoyer</p>	W000318	<p>CONDITION. Please refer to tags W331, W342, and W369</p> <p>An RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN.</p> <p>All other homes were affected by this dramatic change in nursing staff. These new nurses will serve 54 th and our other group homes. In addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care.</p> <p>We now have a contract with a temporary nursing agency so that there is no delay in replacing a nurse</p>	04/14/2013			

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	<p>lift for client #2. Please see W331.</p> <p>2. The facility's health care services failed to ensure the staff were trained in regard to the use of a Hoyer lift to transfer client #2. Please see W342.</p> <p>3. The facility's health care services failed to administer client #1's, #2's, #3's and #4's medications without error. Please see W369.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>should one not be able to fulfill their job duties.</p> <p>In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services.</p> <p>When a consumer is hospitalized the Community Services Nurse in coordination with the Service Coordinator will develop plans to address any changes in condition. A meeting will be held within 24 hours prior to or following discharge with the day program and others relevant to the client's care and document team discussion and approvals if necessary. To prevent reoccurrence, this will be done for all consumers returning home after hospitalization as a standard practice.</p> <p>The Behavior Health Director or the Community Services Operations Director will hold a weekly meeting to review changes in client status and ensure these meetings are scheduled or have been completed and document this discussion.</p>		

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.	W000331	Please refer to tags and see W149An RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN. All other homes were affected by this dramatic change in nursing staff. These new nurses will serve 54 th and our other group homes. In addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care. We now have a contract with a	04/14/2013	

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	Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and 2 additional clients (#3 and #4), the facility's nursing services		temporary nursing agency so that there is no delay in replacing a nurse should one not be able to fulfill their job duties. In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services. When a consumer is hospitalized the Community Services Nurse in coordination with the Service Coordinator will develop plans to address any changes in condition. A meeting will be held within 24 hours prior to or following discharge with the day program and others relevant to the client's care and document team discussion and approvals if necessary. To prevent reoccurrence, this will be done for all consumers returning home after hospitalization as a standard practice. The Behavior Health Director or the Community Services Operations Director will hold a weekly meeting to review changes in client status and ensure these meetings are scheduled or have been completed and document this discussion.		

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	<p>failed:</p> <p>__ To assess, monitor and/or address a wound on client #2's ankle/foot.</p> <p>__ To ensure the staff were trained in the use of the Hoyer in regards to client #2.</p> <p>__ To revise and/or update client #2's risk plans.</p> <p>__ To ensure the staff documented client #1's and #2's skin assessments, incontinence and positioning as indicated in the plans and/or instructed by nursing and nursing monitored the client's plans and staff documentation.</p> <p>__ To ensure client #2 was repositioned every 2 hours.</p> <p>__ To ensure a nursing plan/health risk plan was implemented for client #2's history of urinary retention.</p> <p>__ To ensure client #4's health plans included the use of a wheelchair and a padded helmet, when was the client to use his seat belt and/or the helmet chin strap.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:10 AM. At 7:35 AM, staff #2 was giving client #2 a bed bath. Client #2 had a large kerlix roll/bandage covering his left foot and ankle. A Hoyer lift was at the bottom of client #2's bed. At 8 AM, staff #2 did a one person lift and transferred</p>			
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	<p>client #2 from the bed to his wheel chair by herself. Client #2 was wheeled to the kitchen, ate his breakfast and sat, waiting on the bus to take him to day services. At 9 AM, staff #1 and #2 took client #2 back to his bedroom to change his depends (adult brief) and then returned client #2 to the living room to again wait for day service transportation.</p> <p>Interview with staff #2 on 3/12/13 at 7:40 AM stated the dressing was put on client #2's left foot "sometime last week, Thursday I think." Staff #2 indicated she was not allowed to remove the dressing because it had been put on at the doctor's office or the wound clinic, the staff was not sure which. Staff #2 indicated she did not know why client #2 had a dressing on his left foot and did not remove it while giving the client his daily bed bath. Staff #2 showed this surveyor client #2's right foot and right great toe and stated client #2 was going to a wound clinic and getting "some kind of treatments on it, but I think it's mostly healed now." Staff #2 indicated client #2 was a 1 person lift and the Hoyer was used in the evening when getting client #2 from the wheel chair</p>						

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	<p>back into the bed. Staff #2 showed this surveyor the lift sling under client #2 that would be used with the Hoyer. Staff #2 indicated client #2's health had declined and client #2 was now non ambulatory and required total staff assistance for all of his needs. Staff #2 indicated client #2 was to be repositioned every 2 hours around the clock and the staff were to document it on the client's repositioning forms. Staff #2 indicated client #2 liked to lay on his back and was at risk for further skin break down.</p> <p>Interview with staff #1 on 3/12/13 at 8 AM indicated she did not know why client #2 had a dressing on his left foot/ankle. Staff #1 stated staff #2 "usually" gets him up and takes care of him. When asked if staff #2 would use the Hoyer to lift client #2 out of bed, staff #1 indicated staff #2 would call for her help and she would go in and help her get client #2 up. Staff #1 indicated she had not been trained on the use of the Hoyer and had not used it to get client #2 out of bed. Staff #1 indicated client #2 was a 2 person lift.</p> <p>Client #2's record was reviewed on</p>						

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	<p>3/12/13 at 1 PM.</p> <p>__The 1/7/13 Urology Consult Note indicated "Reason for Consult chronic urinary retention" "...the patient was admitted with acute chronic urinary retention...." The note indicated client #2 "has a history of dementia/Down's syndrome and possible bladder outlet obstruction."</p> <p>__1/8/13 hospital Confidential Medication Information Enclosed record indicated client #2 was admitted to the hospital as the client could not urinate on 1/7/13. The record indicated client #2 was discharged back to the group home with a Foley Catheter.</p> <p>__Client #2's 1/9/13 Confidential Medical Information hospital records indicated client #2 was admitted to the hospital on 1/7/13 for Urinary Retention. The hospital records indicated client #2 had an assessment of the wound, on his right foot, while the client was in the hospital. The 1/9/13 medical record indicated on 1/8/13, "...Assessment completed. Patient has dry eschar to the right lateral foot. Recommendations to leave OTA (open to air). Will continue to follow as needed. Preventative measures ordered." The 1/8/13 assessment indicated the wound</p>				

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	<p>was first assessed on 1/7/13 and was "pre-existing." The 1/8/13 note indicated client #2's wound on the right foot was 1 cm (centimeter) in length and 1 cm in width with "Attached edges."</p> <p>Client #2's CMRs (Cumulative Medical Records - nursing and physician's notes) indicated the following: 11/2/12 doctor's note indicated "necrotic (dead tissue)" of right great toe and lateral foot wound with "foot cellulitis." The doctor indicated the client had a diagnosis of, but not limited to, Right Foot Cellulitis, Right Foot Osteomyelitis (an infection of the bone) with necrotic wounds and Possible Sepsis Syndrome.</p> <p>11/2/12 nursing note indicated "Consumer [client #2] was seen by [name of physician] today for blister on his right foot. He was admitted to [name of hospital] for Sepsis Syndrome Rt [right] Cellulitis with Osteomyelitis."</p> <p>11/5/12 nursing note indicated client #2 was still in hospital and having daily dressing changes done to his right foot.</p> <p>11/12/12 nursing note indicated client #2 had been transferred to another hospital. The note indicated another chest Xray and</p>			

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	<p>bone scan were going to be done. The note indicated "...He is getting dressing changes to his right foot. Consumer in the hospital duration is not known @ (at) this time."</p> <p>11/15/12 nursing note indicated "...Receiving wound care to RT foot daily. He remains in hospital (sic) duration unknown."</p> <p>11/20/12 nursing note indicated "...Consumer remains on IV (intravenous) ABT (antibiotic) Rocefin (sic) q (every) 24 hrs (hours). He receives bilateral wound care to both feet. the (sic) right foot he gets Aquacel AG (wound care) every 3 days and on his left foot (inner) Tegaderm...."</p> <p>11/27/12 nursing note indicated "...He continues to receive IV antibiotics of Rocefin (sic) every 24 hours. He receives wound care bilateral feet. Physical therapy continues to work (with) this consumer...."</p> <p>12/3/12 nursing note indicated "...Remains on IV fluids (with) continuous IV antibiotics. Drsg (dressing) care to Rt foot wound and Lt (left) foot care noted...."</p> <p>12/10/12 nursing note indicated "Duration</p>				

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	<p>of hospital stay is unknown @ this time."</p> <p>12/18/12 nursing note indicated "Report given consumer was doing very well. ...Continues (with) wound care treatments. PT gets him up daily. No distress noted. Hospital duration is unknown at his time."</p> <p>12/22/12 Post hospital admission nursing note. "...No open areas noted. Consumer has wound care noted to right great toe. Area is dressed with Aquacel ag [a wound dressing] and apply tegaderm [a would dressing] to area and elevate foot off bed surface and apply Silvedene [an antibiotic cream] to left ankle. Apply Aquaphor ointment to dry skin daily. [Client #2] has pain medication PRN [as needed]. Denies any c/o [complaint of] pain or discomfort."</p> <p>1/14/13 nursing note indicated "Late Entry I went to the group home to check on consumer VS (vital signs) stable. Assessment done his penis was swollen and painful to the touch. He has a foley catheter in place for Urinary Retention. I advised staff to take him to the [name of hospital] emergency. He was taken to the ER (emergency room) and new orders received for his Dx (diagnosis) of Encounter for Foley Catheter replacement and UTI (Urinary Tract Infection) and</p>			

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	<p>medication and new medications orders received (sic). He will be seen by his urology doctor next week, Labs will be done on 1/15/13."</p> <p>1/16/13 nursing note indicated "Foley removed from the client and no signs or symptoms of distress or discomfort, client denies any pain at this time. Staff informed to monitor client for voiding and encourage 8 ounces of water every 2 hours and to contact the nurse if the client did not void within 4 hours."</p> <p>1/16/13 nursing note indicated "Spoke with group home staff at 6:20 PM. client was incont [incontinent] x1."</p> <p>1/17/13 nursing note indicated client #2 continued to urinate without problem. The note indicated the nurse instructed the staff to encourage client #2 to drink 8 ounces of water every 2 hours.</p> <p>1/17/13 nursing note indicated a follow up hospital note from the wound clinic physician - "Right great toe healing." The client was to be seen in 1 week for follow up.</p> <p>1/24/13 nursing note indicated "Please send patient by ambulance transport for HBO (Hyperbaric Oxygen - wound therapy) treatments Monday through</p>			

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	<p>Friday."</p> <p>2/1/13 nursing note indicated Hyperbaric Rx (treatment), tolerated well.</p> <p>2/4/13 nursing note indicated Hyperbaric Rx, tolerated well.</p> <p>2/5/13 nursing note indicated Hyperbaric Rx, tolerated well.</p> <p>2/6/13 nursing note indicated Hyperbaric Rx, tolerated well.</p> <p>2/7/13 nursing note indicated Hyperbaric Rx, tolerated without difficulty.</p> <p>2/11/13 nursing note indicated Hyperbaric Rx.</p> <p>2/13/13 nursing note indicated Hyperbaric Rx.</p> <p>2/18/13 nursing note indicated Hyperbaric Rx.</p> <p>2/19/13 nursing note indicated Hyperbaric Rx.</p> <p>2/20/13 nursing note indicated Hyperbaric Rx.</p> <p>2/21/13 nursing note indicated Hyperbaric Rx.</p>			

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	<p>2/25/13 nursing note indicated Hyperbaric Rx.</p> <p>2/26/13 nursing note indicated Hyperbaric Rx.</p> <p>Client #2's Developmental Assessment of 8/21/12 indicated client #2 "...frequently has toilet accidents during the day and night. He needs assistance with getting to the toilet; staff must use a Hoyer lift.... He needs assistance with all self care at toilet.... His posture is poor as his stomach sticks out, mouth hangs open, head hangs down, and his shoulders are slumped forward and his back is bent; also since his cataracts are so bad he makes little attempt to walk. [Client #2] is afraid of falling, so he sits on the floor most of the time at home.... He [client #2] walks with assistance only...."</p> <p>Client #2's Skin Breakdown Plan of 1/16/13 indicated client #2 was at greater risk for skin breakdown due to multiple incidents of incontinence and his decreased mobility. The plan indicated "[Client #2] is to be encouraged to reposition himself frequently (at least every two hours). [Client #2] should be encouraged to sit on other chairs or the floor when practical. Staff should ask him about and be aware of any incontinence</p>						

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	<p>issues he might be having. He should be encouraged to change and clean himself after any episodes of incontinence.... Staff should complete a visual inspection of [client #2's] skin daily and document any changes on the daily log.... Staff are to notify the Community Services Nurse or Service Coordinator if any redness, openings, or bleeding is observed. If the sores are severe [client #2] should be taken to the ER [Emergency Room]." Client #2's record did not indicate client #2's Skin Breakdown Plan had been updated to reflect client #2's immobility, the use of the Hoyer and constant use of the wheelchair.</p> <p>Client #2's Sleep Apnea Plan of 2/4/13 indicated the staff were to monitor client #2 throughout the night to ensure the client slept on his side. The client's record did not indicate the staff were monitoring client #2's sleep patterns. The client's record did not indicate nursing services was monitoring client #2's sleep patterns and or that the staff was ensuring client #2 was on his side.</p> <p>Client #2's skin assessment records were reviewed for January, February and March, 2013. The records indicated assessments conducted on 2/14/13, 2/26/13, 2/17/13 and 3/5/13.</p>			

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	<p>__3/5/13 at 8 AM indicated "Chapped and sores on groin area and inner thigh next to groin."</p> <p>__2/26/13 at 8:30 PM indicated no new bruises cuts or abrasions. Old wounds on feet healing well. The same form indicated "2-27-13 AM (no time) "Groin area still gets chaffed (sic) periodically especially his testicles. Staff need to modern (sic) him more during the night and change him."</p> <p>__2/14/13 at 8:15 PM, "Old scares (sic) on testicles and butt cheek. No new wounds. Bandage on foot pressur (sic) sore on heal toe healed (sic)." The record indicated an arrow pointing to the left foot.</p> <p>The client's record did not indicate staff were conducting daily and/or weekly skin assessments. The client's record did not indicate nursing was monitoring client #2's skin assessments.</p> <p>Client #2's (RTRs) Repositioning Tracking Records for January, February and March, 2013 indicated the staff were to reposition client #2 every 2 hours and the staff were to document the position client #2 was lying in after being repositioned. The RTRs indicated</p>			

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	<p>documentation only for 3/3/13 through 3/12/13. The RTRs indicated the staff did not reposition client #2 every 2 hours as indicated on the RTRs on March 3, 4, 5, 6, 7, 8, 9, 11 and 12. The RTRs indicated the staff did not reposition client #2 at all on 3/3/13 and 3/9/13. Client #2's record did not indicate nursing was monitoring client #2's RTRs and/or to ensure the staff was repositioning client #2.</p> <p>Client #2's bladder/bowel incontinence records for February and March 2013 indicated the staff did not document the client had been toileted every two hours as indicated on the incontinence records.</p> <p>Review of the facility staff training records for the direct care staff in the group home on 3/14/13 at 2 PM did not indicate any of the staff had been trained on the use of the Hoyer lift in regards to client #2.</p> <p>Client #2's record failed to indicate nursing services had assessed and/or monitored client #2 in regards to his history of urinary retention, fluid levels, intake and output and incontinence. Client #2's 8/27/12 ISP and current risk plans did not indicate a nursing care plan and/or a risk plan in place in regards to client #2's urinary retention and fluid levels.</p>			

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	<p>Client #2's ISP and risk plans did not indicate how the staff were to transfer client #2, when and how the staff were to use the Hoyer, when the client was to use the wheel chair and how the client was to be repositioned while sitting in the wheel chair.</p> <p>Interview with RN #1 (Registered Nurse) on 3/13/13 at 11:45 AM indicated client #2 was going for Hyperbaric treatments for his right foot due to a recent ulcer. RN #1 indicated she had not assessed client #2's feet and/or ankles since the client had returned to the group home on 12/22/12, was not aware of client #2 having an issue of skin breakdown on his left foot and was not aware the client had a kerlix dressing on his left foot. RN #1 indicated the staff should conduct skin assessments at every available opportunity and at least daily. RN #1 indicated the staff were to document the skin assessments on the facility skin assessment records. RN #1 stated client #2's risk plans were current "To my knowledge." The RN indicated the staff were to reposition client #2 every 2 hours and document the client had been repositioned. The RN stated if the staff did not document on the client's record</p>			

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	<p>the care that was to be given in regards to the repositioning sheets, the skin assessments and incontinent logs, then it had to be "assumed, it was not done." The RN indicated client #2 did not have a risk assessment in regards to client #2's urinary retention and fluid needs. The RN indicated client #2's Risk plans did not include specific directions as to how the staff were to move the client and use of the Hoyer.</p> <p>Interview with RN #1 on 3/14/13 at 11 AM indicated another facility nurse had gone to the workshop on 3/13/13 to assess client #2's left foot. RN #1 stated the other nurse had told her that client #2's skin on his left foot was "bluish and intact" and did not have any broken areas. RN #1 indicated the other nurse should have documented her assessment in the CMRs or on a quarterly nursing assessment form.</p> <p>Client #2's record was reviewed again at 3/14/13 at 2 PM and no documentation of an assessment was found of client #2's left foot for 3/13/13.</p>			

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	<p>Interview with the SC (Service Coordinator) on 3/14/13 at 11:30 AM indicated the staff did not do daily body assessments on client #2 but were told by another facility nurse that the staff were instructed they had to only do them once a week. The SC indicated she was only able to find the assessments previously mentioned and was not able to locate any further assessments for review. The SC indicated all the staff in the home had been trained on the use of the Hoyer, but was not able to provide documentation for review. The SC indicated client #2's ISP did not include the use of the Hoyer and wheel chair since client #2's decline in mobility. The SC indicated she did not know why client #2's left foot was wrapped in a kerlix. The SC indicated client #2 had been going to a wound clinic for his right foot, but was not aware of a problem on his left foot.</p> <p>2. Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:10 AM. During this time, client #1 was observed sitting in a wheel chair and was non ambulatory.</p>			

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	<p>Client #1's record was reviewed on 3/12/13 at 11 AM. Client #1's 12/3/12 Health/Risk Plan indicated client #1 was at risk for "Decubitis ulcers related to orthopedic impairment." The plan indicated client #1 had "a decubitis ulcer that was noted on 1/6/12." The plan indicated the staff were to complete weekly skin assessment sheets on client #1 and turn them into the nurse and the nurse was to monitor client #1's health needs. Client #1's record indicated 1 skin assessment for 2013 and that was the one for 2/26/13 at 9 PM. The assessment indicated "No New Bruises or Abrasions." Client #1's record did not indicate the staff were doing weekly skin assessments and/or the nurse was monitoring client #1's records.</p> <p>Interview with staff #1 on 3/12/13 at 8:30 AM indicated client #1 was able to stand for short periods but used the wheel chair most of the time. Staff #1 indicated client #1 could reposition himself and at times the staff needed to remind him to reposition.</p> <p>Interview with RN #1 on 3/13/13 at 11:45</p>				

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	<p>AM indicated she was not aware of any skin assessments for client #1.</p> <p>Interview with the SC on 3/14/13 at 11:30 AM indicated she was unable to find weekly documentation of skin assessments for client #1.</p> <p>3. Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:20 AM. During this time, client #4 was observed sitting in a wheel chair. At 7:10 AM staff #2 brought a soft helmet and placed it on client #4. Client #4 leaned forward and his helmet fell off of his head and onto the floor. Client #4 leaned forward in his wheelchair to pick up his helmet. Staff #1 assisted client #4 to put his helmet back on. At 7:20 AM, client #4 came out of the staff office and was not wearing his helmet. At 7:25 AM staff #2 brought client #4's helmet back to him and placed it on his head. Throughout the observation client #4's helmet was not strapped below his chin and client #4's seat belt was not buckled. At 10:20 AM client #4 was outside waiting to board the day service bus. When staff #2 was asked when was client #4's wheel chair seat belt</p>						

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	<p>to be latched, staff #2 stated, "Whenever he's [client #4] in his wheel chair. Why? Isn't it latched?" Staff #2 saw that client #4's seat belt was not latched. Staff #1 and staff #2 stood client #4 up to release the seat belt as it was caught beneath client #4's seat. When staff #2 was asked when was client #4's helmet to be strapped under his chin, staff #2 stated, "Oh, he's supposed to have it strapped whenever he's wearing it." Staff #2 strapped client #4's helmet under his chin.</p> <p>Client #4's record was reviewed on 3/13/13 at 12:30 PM. Client #4's physician's orders of 12/13/12 indicated client #4 was to have a self releasing seat belt on whenever client #4 was in his wheelchair. The physician's orders indicated client #4 was to wear a soft helmet whenever client #4 was awake. Client #4's ISP of 12/5/12 indicated client #4 wore a helmet and was in a wheelchair but could walk with assistance and a gait belt. Client #4's Health/Risk Plan of 12/5/12 indicated client #4 "Wears a soft helmet for drop seizures." Client #4's ISP and/or risk plans did not indicate when and where client #4 was to use and/or</p>			

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	<p>wear his adaptive equipment. Client #4's ISP and risk plan did not address when client #4's seat belt was to be used and/or client #4's helmet was to be secured to his head.</p> <p>Interview with the RN (Registered Nurse) on 3/13/13 at 11:45 AM indicated the use of a helmet was addressed in client #4's seizure risk plan, but did not indicate when the client was to wear it and when it was to be secured. The RN did not know if the use of a wheelchair and/or the securing of the seat belt had been addressed in client #4's risk plans.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			

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W000342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p>	W000342	<p>Staff will be re-trained on appropriate use of the Hoyer lift. This will include how many people are required to lift each person, how to operate the lift, and what to do should the lift malfunction. To ensure future compliance, the Community Services Nurse will ensure that all staff that are new to the home will be trained on safe transfer using a Hoyer lift. Staff will be re-trained on appropriate use of the Hoyer lift. This will include how many people are required to lift each person, how to operate the lift, and what to do should the lift malfunction. 4/19/13. The Community Services Nurse will visit the home weekly for 2 months and twice per month thereafter to ensure that the Hoyer lift is being used safely. This visit will be documented by signature on the MAR at the home. To ensure future compliance, the Area manager will refer all new staff to the home to the Community Services Nurse, whom will ensure staff are trained on all medical needs for the home</p>	04/14/2013

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	<p>Based on observation, interview and record review for 1 of 2 sampled clients (#2), the facility's nursing services failed to ensure staff were adequately trained in regard to the use of a Hoyer lift to transfer client #2.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/13 between 5:40 AM and 10:10 AM. At 7:35 AM, staff #2 was giving client #2 a bed bath. Client #2 had a large kerlix roll/bandage covering his left foot and ankle. A Hoyer lift was at the bottom of client #2's bed. At 8 AM, staff #2 did a one person lift and transferred client #2 from the bed to his wheel chair by herself.</p> <p>Interview with staff #2 on 3/12/13 at 7:40</p>		<p>including safe transfers using a Hoyer lift documentation will be forwarded to the area manager to assure completion. Software is being developed to track staff training to each location that they work to ensure all are appropriately trained. This software is expected to be fully functional within 6 months. In the interim, Area Mangers will monitor training through paper file audits.</p>	

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	<p>AM indicated client #2 was a 1 person lift and the Hoyer was used in the evening when getting client #2 from the wheel chair back into the bed. Staff #2 showed this surveyor the lift sling under client #2 that would be used with the Hoyer. Staff #2 indicated client #2's health had declined and client #2 was now non ambulatory and required total staff assistance for all of his needs.</p> <p>Interview with staff #1 on 3/12/13 at 8 AM indicated she did not know why client #2 had a dressing on his left foot/ankle. Staff #1 stated staff #2 "usually" gets client #2 up. When asked if staff #2 would use the Hoyer to lift client #2 out of bed, staff #1 indicated staff #2 would call for her help and she would go in and help her get client #2 up. Staff #1 indicated she had not been trained on the use of the Hoyer and had not used it to get client #2 out of bed. Staff #1 indicated client #2 was a 2 person lift.</p> <p>Client #2's record was reviewed on 3/12/13 at 1 PM.</p> <p>Client #2's CMRs (Cumulative Medical Records) indicated a 1/2/12 doctor's note</p>				

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	<p>"necrotic (dead tissue)" of right great toe and lateral foot wound with "foot cellulitis." The doctor indicated the client had a diagnosis of, but not limited to, Right Foot Cellulitis, Right Foot Osteomyelitis (an infection of the bone) with necrotic wounds and Possible Sepsis Syndrome.</p> <p>Client #2's Developmental Assessment of 8/21/12 indicated client #2 "...frequently has toilet accidents during the day and night. He needs assistants with getting to the toilet; staff must use a Hoyer lift.... He needs assistance with all self care at toilet.... His posture is poor as his stomach sticks out, mouth hangs open, head hangs down, and his shoulders are slumped forward and his back is bent; also since his cataracts are so bad he makes little attempt to walk. [Client #2] is afraid of falling, so he sits on the floor most of the time at home.... He [client #2] walks with assistance only...."</p> <p>Review of the facility staff training records for the direct care staff in the group home on 3/14/13 at 2 PM did not indicate any of the staff had been trained on the use of the Hoyer lift in regards to client #2.</p> <p>Client #2's ISP and risk plans did not</p>						

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	<p>indicate how the staff were to transfer client #2, when and how the staff were to use the Hoyer, when the client was to use the wheel chair and how the client was to be repositioned while sitting in the wheel chair.</p> <p>Interview with RN #1 (Registered Nurse) on 3/13/13 at 11:45 AM indicated client #2's Risk plans did not include specific directions as to how the staff were to move the client and use of the Hoyer. The RN indicated she had attended the training in regards to the Hoyer, but did not remember when it was and/or have documentation to indicate the facility staff had been trained on the use of the Hoyer.</p> <p>Interview with the SC (Service Coordinator) on 3/14/13 at 11:30 AM indicated all the staff in the home had been trained on the use of the Hoyer, but was not able to provide documentation for review. The SC indicated client #2's ISP did not include the use of the Hoyer and wheel chair since client #2's decline in mobility.</p> <p>This deficiency was cited on 01/25/13. The facility failed to implement a</p>			

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	systemic plan of correction to prevent recurrence. 9-3-6(a)			

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION 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, interview and record review, the facility failed to ensure all medications were administered without error for 4 of 29 doses administered for clients #1, #2, #3 and #4.</p> <p>Findings include:</p> <p>During the medication pass at the group home on 3/12/13 between 6:35 AM and 7:30 PM, the following was observed:</p>	W000369	<p>Staff will be re-trained on the appropriate way to administer medications by 4/14/13. To ensure future compliance, the Community Services Nurse will observe medication passes bi-monthly for 2 months and quarterly thereafter to check for accuracy. The community services Nurse will re-train the DSP's on administering medications by 4/14/13 To ensure future compliance the Nurse will observe a medication pass for each staff at Hayes and will then will observe a medication pass monthly thereafter. In addition nursing staff will review the MAR weekly for four weeks and then twice a month thereafter to monitor documentation of medication passes.</p>	04/14/2013	

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	<p>At 6:35 AM staff #2 gave client #3 Tegretol XR 200 mg (milligrams) and Gabapentin 300 mg. for seizures and Seroquel 300 mg. for behavior modification. Staff #2 popped the pills out in client #3's hand, client #3 took 2 of the pills and then sat and rolled one of the pills between his fingers. Staff #2 did not watch client #3 take his medication. Staff #2 looked away from client #2 to document in the MAR (Medication Administration Record). Staff #2 was asked if client #3 had taken his medications and staff #2 stated, "Yes." Staff #2 was asked to check client #3's left hand. Staff #2 found one of client #3's medications in client #3's left hand. Staff #2 then prompted client #2 to take the remaining pill in his hand.</p> <p>At 6:50 AM staff #2 popped client #1's AM medications from the pill packs into client #1's hand to take. Client #1 was given Calcium and Theragram (dietary supplements), Primidone (for seizures) and Ursodiol (to dissolve gallstones). Staff #2 then prompted client #1 to take his medications. Staff #2 did not watch client #1 put the pills in his mouth and/or take the pills. As client #1 put the pills to his mouth, client #1 dropped one of the pills down the front of his shirt. Staff #2 was asked if client #1 had taken all of his</p>			

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	<p>pills and staff #2 stated, "yes, he has." Staff #2 was asked to check the front of client #1's shirt on his lap. Staff #2 found the Primidone pill on the front of client #1's clothes. Staff #2 picked up the pill and handed it to client #1 to take. Client #1 took the pill.</p> <p>At 7:12 AM staff #2 popped client #4's pills out of the packages over a coffee cup. After popping each medication from the pill pack, staff #2 gave the pill pack to this surveyor for review. Client #4 proceeded to take his AM medications. Client #4 was not observed to take a Vitamin D pill. Review of the pill pack indicated the Vitamin D pill was stuck in the foil pack and had not been given to the client. Staff #2 was asked to check the pill pack and proceeded to pop the Vitamin D and gave it to client #4.</p> <p>At 7:30 AM staff #2 gave client #2 Zemplar 1 mcg (microgram) for kidney problems. After the client had taken the medication, staff #2 was asked if client #2 was to have Zemplar on Tuesdays. Staff #2 stated, "Oh no, I shouldn't have given that to him."</p> <p>Review of the MAR on 3/12/13 at 8:47 AM indicated client #2 was to have Zemplar 1 mcg on Mondays, Wednesdays and Fridays.</p>			

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	<p>The facility policy titled "Medications Administration and Side Effect monitoring" of 6/23/09 was reviewed on 3/12/13 at 1 PM. The policy indicated after administering the oral medications, the staff were to "remain with the individual until all oral medications have been swallowed."</p> <p>Interview with the RN (Registered Nurse) on 3/13/13 at 11:45 AM indicated the staff were to give the medications as prescribed by the physician. The RN indicated the medication was to be checked three times prior to the client taking the medication. The RN indicated the staff were to check the MAR prior to removing the medication from the supply, after removing the medication from the blister pack/bottle/container, and again before administering the medication. The RN indicated from the point the staff popped a pill from the blister pack and gave it to the client, the staff were to observe the client taking the medication, swallowing the medications and checking the clients' mouths to ensure all medications taken were swallowed.</p> <p>This deficiency was cited on 01/25/13.</p>			

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	The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#1) and 1 additional client (#4) who wore glasses, the facility failed to provide an instructional program to teach the clients to clean and care for their own glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/13/13 between 5:40 AM and 10:10 AM. At 7:10 AM staff #1 brought client #4 his glasses. Prior to handing client #4 his glasses, staff #2 cleaned the glasses and then handed them to client #4.</p> <p>Interview with staff #2 on 3/12/13 at 7:15 AM indicated the staff put client #1's and #4's glasses up at night to keep the clients from losing them and/or breaking them. Staff #2 stated client #3 would also "break them" (client #1's and #4's glasses) so it was "just better if we put them up."</p>	W000436	The Service Coordinator will re-train DSPs to teach clients to use and make informed decisions about the use of adaptive equipment by 4/14/13. If the IDT feels it is necessary, new objectives will be added into clients' ISP to assist in teaching them about the care and use of adaptive equipment. To ensure future compliance, the Service Coordinator will make unannounced visits weekly for 3 months and bi-monthly thereafter.	04/14/2013			

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	<p>Client #1's record was reviewed on 3/12/13 at 11 AM. Client #1's Physician's orders of 12/13/12 indicated client #1's glasses were to be put on in the morning and to "check placement at 5 PM, remove and store in an unlocked area at HS (bedtime)." Client #1's ISP (Individual Support Plan) of 12/9/11 did not indicate any objectives in place to assist client #1 in the care and use of his glasses.</p> <p>Client #4's record was reviewed on 3/13/13 at 12:30 PM. Client #4's Physician's orders of 12/13/12 indicated client #4's glasses were to be put on in the morning and to "check placement at 5 PM, remove and store in an unlocked area at HS (bedtime)." Client #4's ISP of 12/5/12 did not indicate any objectives in place to assist client #1 in the care and use of his glasses.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM indicated clients #1 and #4 did not have any training objectives in place to assist the clients in the care of their glasses. The SC indicated the staff should assist the clients in cleaning their glasses, but not to do it for them.</p>			

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	<p>This deficiency was cited on 01/25/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>			

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W000460	<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 observation, record review and interview for 1 of 2 sampled clients (#2) and 1 additional client (#4), the facility failed to ensure the staff followed the facility menu and provided client substitutions for food not eaten.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/12/13 between 5:45 AM and 10:20 AM.</p> <p>At 8:10 AM, client #2 was sitting in his wheel chair in the kitchen beside the kitchen bar/counter, not at the dining room table. Staff #2 opened a 6 - 8 ounce yogurt cup and began feeding client #2. After finishing the yogurt, staff #2 gave client #2 a snack pack of applesauce. After eating the applesauce, client #2 was given a glass of water to take to the medication room for his AM medications. The staff did not offer client #2 any choices of starches, fat items, milk and/or coffee from the menu.</p> <p>At 7:30 to 8 AM, client #4 was wheeled to the kitchen for breakfast. Staff #1</p>	W000460	The Community Services Nurse will re-train the DSPs to ensure proper diet for the clients is followed at all meals by 4/14/13. To ensure future compliance, the Community Services Nurse will make unannounced visits to monitor the food being served during meal times at least bi-monthly for three months and quarterly thereafter.	04/14/2013			

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	<p>prepared a large bowl of oatmeal for client #4 and placed the bowl along with a snack pack of fruit cocktail in front of client #4. Staff #1 poured milk into the oatmeal and stirred it up. Staff #1 then poured milk into client #4's coffee and stirred that up. Staff #1 prepared 2 slices of toast with margarine and jelly and set that in front of client #4. Client #4 ate the toast and drank his milk. Client #4 did not eat the oatmeal or the fruit cup. Staff #1 did not offer client #4 any substitutions for oatmeal and/or fruit not eaten.</p> <p>The facility's menus were reviewed on 3/12/13 at 8 AM. The facility's regular menu dated 3/12/13 indicated for the morning meal on 3/12/13 the clients were to have the following choices for breakfast:</p> <p>Fruit (choose one) __ 1/2 cup of juice or canned fruit __ 1 cup cubed melon or 1/8 melon (1 small piece)</p> <p>Entree (choose 1) 1 egg and 1 oz (ounce) sausage/ham/cheese 1/4 cup of cottage cheese and 2 TBLs (tablespoons) of peanut butter 2 slices of french toast (also counts as 2 starches) 1 cup of cereal with milk</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G699	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2013
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NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 6101 HAYES ST MERRILLVILLE, IN 46410
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	<p>Starch (choose 2)</p> <p>1/2 cup of cereal with 1 slice of bread/toast</p> <p>1/2 bagel, English muffin or a fruit muffin</p> <p>1/2 biscuit or a croissant</p> <p>1 cake doughnut or 3 x 3 inch coffee cake</p> <p>1/2 cup rice with salsa</p> <p>Fat (choose 2)</p> <p>1 TSP (teaspoon) margarine or 2 TSP of cream cheese</p> <p>1 slice of bacon or 1/4 cup gravy</p> <p>Beverage (choose 2)</p> <p>__ 1 cup 2% or skim milk, 1 cup of coffee or tea or hot chocolate</p> <p>__ Milk 2% of skim 1 cup</p> <p>__ Coffee and/or water</p> <p>Interview with client #4 on 3/12/13 at 8:30 AM indicated client #4 did not like oatmeal and did not want the fruit cocktail. Client #4 indicated staff #1 did not offer him any other foods for the food not eaten.</p> <p>Interview with the SC (Service Coordinator) on 3/13/13 at 3:45 PM indicated if clients did not eat the provided food on the menu, the staff were to offer the clients a similar food substitute.</p>			

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	<p>This deficiency was cited on 01/25/13.</p> <p>The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(a)</p>			