

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 04/25/2013	
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 PCR completed on 3/15/13 to the extended annual recertification and state licensure survey completed on 1/25/13.</p> <p>Dates of Survey: 4/23, 4/24 and 4/25/13</p> <p>Facility Number: 003132 Provider Number: 15G699 AIMS Number: 200372010</p> <p>Surveyors: Paula Chika, QIDP-TC Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/2/13 by Ruth Shackelford, QIDP.</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</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#2), the governing body failed to exercise general policy and operating direction over the facility to ensure the client's health care needs were not neglected and the facility's health care services met the nursing needs of the client.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to ensure the facility implemented its written policies and procedures to prevent neglect of client #2 in regard to pressure ulcers as the client had a history of pressure ulcers/skin breakdown. The governing body failed to ensure the facility addressed the client's health/medical needs when the client's needs changed. The governing body failed to ensure the client's health/medical needs were assessed, monitored and/or documented. The governing body neglected to implement, update and/or include specific risk plans which addressed the client's health/medical needs in regard to aspiration pneumonia, skin integrity, wound care, urinary retention and/or 	W000104	Client 2 is no longer served in this facility. Please refer to W149, W331, W342, and W368	08/10/2013			

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	<p>repositioning. The governing body failed to ensure all staff were specifically trained and/or documented training in regard to client #2's current wound care, aspiration pneumonia, and/or neglected to ensure facility staff were trained timely in regard to the use of a Hoyer Lift. Please see W149.</p> <p>2. The governing body failed to ensure the facility's health care services met the nursing needs of the client. The governing body failed to ensure the facility's health care services addressed the client's health/medical needs when the client's needs changed. The governing body failed to ensure the client's health/medical needs were assessed, monitored and/or documented. The governing body failed to ensure the nursing services updated and/or included specific risk plans which addressed the client's health/medical needs, and/or failed to train/document staff were trained in regard to the client's specific medical needs and/or conditions. The governing body failed to ensure the facility's health care services monitored the client and to ensure staff monitored the client's sleep pattern due to client #2's Sleep Apnea. Please see W331.</p> <p>3. The governing body failed to ensure the facility's health care services trained</p>						

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	<p>staff and/or documented staff were trained in regard to wound care and aspiration pneumonia for client #2. Please see W342.</p> <p>4. The governing body failed to ensure client #2's water was thickened as ordered. Please see W368.</p> <p>This deficiency was cited on 3/15/13. 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. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (#2). The facility failed to implement written policy and procedures to prevent neglect of a client in regard to a pressure ulcer and aspiration pneumonia. The facility failed to address the client's medical/health needs and to ensure all staff were trained in regard to the client's health/medical needs.</p> <p>Findings include:</p> <p>The facility neglected to implement its written policies and procedures to prevent neglect of client #2 in regard to pressure ulcers as the client had a history of pressure ulcers/skin breakdown. The facility neglected to address the client's health/medical needs when the client's needs changed. The facility neglected to ensure the client's health/medical needs were assessed, monitored and/or documented. The facility neglected to implement, update and/or include specific risk plans which addressed the client's health/medical needs in regard to aspiration pneumonia, skin integrity, wound care, urinary retention and/or</p>	W000122	<p>Client 2 is no longer served in this facility. The Community Services Nurse in conjunction with the Service Coordinator will again review all risk plans and risk plan needs for the remaining clients by 8/10/13. Staff will then be train on any revisions to the plans including return demonstration and documentation. Professional staff will monitor the home for implementation of any new plans three times per week until staff show proficiency in implementation. Once proficient, monitoring will fade to weekly and then biweekly.</p>	08/10/2013			

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	<p>repositioning. The facility neglected to ensure all staff were specifically trained and/or documented training in regard to client #2's current wound care, aspiration pneumonia, and/or neglected to ensure facility staff were trained timely in regard to the use of a Hoyer Lift. Please see W149.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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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. Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility neglected to implement its written policies and procedures to prevent neglect of client #2 in regard to pressure ulcers as the client had a history of pressure ulcers/skin breakdown. The facility neglected to address the client's health/medical needs when the client's needs changed. The facility neglected to ensure the client's health/medical needs were assessed, monitored and/or documented. The facility neglected to implement, update and/or include specific risk plans which addressed the client's health/medical needs in regard to aspiration pneumonia, skin integrity, wound care, urinary retention and/or repositioning. The facility neglected to ensure all staff were specifically trained and/or documented training in regard to client #2's current wound care, aspiration pneumonia, and/or neglected to ensure facility staff were trained timely in regard to the use of a Hoyer Lift.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 4/23/13 at 1:39 PM.</p>	W000149	<p>Client 2 is no longer served in this facility. Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. Training included injury of unknown origin, client-to-client aggression, abuse, neglect and exploitation. This training improved adequacy of investigations, understanding of rules and intent, relationship to surveys and impact on client care through a thorough investigation. 38 of 42 investigators attended Department of Health Training. We videotaped the training for future use for new investigators to assure ongoing knowledge beyond the initial training.</p> <p>In addition all the Service Coordinators and Nurses will receive this training by 7/26/13, so that they are more familiar with</p>	08/10/2013

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	<p>The facility's 3/26/13 reportable incident report indicated "On 3/26/13 at approximately 10:15 PM, during a routine bed check, DSP (Direct Support Professional) noted that consumer [client #2] expelled brown vomit that smelled like bowels. The DSP assisted consumer [client #2] in cleaning himself. DSP informed the Nurse, Service Coordinator, and was directed to call 911. [Client #2] was transported to [name of hospital] via ambulance."</p> <p>The facility's 3/26/13 Incident/Accident (I/A) Report indicated "Night staff went to make rounds client had threw up brown vomit, smelled like Bowel Movements. Staff cleaned him up But (sic) he continued to throw up. Was taken to hospital by ambulance." The I/A report indicated in regard to "...Action Taken (treatment, intervention, referrals, etc.) Describe briefly DSP contacted nurse, Service Coordinator and 911 was called as directed. DPSs will continue to report changes in medical condition to both the nurse & (and) Service Coordinator. 911 will be contacted in the event of an emergency...." The facility did not provide a follow-up report in regard to client #2's hospitalization/diagnosis.</p> <p>Client #2's hospital records were reviewed on 4/25/13 at 8:45 AM. Client #2's</p>		<p>reporting and investigation requirements.</p> <p>Finally posters of reportable incidents and an educational chart of client right was posted at the group home and the day center. These posters serve as a continual education reminder to keep staff and clients informed of the clients rights and reporting requirements.</p> <p>New Director of Health Care Services hired April 18, 2013. Although she was new to this agency at the time of the survey she now hires and supervises nursing staff and nursing procedures. Has reviewed and improved many operational issues. Director reviews nursing activities on site.</p> <p>Ongoing management of nursing services – addresses the specific problem encountered when all Nurses left the agency within a period of two weeks. New arrangement with a local temp service has provided three nurses so far. We have also hired four nurses, one RN and three LPNs. Arrangement with temp service will assure adequate nursing staff in future situations that may arise including potential leaves or vacancies.</p>		

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	<p>3/28/13 History and Physical (H&P) indicated client #2 was admitted to the hospital on 3/26/13 with the chief complaints of "Vomiting, Cough and Shortness of breath." The H&P indicated "[Client #2]...male admitted on 3/26/13 for change in mental status, hematemesis (vomiting blood) and not being himself. Emergency room noted a patient with some level of hypoxia (low oxygen level). Patient had a bout of emesis that looked like there was some blood in it and shortly after that started having shortness of breath. He was diagnosed with pneumonia and hyperemia (increase of blood to different tissues in the body) and initially admitted to the ICU (Intensive Care Unit)..." Client #2's 3/28/13 H&P indicated client #2's diagnoses included, but were not limited to, Hypotension, Sepsis and Hematemesis. Client #2's H&P indicated in 11/12 client #2 was hospitalized for a "Wound Abscess" to the client's right lateral toe and foot which resulted in Cellulitis (skin infection) of the right foot and Osteomyelitis (infection of the bone) of the client's great right toe.</p> <p>Client #2's 4/11/13 Discharge Summary indicated client #2's admitting and discharge diagnosis was "Aspiration Pneumonia." The discharge summary indicated "...Pt (patient) was admitted and started on IV (intravenous) antibiotics as</p>			

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	<p>recommended by infectious dis. (disease). Pt was slow getting better but is now considered fit for dc (discharge). Pt was lethargic for up to seven days before he started to turn around...." The discharge summary indicated client #2 was to follow up with wound care at the wound care center in 2 weeks.</p> <p>Client #2's 3/28/13 Cardiology Consult Note indicated client #2's "Sepsis picture likely related to the right lobe pneumonia, possibly related to aspiration. Hypotension likely related to sepsis and dehydration...."</p> <p>During the 4/23/13 observation period between 4:47 PM and 7:30 PM, at the group home, client #2 arrived at the group home at 4:55 PM. Facility staff #1 assisted client #2 to get off the bus on a wheelchair lift and then took client #2 into the house. Client #2 sat in his wheelchair in the dining room near a Hoyer lift which was in the dining room area. Client #2 had a Hoyer Lift pad underneath him. At 5:46 PM, staff #1 placed "Thickit" into client #2's drink for dinner. Client #2 remained sitting in his wheelchair until 7:00 PM, when staff #1 indicated client #2 needed to be changed and the areas on client #2's buttock needed to be treated. Staff #2 wheeled the manual Hoyer lift to the back of the</p>						

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	<p>house to client #2's bedroom. Staff #1 and #2 assisted in placing the client into the Hoyer lift. As staff #1 was pumping the lift to raise client #2 out of his wheelchair, client #2 began to whimper/cry. Client #2 was not raising up out of the chair as he should. Staff #2 then looked and saw why they could not lift the client out of the wheelchair. Client #2's seatbelt to the wheelchair was fastened. Client #2 had open red areas to both sides of his buttock folds. Client #2 had a red open area on his left buttock/fold area and 2 red open areas on the right buttock/fold where layers of skin were missing. Staff #1 cleaned the areas with Sodium Chloride on a gauze pad. There was a red substance (blood) on the gauze square after staff #1 applied the Sodium Chloride solution to each area and patted dry. Staff #1 then cut and placed Aquacel (wound treatment) strips to each open area. Staff #1 then took an adult diaper and loosely covered the client's buttock/private area. Client #2 did not have an open area on his scrotum. Client #2 was laying on his side. Interview with staff #1 on 4/23/13 at 7:10 PM indicated they were instructed to have the client in bed at 7 PM and leave the area uncovered until 9:00 PM. Staff #1 stated "Sores on scrotum went away." Staff #1 indicated client #2 had a history of pressure ulcers. Staff #1 indicated</p>			

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	<p>client #2 would cry when certain staff changed/cleaned him. Staff #1 stated "Some staff are too rough when cleaning the BM (bowel movement) off [client #2]." Staff #1 indicated client #2 experienced pain due to the open areas on the client's buttock.</p> <p>During the 4/24/13 observation period between 7:00 AM and 8:10 AM, at the group home, client #2 was sitting in his wheelchair in the medication room. Client #2 received 6 pills on 4/24/13. Staff #1 administered 2 pills at a time and handed client #2 a coffee cup full of water to drink each time. At one point, staff #1 asked client #2 if he wanted more water and the client shook his head yes. Staff #1 did not thicken client #2's water when administering the client's morning medications.</p> <p>During the above mentioned 4/23/13 and 4/24/13 observation periods, client #2's wheel chair was the client's primary source of mobility. Facility staff pushed client #2 around as the client did not independently maneuver his wheelchair. Facility staff assisted in feeding the client hand over hand or fed the client. Client #2 required total assistance with toileting, bathing and dressing,</p> <p>Client #2's Daily Logs and body</p>			

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	<p>assessments were reviewed on 4/24/13 at 12:06 PM. Client #2's 4/16 daily logs for 4/16/13 (2) and for 4/18/13 were available to review. The facility did not provide any additional daily logs to reviews. Client #2's 4/16/13 daily log (which did not have the client's name on it) indicated "Client appear to have red bruise on his left toe & heal (sic). May be developing a new pressure sore." At the top of the daily form the following was written: "4-16-13 Looked @ (at) feet Podiatrist app set up. [initials of service coordinator]." Interview with administrative staff #2 on 4/24/13 at 1:32 PM indicated the 4/16/13 daily log, with no client name on the log, was client #2 as the client went to the podiatrist on 4/23/13.</p> <p>Client #2's body/skin assessments indicated the following:</p> <p>-3/12/13 "No new wounds or bruises. A little red & irritated from several bowel movements. But no new open sores or wounds."</p> <p>-3/20/13 "No New Bruises or Abrasions."</p> <p>-4/2/13 "In hospital. [Client #2] in hospital."</p> <p>The facility did not provide any additional</p>			

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	<p>skin/body assessments to review as only 3 assessments were provided.</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM. Client #2's Cumulative Medical Record indicated the following nurse notes and/or physician's notes since 3/14/13:</p> <p>-3/14/13 Client #2 was seen at the wound clinic "Healing wounds now healed...Healed left great toe wound. DC (discharge) from wound clinic..Feet on pillow when lying down."</p> <p>-4/11/13 "[Client #2] was discharged from [name of hospital]. Nurse completed medication et (and) faxed to pharmacy, diet puree (with) thick liquid. Writer completed physical assessment open areas to scrotum 0.1 cm (centimeter) to scrotum areas red, groin et buttock area red, Barrier cream applied, old scab 0.2 x (by) 0.2 cm to right anterim ankle,... Wound clinic et podiatrist app (appointment) scheduled."</p> <p>-4/18/13 "Writer observed/assessed wounds to gluteal fold (R) (right) et (L) (left), barrier cream applied et wound app. (appointment) made for today." The 4/18/13 nurse note neglected to indicate any additional assessment/documentation of the wound/area.</p>			

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	<p>-4/18/13 Client #2 was seen at the wound clinic for wound on buttock and hospital follow-up. The note indicated client #2 had a "...Stage II Inter gluteal fold wound..." The note indicated Aquacel and Duoderm. qod (every other day) were ordered to treat the wound. The 4/18/13 note indicated client #2's wound measured 2.5 cm x 1.5 cm x.01 cm. The Note did not indicate any additional wounds and/or measurements.</p> <p>-4/23/13 An entry by podiatrist unreadable. Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated they were not sure what the podiatrist wrote about client #2's feet on 4/23/13. The DHCS and LPN #1 indicated they were not able to read the doctor's writing. LPN #1 indicated clarification had not been obtained/sought to determine if client #2 had another wound on his foot. The above mentioned Cumulative Medical Records neglected to indicate any additional monitoring and/or assessment in regard to client #2's scrotal wound and/or aspiration. The above mentioned notes also indicated the facility neglected to assess and/or neglected to document an assessment of client #2's red areas to buttocks from the 3/12/13 skin check assessment, and/or the 4/16/13</p>			
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	<p>daily log (red areas on client #2's toes) for possible new pressure areas.</p> <p>Client #2's April 2013 Medication Administration Record (MAR) was reviewed on 4/24/13 at 7:55 AM. Client #2's 4/11/13 Medication Change Form indicated "4/11/13 [Client #2's] diet is puree with thicken liquids. Blend food in blender. Use one tablespoon if (sic) thick-it for every 4oz (ounces) of liquid. Stir briskly until dissolved. Let stand for 1 min. (minute) then serve...." Client #2's MAR and/or record indicated the facility did not obtain clarification in regard to the type of consistency client #2's liquids were to be thickened (pudding, nectar, honey and etc.) to ensure client #2 did not choke and/or aspirate when drinking fluids.</p> <p>Client #2's 4/19/13 Medication Change Form indicated "Clean wounds and red open areas to buttocks with normal saline and pat dry with a gauze. Apply Aquacel AG Right and Left buttocks in the inner folds every other day AM. Cut Aquacel to 2.5 cm (centimeters) to cover area on buttocks folds (be sure to cover open area ONLY). Cover with Duoderm dressing) (sic). Clean wounds and red open areas to buttocks with normal saline and pat dry with a gauze. Cover with gauze PRN (as needed) when soiled...Use cleansing</p>						

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	<p>orders listed above for scrotum, Apply Aquacel AG to scrotum every other day. Cover with dry dressing (Be sure to cover only the open area with Aquacel AG. Cut to size Leave Buttocks open to air from 7-9pm for 2 hr. Hours). May place sheet over him....."</p> <p>Client #2's record neglected to include any physician/wound clinic orders in regard to the treatment/care of client #2's wounds as the above mentioned treatment orders were not present in the client's chart to review.</p> <p>Client #2's 1/16/13 General Risk Factors Assessment indicated client #2 "Has had chronic Health problems/illnesses" in the past year.</p> <p>Client #2's 1/16/13 Individual Support Plan (ISP) indicated client #2's diagnoses included, but were not limited to, Dementia/Alzheimer's, Vitamin D deficiency and Skin Breakdown. Client #2's ISP indicated "...[Client #2's] dementia has rapidly increased in the past year...." Client #2's ISP indicated client #2 was verbal "...but is very difficult to understand what he is trying to say; he may have to repeat several times.& (sic) doesn't seem to understand what someone is telling or asking him...." Client #2's ISP indicated the client had "...Skin breakdown due to decreased mobility."</p>			

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	<p>Client #2's ISP indicated the client had a Risk/"Skin Breakdown Plan" dated 7/2012 in the client's record. Client #2's skin breakdown plan indicated the following:</p> <p>"...Reason for the plan: [Client #2] is at risk for skin breakdown due to decreased mobility. History: [Client #2] uses a wheelchair throughout part of the day, and has multiple incidents of incontinence. This puts him at greater risk of developing skin breakdown... [Client #2] currently spends some of his waking hours in his wheelchair. He needs to be transferred out of his chair to relieve pressure on his back/buttocks as well as encourage muscle movement.</p> <p>Intervention [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...</p> <p>Monitoring/Documentation Staff should document about his skin and do a visual inspection of his skin when</p>						

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	<p>practical. Staff will document on daily logs any changes, and will fill out an incident report if redness, bleeding or openings are noted...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 neglected to indicate the client's interdisciplinary team (IDT) and/or facility updated the client's skin integrity protocol to reflect client #2's immobility, the use of the Hoyer lift, and/or constant use of the wheelchair for mobility for the client. The 7/2012 risk plan for skin breakdown neglected to specifically indicate how and/or when client #2 should be repositioned by staff to prevent client #2's recurrent skin breakdown. The facility neglected to provide any documentation client #2 was being repositioned every 2 hours to an alternate surface due to the client's current breakdown on the client's buttocks. The facility neglected to ensure daily inspections of client #2's skin were being completed to assist with preventing recurrent skin issues. Client #2's ISP indicated the facility neglected to develop</p>			

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	<p>a risk plan in regard to the client's risk for aspiration, and in regard to the client's wound care which specifically indicated how facility staff were to toilet/change client #2 when he had a BM and/or urinated to ensure staff did not cause any further harm/agitation to the open areas and to decrease the risk of infection.</p> <p>Client #2's 1/16/13 ISP did not indicate client #2 had current sensorimotor assessments in regard to possible adaptive equipment and/or devices to prevent recurrent skin breakdown/issues with the client. Client #2's ISP and/or record indicated the client's IDT neglected to meet and review the client's health issues, risk plans and/or decline in health since the client's 1/16/13 annual ISP meeting as no IDT notes were present in the chart and/or available to review.</p> <p>Client #2's 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." An 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</p>						

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	<p>indicated client #2 was discharged back to the group home with a Foley Catheter. Even though client #2's Foley Catheter had been discontinued, client #2's record indicated the facility neglected to assess and/or monitor client #2 in regards to his history of urinary retention, fluid levels, intake/output and incontinence. Client #2's 1/16/13 ISP and current risk plans did not indicate a nursing care plan/risk plan had been developed to address client #2's urinary retention and fluid levels.</p> <p>The facility's training records were reviewed on 4/23/13 at 1:23 PM and on 4/24/13 at 2:05 PM. The facility's 4/23/13 and/or 4/24/13 training records indicated the group home staff, who worked with client #2, were not trained in regard to the use of the Hoyer lift until 4/23/13. Further review of the facility's training records indicated staff #1, #2, #3, #4, #5, #6, #7 and #8 had not been trained in regard to aspiration pneumonia and/or in regard to wound care specific to client #2.</p> <p>Interview with administrative staff #2 on 4/23/13 at 12:35 PM indicated the facility had not conducted training/retraining in regard to medication administration and the Hoyer lift as of 4/23/13. Administrative staff #2 indicated the training was scheduled 4/25/13.</p>			

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	<p>Administrative staff #2 indicated facility staff had not been trained on risk plans. Administrative staff #2 indicated a new form had been developed to track client specific training which had not been implemented. Administrative staff #2 indicated he was waiting on the facility's addendum to the plan of correction to be approved before the training was conducted.</p> <p>Interview with administrative staff #3 on 4/23/13 at 12:45 PM, indicated the facility staff were being called to the group home on 4/23/13 at 3:00 PM for the training (medication administration and Hoyer lift).</p> <p>Interview with staff #1 on 4/23/13 at 7:10 PM indicated she was not able to locate any risk plans for client #2 at the group home. Staff #1 indicated client #2 was to receive a pureed diet with thickened liquids. When asked if client #2 went to the wound care center for treatments, staff #1 stated "At the workshop that's all I know." Staff #1 indicated facility staff were trained on the Hoyer lift on 4/23/13 and the overnight staff were to get her training on 4/24/13. Staff #1 indicated the Hoyer lift was to assist staff to get client #2 in and out of the bed. Staff #1 indicated 2 staff had to be present to use the Hoyer lift for client #2's safety. Staff</p>			

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	<p>#1 indicated facility staff should be repositioning client #2 every 2 hours. Staff #1 stated "Should be documented." Staff #1 did not provide any documentation staff repositioned staff every 2 hours. Staff #1 stated they were trained today (4/23/13) on documenting "more thoroughly" on the daily log sheets. Staff #1 indicated the facility's nurse came to the group home to assess the client when client #2 returned to the group home from the hospital. Staff #1 indicated the nurse trained the weekend staff and staff #1 on wound care about 2 weeks ago. Staff #1 indicated the training records should be at the facility's office. When asked why client #2 went to the doctor today (4/23/13), staff #1 stated "I have no idea. [Client #4] would know."</p> <p>Interview with staff #2 on 4/24/13 at 8:00 AM indicated she had been working in the group home since 11/12. Staff #2 indicated she had not received training in regard to the use of the Hoyer lift and/or wound care. Staff #2 stated "I will get the training today (4/24/13)." Staff #2 indicated she would have to put cream on client #2's wounds at night if he had to be changed/toileted. Staff #2 indicated client #2 was to be repositioned every 2 hours, and she repositioned the client at night. Staff #2 indicated she did not document when she repositioned client #2.</p>			

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	<p>Interview with Service Coordinator (SC) #1 on 4/24/13 at 12:27 PM indicated she was the SC for the group home. SC #1 indicated she was new to the group home. When asked if client #2's IDT had met to address the client's health care issues, SC #1 stated "I have seen something with [administrative staff #4 and name of previous SC]. SC #1 indicated she would look for the information. No IDT notes and/or information were provided. SC #1 indicated no IDTs had been conducted since she took over the group home in the past month. SC #1 indicated client #2 should be repositioned and have a repositioning sheet at the group home. SC #1 indicated facility staff should be conducting body/skin assessments of client #2, but SC #1 was not sure when they were being done. SC #1 indicated she was not able to locate any additional body/skin assessments other than what was provided to me (3 assessments). SC #1 indicated facility staff were trained in regard to the Hoyer lift on 4/23/13. SC #1 indicated client #2 did not have a risk plan for the use of the Hoyer lift.</p> <p>Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated client #2 had recently been hospitalized for Aspiration Pneumonia. LPN #1 indicated</p>			
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	<p>the hospital records should be in client #2's chart. When the DHCS could not locate the information in the client's chart, LPN #1 indicated the information may be waiting to be filed. When asked how she was monitoring and/or addressing the client's risk for aspiration pneumonia, LPN #1 indicated client #2 sat up while he ate and received a pureed diet with thickened liquids. When asked if client #2 had a risk plan for aspiration, LPN #1 stated "No actual risk plan." When asked if client #2's risk plans had been updated, LPN #1 indicated client #2's risk plans had not been updated. The DHCS and LPN #1 indicated nursing staff should be involved in writing the risk plans. LPN #1 indicated she had conducted training with staff in regard to client #2's aspiration pneumonia on 4/12/13. When asked if she had documented the training, LPN #1 indicated she would provide documentation of the training. LPN #1 did not provide documentation of the training. When asked how client #2's urinary retention had been addressed, LPN #1 indicated she would have to check. LPN #1 indicated she had not addressed it since she took over the home. LPN #1 indicated her assessment of client #2 scrotum areas and/or skin assessments would be in the client's chart. LPN #1 indicated client #2 was to return to the wound clinic in 2 weeks. LPN #1</p>			
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	<p>indicated client #2 had a stage II pressure ulcer. LPN #1 was looking at typed wound clinic notes she had in her folder. LPN #1 indicated she would provide a copy of the notes, but no copies were provided/given to the surveyor. LPN #1 indicated she assessed client #2's areas on his buttock on 4/18/13 prior to client #2's going to the wound clinic. LPN #1 indicated she did not document any additional information in regard to her assessment of the wounds other than to indicate where the wounds were located. LPN #1 indicated she conducted an assessment of client #2's foot on 4/16/13 and made an appointment with the client's podiatrist to evaluate. LPN #1 indicated she did not document her assessment of the client's foot/possible pressure area. LPN #1 and the DHCS indicated facility staff should be documenting and/or completing body/skin assessments of client #2. LPN #1 indicated how often the assessments should be done, may not be specified in the client's ISP. LPN #1 indicated she provided training in regard to wound care to staff. LPN #1 stated she sent an "e-mail" on how to provide wound care to facility staff on 4/19/13. LPN #1 did not provide documentation of the training. LPN #1 indicated client #2's 4/19/13 protocol on applying the medication did not include how staff were to toilet/clean client #2 when he had a</p>			

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	<p>BM and/or urinated. LPN #2 indicated the protocol/instructions also did not indicate how facility staff were to shower/bathe the client with open wounds on his buttock. LPN #1 indicated client #2's water should be thickened when taking his medications. LPN #1 indicated she did not seek clarification on the consistency of the thickened liquids.</p> <p>The facility's policy and procedures were reviewed on 4/23/13 at 12:15 PM and on 4/24/13 at 8:00 AM. The facility's 1/4/13 policy and procedure entitled Skin Integrity Work Instruction indicated the policy and procedure were developed "To assist staff in preventing and treating a client's pressure ulcer." The policy indicated "For all consumers in the Arc Northwest Indiana residential program staff will observe their skin integrity during normal bathing, dressing, and routine care involving exposure of the skin. DSPs (Direct Support Professionals) will ensure that the consumer's skin is clean and dry by monitoring the skin for any changes in integrity. This includes reporting and signs of infection, drainage, color and odor. Clients identified as being as (sic) risk for skin breakdown will be assessed by the Community services nurse for the need for a repositioning schedule. These consumers may have risk factors like</p>						

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	<p>previous skin ulcers, increased age, incontinence, decreased mobility, poor nutrition, poor sensory perception, or recent hospitalization. Nursing staff with the IDT should consider the need for special bedding, sheep skin lining on wheelchair, alternate seat cushions, positioning wedges, recliners, bean bag chairs, heel/elbow protectors, or other cushioning devices...." The 1/4/13 policy indicated "...4. All staff will be given a hands -on-training on how to properly clean the wound, keep it dry during showers or baths, and apply medication and dressing based on Doctor's orders. Staff will need to demonstrate the skills and TR (Training Record) form will need to be completed...." The policy indicated if clients were at risk for skin breakdown, the client was to be repositioned at least every 2 hours and the nurse would "...develop an individualized plan for prevention/treatment...." The policy indicated the facility's nurse "...would assess the wound per physician's order at least once a week and document the condition of the wound in the client's cumulative record."</p> <p>The facility's 2/15/12 policy and procedure entitled Policy for Handling Cases of Neglect and Abuse indicated "...1. The Arc Northwest Indiana prohibits all abuse, neglect and</p>			

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	<p>exploitation of our clients...." The policy defined neglect "...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 his/her health and well being...." The policy indicated examples of neglect included, but were not limited to, depriving clients of medical care and treatment, not providing and "adequate personal care."</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			

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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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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 2 sampled clients (#2), the client's Individual Support Plan (ISP) failed to indicate how facility staff were to clean and/or shower the client to prevent further injuries to the client's open wounds/areas on his buttock.</p> <p>Findings include:</p> <p>During the 4/23/13 observation period between 4:47 PM and 7:30 PM, at the group home, client #2 arrived at the group home at 4:55 PM. Facility staff #1 assisted client #2 to get off the bus on a wheelchair lift and then took client #2 into the house. Client #2 sat in his wheelchair in the dining room near a Hoyer lift which was in the dining room area. Client #2 had a Hoyer Lift pad underneath him. At 5:46 PM, staff #1 placed "Thickit" into client #2's drink for dinner. Client #2 remained sitting in his wheelchair until 7:00 PM, when staff #1 indicated client #2 needed to be changed and the areas on client #2's buttock needed to be treated. Client #2 had open red areas to both sides of his buttock folds. Client #2 had an red open area on his left buttock/fold area and 2 red open</p>	W000240	<p>Client 2 is no longer served in this facility. The Community Services Nurse in conjunction with the Service Coordinator will again review all risk plans and risk plan needs for the remaining clients by 8/10/13. Staff will then be train on any revisions to the plans including return demonstration and documentation. Professional staff will monitor the home for implementation of any new plans three times per week until staff show proficiency in implementation. Once proficient monitoring will fade to weekly and then biweekly. The facility has added a procedure for individual format to capture resident-specific treatment issues and concerns and utilize the specific information about the client to train new staff or when there is a change in resident condition or if neither occurs, will be completed annually. The facility has developed risk plan procedure which individualizes resident needs and includes requirements for timing and IDT participation in order that information changes when needs change and includes input and review by the team of professionals working with the resident whenever needs</p>	08/10/2013			

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	<p>areas on the right buttock/fold where layers of skin were missing. Staff #1 cleaned the areas with Sodium Chloride on a gauze pad. There was a red substance (blood) on the gauze square after staff #1 applied the Sodium Chloride solution to each area and patted dry. Staff #1 then cut and placed Aquacel (wound treatment) strips to each open area. Staff #1 then took an adult diaper and loosely covered the client's buttock/private area. Client #2 did not have an open area on his scrotum. Client #2 was laying on his side. Interview with staff #1 on 4/23/13 at 7:10 PM indicated they were instructed to have the client in bed at 7 PM and leave the area uncovered until 9:00 PM. Staff #1 stated "Sores on scrotum went away." Staff #1 indicated client #2 had a history of pressure ulcers. Staff #1 indicated client #2 would cry when certain staff changed/cleaned him. Staff #1 stated "Some staff are too rough when cleaning the BM (bowel movement) off [client #2]." Staff #1 indicated client #2 experienced pain due to the open areas on the client's buttock.</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM. Client #2's Cumulative Medical Record indicated the following nurse notes and/or physician's notes (not all inclusive):</p>		<p>change.</p> <p>The facility has modified the skin integrity tracking sheets and the procedures to use and monitor the information gained from the tracking and increasing information from direct care staff to and from nurse.</p> <p>The facility has developed new procedures for tracking ongoing care needs (seizures, input and output of fluids, and skin integrity, etc.) Improved assessments and documentation for wound care, repositioning, skin care and resident medical condition.</p> <p>As new needs are identified the clients IDT will meet to revise their plan. Once revised direct care staff will be trained, with return demonstration, on this plan and the Service Coordinator will observe that staff are providing intervention/training and documenting appropriately several times per week (frequency will be dictated by the issue at hand). Once staff have shown proficiency in documentation and interventions, monitoring will fade to weekly and then biweekly.</p>				

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	<p>-4/18/13 "Writer observed/assessed wounds to gluteal fold (R) (right) et (L) (left), barrier cream applied et wound app. (appointment) made for today." The 4/18/13 nurse note neglected to indicate any additional assessment/documentation of the wound/area.</p> <p>-4/18/13 Client #2 was seen at the wound clinic for wound on buttock and hospital follow-up. The note indicated client #2 had a "...Stage II Inter gluteal fold wound...." The note indicated Aquacel and Duoderm. qod (every other day) were ordered to treat the wound. The 4/18/3 note indicated client #2's wound measured 2.5 cm x 1.5 cm x.01 cm. The Note did not indicate any additional wounds and/or measurements.</p> <p>Client #2's April 2013 Medication Administration Record (MAR) and Medication Change Forms were reviewed on 4/24/13 at 7:55 AM. Client #2's 4/19/13 Medication Change Form indicated "Clean wounds and red open areas to buttocks with normal saline and pat dry with a gauze. Apply Aquacel AG Right and Left buttocks in the inner folds every other day AM. Cut Aquacel to 2.5 cm (centimeters) to cover area on buttocks folds (be sure to cover open area ONLY). Cover with Duoderm dressing) (sic). Clean wounds and red open areas to</p>						

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	<p>buttocks with normal saline and pat dry with a gauze. Cover with gauze PRN (as needed) when soiled...Use cleansing orders listed above for scrotum, Apply Aquacel AG to scrotum every other day. Cover with dry dressing (Be sure to cover only the open area with Aquacel AG. Cut to size Leave Buttocks open to air from 7-9pm for 2 hr. Hours). May place sheet over him....."</p> <p>Client #2's 1/16/13 Individual Support Plan (ISP) indicated client #2's diagnoses included, but were not limited to, Dementia/Alzheimer's, Vitamin D deficiency and Skin Breakdown. Client #2's ISP indicated the client had a Risk/"Skin Breakdown Plan" dated 7/2012 in the client's record. Client #2's skin breakdown plan indicated the following:</p> <p>"...Reason for the plan: [Client #2] is at risk for skin breakdown due to decreased mobility. History: [Client #2] uses a wheelchair throughout part of the day, and has multiple incidents of incontinence. This puts him at greater risk of developing skin breakdown... [Client #2] currently spends some of his waking hours in his wheelchair. He needs to be transferred out of his chair to relieve pressure on his back/buttocks as well as encourage muscle movement.</p>			

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9-3-4(a)	<p>Intervention</p> <p>[Client #2] is to be encouraged to reposition himself frequently (at least every two hours).</p> <p>[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...." Client #2's ISP failed to indicate how facility staff were to toilet/change client #2 when he had a BM and/or urinated on himself to ensure staff did not cause any further harm/agitation to the open areas and to decrease the risk of infection.</p> <p>Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated client #2 had a stage II pressure ulcer. LPN #1 indicated client #2's 4/19/13 protocol on applying the medication did not include how staff were to toilet/clean client #2 when he had a BM and/or urinated. LPN #2 indicated the protocol/instructions also did not indicate how facility staff were to shower/bathe the client with open wounds on his buttock.</p>			
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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 2 sampled clients (#2). The facility's nursing services failed to meet the health care needs of the clients it served. The facility's health care services failed to assess, monitor and/or address clients' health care needs, and failed to ensure facility staff were trained to meet the health needs of clients. The facility's health care services failed to ensure all medications were administered as ordered.</p> <p>Findings include:</p> <p>1. The facility's health care services failed to ensure the facility's nursing services met the nursing needs of the client. The facility's health care services failed to address client #2's health/medical needs when the client's needs changed. The facility's health care services failed to ensure the client's health/medical needs were assessed, monitored and/or documented. The facility's health care services failed to ensure the nursing services updated and/or included specific risk plans which addressed the client's health/medical</p>	W000318	Client 2 is no longer served in this facility. Please refer W 331 W 342 and W 368	08/10/2013			

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	<p>needs, and/or failed to train/document staff were trained in regard to the client's specific medical needs and/or conditions. The facility's health care services failed to ensure nursing monitored the client and to ensure staff monitored the client's sleep pattern due to client #2's Sleep Apnea. Please see W331.</p> <p>2. The facility's health care services failed to train staff and/or document staff were trained in regard to wound care and aspiration pneumonia for client #2. Please see W342.</p> <p>3. The facility's health care services failed to ensure client #2's water was thickened as ordered. Please see W368.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility's nursing services failed to meet the nursing needs of the client. The facility's nursing services failed to address the client's health/medical needs when the client's needs changed. The facility's nursing services failed to ensure the client's health/medical needs were assessed, monitored and/or documented. The facility's nursing services failed to update and/or include specific risk plans which addressed the client's health/medical needs, and/or failed to train and/or document staff were trained in regard to the client's specific medical needs and/or conditions. The facility's nursing services failed to monitor the client and to ensure staff monitored the client's sleep pattern regarding the client's Sleep Apnea.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports were reviewed on 4/23/13 at 1:39 PM. The facility's 3/26/13 reportable incident report indicated "On 3/26/13 at approximately 10:15 PM, during a routine bed check, DSP (Direct Support Professional) noted that consumer [client</p>	W000331	<p>Client 2 is no longer served in this facility.</p> <p>The Community Services Nurse in conjunction with the Service Coordinator will again review all risk plans and risk plan needs for the remaining clients by 8/10/13. Staff will then be train on any revisions to the plans including return demonstration and documentation. Professional staff will monitor the home for implementation of any new plans three times per week until staff show proficiency in implementation. Once proficient monitoring will fade to weekly and then biweekly.</p> <p>The facility has added a procedure for individual format to capture resident-specific treatment issues and concerns and utilize the specific information about the client to train new staff or when there is a change in resident condition or if neither occurs, will be completed annually. The facility has developed risk plan procedure which individualizes resident needs and includes requirements for timing and IDT participation in order that information changes when needs change and includes input and review by the team of professionals working with the</p>	08/10/2013			

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	<p>#2] expelled brown vomit that smelled like bowels. The DSP assisted consumer [client #2] in cleaning himself. DSP informed the Nurse, Service Coordinator, and was directed to call 911. [Client #2] was transported to [name of hospital] via ambulance."</p> <p>The facility's 3/26/13 Incident/Accident (I/A) Report indicated "Night staff went to make rounds client had threw up brown vomit, smelled like Bowel Movements. Staff cleaned him up But (sic) he continued to throw up. Was taken to hospital by ambulance." The I/A report indicated in regard to "...Action Taken (treatment, intervention, referrals, etc.) Describe briefly DSP contacted nurse, Service Coordinator and 911 was called as directed. DPSs will continue to report changes in medical condition to both the nurse & (and) Service Coordinator. 911 will be contacted in the event of an emergency...."</p> <p>Client #2's hospital records were reviewed on 4/25/13 at 8:45 AM. Client #2's 3/28/13 History and Physical (H&P) indicated client #2 was admitted to the hospital on 3/26/13 with the chief complaints of "Vomiting, Cough and Shortness of breath." The H&P indicated "[Client #2]...male admitted on 3/26/13 for change in mental status, hematemesis</p>		<p>resident whenever needs change.</p> <p>The facility has modified the skin integrity tracking sheets and the procedures to use and monitor the information gained from the tracking and increasing information from direct care staff to and from nurse.</p> <p>The facility has developed new procedures for tracking ongoing care needs (seizures, input and output of fluids, and skin integrity, etc.) Improved assessments and documentation for wound care, repositioning, skin care and resident medical condition.</p> <p>New Director of Health Care Services hired April 18, 2013. Although she was new to this agency at the time of the survey she now Hires and supervises nursing staff and nursing procedures. Has reviewed and improved many operational issues. Director reviews nursing activities on site.</p> <p>Ongoing management of nursing services – addresses the specific problem encountered when all nurses left the agency within a period of two weeks. New arrangement with a local temp service has provided three nurses so far. We have also hired four nurses, one RN and three LPNs. Arrangement with temp service will assure adequate nursing staff in future situations that may arise</p>				

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	<p>(vomiting blood) and not being himself. Emergency room noted a patient with some level of hypoxia (low oxygen level). Patient had a bout of emesis that looked like there was some blood in it and shortly after that started having shortness of breath. He was diagnosed with pneumonia and hyperemia (increase of blood flow to different tissues in the body) and initially admitted to the ICU (Intensive Care Unit)...." Client #2's 3/28/13 H&P indicated client #2's diagnoses included, but were not limited to, Hypotension, Sepsis and Hematemesis. Client #2's H&P indicated in 11/12 client #2 was hospitalized for a "Wound Abscess" to the client's right lateral toe and foot which resulted in Cellulitis (skin infection) of the right foot and Osteomyelitis (infection of the bone) of the client's great right toe.</p> <p>Client #2's 4/11/13 Discharge Summary indicated client #2's admitting and discharge diagnosis was "Aspiration Pneumonia." The discharge summary indicated "...Pt (patient) was admitted and started on IV (intravenous) antibiotics as recommended by infectious dis. (disease). Pt was slow getting better but is now considered fit for dc (discharge). Pt was lethargic for up to seven days before he started to turn around...." The discharge summary indicated client #2 was to</p>		<p>including potential leaves or vacancies.</p> <p>As new needs are identified the IDT will meet to revise their plan. Once revised direct care staff will be trained, with return demonstration, on this plan and the Service Coordinator will observe that staff are providing intervention/training and documenting appropriately several times per week (frequency will be dictated by the issue at hand). Once staff have shown proficiency in documentation and interventions, monitoring will fade to weekly and then biweekly.</p>				

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	<p>follow up with wound care at the wound care center in 2 weeks.</p> <p>Client #2's 3/28/13 Cardiology Consult Note indicated client #2's "Sepsis picture likely related to the right lobe pneumonia, possibly related to aspiration. Hypotension likely related to sepsis and dehydration...."</p> <p>During the 4/23/13 observation period between 4:47 PM and 7:30 PM, at the group home, client #2 arrived at the group home at 4:55 PM. Facility staff #1 assisted client #2 to get off the bus on a wheelchair lift and then took client #2 into the house. Client #2 sat in his wheelchair in the dining room near a Hoyer lift which was in the dining room area. Client #2 had a Hoyer Lift pad underneath him. At 5:46 PM, staff #1 placed "Thickit" into client #2's drink for dinner. Client #2 remained sitting in his wheelchair until 7:00 PM, when staff #1 indicated client #2 needed to be changed and the areas on client #2's buttock needed to be treated. Staff #2 wheeled the manual Hoyer lift to the back of the house to client #2's bedroom. Staff #1 and #2 assisted in placing the client into the Hoyer lift. As staff #1 was pumping the lift to raise client #2 out of his wheelchair, client #2 began to whimper/cry. Client #2 was not raising</p>			

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	<p>up out of the chair as he should. Staff #2 then looked and saw why they could not lift the client out of the wheelchair. Client #2's seatbelt to the wheelchair was fastened. Client #2 had open red areas to both sides of his buttock folds. Client #2 had a red open area on his left buttock/fold area and 2 red open areas on the right buttock/fold where layers of skin were missing. Staff #1 cleaned the areas with Sodium Chloride on a gauze pad. There was a red substance (blood) on the gauze square after staff #1 applied the Sodium Chloride solution to each area and patted dry. Staff #1 then cut and placed Aquacel (wound treatment) strips to each open area. Staff #1 then took an adult diaper and loosely covered the client's buttock/private area. Client #2 did not have an open area on his scrotum. Client #2 was laying on his side. Interview with staff #1 on 4/23/13 at 7:10 PM indicated they were instructed to have the client in bed at 7 PM and leave the area uncovered until 9:00 PM. Staff #1 stated "Sores on scrotum went away." Staff #1 indicated client #2 had a history of pressure ulcers. Staff #1 indicated client #2 would cry when certain staff changed/cleaned him. Staff #1 stated "Some staff are too rough when cleaning the BM (bowel movement) off [client #2]." Staff #1 indicated client #2 experienced pain due to the open areas on</p>			
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	<p>the client's buttock.</p> <p>During the 4/24/13 observation period between 7:00 AM and 8:10 AM, at the group home, client #2 was sitting in his wheelchair in the medication room. Client #2 received 6 pills on 4/24/13. Staff #1 administered 2 pills at a time and handed client #2 a coffee cup full of water to drink each time. At one point, staff #1 asked client #2 if he wanted more water and the client shook his head yes. Staff #1 did not thicken client #2's water when administering the client's morning medications.</p> <p>During the above mentioned 4/23/13 and 4/24/13 observation periods, client #2's wheel chair was the client's primary source of mobility. Facility staff pushed client #2 around as the client did not independently maneuver his wheelchair. Facility staff assisted in feeding the client hand over hand or fed the client. Client #2 required total assistance with toileting, bathing and dressing,</p> <p>Client #2's Daily Logs and body assessments were reviewed on 4/24/13 at 12:06 PM. Client #2's 4/16 daily logs for 4/16/13 (2) and for 4/18/13 were available to review. The facility did not provide any additional daily logs to reviews. Client #2's 4/16/13 daily log (which did</p>			

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	<p>not have the client's name on it) indicated "Client appear to have red bruise on his left toe & heal (sic). May be developing a new pressure sore." At the top of the daily form the following was written: "4-16-13 Looked @ (at) feet Podiatrist app set up. [initials of service coordinator]." Interview with administrative staff #2 on 4/24/13 at 1:32 PM indicated the 4/16/13 daily log, with no client name on the log, was client #2 as the client went to the podiatrist on 4/23/13.</p> <p>Client #2's body/skin assessments indicated the following:</p> <p>-3/12/13 "No new wounds or bruises. A little red & irritated from several bowel movements. But no new open sores or wounds."</p> <p>-3/20/13 "No New Bruises or Abrasions."</p> <p>-4/2/13 "In hospital. [Client #2] in hospital."</p> <p>The facility did not provide any additional skin/body assessments to review as only 3 assessments were provided.</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM. Client #2's Cumulative Medical Record indicated the</p>			

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	<p>following nurse notes and/or physician's notes since 3/14/13:</p> <p>-3/14/13 Client #2 was seen at the wound clinic "Healing wounds now healed...Healed left great toe wound. DC (discharge) from wound clinic..Feet on pillow when lying down."</p> <p>-4/11/13 "[Client #2] was discharged from [name of hospital]. Nurse completed medication et (and) faxed to pharmacy, diet puree (with) thick liquid. Writer completed physical assessment open areas to scrotum 0.1 cm (centimeter) to scrotum areas red, groin et buttock area red, Barrier cream applied, old scab 0.2 x (by) 0.2 cm to right anterim ankle,... Wound clinic et podiatrist app (appointment) scheduled."</p> <p>-4/18/13 "Writer observed/assessed wounds to gluteal fold (R) (right) et (L) (left), barrier cream applied et wound app. (appointment) made for today." The 4/18/13 nurse note neglected to indicate any additional assessment/documentation of the wound/area.</p> <p>-4/18/13 Client #2 was seen at the wound clinic for wound on buttock and hospital follow-up. The note indicated client #2 had a "...Stage II Inter gluteal fold wound..." The note indicated Aquacel</p>			

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	<p>and Duoderm. qod (every other day) were ordered to treat the wound. The 4/18/13 note indicated client #2's wound measured 2.5 cm x 1.5 cm x.01 cm. The Note did not indicate any additional wounds and/or measurements.</p> <p>-4/21/13 An entry by podiatrist unreadable. Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 ay 3:05 PM indicated they were not sure what the podiatrist wrote about client #2's feet on 4/23/13. The DHCS and LPN #1 indicated they were not able to read the doctor's writing. LPN #1 indicated clarification had not been obtained/sought to determine if client #2 had another wound on his foot. The above mentioned Cumulative Medical Records neglected to indicate any additional monitoring and/or assessment in regard to client #2's scrotal wound and/or aspiration. The above mentioned notes also indicated the facility's nursing services did not assess and/or failed to document an assessment of client #2's red areas to buttocks from the 3/12/13 skin check assessment, and/or the 4/16/13 daily log (red areas on client #2's toes) for possible new pressure areas.</p> <p>Client #2's April 2013 Medication Administration Record (MAR) was reviewed on 4/24/13 at 7:55 AM. Client</p>			

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	<p>#2's 4/11/13 Medication Change Form indicated "4/11/13 [Client #2's] diet is puree with thicken liquids. Blend food in blender. Use one tablespoon if (sic) thick-it for every 4oz (ounces) of liquid. Stir briskly until dissolved. Let stand for 1 min. (minute) then serve...." Client #2's MAR and/or record indicated the facility's nursing services did not obtain clarification in regard to the type of consistency client #2's liquids were to be thickened (pudding, nectar, honey and etc.) to ensure client #2 did not choke and/or aspirate when drinking fluids.</p> <p>Client #2's 4/19/13 Medication Change Form indicated "Clean wounds and red open areas to buttocks with normal saline and pat dry with a gauze. Apply Aquacel AG Right and Left buttocks in the inner folds every other day AM. Cut Aquacel to 2.5 cm (centimeters) to cover area on buttocks folds (be sure to cover open area ONLY). Cover with Duoderm dressing) (sic). Clean wounds and red open areas to buttocks with normal saline and pat dry with a gauze. Cover with gauze PRN (as needed) when soiled...Use cleansing orders listed above for scrotum, Apply Aquacel AG to scrotum every other day. Cover with dry dressing (Be sure to cover only the open area with Aquacel AG. Cut to size Leave Buttocks open to air from 7-9pm for 2 hr. Hours). May place sheet</p>			

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	<p>over him....."</p> <p>Client #2's record indicated the facility's nursing services did not ensure the client's record included any physician/wound clinic orders in regard to the treatment/care of client #2's wounds as the above mentioned treatment orders were not present in the client's chart to review.</p> <p>Client #2's 1/16/13 General Risk Factors Assessment indicated client #2 "Has had chronic Health problems/illnesses" in the past year.</p> <p>Client #2's 1/16/13 Individual Support Plan (ISP) indicated client #2's diagnoses included, but were not limited to, Dementia/Alzheimer's, Vitamin D deficiency and Skin Breakdown. Client #2's ISP indicated "...[Client #2's] dementia has rapidly increased in the past year...." Client #2's ISP indicated client #2 was verbal "...but is very difficult to understand what he is trying to say; he may have to repeat several times.& (sic) doesn't seem to understand what someone is telling or asking him...." Client #2's ISP indicated the client had "...Skin breakdown due to decreased mobility." Client #2's ISP indicated the client had a Risk/"Skin Breakdown Plan" dated 7/2012 in the client's record. Client #2's skin breakdown plan indicated the</p>			

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	<p>following:</p> <p>"...Reason for the plan: [Client #2] is at risk for skin breakdown due to decreased mobility. History: [Client #2] uses a wheelchair throughout part of the day, and has multiple incidents of incontinence. This puts him at greater risk of developing skin breakdown... [Client #2] currently spends some of his waking hours in his wheelchair. He needs to be transferred out of his chair to relieve pressure on his back/buttocks as well as encourage muscle movement.</p> <p>Intervention [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...</p> <p>Monitoring/Documentation Staff should document about his skin and do a visual inspection of his skin when practical. Staff will document on daily logs any changes, and will fill out an incident report if redness, bleeding or openings are noted...Staff should</p>			

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	<p>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 failed to indicate the client's interdisciplinary team (IDT) and/or nursing services updated the client's skin integrity protocol to reflect client #2's immobility, the use of the Hoyer lift, and/or constant use of the wheelchair for mobility for the client. The 7/2012 risk plan for skin breakdown neglected to specifically indicate how and/or when client #2 should be repositioned by staff to prevent client #2's recurrent skin breakdown. The facility's nursing services failed to provide any documentation client #2 was being repositioned every 2 hours to an alternate surface due to the client's current breakdown on the client's buttocks. The facility's nursing services failed to monitor staff to ensure daily inspections of client #2's skin were being completed to assist with preventing recurrent skin issues. Client #2's ISP indicated the facility's nursing services failed to develop a risk plan in regard to the client's aspiration, and in regard to the client's</p>			

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	<p>wound care which specifically indicated how facility staff were to toilet/change client #2 when he had a BM and/or urinated to ensure staff did not cause any further harm/agitation to the open areas and to decrease the risk of infection.</p> <p>Client #2's 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." An 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. Even though client #2's Foley Catheter had been discontinued, client #2's record indicated the facility neglected to assess and/or monitor client #2 in regards to his history of urinary retention, fluid levels, intake/output and incontinence. Client #2's 1/16/13 ISP and current risk plans did not indicate a nursing care plan/risk plan had been developed to address client #2's urinary retention and fluid levels.</p> <p>The facility's training records were reviewed on 4/23/13 at 1:23 PM and on</p>			

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	<p>4/24/13 at 2:05 PM. The facility's 4/23/13 and/or 4/24/13 training records indicated the group home staff, who worked with client #2, were not trained in regard to the use of the Hoyer lift until 4/23/13. Further review of the facility's training records indicated staff #1, #2, #3, #4, #5, #6, #7 and #8 had not been trained in regard to aspiration pneumonia and/or in regard to wound care specific to client #2.</p> <p>Interview with administrative staff #2 on 4/23/13 at 12:35 PM indicated the facility had not conducted training/retraining in regard to medication administration and the Hoyer lift as of 4/23/13. Administrative staff #2 indicated the training was scheduled 4/25/13. Administrative staff #2 indicated facility staff had not been trained on risk plans.</p> <p>Interview with administrative staff #3 on 4/23/13 at 12:45 PM, indicated the facility staff were being called to the group home on 4/23/13 at 3:00 PM for the training (medication administration and Hoyer lift).</p> <p>Interview with staff #1 on 4/23/13 at 7:10 PM indicated she was not able to locate any risk plans for client #2 at the group home. Staff #1 indicated client #2 was to receive a pureed diet with thickened</p>						

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	<p>liquids. When asked if client #2 went to the wound care center for treatments, staff #1 stated "At the workshop that's all I know." Staff #1 indicated facility staff were trained on the Hoyer lift on 4/23/13 and the overnight staff were to get her training on 4/24/13. Staff #1 indicated the Hoyer lift was to assist staff to get client #2 in and out of the bed. Staff #1 indicated 2 staff had to be present to use the Hoyer lift for client #2's safety. Staff #1 indicated facility staff should be repositioning client #2 every 2 hours. Staff #1 stated "Should be documented." Staff #1 did not provide any documentation staff repositioned staff every 2 hours. Staff #1 stated they were trained today (4/23/13) on documenting "more thoroughly" on the daily log sheets. Staff #1 indicated the facility's nurse came to the group home to assess the client when client #2 returned to the group home from the hospital. Staff #1 indicated the nurse trained the weekend staff and staff #1 on wound care about 2 weeks ago. Staff #1 indicated the training records should be at the facility's office.</p> <p>Interview with staff #2 on 4/24/13 at 8:00 AM indicated she had been working in the group home since 11/12. Staff #2 indicated she had not received training in regard to the use of the Hoyer lift and/or wound care. Staff #2 stated "I will get the</p>			

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	<p>training today (4/24/13)." Staff #2 indicated she would have to out cream on client #2's wounds at night if he had to be changed/toileted. Staff #2 indicated client #2 was to be repositioned every 2 hours, and she repositioned the client at night. Staff #2 indicated she did not document when she repositioned client #2.</p> <p>Interview with Service Coordinator (SC) #1 on 4/24/13 at 12:27 PM indicated client #2 should be repositioned and have a repositioning sheet at the group home. SC #1 indicated facility staff should be conducting body/skin assessments of client #2, but SC #1 was not sure when they were being done. SC #1 indicated she was not able to locate any additional body/skin assessments other than what was provided to me (3 assessments). SC #1 indicated facility staff were trained in regard to the Hoyer lift on 4/23/13. SC #1 indicated client #2 did not have a risk plan for the use of the Hoyer lift.</p> <p>Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated client #2 had recently been hospitalized for Aspiration Pneumonia. LPN #1 indicated the hospital records should be in client #2's chart. When the DHCS could not locate the information in the client's chart, LPN #1 indicated the information may be</p>						

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	<p>waiting to be filed. When asked how she was monitoring and/or addressing the client's risk for aspiration pneumonia, LPN #1 indicated client #2 sat up while he ate and received a pureed diet with thickened liquids. When asked if client #2 had a risk plan for aspiration, LPN #1 stated "No actual risk plan." When asked if client #2's risk plans had been updated, LPN #1 indicated client #2's risk plans had not been updated. The DHCS and LPN #1 indicated nursing staff should be involved in writing the risk plans. LPN #1 indicated she had conducted training with staff in regard to client #2's aspiration pneumonia on 4/12/13. When asked if she had documented the training, LPN #1 indicated she would provide documentation of the training. LPN #1 did not provide documentation of the training. When asked how client #2's urinary retention had been addressed, LPN #1 indicated she would have to check. LPN #1 indicated she had not addressed it since she took over the home. LPN #1 indicated her assessment of client #2's scrotum areas and/or skin assessments would be in the client's chart. LPN #1 indicated client #2 was to return to the wound clinic in 2 weeks. LPN #1 indicated client #2 had a stage II pressure ulcer. LPN #1 was looking at typed wound clinic notes she had in her folder. LPN #1 indicated she would provide a</p>			

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	<p>copy of the notes, but no copies were provided/given to the surveyor. LPN #1 indicated she assessed client #2's areas on his buttock on 4/18/13 prior to client #2's going to the wound clinic. LPN #1 indicated she did not document any additional information in regard to her assessment of the wounds other than to indicate where the wounds were located. LPN #1 indicated she conducted an assessment of client #2's foot on 4/16/13 and made an appointment with the client's podiatrist to evaluate. LPN #1 indicated she did not document her assessment of the client's foot/possible pressure area. LPN #1 and the DHCS indicated facility staff should be documenting and/or completing body/skin assessments of client #2. LPN #1 indicated how often the assessments should be done, may not be specified in the client's ISP. LPN #1 indicated she provided training in regard to wound care to staff. LPN #1 stated she sent an "e-mail" on how to provide wound care to facility staff on 4/19/13. LPN #1 did not provide documentation of the training. LPN #1 indicated client #2's 4/19/13 protocol on applying the medication did not include how staff were to toilet/clean client #2 when he had a BM and/or urinated. LPN #2 indicated the protocol/instructions also did not indicate how facility staff were to shower/bathe the client with open wounds</p>			

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	<p>on his buttock. LPN #1 indicated client #2's water should be thickened when taking his medications. LPN #1 indicated she did not seek clarification on the consistency of the thickened liquids.</p> <p>2. Client #2's hospital records were reviewed on 4/25/13 at 8:45 AM. Client #2's 3/28/13 H&P indicated client #2's diagnosis included, but was not limited to, Sleep Apnea. The H&P indicated client #2 utilized a CPAP machine at night for the client's Sleep Apnea.</p> <p>Client #2's April 2013 Medication Administration Record (MAR) was reviewed on 4/24/13 at 7:55 AM. Client #2's April 2013 MAR indicated "CPAP MACHINE ON AT BEDTIME & OFF IN THE MORNING." The 4/13 MAR indicated "Don't Have Anymore Discont(discontinued)."</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM.. Client #2's 2/4/13 Sleep Apnea risk plan indicated client #2 had Sleep Apnea and was "noncompliant with treatment." The risk plan indicated client #2 "has refused to use the C-PAP machine over a number of years. C-PAP has been discontinued due to non-compliance." The 2/4/13 risk plan indicated "...Client will be encouraged to sleep on his side to (sic) instead of his</p>			

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	<p>back to reduce symptoms...DSP will monitor [client #2] during the night to make sure he is sleeping on his side....DSP will notify nurse of any changes in his sleep pattern." Client #2's record and/or MAR did not indicate facility staff were monitoring client #2's sleep patterns. The client's record did not indicate nursing services monitored client #2's sleep patterns and/or ensure facility staff had the client sleep on his side.</p> <p>Interview with LPN #1 and the DHCS on 4/24/13 at 3:05 PM indicated they were not aware client had a CPAP machine, and/or if the client was to utilize the sleep CPAP machine. LPN #1 indicated she did not know why the client's 4/13 MAR still had the CPAP order on the MAR if was discontinued.</p> <p>This deficiency was cited on 3/15/13. 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> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#2), the facility's nursing services failed to train staff and/or document staff were trained in regard to wound care and aspiration pneumonia.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 4/23/13 at 1:39 PM.</p> <p>The facility's 3/26/13 reportable incident report indicated "On 3/26/13 at approximately 10:15 PM, during a routine bed check, DSP (Direct Support Professional) noted that consumer [client #2] expelled brown vomit that smelled like bowels. The DSP assisted consumer [client #2] in cleaning himself. DSP informed the Nurse, Service Coordinator, and was directed to call 911. [Client #2] was transported to [name of hospital] via ambulance."</p> <p>Client #2's hospital records were reviewed</p>	W000342	<p>Client 2 is no longer served in this facility. Please see W 331 The Community services nurse in conjunction with the service coordinator will again review all risk plans and risk plan needs for the remaining clients by 8/10/13. Staff will then be train on any revisions to the plans including return demonstration and documentation. Professional staff will monitor the home for implementation of any new plans three times per week until staff show proficiency in implementation. Once proficient monitoring will fade to weekly and then biweekly.</p> <p>A new electronic scheduling program is being implemented which will track staff training and will alert the scheduling manager to the individuals training needs before a staff can be scheduled to work at a home.</p>	08/10/2013			

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	<p>on 4/25/13 at 8:45 AM. Client #2's 4/11/13 Discharge Summary indicated client #2's admitting and discharge diagnosis was "Aspiration Pneumonia." The discharge summary indicated "...Pt (patient) was admitted and started on IV (intravenous) antibiotics as recommended by infectious dis. (disease). Pt was slow getting better but is now considered fit for dc (discharge). Pt was lethargic for up to seven days before he started to turn around...." The discharge summary indicated client #2 was to follow up with wound care at the wound care center in 2 weeks.</p> <p>During the 4/23/13 observation period between 4:47 PM and 7:30 PM, at the group home, client #2 arrived at the group home at 4:55 PM. Facility staff #1 assisted client #2 to get off the bus on a wheelchair lift and then took client #2 into the house. Client #2 sat in his wheelchair in the dining room near a Hoyer lift which was in the dining room area. Client #2 had a Hoyer Lift pad underneath him. At 5:46 PM, staff #1 placed "Thickit" into client #2's drink for dinner. Client #2 remained sitting in his wheelchair until 7:00 PM, when staff #1 indicated client #2 needed to be changed and the areas on client #2's buttock needed to be treated. Staff #2 wheeled the manual Hoyer lift to the back of the</p>			

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	<p>house to client #2's bedroom. Staff #1 and #2 assisted in placing the client into the Hoyer lift. As staff #1 was pumping the lift to raise client #2 out of his wheelchair, client #2 began to whimper/cry. Client #2 was not raising up out of the chair as he should. Staff #2 then looked and saw why they could not lift the client out of the wheelchair. Client #2's seatbelt to the wheelchair was fastened. Client #2 had open red areas to both sides of his buttock folds. Client #2 had an red open area on his left buttock/fold area and 2 red open areas on the right buttock/fold where layers of skin were missing. Staff #1 cleaned the areas with Sodium Chloride on a gauze pad. There was a red substance (blood) on the gauze square after staff #1 applied the Sodium Chloride solution to each area and patted dry. Staff #1 then cut and placed Aquacel (wound treatment) strips to each open area. Staff #1 then took an adult diaper and loosely covered the client's buttock/private area. Client #2 did not have an open area on his scrotum. Client #2 was laying on his side. Interview with staff #1 on 4/23/13 at 7:10 PM indicated they were instructed to have the client in bed at 7 PM and leave the area uncovered until 9:00 PM. Staff #1 stated "Sores on scrotum went away." Staff #1 indicated client #2 had a history of pressure ulcers. Staff #1 indicated</p>			

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	<p>client #2 would cry when certain staff changed/cleaned him. Staff #1 stated "Some staff are too rough when cleaning the BM (bowel movement) off [client #2]." Staff #1 indicated client #2 experienced pain due to the open areas on the client's buttock.</p> <p>During the 4/24/13 observation period between 7:00 AM and 8:10 AM, at the group home, client #2 was sitting in his wheelchair in the medication room. Client #2 received 6 pills on 4/24/13. Staff #1 administered 2 pills at a time and handed client #2 a coffee cup full of water to drink each time. At one point, staff #1 asked client #2 if he wanted more water and the client shook his head yes. Staff #1 did not thicken client #2's water when administering the client's morning medications.</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM. Client #2's Cumulative Medical Record indicated the following nurse notes and/or physician's notes since 3/14/13:</p> <p>-3/14/13 Client #2 was seen at the wound clinic "Healing wounds now healed...Healed left great toe wound. DC (discharge) from wound clinic..Feet on pillow when lying down."</p>			

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	<p>-4/11/13 "[Client #2] was discharged from [name of hospital]. Nurse completed medication et (and) faxed to pharmacy, diet puree (with) thick liquid. Writer completed physical assessment open areas to scrotum 0.1 cm (centimeter) to scrotum areas red, groin et buttock area red, Barrier cream applied, old scab 0.2 x (by) 0.2 cm to right anterim ankle,...Wound clinic et podiatrist app (appointment) scheduled."</p> <p>-4/18/13 "Writer observed/assessed wounds to gluteal fold (R) (right) et (L) (left), barrier cream applied et wound app. (appointment) made for today." The 4/18/13 nurse note neglected to indicate any additional assessment/documentation of the wound/area.</p> <p>-4/18/13 Client #2 was seen at the wound clinic for wound on buttock and hospital follow-up. The note indicated client #2 had a "...Stage II Inter gluteal fold wound..." The note indicated Aquacel and Duoderm. qod (every other day) were ordered to treat the wound. The 4/18/13 note indicated client #2's wound measured 2.5 cm x 1.5 cm x.01 cm. The Note did not indicate any additional wounds and/or measurements.</p> <p>The facility's training records were reviewed on 4/23/13 at 1:23 PM and on</p>						

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	<p>4/24/13 at 2:05 PM. The facility's 4/23/13 and/or 4/24/13 training records indicated staff #1, #2, #3, #4, #5, #6, #7 and #8 had not been trained in regard to aspiration pneumonia and/or in regard to wound care specific to client #2.</p> <p>Interview with administrative staff #2 on 4/23/13 at 12:35 PM indicated facility staff had not been trained on risk plans.</p> <p>Interview with staff #1 on 4/23/13 at 7:10 PM indicated the nurse trained the weekend staff and staff #1 on wound care about 2 weeks ago. Staff #1 indicated the training records should be at the facility's office.</p> <p>Interview with staff #2 on 4/24/13 at 8:00 AM indicated she had been working in the group home since 11/12. Staff #2 indicated she had not received training in regard to wound care. Staff #2 stated "I will get the training today (4/24/13)." Staff #2 indicated she would have to put cream on client #2's wounds at night if he had to be changed/toileted.</p> <p>Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated client #2 had recently been hospitalized for Aspiration Pneumonia. LPN #1 indicated she had conducted training with staff in</p>			

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	<p>regard to client #2's aspiration pneumonia on 4/12/13. When asked if she had documented the training, LPN #1 indicated she would provide documentation of the training. LPN #1 did not provide documentation of the training. LPN #1 indicated she provided training in regard to wound care to staff. LPN #1 stated she sent an "e-mail" on how to provide wound care to facility staff on 4/19/13. LPN #1 did not provide documentation of the training.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview and record review for 1 of 3 clients (#2) whose medication administration was observed, the facility failed to ensure the client's water was thickened as ordered.</p> <p>Findings include:</p> <p>During the 4/24/13 observation period between 7:00 AM and 8:10 AM, at the group home, client #2 was sitting in his wheelchair in the medication room. Client #2 received 6 pills on 4/24/13. Staff #1 administered 2 pills at a time and handed client #2 a coffee cup full of water to drink each time. At one point, staff #1 asked client #2 if he wanted more water and the client shook his head yes. Staff #1 did not thicken client #2's water when administering the client's morning medications.</p> <p>Client #2's April 2013 Medication Administration Record (MAR) was reviewed on 4/24/13 at 7:55 AM. Client #2's 4/11/13 Medication Change Form indicated "4/11/13 [Client #2's] diet is puree with thicken liquids. Blend food in blender. Use one tablespoon if (sic) thick-it for every 4oz (ounces) of liquid.</p>	W000368	<p>Client 2 is no longer served in this facility.</p> <p>There is no current need for training on thickened liquid or pureed diet.</p> <p>Professional staff will monitor the home for appropriate medication passes three times per week until staff show proficiency in implementation. Once proficient monitoring will fade to weekly and then biweekly.</p>	08/10/2013			

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	<p>Stir briskly until dissolved. Let stand for 1 min. (minute) then serve...."</p> <p>Interview with staff #1 on 4/23/13 at 7:10 PM indicated she was not able to locate any risk plans for client #2 at the group home. Staff #1 indicated client #2 was to receive a pureed diet with thickened liquids.</p> <p>Interview with LPN #1 and the Director of Health Care Services (DHCS) on 4/24/13 at 3:05 PM indicated client #2 received a pureed diet with thickened liquids. LPN #1 indicated client #2's water should be thickened when taking his medications.</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT 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 interview and record review for 1 of 2 clients (#2), with adaptive equipment, the facility failed to repair the client's wheelchair as needed.</p> <p>Findings include:</p>	W000436	<p>Client 2 is no longer served in this facility. In the future as adaptive equipment needs change, recommendations for this equipment will be integrated into the individuals IPP and goals developed as appropriate. To ensure these items are completed the service coordinator audit the client file for notation from the assessment and adaptive equipments three times per week, the S.C. will provide the behavior health director with weekly updates as to progress until such time that the adaptive equipments are obtained. To assist in this process the facility developed a new position for staff to evaluate, research and secure what is needed then train all staff in use of adaptive equipment and procedures.</p>	08/10/2013			

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	<p>The facility's reportable incident reports, internal incident reports and/or investigations were reviewed on 4/23/13 at 1:39 PM. The facility's 4/16/13 Incident/Accident report (I/A) indicated "When pushing [client #2] out to lunch his wheelchair is hard to push. It appears wheel is to (sic) close to side." The 4/16/13 I/A indicated "Called Service Coor (coordinator-SC) to let her know about the chair. She said that she will call so they can come out and look at the chair." The report indicated SC #1 was contacted on 4/16/13 at 12:43 PM.</p> <p>Interview with SC #1 on 4/24/13 at 12:27 PM indicated she was not aware client #2's chair needed to be repaired. SC #1 indicated the person who fixed their wheelchairs had just been out to the facility on 4/23/13. SC #1 indicated she would need to call the person to return to the facility to look at client #2's chair.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>			

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W009999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>1. 460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>"Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>14. A significant injury to an individual that includes but is not limited to:</p> <p>f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;</p> <p>THE STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and</p>	W009999	<p>Client 2 is no longer served in this facility.</p> <p>Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. Training included injury of unknown origin, client-to-client aggression, abuse, neglect and exploitation. This training improved adequacy of investigations, understanding of rules and intent, relationship to surveys and impact on client care through a thorough investigation. 38 of 42 investigators attended Department of Health Training. We videotaped the training for future use for new investigators to assure ongoing knowledge beyond the initial training.</p> <p>In addition all the service coordinators and nurses will receive this training by 7/26/13, so that they are more familiar with reporting and investigation requirements.</p>	08/10/2013	

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 04/25/2013
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	<p>record review for 1 of 2 sampled clients (#2), the facility failed to report a stage II pressure ulcer.</p> <p>Findings include:</p> <p>During the 4/23/13 observation period between 4:47 PM and 7:30 PM, at the group home, client #2 arrived at the group home at 4:55 PM. Client #2 remained sitting in his wheelchair until 7:00 PM, when staff #1 indicated client #2 needed to be changed and the areas on client #2's buttock needed to be treated. Client #2 had open red areas to both sides of his buttock folds. Client #2 had an red open area on his left buttock/fold area and 2 red open areas on the right buttock/fold where layers of skin were missing.</p> <p>Client #2's record was reviewed on 4/23/13 at 2:12 PM. Client #2's 4/18/13 Cumulative Medical Record indicated "Writer observed/assessed wounds to gluteal fold (R) (right) et (L) (left), barrier cream applied et wound app. (appointment) made for today." Client #2's 4/18/13 record indicated client #2 was seen at the wound clinic for wound on buttock and hospital follow-up. The note indicated client #2 had a "...Stage II Inter gluteal fold wound...." The note indicated Aquacel and Duoderm. qod (every other day) were ordered to treat the</p>			

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	<p>wound. The 4/18/3 note indicated client #2's wound measured 2.5 cm x 1.5 cm x.01 cm.</p> <p>The facility's reportable incident reports were reviewed on 4/23/13 at 1:39 PM. The facility's reportable incident reports from 3/15/13 to 4/23/13 indicated the facility did not report client #2's stage II pressure ulcer to the Bureau of Developmental Disabilities Services (BDDS) per state policy.</p> <p>Interview with Service Coordinator #1 on 4/24/13 at 12:27 PM indicated she did not know if client #2's pressure ulcer had been reported to BDDS.</p> <p>9-3-1(b)</p>			