

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/22/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015		
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W0000	<p>This visit was for investigation of complaint #IN00109789.</p> <p>Complaint #IN00109789: Substantiated, Federal and state deficiencies related to the allegation are cited at W122, W149, W318 and W331.</p> <p>Dates of Survey: June 20, 21, and 22, 2012.</p> <p>Facility Number: 000771 Provider Number: 15G251 AIMS Number: 100243430</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/29/12 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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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client A), the Condition of Participation of Client Protections was not met as the facility neglected to implement their neglect policy to ensure client A was monitored according to her constipation risk plan to ensure she was having bowel movements.</p> <p>Findings include:</p> <p>Please refer to W149. The facility failed to implement their neglect policy, for 1 of 3 sampled clients (client A). The facility neglected to ensure client A's constipation risk plan was followed to ensure client A was having bowel movements.</p> <p>This federal tag relates to complaint #IN00109789.</p> <p>9-3-2(a)</p>	W0122	<p>W 122 Client Protections</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff members who were determined to be neglectful in the investigation involving Client A have all been terminated. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of 	07/22/2012	

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			<p>medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms 		

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			<p>of medical concerns/health status changes have been posted in the home.</p> <ul style="list-style-type: none"> · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. 		

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			<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The ARC will monitor as they complete their audits. · The RN will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>July 22 nd , 2012</p>		

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed to implement their neglect policy, for 1 of 3 sampled clients (client A). The facility neglected to ensure client A's constipation risk plan was followed and neglected to ensure client A had regular bowel movements to prevent an impaction which resulted in a hospital admission for treatment.</p> <p>Findings include:</p> <p>On 06/20/12 at 1:37 PM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following incident:</p> <p>06/04/12: A BDDS report submitted 06/04/12 for an incident on 06/04/12 at 4:30 AM indicated the following regarding client A: "[Client A] was vomiting and having diarrhea over the weekend. Staff became concerned and notified the Coordinator (sic) on call. After speaking with our nurse, the staff were advised to send her to the hospital. She was transported by ambulance. She has a risk plan for constipation that was</p>	W0149	<p>W 149 Staff Treatment of Clients</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff members who were determined to be neglectful in the investigation involving Client A have all been terminated. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their 	07/22/2012	

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	<p>followed by staff. Diagnosis is bowel obstruction. [Client A] was admitted. [Client A] is being staffed while at the hospital."</p> <p>06/11/12: A BDDS follow-up report indicated: "[Client A] has had multiple x-rays and blood work completed. The doctors have determined that she is full of BM. They placed a NG (naso-gastric) tube with the intent to remove some of the waste. In addition they attempted to manually remove some of the BM. This was causing her to bleed so it was stopped and they started using enemas. Doctors later removed the NG tube again. They also inserted a rectal tube to help prevent skin breakdown concerns due to the enemas that they gave her to move her bowels. Over the week-end of 06/09/12 staff reported that [client A] has had a few bowel movements. They removed the NG again on 06/10/12. As of today the doctors are going to have [client A] try to start eating to ensure that she is able to keep food down before they release her. The IDT has maintained contact with her physicians and is following her progress.</p> <p>The ARC (Area Residential Coordinator) began an investigation to determine what events led up to [client A's] ER visit on 06/04/12. The IDT had obtained some conflicting information which made the</p>		<p>staff meeting on 6-15-12.</p> <ul style="list-style-type: none"> · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to 				

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	<p>team question staff's actions prior to [client A] being sent to the ER. The following staff was (sic) suspended during the investigation: [staff #1, #2, #3, #4 and #5]. Based on the information provided by staff the committee was able to determine that [client A] had had concerns with her bowels since 05/30/12. [Client A's] last known bowel movement prior to 06/02/12 was 05/28/12. Staff contacted the RC for the home on 05/30/12 and asked for permission to administer her PRN (as needed) medications and prune juice according to her constipation risk plan. Staff administered the PRN med and juice. [Client A] did not have any results on 05/30/12. [Staff #1] marked on the MAR that she did have results; however this was done in error. [Staff #1] did not communicate the error to anyone outside of her co-worker that evening [staff #2]. [Staff #2] also worked on 05/31/12 and on 06/01/12 and indicated during her shift [client A] still did not have a bowel movement. [Staff #2] failed to notify the RC for the home on either date. She also admitted that she was aware of the documentation error on 05/30/12 and did not communicate it to anyone. Another staff working on 06/01/12 noticed that [client A] had not had a bowel movement since 05/30/12 (according to documentation on the MAR) and</p>		<p>contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms of medical concerns/health status changes have been posted in the home. 				

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	<p>contacted the on call RC and asked for permission to give the PRN medication and prune juice again per her risk plan. Staff indicated that there was no result on 06/01/12. On 06/02/12 [staff #3] and [staff #4] arrived to work. They report in the investigation that [client A] started having episodes of vomiting and/or spit up around 9:00 - 10:00 AM. They indicated that they did not contact the on call RC until later that day (around 5:00 PM) because they thought she just had the flu and wasn't feeling well. Per their reports, the vomit was brown in color, smelled like feces and had coffee grounds in it. This was not reported to the on call RC. On 06/03/12 when the midnight shift arrived, [staff #3] and [staff #4] gave their report to the oncoming staff. Based on their information one of the midnight staff, [staff #5], indicated that it sounded like [client A] might have a bowel obstruction. [Staff #5] admitted in the investigation that she did make the statement and that she failed to contact the on call RC. The committee was able to determine that all five above ladies were neglectful in their care for [client A].</p> <p>The incident is being forwarded to APS (Adult Protective Service). The Occazio Administrator, BDDS and HCR (Health Care Representative) were all notified.</p>		<ul style="list-style-type: none"> · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The ARC will monitor as they complete their audits. · The RN will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>July 22 nd , 2012</p>				

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	<p>The five ladies remained suspended until 06/11/12. All were terminated on 06/11/12."</p> <p>The undated "Change In Health Status" was reviewed on 06/20/12 at 9:50 AM. The document indicated, "A change in health status is defined as anything that is different about the person's ability or function, daily routine, behavior, way of communicating, appearance, general manner or mood and physical health. Changes in normal eating, drinking, sleeping, urination or bowel movements can indicate serious health issues and must be reported immediately. If you suspect something is wrong, don't wait!!! TAKE IMMEDIATE ACTION!!"</p> <p>Client A's records were reviewed on 06/20/12 at 10:05 AM. Client A's record review included review of the following dated documents:</p> <p>03/06/12: ISP (Individualized Service Plan) indicated client A's diagnoses included constipation and her constipation risk plan was as follows: "[Client A] normally has medium to large, soft and loose bowels at least daily. She has been known to have multiple loose bowels in a day. She is not an accurate reporter of when she has had a bowel movement as she does not like to lay down to be</p>						

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	<p>changed (for fear of staff not getting her back up out of bed). If she doesn't drink enough fluids or misses her medication she will be come constipated. Protocol:</p> <ol style="list-style-type: none"> 1. Document BM (bowel movement) flow via Therap (computer program) daily in Intake and Elimination module and on the MAR (Medication Administration Record). 2. Provide 8 oz glass of prune, apple or apple grape juice each AM to encourage regular bowel movements. 3. Provide 8 ounces of water with every meal and at HS (hour of sleep) snack to encourage regular bowel movements. 4. Provide Bisacodyl (constipation) 5 mg (milligram) every other day at 4 pm. 5. If [client A] does not have a BM within 48 hours, notify the RC (Residential Coordinator) and give PRN (as needed) for constipation (Milk of Magnesia as directed on MAR) and the RC will notify the nurse. 6. Encourage additional fluid intake per dietary recommendations. 7. Encourage consumption of meals per dietary recommendation. Signs or (self report) of constipation: <ol style="list-style-type: none"> 1. Individual is complaining of abdominal pain. 2. Abdomen appears bloated. 3. Hard dry stools with straining. 4. Possible diarrhea. Notify RC if any of the above signs are apparent. RC will then notify nurse. <p>Signs/Symptoms of impaction: Diarrhea Vomiting Refusal to eat Abdomen (belly) swollen/distended.</p>			

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	<p>Fever above 101 NOTIFY THE RC IMMEDIATELY IF YOU SEE ANY OF THESE SIGNS. RC WILL THEN NOTIFY NURSE."</p> <p>05/2012: Intake and Elimination Report of May 2012 indicated client A did not have a BM on 05/29, 05/31.</p> <p>05/2012: Medication Administration Record (MAR) indicated client A was to be given 8 ounces of prune, apple, or grape juice daily in the AM. The MAR indicated client A received juice on 05/01 and 05/30/12.</p> <p>06/2012: Intake and Elimination Report of June 2012 indicated client A did not have a BM on 06/01/12; on 06/02/12 the three BM's were reported as loose and on 06/03/12 it was documented client A had diarrhea three times.</p> <p>05/2012: Medication Administration Record indicated client A did not receive 8 ounces of prune, apple, or grape juice on 06/01, 06/02, or 06/03/12. The MAR indicated the juice was to be given daily in the AM.</p> <p>06/08/12: Investigation Report regarding client A, date of incident 06/02/12 through 06/04/12, indicated the following:</p>						

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	<p>"Findings Facts:</p> <ol style="list-style-type: none"> Per workshop documentation [client A's] last bowel movement there was on 05/23/12. [Client A] currently takes the following medications to help with her bowel movements: Docusate Sodium 100 mg q (every) 7am; PRN Loperamide 2 mg - 1(2mg) caplet orally one time a day for diarrhea; Milk of Magnesia Suspension 30 ml (milliliter) QD (daily) PRN; Miralax Powder 17 gm (gram) one time daily as needed for constipation; 8 oz prune juice Q AM. [Client A] has a history of bowel issues including diarrhea and constipation. She currently has a risk plan that addresses constipation concerns. [Client A] is non verbal. She is able to make her wants and needs known to staff. [Client A] has a HCR (Health Care Representative) to help her make her medical decisions. [Client A] does not always communicate to staff when she is not feeling well. [Client A] does not like to be in her bedroom laying down. She is afraid that she will miss something. [Client A] is a picky eater. Staff are to document on the MAR daily that they have recorded her bowel movements in the intake and elimination 						

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	<p>health tracking module in Therap.</p> <p>11. There is no written communication from any staff regarding [client A's] bowel concerns.</p> <p>12. All staff indicated that the information that they received since 05/23/12 regarding her bowel concerns was verbal from other staff.</p> <p>13. Per [name], RC for the home, if staff indicate on the MAR that there was a bowel movement but they do not enter it in the intake and elimination module, she will go in and record the data.</p> <p>15. According to [client A's] MAR she is supposed to get 8 oz of prune juice every morning. Staff have only documented the prune juice on 05/01/12, 05/30/12 and 06/01/12.</p> <p>16. [Staff #1] indicates that the BM that is documented on the MAR for 05/30/12 was done in error. She reports that she did not have a BM that day during her shift.</p> <p>17. [Staff #1] admits that she made the error but failed to document or communicate the error.</p> <p>18. [Staff #2] admits that she was aware that [client A] did not have a bowel movement on 05/30/12. She admits that she was aware that [staff #1] informed her that the entry made on the MAR was a mistake. [Staff #2] admits that she did not contact the RC about the error or send a communication. She also admits she</p>						

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	<p>didn't contact the RC on 05/31/12 when [client A] still didn't have a bowel movement.</p> <p>19. We know that PRN Miralax and prune juice was (sic) given on 05/30/12 per the MAR and staff's reports.</p> <p>20. [Staff #3] and [staff #4] were suspended 06/04/12 upon receiving additional information from [staff #3] regarding the concerns with [client A] from over the weekend.</p> <p>21. [Staff #5] was suspended on 06/07/12 after speaking with her on the investigation.</p> <p>22. [Staff #5] admits that she stated on 06/03/12 that based on the information provided by [staff #3] and [staff #4] that it sound (sic) liked (sic) [client A] had a bowel obstruction. [Staff #5] admits that she did not contact the RC on call with her concerns.</p> <p>23. [Staff #1] was suspended on 06/08/12 after speaking with her on the investigation.</p> <p>24. The nurse was not notified of any concerns with [client A] until 06/02/12.</p> <p>25. Some staff did follow the constipation protocol for [client A] based on the documentation that was entered in Therap.</p> <p>26. There is conflicting information based on all the reports provided by staff.</p> <p>27. [Staff #1] did indicate and mark on the MAR that she had given [client A]</p>						

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	<p>Imodium on 05/23/12 for diarrhea.</p> <p>28. After reviewing the constipation protocol for [client A] it does not match her current MAR meds being provided.</p> <p>29. The protocol was last updated on 08/01/09; reviewed on 03/06/12. It indicated that everything was still accurate per [RC].</p> <p>30. The nurse and the RC should have realized the protocol did not match.</p> <p>31. The protocol indicates that [client A] is still gets (sic) Bisacodyl 5 mg every other day. Per the MAR she currently isn't getting the Bisacodyl.</p> <p>32. Per the reasons to contact the RC after house - staff are to contact the RC if an individual is seriously ill or has met the criteria in the MAR.</p> <p>33. [Staff #3] and [staff #4] did not contact the on call RC regarding concerns about [client A] until around 5:00 PM.</p> <p>34. The committee finds that staff [staff #1, staff #2, staff #3, staff #4 and staff #5] were neglectful in the care that was provided to [client A].</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Terminate [staff #1, staff #2, staff #3, staff #4 and staff #5]. 2. IDT (Inter-disciplinary Team) to continue to monitor [client A's] care while she is at the hospital. 3. The IDT needs to review [client A's] constipation protocol with her physician 				

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	<p>and make necessary revisions.</p> <p>4. All staff will need to be retrained on her new protocol, signs and symptoms of constipation, proper communication documentation, importance of shift communication, how to document in the intake and elimination module, what to do regarding documentation errors, and reasons to contact the RC after hours.</p> <p>5. Consider formal counseling with [RC] for the home regarding the concern with [client A's] constipation protocol not being accurate and the documentation concerns on the MAR with the prune juice not being addressed by staff.</p> <p>6. Reconsider the way we desire staff to communicate concerns within Therap.</p> <p>7. Consider formal counseling with [RN] for the home regarding the concern with [client A's] constipation protocol not being accurate and the documentation concerns on the MAR with the prune juice not being addressed with staff.</p> <p>8. Change the prune juice to reflect a scheduled medication instead of an 'other' medication.</p> <p>9. Consider having the management team developing a protocol that would be followed for individuals who meet the criteria of being high risk."</p> <p>10. RC to file follow-up report indicating the investigation to BDDS and APS (Adult Protective Service).</p>						

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	<p>Actions taken:</p> <ol style="list-style-type: none"> 1. BDDS filed on 06/04/12. 2. HCR, nurse and Occazio administrator notified on 06/04/12. 3. Investigation started on 06/04/12 when verbal information was provided by [staff #3] to [client A's] HCR was determined not to match what had been communicated over the weekend to the on call RC. 4. [Staff #3] and [staff #4] were suspended on 06/04/12. 5. [Staff #5] was suspended on 06/07/12 after speaking with her in the investigation. 6. [Staff #1] was suspended on 06/08/12 after speaking with her in the investigation. 7. [Staff #2] was suspended on 06/08/12 during the investigation. 8. [Client A] was sent to [hospital] ER (Emergency Room) on 06/04/12 via ambulance. She was admitted to the hospital on 06/04/12. 9. Investigation completed on 06/08/12. <p>The agency policy dated 01/01/2011 on "Suspected Abuse, Neglect & Exploitation Reporting" was reviewed on 06/20/12 at 2:00 PM. The policy indicated neglect was defined: "Failure to provide the proper care for a resident/consumer, in a timely manner, causing the resident/consumer undue</p>						

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	<p>physical or emotional stress or injury; unreasonable delays in providing appropriate services, including medication errors, are considered neglect when they cause the resident/consumer undue physical or emotional stress or injury."</p> <p>On 06/21/12 at 11:30 AM, an interview was conducted with the Area Residential Coordinator (ARC) and the RN (Registered Nurse). They both indicated staff neglected to follow client A's constipation risk plan, neglected to follow the orders on the MAR and administer the juice to client A daily, neglected to report client A's change in condition and neglected to report an error in documentation which gave misleading information regarding client A's bowels. The ARC and the RN indicated there were several errors staff made which resulted in client A needing to be admitted to the hospital for treatment.</p> <p>This federal tag relates to complaint #IN00109789.</p> <p>9-3-2(a)</p>				

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W0318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the Condition of Participation, Health Care Services, is not met as the facility failed to provide adequate health care monitoring and nursing services for 1 of 3 sample clients (client A).</p> <p>Findings include:</p> <p>Please refer to W331. The facility failed for 1 of 3 sample clients (client A), to ensure client A's constipation risk plan was followed to ensure client A had regular bowel movements to prevent constipation and an impaction which resulted in hospitalization.</p> <p>This federal tag relates to complaint #IN00109789.</p> <p>9-3-6(a)</p>	W0318	<p>W 318 Health Care Services</p> <p>The facility must ensure that specific health care services are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. 	07/22/2012	

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			<ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. · A new BM chart has been posted for staff to monitor to help track Client A's bowel movements. · Client A had a GI consult on 7-11-12. Her medications and risk plan was reviewed with the GI doctor at that time. · Client A started Amitiza on 6-19-12 to help with her bowel concerns. · Client A will be placed on programming for reporting when she has had a bowel movement and signs of constipation. · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · Client A's risk plans were reviewed by the IDT on 6-12-12. Changes were made and will continue to be made as needed. · Client A's dining plan was revised on 6-12-12. 		

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			<ul style="list-style-type: none"> · Client A now has prune juice every AM as of 6-12-12. · Client A started Miralax every PM as of 6-15-12. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual. · The IDT is monitoring Client A's bowel movements daily. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms 		

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			<p>of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12.</p> <ul style="list-style-type: none"> · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms of medical concerns/health status changes have been posted in the home. <p>Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · The IDT met on 6-18-12 to revise all of the residents risk plans and made necessary revisions. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to 		

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			<p>obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual.</p> <ul style="list-style-type: none"> Residents who are at risk for constipation have daily BM tracking by staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12. Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and 		

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			<p>MAR documentation at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. <p>Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · The IDT met on 6-18-12 to revise all of the residents risk plans and made necessary revisions. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual. · Residents who are at risk for constipation have daily BM tracking by staff. <p>4. How will the corrective action be monitored to ensure</p>		

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			<p>the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The ARC will monitor as they complete their audits. · The RN will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>July 22 nd , 2012</p>		

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sample clients (client A), to ensure client A's constipation risk plan was followed to ensure client A had regular bowel movements to prevent constipation and an impaction which resulted in hospitalization.</p> <p>Findings include:</p> <p>On 06/20/12 at 1:37 PM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following incident:</p> <p>06/04/12: A BDDS report submitted 06/04/12 for an incident on 06/04/12 at 4:30 AM indicated the following regarding client A: "[Client A] was vomiting and having diarrhea over the weekend. Staff became concerned and notified the Coordinator (sic) on call. After speaking with our nurse, the staff were advised to send her to the hospital. She was transported by ambulance. She has a risk plan for constipation that was followed by staff. Diagnosis is bowel</p>	W0331	<p>W 331 Nursing Services</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12. · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. 	07/22/2012			

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	<p>obstruction. [Client A] was admitted. [Client A] is being staffed while at the hospital."</p> <p>06/11/12: A BDDS follow-up report indicated: "[Client A] has had multiple x-rays and blood work completed. The doctors have determined that she is full of BM. They placed a NG (nasogastric) tube with the intent to remove some of the waste. In addition they attempted to manually remove some of the BM. This was causing her to bleed so it was stopped and they started using enemas. Doctors later removed the NG tube again. They also inserted a rectal tube to help prevent skin breakdown concerns due to the enemas that they gave her to move her bowels. Over the week-end of 06/09/12 staff reported that [client A] has had a few bowel movements. They removed the NG again on 06/10/12. As of today the doctors are going to have [client A] try to start eating to ensure that she is able to keep food down before they release her. The IDT has maintained contact with her physicians and is following her progress.</p> <p>The ARC (Area Residential Coordinator) began an investigation to determine what events led up to [client A's] ER visit on 06/04/12. The IDT had obtained some conflicting information which made the team question staff's actions prior to</p>		<ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. · Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12. · A new BM chart has been posted for staff to monitor to help track Client A's bowel movements. · Client A had a GI consult on 7-11-12. Her medications and risk plan was reviewed with the GI doctor at that time. · Client A started Amitiza on 6-19-12 to help with her bowel concerns. · Client A will be placed on programming for reporting when she has had a bowel movement and signs of constipation. · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · Client A's risk plans were reviewed by the IDT on 6-12-12. Changes were made and will continue to be made as needed. · Client A's dining plan was revised on 6-12-12. 				

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	[client A] being sent to the ER. The following staff was (sic) suspended during the investigation: [staff #1, #2, #3, #4 and #5]. Based on the information provided by staff the committee was able to determine that [client A] had had concerns with her bowels since 05/30/12. [Client A's] last known bowel movement prior to 06/02/12 was 05/28/12. Staff contacted the RC for the home on 05/30/12 and asked for permission to administer her PRN (as needed) medications and prune juice according to her constipation risk plan. Staff administered the PRN med and juice. [Client A] did not have any results on 05/30/12. [Staff #1] marked on the MAR that she did have results; however this was done in error. [Staff #1] did not communicate the error to anyone outside of her co-worker that evening [staff #2]. [Staff #2] also worked on 05/31/12 and on 06/01/12 and indicated during her shift [client A] still did not have a bowel movement. [Staff #2] failed to notify the RC for the home on either date. She also admitted that she was aware of the documentation error on 05/30/12 and did not communicate it to anyone. Another staff working on 06/01/12 noticed that [client A] had not had a bowel movement since 05/30/12 (according to documentation on the MAR) and contacted the on call RC and asked for		<ul style="list-style-type: none"> · Client A now has prune juice every AM as of 6-12-12. · Client A started Miralax every PM as of 6-15-12. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual. · The IDT is monitoring Client A's bowel movements daily. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. · All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms 		

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	<p>permission to give the PRN medication and prune juice again per her risk plan. Staff indicated that there was no result on 06/01/12. On 06/02/12 [staff #3] and [staff #4] arrived to work. They report in the investigation that [client A] started having episodes of vomiting and/or spit up around 9:00 - 10:00 AM. They indicated that they did not contact the on call RC until later that day (around 5:00 PM) because they thought she just had the flu and wasn't feeling well. Per their reports, the vomit was brown in color, smelled like feces and had coffee grounds in it. This was not reported to the on call RC. On 06/03/12 when the midnight shift arrived, [staff #3] and [staff #4] gave their report to the oncoming staff. Based on their information one of the midnight staff, [staff #5], indicated that it sounded like [client A] might have a bowel obstruction. [Staff #5] admitted in the investigation that she did make the statement and that she failed to contact the on call RC. The committee was able to determine that all five above ladies were neglectful in their care for [client A].</p> <p>The incident is being forwarded to APS (Adult Protective Service). The Occazio Administrator, BDDS and HCR (Health Care Representative) were all notified. The five ladies remained suspended until</p>		<p>of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12.</p> <ul style="list-style-type: none"> · Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and MAR documentation at their staff meeting on 7-19-12. · The signs and symptoms of medical concerns/health status changes have been posted in the home. <p>Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · The IDT met on 6-18-12 to revise all of the residents risk plans and made necessary revisions. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to 		

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	<p>06/11/12. All were terminated on 06/11/12."</p> <p>The undated "Change In Health Status" was reviewed on 06/20/12 at 9:50 AM. The document indicated, "A change in health status is defined as anything that is different about the person's ability or function, daily routine, behavior, way of communicating, appearance, general manner or mood and physical health. Changes in normal eating, drinking, sleeping, urination or bowel movements can indicate serious health issues and must be reported immediately. If you suspect something is wrong, don't wait!!! TAKE IMMEDIATE ACTION!!!"</p> <p>Client A's records were reviewed on 06/20/12 at 10:05 AM. Client A's record review included review of the following dated documents:</p> <p>03/06/12: ISP (Individualized Service Plan) indicated client A's diagnoses included constipation and her constipation risk plan was as follows: "[Client A] normally has medium to large, soft and loose bowels at least daily. She has been known to have multiple loose bowels in a day. She is not an accurate reporter of when she has had a bowel movement as she does not like to lay down to be changed (for fear of staff not getting her</p>		<p>obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual.</p> <ul style="list-style-type: none"> Residents who are at risk for constipation have daily BM tracking by staff. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Staff will be retrained on Occazio's policy #2105 Abuse, Neglect and Exploitation at their staff meeting on 7-19-12. All CCL staff have been trained on Client A's risk plans, dining plan, signs and symptoms of medical concerns, change in health status, assessing health needs, reporting guidelines for signs and symptoms, types of behaviors that can indicate illness, vomiting protocol, communication with staff, and reasons to contact the RC at their staff meeting on 6-15-12. Staff will be trained again on Client A's risk plans, dining plans, signs and symptoms of medical concerns, reasons to contact the RC, BM charting, and 				

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	<p>back up out of bed). If she doesn't drink enough fluids or misses her medication she will be come constipated. Protocol:</p> <p>1. Document BM (bowel movement) flow via Therap (computer program) daily in Intake and Elimination module and on the MAR (Medication Administration Record). 2. Provide 8 oz glass of prune, apple or apple grape juice each AM to encourage regular bowel movements. 3. Provide 8 ounces of water with every meal and at HS (hour of sleep) snack to encourage regular bowel movements. 4. Provide Bisacodyl (constipation) 5 mg (milligram) every other day at 4 pm. 5. If [client A] does not have a BM within 48 hours, notify the RC (Residential Coordinator) and give PRN (as needed) for constipation (Milk of Magnesia as directed on MAR) and the RC will notify the nurse. 6. Encourage additional fluid intake per dietary recommendations. 7. Encourage consumption of meals per dietary recommendation. Signs or (self report) of constipation: 1. Individual is complaining of abdominal pain. 2. Abdomen appears bloated. 3. Hard dry stools with straining. 4. Possible diarrhea. Notify RC if any of the above signs are apparent. RC will then notify nurse. Signs/Symptoms of impaction: Diarrhea Vomiting Refusal to eat Abdomen (belly) swollen/distended. Fever above 101 NOTIFY THE RC</p>		<p>MAR documentation at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The signs and symptoms of medical concerns/health status changes have been posted in the home. <p>Staff will be trained on proper ways to communicate with the other staff members of the house at their staff meeting on 7-19-12.</p> <ul style="list-style-type: none"> · The IDT will meet on a quarterly basis to review all risk plans and make necessary revisions. · The IDT met on 6-18-12 to revise all of the residents risk plans and made necessary revisions. · Cheat sheets are being developed for the staff at CCL to include signs and symptoms of medical concerns, things to obtain (i.e. vital signs, accurate information, etc.) prior to contacting the RC/RN, reasons to contact the RC after hours, and documentation needs of each individual. · Residents who are at risk for constipation have daily BM tracking by staff. <p>4. How will the corrective action be monitored to ensure</p>		

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	<p>IMMEDIATELY IF YOU SEE ANY OF THESE SIGNS. RC WILL THEN NOTIFY NURSE."</p> <p>05/2012: Intake and Elimination Report of May 2012 indicated client A did not have a BM on 05/29, 05/31.</p> <p>05/2012: Medication Administration Record indicated client A did not receive 8 ounces of prune, apple, or grape juice on 06/01, 06/02, or 06/03/12. The MAR indicated the juice was to be given daily in the AM.</p> <p>06/2012: Intake and Elimination Report of June 2012 indicated client A did not have a BM on 06/01/12; on 06/02/12 the three BM's were reported as loose and on 06/03/12 it was documented client A had diarrhea three times.</p> <p>05/2012: Medication Administration Record indicated client A did not receive 8 ounces of prune, apple, or grape juice on 06/01, 06/02, or 06/03/12. The MAR indicated the juice was to be given daily in the AM.</p> <p>06/08/12: Investigation Report regarding client A, date of incident 06/02/12 through 06/04/12, indicated the following: "Findings Facts:</p>		<p>the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The RC will monitor on a daily basis when they are in the home. · The ARC will monitor as they complete their audits. · The RN will monitor as they complete their audits. <p>5. What is the date by which the systemic changes will be completed?</p> <p>July 22 nd , 2012</p>				

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	<p>1. Per workshop documentation [client A's] last bowel movement there was on 05/23/12.</p> <p>2. [Client A] currently takes the following medications to help with her bowel movements: Docusate Sodium 100 mg q (every) 7am; PRN Loperamide 2 mg - 1(2mg) caplet orally one time a day for diarrhea; Milk of Magnesia Suspension 30 ml (milliliter) QD (daily) PRN; Miralax Powder 17 gm (gram) one time daily as needed for constipation; 8 oz prune juice Q AM.</p> <p>3. [Client A] has a history of bowel issues including diarrhea and constipation.</p> <p>4. She currently has a risk plan that addresses constipation concerns.</p> <p>5. [Client A] is non verbal. She is able to make her wants and needs known to staff.</p> <p>6. [Client A] has a HCR (Health Care Representative) to help her make her medical decisions.</p> <p>7. [Client A] does not always communicate to staff when she is not feeling well.</p> <p>8. [Client A] does not like to be in her bedroom laying down. She is afraid that she will miss something.</p> <p>9. [Client A] is a picky eater.</p> <p>10. Staff are to document on the MAR daily that they have recorded her bowel movements in the intake and elimination health tracking module in Therap.</p>						

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	<p>11. There is no written communication from any staff regarding [client A's] bowel concerns.</p> <p>12. All staff indicated that the information that they received since 05/23/12 regarding her bowel concerns was verbal from other staff.</p> <p>13. Per [name], RC for the home, if staff indicate on the MAR that there was a bowel movement but they do not enter it in the intake and elimination module, she will go in and record the data.</p> <p>15. According to [client A's] MAR she is supposed to get 8 oz of prune juice every morning. Staff have only documented the prune juice on 05/01/12, 05/30/12 and 06/01/12.</p> <p>16. [Staff #1] indicates that the BM that is documented on the MAR for 05/30/12 was done in error. She reports that she did not have a BM that day during her shift.</p> <p>17. [Staff #1] admits that she made the error but failed to document or communicate the error.</p> <p>18. [Staff #2] admits that she was aware that [client A] did not have a bowel movement on 05/30/12. She admits that she was aware that [staff #1] informed her that the entry made on the MAR was a mistake. [Staff #2] admits that she did not contact the RC about the error or send a communication. She also admits she didn't contact the RC on 05/31/12 when</p>						

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	<p>[client A] still didn't have a bowel movement.</p> <p>19. We know that PRN Miralax and prune juice was (sic) given on 05/30/12 per the MAR and staff's reports.</p> <p>20. [Staff #3] and [staff #4] were suspended 06/04/12 upon receiving additional information from [staff #3] regarding the concerns with [client A] from over the weekend.</p> <p>21. [Staff #5] was suspended on 06/07/12 after speaking with her on the investigation.</p> <p>22. [Staff #5] admits that she stated on 06/03/12 that based on the information provided by [staff #3] and [staff #4] that it sound (sic) liked (sic) [client A] had a bowel obstruction. [Staff #5] admits that she did not contact the RC on call with her concerns.</p> <p>23. [Staff #1] was suspended on 06/08/12 after speaking with her on the investigation.</p> <p>24. The nurse was not notified of any concerns with [client A] until 06/02/12.</p> <p>25. Some staff did follow the constipation protocol for [client A] based on the documentation that was entered in Therap.</p> <p>26. There is conflicting information based on all the reports provided by staff.</p> <p>27. [Staff #1] did indicate and mark on the MAR that she had given [client A] Imodium on 05/23/12 for diarrhea.</p>			

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	<p>28. After reviewing the constipation protocol for [client A] it does not match her current MAR meds being provided.</p> <p>29. The protocol was last updated on 08/01/09; reviewed on 03/06/12. It indicated that everything was still accurate per [RC].</p> <p>30. The nurse and the RC should have realized the protocol did not match.</p> <p>31. The protocol indicates that [client A] is still gets (sic) Bisacody 5 mg every other day. Per the MAR she currently isn't getting the Bisacodyl.</p> <p>32. Per the reasons to contact the RC after house - staff are to contact the RC if an individual is seriously ill or has met the criteria in the MAR.</p> <p>33. [Staff #3] and [staff #4] did not contact the on call RC regarding concerns about [client A] until around 5:00 PM.</p> <p>34. The committee finds that staff [staff #1, staff #2, staff #3, staff #4 and staff #5] were neglectful in the care that was provided to [client A].</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Terminate [staff #1, staff #2, staff #3, staff #4 and staff #5]. 2. IDT (Inter-disciplinary Team) to continue to monitor [client A's] care while she is at the hospital. 3. The IDT needs to review [client A's] constipation protocol with her physician and make necessary revisions. 						

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	<p>4. All staff will need to be retrained on her new protocol, signs and symptoms of constipation, proper communication documentation, importance of shift communication, how to document in the intake and elimination module, what to do regarding documentation errors, and reasons to contact the RC after hours.</p> <p>5. Consider formal counseling with [RC] for the home regarding the concern with [client A's] constipation protocol not being accurate and the documentation concerns on the MAR with the prune juice not being addressed by staff.</p> <p>6. Reconsider the way we desire staff to communicate concerns within Therap.</p> <p>7. Consider formal counseling with [RN] for the home regarding the concern with [client A's] constipation protocol not being accurate and the documentation concerns on the MAR with the prune juice not being addressed with staff.</p> <p>8. Change the prune juice to reflect a scheduled medication instead of an 'other' medication.</p> <p>9. Consider having the management team developing a protocol that would be followed for individuals who meet the criteria of being high risk."</p> <p>10. RC to file follow-up report indicating the investigation to BDDS and APS (Adult Protective Service).</p> <p>Actions taken:</p>						

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	<ol style="list-style-type: none"> 1. BDDS filed on 06/04/12. 2. HCR, nurse and Occazio administrator notified on 06/04/12. 3. Investigation started on 06/04/12 when verbal information was provided by [staff #3] to [client A's] HCR was determined not to match what had been communicated over the weekend to the on call RC. 4. [Staff #3] and [staff #4] were suspended on 06/04/12. 5. [Staff #5] was suspended on 06/07/12 after speaking with her in the investigation. 6. [Staff #1] was suspended on 06/08/12 after speaking with her in the investigation. 7. [Staff #2] was suspended on 06/08/12 during the investigation. 8. [Client A] was sent to [hospital] ER (Emergency Room) on 06/04/12 via ambulance. She was admitted to the hospital on 06/04/12. 9. Investigation completed on 06/08/12. <p>On 06/21/12 at 11:30 AM, an interview was conducted with the Area Residential Coordinator (ARC) and the RN (Registered Nurse). They both indicated staff neglected to follow client A's constipation risk plan, neglected to follow the orders on the MAR and administer the juice to client A daily, neglected to report client A's change in condition and</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/22/2012
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(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	
	<p>neglected to report an error in documentation which gave misleading information regarding client A's bowels. The ARC and the RN indicated there were several errors staff made which resulted in client A needing to be admitted to the hospital for treatment.</p> <p>This federal tag relates to complaint #IN00109789.</p> <p>9-3-6(a)</p>				