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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G346 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 03/02/2012 | |
| NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 118 N NICHOLAS AVE SALEM, IN 47167 | | | |
| (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 |
| W0000 | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 27, 28, 29, March 1 and 2, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000862 AIM Number: 100385670 Provider Number: 15G346</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 3/12/12 by Ruth Shackelford, Medical Surveyor III.</p> | | | W0000 | | | |

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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| W0210 | <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients, (client #5), the facility failed to ensure a reassessment regarding client #5's need for adaptive supports to aid him in activities of daily living was completed.</p> <p>Findings include:</p> <p>During observations at the facility's day service on 2/27/12 at 3:30 PM, client #5 walked to the facility's van using a cane held in his left hand. The client was observed to have pronounced scoliosis. The client was carrying a lunch container and a backpack.</p> <p>During observations on 2/27/12 from 4:15 PM until 7:00 PM, client #5 bathed by sitting in a standard bathtub with handheld shower attachment.</p> <p>Review of client #5's record on 2/28/12 at 2:00 PM indicated an Individual Service Plan/ISP dated 3/22/11 with accompanying health service risk plans prepared by the RN at the time of the ISP. According to the ISP, client #5's diagnosis</p> | W0210 | <p>Client 5 had an on-site assessment by an Occupational Therapist to assess whether additional supports were required to assist with the client's quality of life.</p> <p>To protect other clients and prevent recurrence: Per recommendation by the Occupational Therapist , grab bars will be installed on the front wall of the shower, on the doorframe of all doors, and in the group home van. Additionally, client 5 will have new exercises to do and will be advised to use his cane at all time.</p> <p>Quality assurance: The Interdisciplinary Team will annually review client 5's file to determine whether a reassessment by the Occupational Therapist is needed based on the date of the last assessment and any deterioration in the clients physical condition.</p> <p>Responsible party: Group home manager</p> | 04/01/2012 | | | |

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| | <p>included, but was not limited to, severe scoliosis with a history of multiple back surgeries. The client's risk plan for scoliosis contained no information concerning bathing (getting up and down in a bathtub), no information about carrying items safely while using a cane, and no information regarding sleeptime positioning to ensure optimal comfort. A record review on 3/01/12 at 5:00 PM indicated the client's most recent Occupational Therapy assessment was conducted on 4/05/1996. The client had not been reassessed to find if he required additional supports to assist him with bathing, sleeptime positioning, carrying items safely or other areas of activities of daily living which could impact client #5's quality of life.</p> <p>Interview with supervisory staff #1 on 3/01/12 at 3:00 PM indicated the client's activities of daily living (bathing, toileting, and so on) had not been assessed since 4/05/1996.</p> <p>9-3-4(a)</p> | | | | | | |