

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/13/2015
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383
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W 000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: March 3, 4, 5 and 13, 2015.</p> <p>Facility number: 001026 Provider number: 15G512 AIM number: 100245160</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed 3/23/15 by Dotty Walton, QIDP.</p>	W 000		
W 189  Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 clients observed during the morning medication administration (client #4), to assure competence in proper administration of medications as ordered.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/13/15 from 6:30</p>	W 189	<p>On 3.13.15, staff was retrained on the six rights of medication administration. Staff will continue to receive annual retraining in medication administration, at minimum, or more frequently as needed. To ensure further compliance, the QDDP will conduct random monthly home visits and the facility's nurse will conduct random monthly visits. During these random observations, competency will</p>	03/13/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>A.M. until 8:00 A.M.. At 7:21 A.M., Direct Support Professional (DSP) #6 began administering client #7's prescribed oral medications. DSP #6 began administering client #4's "Polyethyl Glycol Powder 3350 (constipation)" with a small plastic solo cup of vanilla pudding. Review of the medication label and the Medication Administration Record (MAR) dated 3/1/15 to 3/31/15 was conducted on 3/13/15 at 7:35 A.M. and indicated: "Polyethyl Glycol Powder 3350...Mix in 8 ounces of water daily..Dissolve 1 capful in 8 ounces of water or juice." Client #4 did not and was not prompted to take his medication with water or juice.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/13/15 at 12:09 P.M.. The QIDP indicated client #4's medication should have been administered as directed on the MAR. The QIDP further indicated client #4 should have taken his medications with at least 8 ounces of water or juice.</p> <p>A review of the facility's "Universal Policies and Procedures-Medication Administration" dated 8/8/13 was conducted on 3/13/15 at 10:30 A.M.. Review of the policy indicated:</p>		<p>need to be demonstrated and observations will be documented. If it is determined, at any time, that staff fail to follow the policy for medication administration, they will be required to retake Med Core A and B, within 30 days, as taught by a certified nursing instructor. The staff will be suspended from passing medications,during this time.</p>	

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	<p>"Opportunity Enterprises clients will receive medications as prescribed by the individuals attending physician's (sic) to maintain optimum health....B. Guidelines for dispensing medications for all consumers:</p> <p>1. Prescription medications will be administered as instructed on the pharmacy label and non-prescription medications will be administered using labeled instructions unless changed by the ordering physician....</p> <p>8. Medications will be verified 3 times against the Medication Administration Record. This includes medications that are set in the weekly pill dispenser.</p> <p>C. Dispensing of Medications:</p> <p>4. The medication should be checked three times in accordance with med core training.</p> <p style="padding-left: 20px;">a. When taking out the medication.</p> <p style="padding-left: 20px;">b. After pouring or punching out the medication.</p> <p style="padding-left: 20px;">c. Before administering the medication to the client....</p> <p>6. The 6 rights of medication administration should be followed.</p> <p style="padding-left: 20px;">a. Right medication is given to the;</p> <p style="padding-left: 20px;">b. Right person at the;</p>			

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W 218 Bldg. 00	<p>c. Right time; d. Right dose/strength; e. Right route."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/13/15 at 12:09 P.M.. The QIDP indicated staff should have administered the clients medications as ordered. The QIDP indicated client #4 should have taken his medication with 8 ounces of water or juice. The QIDP further indicated all staff are trained upon hire, annually and as needed on medication administration.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 3 sampled clients (client #2), the facility failed to obtain a sensorimotor assessment in regards to his use of a wheelchair for his mobility.</p> <p>Findings include:  An evening observation was conducted at</p>	W 218	On 3.17.15, client #2 was taken to his primary care physician and received a referral for a sensorimotor assessment, in regards to his use of a wheelchair for mobility. Group Home Manager will ensure follow through with appointment for sensorimotor assessment. No other clients were affected by the same deficient practice. To ensure this deficient practice	03/17/2015

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	<p>the group home on 3/3/15 from 5:00 P.M. until 6:10 P.M.. During the entire observation period, client #2 sat in his motorized wheelchair with no foot rests and his feet were without support. His feet and legs were dark red and purplish in color. His body sat leaned to the right.</p> <p>A morning observation was conducted at the group home on 3/13/15 from 6:30 A.M. until 8:00 A.M.. During the entire observation period, client #2 sat in his motorized wheelchair with no foot rests and his feet were without support. His feet and legs were dark red and purplish in color. His body sat leaning to the right.</p> <p>A review of client #2's record was conducted on 3/4/14 at 3:00 P.M.. Review of the record did not indicate a sensorimotor assessment to address client #2's use of a wheelchair.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) and Group Home Manager (GHM) was conducted on 3/13/15 at 12:09 P.M.. The QIDP indicated client #2 required the use of a wheelchair at all times. The QIDP indicated there was no documentation to indicate client #2 had a sensorimotor assessment completed. The GHM indicated client #2 needed to be</p>		<p>does not reoccur, the group home has revised all client records, which now contain an organized index of all needed client information (medical and clinical), including a sensorimotor assessment, if applicable. To ensure further compliance, these client records will be audited, by the QDDP, during random monthly visits. Client records will also be audited by the group home director, during quarterly visits. Client #2 does have leg rests, which he utilizes during the day; however, client #2 requests, on occasions, that his leg rests be removed for his own comfort. Staff encourage client #2 to use his leg rests, while encouraging his independent decision making.</p>	

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W 331 Bldg. 00	<p>reevaluated for the use of his wheelchair due to it not having the "appropriate" foot rests and body support.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4), The facility's nursing services failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT). The facility's nursing services failed to develop a medical protocol to specifically address clients #2 and #4's diagnoses of MRSA (methicillin resistant staphylococcus aureus).</p> <p>Findings include:</p> <p>1. A review of the facility's pharmacy reviews was conducted on 3/4/15 at 4:00 P.M.. The consulting pharmacist indicated:</p>	W 331	<p>Nursing will continue to send the quarterly pharmacy reviews to the physician's for follow-up. All recommendations will be sent to the appropriate physician with a letter of request for follow up. Further, the nurse will document the pharmacy recommendations on their monthly summary so the recommendations can be discussed by the IDT. The QA coordinator will conduct random checks, with the nursing office, to ensure these pharmacy checks are being sent to the physicians. The facilities nursing department did develop medical protocols,for clients #2 and #4, specifically addressing their diagnoses of MRSA (methicillin resistant staphylococcus aureus). Both protocols were established and implemented on February 19th, 2015. (See attached protocols)</p>	04/10/2015

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	<p>Consultation Report for Recommendation Created 6/10/14:</p> <p>-Client #1: "This patient is no longer seeing [Physician name]. Please evaluate the need/necessity of [client #1]'s PRN (as needed) medication regimen and adjust if appropriate tums (indigestion), benadryl (allergies), rulox (acid reflux), ibuprofen (pain), tylenol (pain), milk of magnesia (constipation), q-tussin (cough))." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #3] is no longer seeing [Physician name]. Please evaluate the need/necessity of [client #3]'s PRN medication regimen and adjust if appropriate (tylenol, ibuprofen, lactulose (constipation), benadryl, rulox)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created 10/31/14:</p> <p>"After reviewing [client #1]'s med sheets this quarter, I noticed that he is currently on four different medications for</p>						

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	<p>hypertension. His daily blood pressure readings (for the month of March) indicate that his hypertension is currently controlled. If at any point his hypertension becomes uncontrolled/unstable, then please consider the addition of spironolactone to his medication regimen. This medication is the drug of choice for patients who are taking more than 4 hypertension medications and who have 'resistant hypertension.'" Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/13/15 at 12:09 P.M.. The QIDP indicated there was no documentation available for review to indicate the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the assigned person.</p> <p>2. A review of the facility's records was conducted on 3/3/15 at 3:40 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports (GERs) (Internal Reports) and investigation records indicated:</p>			

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	<p>-BDDS report dated 12/29/14 involving client #2 indicated: "On 12/29/14 approximately 9:00 P.M., [Group Home manager (GHM)] contacted [Qualified Developmental Disabilities Professional (QDDP)] and explained [client #2] had been taken to urgent care to have a pimple in his left ear examined. [Client #2] has a history of MRSA and was complaining of pain from the pimple. GHM explained she had contacted [Group Home nurse] and nursing instructed [client #2] to be taken to urgent care to be examined. Attending physician at urgent care said the pimple in left ear looked good and to continue with Triple antibiotic ointment 2 x (times) daily for the next week. No need for follow up unless swelling or redness of the site. Staff will continue to apply triple antibiotic ointment as instructed. Staff will monitor for redness or swelling in the left ear. QDDP is in discussion with nursing to develop a MRSA protocol that will include proactive and reactive strategies for care. Staff will continue to monitor for health and safety."</p> <p>-BDDS report dated 11/21/14 involving client #4 indicated: "[Group Home Assistant Manager (GHAM)] reports [client #4] went to Urgent care at 9:45</p>			

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	<p>A.M. due to boil on his tail bone. He was seen by [Physician name]. Dr. (Doctor) examined the boil (big red bump with a white head). She said it looks like it's ready to pop and said maybe it would be easy to get the pus (sic) out. She tried getting the pus (sic) out but couldn't. She left it alone after [client #4] started crying saying that it hurt. Dr. then took a sample of boil on the tail bone to rule out staph infection. Dr. said that the results will be back in two days. [Client #4] was prescribed bacitracin 500 Unit ointment (apply to wound on buttock daily with dressing change and as needed for 14 days) and cephalexin 500 mg (milligram) capsule, (Take 1 capsule 500 mg by mouth 3 times daily for 10 days). Also apply a warm compress to the boil on the tail bone for 5 days. Dr. said [client #4] should return on 11/24/14 only if they do not have the results back before then....Follow-Up report: The tests came back positive for MRSA. The hospital called in a different antibiotic. Bactrim DS BID (twice daily) for 7 days, due to the organism's resistance to the originally prescribed Cephalexin....All staff have been following universal precautions while handling the participant's wound to avoid spreading the infection...."</p> <p>A review of client #2's record was</p>			

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W 362 Bldg. 00	<p>conducted on 3/4/15 at 3:00 P.M.. Review of client #2's record did not indicate the facility's nursing services developed a MRSA protocol/risk plan for client #2's history of MRSA.</p> <p>A review of client #4's record was conducted on 3/4/15 at 4:00 P.M.. Review of client #4's record did not indicate the facility's nursing services developed a MRSA protocol/risk plan for client #4's history of MRSA.</p> <p>An interview with the QIDP was conducted on 3/4/15 at 4:10 P.M.. The QIDP indicated clients #2 and #4 did not have MRSA protocol/risk plans.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 5 of 5 clients living at the group home, (clients #1, #2, #3, #4 and #5) to ensure the pharmacist reviewed clients' medications on a</p>	W 362	Nursing will continue to send the quarterly pharmacy reviews to the physician's for follow-up. All recommendations will be sent to the appropriate physician with a letter of request for follow up. Further, the nurse will document	04/10/2015

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	<p>quarterly basis.</p> <p>Findings include:</p> <p>The pharmacist's medication review record was reviewed on 3/4/15 at 4:00 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the first (January, February and March) and third (July, August and September) quarters of 2014 for clients #1, #2, #3, #4 and #5.</p> <p>A review of client #1's record was conducted on 3/4/15 at 11:40 A.M.. The record indicated client #1 was prescribed medications.</p> <p>A review of client #2's record was conducted on 3/4/15 at 3:00 P.M.. The record indicated client #2 was prescribed medications.</p> <p>A review of client #3's record was conducted on 3/4/15 at 4:30 P.M.. The record indicated client #3 was prescribed medications.</p> <p>A review of client #4's record was conducted on 3/4/15 at 4:00 P.M.. The record indicated client #4 was prescribed medications.</p> <p>A review of client #5's record was</p>		<p>the pharmacy recommendations on their monthly summary so the recommendations can be discussed by the IDT. The QA coordinator will conduct random checks, with the nursing office, to ensure these pharmacy checks are being sent to the physicians.</p>				

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W 436  Bldg. 00	<p>conducted on 3/4/15 at 1:50 P.M.. The record indicated client #5 was prescribed medications.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/13/15 at 12:09 P.M.. When asked how often medications are to be reviewed by the pharmacist, the QIDP indicated they should be reviewed quarterly. The QIDP further indicated there was no written documentation available for review to indicate medications were reviewed by the pharmacist.</p> <p>9-3-6(a)</p> <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. Based on observation, record review and interview, the facility failed to assure the use of footrests for 1 of 3 sampled clients (client #2) who used a wheelchair for</p>	W 436	On 3.17.15, client #2 was taken to his primary care physician and	03/17/2015			

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	<p>mobility.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 3/3/15 from 5:00 P.M. until 6:10 P.M.. During the entire observation period client, #2 sat in his motorized wheelchair without footrests and his feet unsupported. His feet and legs were dark red and purplish in color. His left big toe had a scabbed wound.</p> <p>A morning observation was conducted at the group home on 3/13/15 from 6:30 A.M. until 8:00 A.M.. During the entire observation period, client #2 sat in his motorized wheelchair without footrests with his feet unsupported. His feet and legs were dark red and purplish in color. His left big toe had a scabbed wound.</p> <p>An interview with Direct Support Professional (DSP) #6 was conducted on 3/13/15 at 6:40 A.M.. DSP #6 indicated client #2's feet do not reach the footrest he currently has for his wheelchair. DSP #6 indicated client #2's injury to his left toe was due to him bumping into things. DSP #6 indicated the wound was an open wound but has now scabbed over.</p> <p>A review of client #2's record was conducted on 3/4/14 at 3:00 P.M..</p>		<p>received a referral for a sensorimotor assessment, in regards to his use of a wheelchair for mobility. Group Home Manager will ensure follow through with appointment for sensorimotor assessment. No other clients were affected by the same deficient practice. To ensure this deficient practice does not reoccur, the group home has revised all client records, which now contain an organized index of all needed client information (medical and clinical), including a sensorimotor assessment, if applicable. To ensure further compliance, these client records will be audited, by the QDDP, during random monthly visits. Client records will also be audited by the group</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G512	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/13/2015
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383
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	<p>Review of the record did not indicate a sensorimotor assessment to address client #2's use of a wheelchair.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) and Group Home Manager (GHM) was conducted on 3/13/15 at 12:09 P.M.. The QIDP indicated client #2 required the use of a wheelchair at all times. The QIDP indicated there was no documentation to indicate client #2 had a sensorimotor assessment completed. The GHM indicated client #2 needed to be reevaluated for the use of his wheelchair due to it not having the "appropriate" footrests and body support. The GHM further indicated client #2 should have footrests on his wheelchair to support his legs and feet.</p> <p>9-3-7(a)</p>		<p>home director, during quarterly visits. Client #2 does have leg rests, which he utilizes during the day; however, client #2 requests, on occasions, that his leg rests be removed for his own comfort. Staff encourage client #2 to use his leg rests, while encouraging his independent decision making.</p>	