STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIVER SERVICES INC	293 SUMMIT VIEW DRIVE CORYDON, IN 47112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000		W000000		
	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: April 15, 17, 21 and 22, 2014 Facility Number: 001017 Provider Number: 15G503 AIM Number: 100385650 Surveyor: Jo Anna Scott, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/25/14 by Ruth Shackelford, QIDP.			
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 3 of 4 sampled clients (clients #1, #3 and #4), the facility failed to ensure the medication training objectives were implemented at every opportunity. Findings include: During the observation period on 4/21/14 at 5:00 AM to 8:05 AM, the medication	W000249	W249 The Home Manager met with all staff to review procedures on medication administration and went over the medication goals listed in the MAR. A Medication Administration Checklist listing each step of a medication pass was prepared. The checklist includes a reminder to train on the medication goal during the medication pass.	05/22/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	administration was started at 6:45 AM. Client #4 came to the medication room at 6:45 AM and staff #5 opened medications, put them in applesauce and gave the container of applesauce and pills to client #5. Client #1 came to the medication room at 6:58 AM and staff #5 again put the medication in applesauce and spooned the medication and applesauce into client #1's mouth. Client #3 came to the medication room at 7:05 AM. Staff #5 opened the medication, gave client #3 the pills and some water and he took the pills independently. Staff #5 did not discuss the medication with the clients. The record review for client #1 was conducted on 4/17/14 at 12:27 PM. The ISP (Individualized Support Plan) dated 1/9/14 indicated client #1 had the medication goal of "State the dosage of his medication Haldol." The record review for client #3 was conducted on 4/17/14 at 3:08 PM. The ISP dated 5/8/13 indicated client #3 had the medication goal of "Will report signs/symptoms of illness/injury." The record review for client #4 was conducted on 4/21/14 at 12:15 PM. The ISP dated 11/11/13 indicated client #4 had the medication goal of "Will state the purpose of his medication, Lithium." Interview with staff #2, HM (Home Manager) on 4/21/14 at 1:15 PM indicated the medication goals should have been done at the time the medication was given to the clients.		This checklist will be used to observe staff passing meds to determine if they are following correct procedures. To Protect Other Clients: The Home Manager will observe all staff while administering medications to ensure the correct procedures with the medication goals are being carried out. The manager will use the Medication Administration Checklist to ensure that each med pass is done correctly. To Prevent Recurrence: Each Home Manager will observe at least one staff per month while passing medications. The manager will use the Medication Administration Checklist to ensure that each med pass is done correctly. Any staff member who fails to complete the medication pass correctly will be referred for additional training. Quality assurance: Completed Medication Administration Checklists will be sent to the SGL central office for review. The Residential Director will ensure that the checklists are completed and staff is retrained as necessary. Responsible Party: Home Manager and Residential Director.	
W000382	9-3-4(a) 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING			

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	The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 4 sampled clients (clients #1, #3 and #4) and 3 additional clients (clients #5, #6 and #7), the facility failed to ensure the medication room was kept locked when staff was not in the room. Findings include: During the observation period on 4/21/14 from 5:00 AM to 8:05 AM, the medication pass started at 6:45 AM. Staff #5 opened the medication room and unlocked the medication file cabinet leaving the keys in the lock. At 7:15 AM staff #5 took a can of Ensure out of another cabinet and left the room to give the Ensure to client #5. Staff #5 indicated client #5 didn't receive any medication in the mornings and she wanted to be sure he got his Ensure with breakfast. Clients #1, #4 and #7 had received their medications and clients #3 and #6 were waiting to come to the medication room. The medication room door was left open and the medication file cabinet was left unlocked with the keys in the lock. Interview with staff #2, HM (Home Manager) on 4/21/14 at 1:15 PM stated "The medication room and file cabinet is supposed to be locked at all times except when staff is preparing the medication for administration." 9-3-6(a)	W000382	W382 The Home Manager retrained all staff on medication pass procedures. Staff was also retrained on safety measures of when to keep the medication room door locked. A Medication Administration Checklist listing each step of a medication pass was prepared. The checklist includes a reminder to lock and unlock the cabinet during the medication pass. This checklist will be used to observe staff passing meds to determine if they are following correct procedures. To Protect Other Clients: The Home Manager will observe all staff while administering medications to ensure the correct procedures for locking cabinet are being carried out. The manager will use the Medication Administration Checklist to ensure that each med pass is done correctly. To Prevent Recurrence: Each Home Manager will observe at least one staff per month while passing medications. The manager will use the Medication Administration Checklist to ensure that each med pass is done correctly. Any staff member who fails to complete the medication pass correctly will be referred for additional training. Quality assurance: Completed Medication Administration Checklists will be sent to the SGL	05/22/2014

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			central office for review. The Residential Director will ensure that the checklists are completed and staff is retrained as necessary. Responsible Party: Home Manager and Residential Director.	
W000436	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 for 1 of 7 clients (client #6) living in the home, the facility failed to provide the weighted wrist bands to be used during meals. Findings include: During the observation period on 4/15/14 from 4:15 PM to 7:30 PM, client #6 sat down to dinner at 6:05 PM. Client #6 had a scoop plate, weighted spoon and a neck napkin to use during the meal. Staff #7, interviewed on 4/15/14 at 5:45 PM, indicated the client had wrist weights to wear during the meal, but they could not find them. During the observation period on 4/21/14 from 5:00 AM to 8:05 AM, client #6 was eating a bowl of oatmeal at 7:30 AM. Client #6 was using the weighted spoon and wearing the neck napkin, but did not have the weighted wrist bands. Client #6 had tremors and the oatmeal would fall from his spoon before he could get it into his mouth.	W000436	W436 The dining plan for Client #6 was reviewed by the Home Manager, with all staff. The procedure for cleaning Client #6 wrist weights were also reviewed at this time. To Protect Other Clients: The Home Manager will review all clients' dining plans, making sure all are up to date, and all adaptive devices are in place for usage. To Prevent Recurrence: A new ISP goal will be set for Client #6. This goal will require him to be prompted by staff, to have his weighted wrist bands, for his mealtime. By this being set as a goal, staff will now be responsible for charting on his usage of his wrist bands in the daily progress notes Quality Assurance: The QIDP will monitor Client #6's usage of his wrist weights through written quarterly notes; which information is acquired from the daily progress reports. If	05/22/2014

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	The dining plan dated 6/8/13 for client #6 was reviewed on 4/21/14 at 1:15 PM and indicated his adaptive equipment for mealtime included wrist weights, weighted utensils, non-spill cup and a scoop plate. Interview with staff #2, HM (Home Manager) and staff #3 on 4/21/14 at 1:15 PM indicated client #6 had recently visited the OT (Occupational Therapist) because the tremors seemed to be worse and the OT had stopped the client from "bridging" (where one hand holds the arm that is holding utensil to aid in stopping tremors). Staff #3 went to the laundry room and brought out weighted wrist bands stating "[Client #6] may have put them in the wrong place, but they are dirty and need to be washed." 9-3-7(a)		the wrist weights are not being used staff will be retrained or disciplined as necessary to ensure future compliance. Responsible Party: The Home Manager and the QIDP.	