

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G468	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/18/2013
NAME OF PROVIDER OR SUPPLIER  BLUE RIVER SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5771 E SPEED RD MILLTOWN, IN 47145		
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 14, 15 and 18, 2013</p> <p>Facility Number: 000982 Provider Number: 15G468 AIM Number: 100385530</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/3/13 by Ruth Shackelford, QIDP.</p>	W000000			

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

TITLE

(X6) DATE

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

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 2 of 4 sampled clients (clients #3 and #4), the facility failed to ensure clients had access to a hearing aid and glasses.</p> <p>Findings include:</p> <p>During the observation period on 11/15/13 from 5:50 AM to 7:45 AM, client #4 was prompted by staff #4 to go to the medication room/office at 6:15 AM and get his hearing aid. Staff #4 unlocked the door for client #4 and assisted with inserting the hearing aid into the client's right ear. During the medication pass that started at 6:30 AM, client #3 came to the medication room at 7:20 AM. Staff #4 picked up a glasses case from the table, removed the glasses from the case and assisted client #3 with putting the glasses on.</p> <p>Interview with staff #4 on 11/15/13 at 7:25 AM indicated the hearing aid for client #4 was kept in the office to keep it safe. Staff #4 indicated the client gave the hearing aid to staff when he took his shower in the evening, staff locked it in</p>	W000137	W137The group home manager moved client #4's hearing aid and glasses to a drawer located in the living room.The group home manager and staff met to discuss the issues associated with keeping clients' hearing aids and glasses in the group home office. The hearing aids and glasses of all the clients will be stored so that clients will have access to them at all times. If clients need assistance with storage of a device a program will be in place to assist them to store the devices.To protect other clients and prevent recurrence: The Residential Director will send a memo to all managers informing them that all hearing aids, glasses and other personal devices must be kept where clients will have access to them at all times.Quality Assurance: The managers will be monitoring, monthly, placement of the hearing aids, glasses, and other personal devices of clients in the home to assure that they have access to them. Responsible party: Group home manager	12/18/2013			

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	<p>the medication room and he got it back in the morning. Staff #4 indicated client #3's glasses were put in the medication room/office after they were cleaned in the evening.</p> <p>Interview with staff #2, Home Manager, on 11/15/13 at 9:00 AM indicated the hearing aid and glasses were kept in the office to keep them from getting broken.</p> <p>9-3-2(a)</p>			

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W000259	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 4 sampled clients (clients #1 and #3), the facility failed to ensure the CFA (Comprehensive Functional Assessment) had been reviewed and updated annually.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 11/15/13 at 10:39 AM. The CFA/Independent Skills Assessment indicated it had last been reviewed on July, 2011 for client #1.</p> <p>The record review for client #3 was conducted on 11/15/13 at 12:10 PM. The CFA/Independent Skills Assessment indicated it had last been reviewed on April, 2012 for client #3.</p> <p>Interview with staff #2, Home Manager, on 11/15/13 at 2:30 PM indicated the QIDP (Qualified Intellectual Development Professional) was new and had been working on getting things done. Staff #2 indicated he did not know why the CFAs had not been updated.</p> <p>9-3-4(a)</p>	W000259	<p>W259QIDP and manager of group home met to discuss the CFA for clients #1 and #3. The QIDP will update the CFA for clients #1 and #3. To Protect Other Clients: QIDP will review and update all other client's CFA's. To Prevent Recurrence: The QIDP will review and update each client's CFA prior to each client's annual case conference. Input will be obtained from the IDT to ensure that each assessment reflects the client's current needs. Quality Assurance: A checklist will be completed by QIDP 30 days after each case conference. During the 30 day check the QIDP will ensure that the CFA has been updated, signed and is filed in the client's file. The Residential Director will receive a copy of the 30 day checklist and will review the list to ensure that all items on list have been completed. Responsible Party: QIDP</p>	12/18/2013			

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 4 of 7 clients (clients #1, #2, #4 and #7) living in the home, the facility failed to ensure proper handwashing hygiene/infection control measures were used.</p> <p>Findings include:</p> <p>During the observation period on 11/14/13 from 4:00 PM to 6:45 PM, client #1 started preparing his lunch for the next day at 4:10 PM. Client #1 got bread out of the cabinet, lunch meat from the refrigerator and plastic bags from the cabinet. Client #1 did not wash his hands before opening the food, used his fingers to dig the lunch meat out of the package and lay the sandwich on the counter top that had not been wiped off before placing it in the plastic bag. Client #7 prepared his sandwich at 4:20 PM. Client #7 did not wash his hands and did not clean the counter top before starting the preparation of the sandwich. Client #2 prepared his sandwich at 4:30 PM. Client #2 did not wash his hands or clean the counter top before preparing his sandwich. Client #2 used his fingers to get the meat out of the container. Client #4 prepared his</p>	W000455	<p>W455The manager will retrain all staff at this facility on proper hand washing hygiene/infection control measures that are to be used by clients' #1, #2, #4, and #7 during lunch preparation. To Protect Other Clients: All staff will be retrained on hand washing, infection control, and supervising clients while they prepare lunches. Staff will ensure clients are washing hands and cleaning the countertops. Clients will be prompted to use utensils when removing lunch meat out of the package. To Prevent Recurrence: New procedures will be written for lunch preparation to include hand washing and other infections control precautions. These procedures will be distributed to all staff. The procedures will also be used to train all new staff. Quality Assurance: Home Managers will observe client's lunch preparation each time they are in the home during lunch preparation. This monitoring will be done at least four times a month and up to daily. If clients do not demonstrate appropriate infection control measures the Home Manager will initiate additional training for staff. Responsible party: Home Manager</p>	12/18/2013			

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	<p>sandwich at 4:45 PM. Client #4 removed all the meat from the package and laid it on the counter top while he took out the bread. Staff #3 and #5 did not prompt the clients to wash their hands, clean the counter and use a utensil to get the lunch meat out of the package.</p> <p>Interview with staff #2, Home Manager, on 11/15/13 at 2:00 PM indicated the clients should have been prompted to use good handwashing hygiene and the counter should have been cleaned.</p> <p>9-3-7(a)</p>				

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation, record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure adaptive eating utensils were provided.</p> <p>Findings include:</p> <p>During the observation period on 11/14/13 from 4:00 PM to 6:45 PM, the evening meal was served at 5:30 PM. Client #6 was prompted to set the table at 5:10 PM and put regular utensils at each of the place settings. Staff #3 assisted client #6 with placing high sided plates at each place and a non-skid mat was placed under client #3's plate.</p> <p>The record review for client #3 was conducted on 11/15/13 at 12:10 PM. The dining plan for client #3 with a review date of 6/19/13 indicated client #3 was to have a weighted fork and spoon, plate guard and non-skid mat.</p> <p>Interview with staff #2, Home Manager, on 11/15/13 at 2:00 PM indicated client #3 didn't like to use the weighted utensils because no one else in the home used them.</p>	W000484	W484The Home Manager will retrain staff on the use of adaptive weighted utensils for client #3. Staff will ensure that client #3 has weighted utensils available for use at each meal.To Protect Other Clients: Staff will undergo training on the clients' needs for adaptive eating devices. Each client's dining plan will be reviewed at this meeting. The Residential Director will send a memo to all Home Managers requesting a review of the adaptive eating utensils for each client. Each Manager will ensure that the clients are using all recommended utensils.To Prevent Recurrence: Managers will monitor the use of the adaptive eating utensils on an ongoing basis. This will be at least four times a month up to daily.Quality Assurance: The IDT will review the dining plan for each client and the adaptive eating utensils for each client during their annual case conferences. The team will ensure that the devices are present in the home.Responsible part: Home Managers and IDT.	12/18/2013			

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	<p>Interview with Administrative staff #1 on 11/18/13 at 1:00 PM indicated the weighted utensils should have been provided for client #3.</p> <p>9-3-8(a)</p>			