

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2012
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 S OAK ST BLUFFTON, IN 46714
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>This survey was done in conjunction with the post certification revisit for the investigation of complaint #IN00109280.</p> <p>Dates of Survey: August 27, 28, 29, 30, 31, and September 4, 2012</p> <p>Facility number: 000983 Provider number: 15G469 AIM number: 100244850</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed September 10, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000	<p>Oak Recertification & State Licensure Survey Plan of Correction</p> <p>Survey Event ID 7FHE11</p> <p>September 2012</p>	
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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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 3 of 3 sampled clients (clients #1, #2, and #3), and 2 additional clients (clients #4 and #5), and failed to ensure clients did not pay for their own hair cuts (clients #3 and #5).</p> <p>Findings include:</p> <p>1. On 8-27-12 from 3:00 p.m. until 5:15 p.m. an observation at the home of clients #1, #2, #3, #4, and #5 was conducted. The knob on client #5's dresser was missing. The bathroom off the living room had a rusted toilet paper holder and rusted wall vent. The vent behind the coffee table was not attached to the wall and was rusted. The 6 triangle mat client #2 sat on had 10 rips which measured 8 inches by 1 inches.</p> <p>On 8-28-12 at 9:20 a.m., a record review of the facility's maintenance requisitions was conducted. The review failed to indicate work orders had been reported to keep the home well maintained.</p>	W0104	<p>W104- Governing Body The governing body of Bi-County Services, Inc. (BCS) will exercise general policy, budget and operating direction over the agency as it pertains to areas such as health, safety, sanitation and maintenance & repairs. This will be demonstrated as it pertains to the Oak residence being well maintained, especially as it relates to rust in shared living areas, such as the living room, a bathroom and bedrooms. In addition, operating direction as it relates to monitoring of consumer finances is a priority taken seriously. A) Corrective action and follow-up specific to Consumers #2, 3 & 5, as well as the OAK group home in general: 1. BCS Program Director (PD), Residential Management Team (RMT) and Maintenance Crew Leader inspected the OAK group home on August 29 th 2012 to assess findings cited in the POC that the surveyor had indicated during an interview with the PD on 8/28/12. The following recommendations have been made: - The missing knob on consumer #5's bedroom dresser has been replaced. All other consumer bedrooms were checked during the team</p>	10/04/2012			

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	<p>2. On 8-28-12 at 9:45 a.m. a record review for clients #3 and #5 was conducted. The financial review of the receipts from 2-1-12 until 7-30-12 indicated the following:</p> <ul style="list-style-type: none"> -a receipt dated 7-20-12 for client #5 indicated she paid \$10.00 for a haircut. -a receipt dated 4-27-12 for client #5 indicated she paid \$5.99 for a haircut. -a receipt dated 5-1-12 for client #3 indicated she paid \$5.99 for a haircut. -a receipt dated 4-29-12 for client #3 indicated she paid 6.99 for a haircut. <p>On 8-28-12 at 11:00 a.m., an interview with the Program Director indicated the maintenance issues should be taken care of and there were no maintenance orders available for review. The interview indicated clients #3 and #5 should not have paid for their haircuts and they would be reimbursed.</p> <p>9-3-1(a)</p>		<p>assessment on 9/29/12 with an additional missing dresser knob for consumer #1 found and replacements made by the maintenance department for both consumers. · The rusty wall vent and toilet paper holder in the bathroom off the living room area have been replaced. · The rusty wall vent in the living room has been re-attached to the wall and is now rust-free. · The mat that Consumer #2 uses as she prefers to sit on the floor as opposed to chairs &/or sofas (excepting at meal times) while in her home setting is being replaced due to wear and tear. A new "natural environment" mat was ordered on 9/18/12 and is being delivered via UPS ground shipment. · Consumer #5's 2 haircuts on 4/27/12 and 7/20/12 totaling \$15.99 are being reimbursed. · Consumer #3's two haircuts on 4/29/12 and 5/1/12 totaling \$12.98 are being reimbursed. 2. The BCS Work Request (work orders) process will be utilized to assure that group home is being well maintained. The Work Request forms include specific request information with need(s) reviewed & approved by a supervisor and assigned priority. The Maintenance Department provides status of work order, comments on work done and date & name of Maintenance Technician completing the work order request. We feel that the</p>		

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			BCS Maintenance Department does an outstanding job of home maintenance and repair. From a safety and sanitation standpoint there were no concerns as it relates to the W104 tag.3. The Residential Management Check Off Sheet will be revised to include rust in the environmental portion of the Check Off form.4. The Maintenance Department Monthly Inspection Checklist will be revised to include checks of home being well maintained as it relates to carpeting, flooring, plaster, rust, etc. The current Monthly Inspection Checklist includes a wide variety of health, safety and sanitation categories including priority Life Safety Code components. 5. BCS has a procedure for Monitoring Consumer Finances that was developed in June 2010. A review of the procedure was completed by the PD on 9/17/12 with a few revisions indicated to be made. The procedure will be revised to include specific items that the agency is responsible for providing, such as hygiene items, including haircuts in addition to those already identified in the procedure such as health, medical and/or safety needs. Consumer finances are checked by the Residential Manager (RM) on a regular basis throughout the month with additional monthly monitoring by the Financial Associate (FA) in the accounting department. The Oak RM and FA		

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			<p>are fairly new to their positions and training on the revised procedure for Monitoring Consumer Finances will be reviewed with them by 9/27/12.</p> <p>6. The Oak Residential Management Team (RMT) and Oak Direct Care Staff (DCS) will be retrained on using work request orders to assure a well-maintained home when issues are identified by 10/4/12.</p> <p>7. Oak RMT and DCS will be re-trained on identifying purchases made by consumers that are actually the agency responsibility and how to assure that any items purchased are identified in a timely manner for consumer reimbursement reconciliation by 10/4/12.</p> <p>Person's responsible: Maintenance Department; PD, Residential Manager (RM) &/or RMT, Residential Administrative Team (RAT) and FA. Target Completion Date: 10/4/12</p> <p>B) Corrective action as it relates to monitoring practices for assuring operating directives relating to group home environment agency wide:</p> <p>1. The Residential Management Check Off Sheet was revised in June 2012 to include regular checks of environmental issues such as walls, doorways, furniture, carpeting, etc. are in good condition and if needs are noted, The Management Check Off Sheet will be revised as part of</p>		

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			<p>this POC to include environmental checks for rust. RM's will follow through and utilize the BCS Work Request process for any environmental issues identified. All RMT's will be trained on this process at the 9/27/12 RMT meeting. 2. Training on the Governing Body standard with special emphasis on operating directives relating to group home environment will be completed with all RMT members at their team meeting scheduled for 9/27/12. This will also include a review of the revised Management Check Off Sheet & Maintenance Monthly Check List, as well as using the Home Observation (HO) process as ways to identify and correct problems as they arise. 3. Training on the revised Monitoring Consumer Finances Procedure will be completed. Focus on the importance of monitoring consumer finances will be part of the re-training process with all Management Team members across all departments, including supervisors responsible for oversight of consumer monies at meetings scheduled for 9/27/12. Any targeted individuals listed above who cannot attend the meeting on 9/27/12 will be trained no later than 10/4/12. 4. All Residential DCS will be trained on item A.2 & 7 above during scheduled residential house meetings no later than 10/4/12. Person's Responsible: PD;</p>	

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			Maintenance Department, RAT and RMT's. Target completion date: 10/4/12		

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W0137	<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, record review, and interview, the facility failed for 1 of 3 sampled clients (client #2) to ensure she was offered and taught the use of age appropriate activities.</p> <p>Findings include:</p> <p>On 8-27-12 from 3:00 p.m. until 5:15 p.m. an observation at the home of client #2 was conducted. At 3:00 p.m. client #2 sat on a multi-colored mat placed on the floor and put stuffed animals and children's toys in and out of the chest. At 3:15 p.m. client #2 sat on the mat and placed the toys in and out of the chest. At 4:45 p.m. client #2 sat on the mat and placed children's toys in and out of the chest. Direct care staff (DCS) #1, #2, #3, and #4 did not provide client #2 the opportunity to use age appropriate items.</p> <p>On 8-28-12 from 5:50 a.m. until 7:15 a.m. an observation at the home of client #2 was conducted. At 5:50 a.m. client #2 sat on the mat and placed toys in and out of the chest. At 6:15 a.m. client #2 sat on the mat and placed toys in and out of the</p>	W0137	<p>W137-Protection of Consumers Rights</p> <p>The facility must ensure the rights of all consumers and therefore ensure the right to retain and use appropriate personal possessions and clothing.</p> <p>This standard was not met as evidenced by not ensuring that consumer #2 was offered and taught the use of age appropriate activities.</p> <p>A) Corrective Action and Follow-up specific to Consumer # 2:</p> <p>1.It is felt that we were lax in assuring that consumer #2 had a choice of age appropriate items interspersed with her selection of personal toys and stuffed animals. Consumer #2 and staff will shop for items of her personal choice that are age appropriate and also allow for meaningful activities for involvement and stimulation. Consumer #2 will have a selection of age appropriate items for both home and at her Day Services (DS) setting by 10/4/12.</p> <p>2.All Direct Care Staff (DCS) working with Consumer #2 at home and DS will encourage use</p>	10/04/2012			

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	<p>chest. At 7:00 a.m. client #2 sat on the mat and put the toys in and out of the chest.</p> <p>On 8-28-12 at 9:15 a.m. a record review for client #2 was conducted. The Individualized Support Plan dated 7-1-12 indicated client #2 was over 18 years of age.</p> <p>On 8-28-12 at 11:00 a.m. an interview with the Program Director indicated client #2 was over the age of 18 and she should be offered other items not just children's toys.</p> <p>9-3-2(a)</p>		<p>of age appropriate items and work with her to be engaged in activities and to learn skills that are meaningful to her, rather than just to put items in & out of her chest. The QMRP will develop a goal and objectives to assist with learning skills and actively participate in functional activities of her choice. This will allow for consumer #2 to be provided with the opportunity, encouragement and training to use age appropriate materials. Consumer #2 will be able to keep possessions of personal value to her, but staff will be involved with making time for teaching, training and redirecting so that her time is meaningful rather than just killing time. QMRP will have a goal/objectives with specific strategies individualized for consumer #2 written and DCS working with consumer #2 trained prior to implementation by 10/4/12.</p> <p>3.All staff working with consumer #2 across settings will be re-trained on active treatment priorities, as well age appropriate opportunities and interactions by 10/4/12.</p> <p>Person's Responsible: QMRP and RM.</p> <p>Target Completion Date: 10/4/12</p> <p>B) Corrective Action as it relates to BCS practices agency wide:</p>		

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			<p>1.All RMT's will be re-trained on ensuring the rights of all consumers, especially related to the right to retain and use age appropriate personal possessions and clothing, as well as consistently offering and teaching the use of age appropriate activities. In addition a review of the priority of providing active treatment throughout each consumer's day to ensure meaningful activities and interactions will be addressed. Training will be completed at scheduled RMT meeting on 9/27/12.</p> <p>2.All DCS working with residential consumers will be trained on items listed in B.1 by 10/4/12.</p> <p>3.All Supported Living Management Team (SLMT) members will be re-trained on items listed in B.1 by 10/4/12. It will be the responsibility of SLMT members to train their DCS on areas identified in B.1 at their next scheduled staff meetings.</p> <p>Person's Responsible: RAT, all RMT's, SLMT's and Day Services Coordinator.</p> <p>Target Completion Date: 10/4/12</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. Based on record review and interview, the facility failed for 2 of 2 sampled clients (clients #2 and #3), and 1 additional client (client #5), to ensure they were free from abuse/neglect per the facility's policy.</p> <p>Findings include:</p> <p>On 8-27-12 at 1:30 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The review indicated the following:</p> <p>-a BDDS report dated 2-6-12 for clients #3 and #5 indicated client #3 hit client #5 and direct care staff (DCS) #20 told client #5 it was "okay" to hit client #3 back. DCS #20 was suspended pending the investigation. A follow up BDDS report indicated DCS #20 was suspended and retrained on behavior plans. Neglect was substantiated and DCS #20 was retrained that it was "never okay to tell or to imply to a consumer that it's okay to hit back."</p> <p>-a BDDS report dated 10-28-11 for client #2 indicated she went "missing" for about 4 minutes while on a community outing. A follow up BDDS report dated 11-1-11</p>	W0149	<p>W149-Staff Treatment of Consumers The agency must develop and implement written policies and procedures that prohibit mistreatment, neglect and abuse of consumers. BCS takes very seriously the intent to assure that all consumers are free from abuse, neglect, exploitation and violation of individual rights as the primary responsibility of all agency employees. Agency administration has identified the importance of management and administrative accountability for protection of consumer rights with a focus on leadership through demonstration of agency expectations relating to the implementation of the Abuse & Neglect (A/N) policy at all times. Over the course of the past year, re-training on the A/N policy with competency testing focusing on prevention has been a consistent part of regularly scheduled staff meetings, including the agency wide annual Mandatory Inservice Training (MIT). In November of 2011 all staff working with residential consumers across all settings was trained on the Elder Justice Act and the Reporting of Reasonable Suspicion of a Crime with question and answer opportunities which again</p>	10/04/2012			

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	<p>indicated the DCS involved received a written warning and was retrained on consumer specifics and risk plans. The BDDS report indicated this to be neglect for 2 reasons: Client #2's level of supervision is 24 hour care and her consumer specific plan and risk plan both stated staff were to be "aware of [client #2's name] whereabouts at all times."</p> <p>On 8-27-12 at 1:25 p.m. a review of the facility's abuse/neglect policy dated 1-2011 indicated clients would be free of abuse/neglect (abuse-physical injury or saying things that could cause fear or humiliation, neglect-failure to provide necessary support needed to avoid physical harm or mental suffering.)</p> <p>On 8-28-12 at 11:00 a.m. an interview with the Program Director indicated the facility's abuse/neglect policy should be implemented at all times.</p> <p>9-3-2(a)</p>		<p>underscores the importance of implementation of the A/N policy. It should be noted that agency wide the instances of abuse, neglect, exploitation and violation of individual rights has decreased dramatically and in the case of the Oak group home there have been no further allegations of mistreatment since the February 6 th 2012 neglect substantiation. We feel that this is a result of thorough, consistent training & competency testing on expectations of implementing the A/N policy at all times; focusing and training on active treatment, monitoring of staff interactions during random Home Observations (HO); and assuring that Risk Plans (RP), Consumer Specific Training (CST) and Behavior Support Plans (BSP) are thoroughly understood by staff and implemented consistently. Key to all of this is the management and administrative commitment to leadership in quality of care and advocacy for individual rights.</p> <p>A) Corrective Action and Follow-up specific to consumers #2, 3 and 5 and the Oak group home:1. A quorum of the Quality Assurance Review Team (QART) met on 9/12/12 to review/assess the agency A/N policy for any need for revisions. The team felt that the policy as written is appropriate & applicable. Our role is to assure that the system in place monitors</p>		

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			<p>responds and corrects concerns as they arise thus allowing for prevention of abuse, neglect, exploitation and violation of rights. 2. Safeguards in place to monitor staff treatment of consumers include HO's; management and administrative review of all Injury/Illness (I/I) Reports with investigations into any injuries of unknown origin (IUO) & Fall Assessment Review (FAR) for any falls; Incident Reports (IR); Medication Error Reports with follow-up (F/U) and recommendations by the Medication Error Review Team (MERT) and F/U to closure for any RN recommendations related to health concerns. The Administrative Assistance for Quality Assurance completes monthly reports noting any trends and making recommendations with time lines for completion for all I/I's, IR's, IUO and MERT. The QART, which meets regularly throughout the year, also reviews all monthly reports identified above as regular agenda items as an additional safeguard. The RAT completes random file checks to assess RP's, CST's, BSP's and other pertinent ISP components for applicability, timeliness and individualized programming. The agency Human Rights Committee (HRC) meets every other month and is thorough in their review of each individual's BSP, assuring that there are no restrictions &/or violation of rights and monitoring</p>		

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			of their medications and other drug interaction concerns. The HRC is made up of an attorney, pharmacist, retired physician, pastor, social worker, consumer and family member of a consumer. 3. Consumer #3 has a BSP addressing SIB & "hitting others" which has been clarified in her annual BSP dated 9/1/12 due to learned interactions when living at home with her parents up until 2009 (she is 39 years old). She and her mother considered these "love taps". She does hit when agitated and this is also clarified and spelled out specifically in the BSP with proactive components as well as intervention techniques. Trends indicate an increase in SIB and aggression when ill. She also has a protocol for when she has cycles of increased agitation. She takes psychotropic medications for agitation, aggression and obsessive-compulsive disorder. Dr. Surakanti provides psychiatric oversight for medications and behavioral programming. Her CST, RP and goals and objectives have also been reviewed with only two recommendations for revision. The RP for Behavior will be revised to include increase in SIB &/or aggression when ill in both the "Background Information" and "Planning & Implementation" sections to address interventions and monitoring strategies. The CST will also be revised to		

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			include the increase in SIB & aggression when ill. The revisions will be completed by the QMRP and training provided to DCS working with #3 across all settings prior to implementation no later than 10/4/12. She has had no incidents of mistreatment since the substantiated neglect noted in the POC on 2/6/12 and indicates that she is happy at her home and at DS. 4. Consumer #5's CST, BSP, RP and ISP goals & objectives were reviewed on 9/18/12 to assess appropriateness of current programming & needs. Her CST, RP and BSP are individualized and appropriate at this time. Consumer #5 advocates well for herself and would clearly indicate to staff, RMT &/or administrators if she was being mistreated. Her guardian is also a very strong advocate for her. Her BSP targets verbal & physical abuse as well as provoking behaviors toward peers, especially housemates when irritated. Her BSP has individualized replacement behaviors, proactive approaches and specific interventions to assist her with behaviors targeted in her plan. She takes Lexapro for depression which manifests itself through demonstrated verbal &/or physical aggression and provoking. Dr. Iqbal, psychiatrist, oversees her psychotropic medications and behavioral programming. Her plans provide a supportive active treatment		

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			<p>program that encourages positive outcomes. There is one recommendation for revision to her ISP goal (DS01) to increase her social skills in a positive manner. The strategies/methodologies will be revised by the QMRP to be more specific and individualized to provide DCS with steps to clearly implement the targeted objectives so to allow for consistent training toward positive outcome(s). The QMRP will revise the strategies/methodologies of her DS goal and train all DS DCS working with her prior to implementation of the revisions. This will occur no later than 10/4/12. Consumer #5 has had no incidents of mistreatment since the substantiated neglect episode occurring on 2/6/12 and she indicates that she is happy living at Oak and with her DS setting. 5. Consumer #2's RP, CST and ISP goals/objectives were reviewed on 9/18/12 to assess appropriateness of current programming and needs. She does not have a BSP. Her RP for Environmental Dangers is pertinent, with clear interventions noted, to the concerns identified during the substantiated neglect incident on 10/28/11 when she wandered away from her group during a community activity. Recommendations for revision to her CST include addition of potential of wandering from group when in the community.</p>	

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			Revisions to three of her ISP goals (R01, R07 and V01) will be made to clarify strategies/methodologies to be more specific and provide DCS with clear directions for training on the objectives to allow for consistency in implementing plans for positive outcomes. The QMRP will reference corrective action identified in the W137 POC and incorporate active treatment & age appropriate activities when developing strategies for consumer #2's revisions. The QMRP will revise the CST and ISP goals with specific strategies and provide DCS with training on the revisions prior to implementing the plans no later than 10/4/12. There have been no occurrences of mistreatment/neglect since the incident of neglect on 10/28/11. Consumer #2 indicates that she is happy at her home and at her DS settings. 6. Oak RMT will be re-trained on implementing the A/N policy at all times, review of the agency Code of Ethics, reviewing pertinent plans for individualized strategies and the importance of encouraging active treatment as prevention measures for potential abuse, neglect, exploitation and violation of individual rights at the scheduled RMT meeting on 9/27/12. 7. All DCS working with Oak consumers across all settings will be re-trained on items listed in A.6 by 10/4/12.		

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			<p>Persons Responsible: QMRP; RM and RAT. Target Completion Date: 10/4/12 B) Corrective Action as it relates to BCS practices agency wide: 1. All RMT members, SLMT members and other agency supervisors will be retrained on all items listed in A.6 by 9/27/12. Targeted individuals unable to attend the 9/27/12 trainings will be provided with training no later than 10/4/12. 2. All DCS working with group home consumers across all settings will be re-trained on items identified in A.6 by 10/4/12. 3. It is the responsibility of SLMT members to train their DCS working with waiver consumers on items identified in A.6 at their next scheduled staff meetings. Person's Responsible: Program Director, RAT, RMT(s) and SLMT. Target Completion Date: 10/4/12</p>		

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3), and 2 additional clients (clients #4 and #5), to ensure only authorized persons had access to the keys to the drug storage area.</p> <p>Findings include:</p> <p>On 8-28-12 from 5:50 a.m. until 7:15 a.m. an observation at the home of clients #1, #2, #3, #4, and #5 was conducted. At 6:05 a.m. direct care staff (DCS) #7 administered medications to clients #3 and #4. DCS then laid the medication keys on the desk in the medication room with access to anyone who walked by as she went to the kitchen to assist with breakfast. At 6:38 a.m. DCS #7 administered medications to client #1. DCS #7 laid the medication keys on the desk, went to the kitchen to wash her hands, then went outside. Anyone who walked by the medication room had access to the medication keys and the medication cabinet.</p> <p>On 8-28-12 at 11:00 a.m. an interview with the Program Director indicated the keys to the medication cabinet should be</p>	W0383	<p>W383-Drug Storage and Recordkeeping</p> <p>Only authorized persons may have access to the keys to the drug storage area.</p> <p>BCS will assure that only authorized staff will have keys to the drug storage area. Authorized staff are those who have been trained by an agency RN on the state mandated drug administration course "Living in the Community" Core A & B and successfully completed the course to competency.</p> <p>Corrective Action and follow-up specific to all consumers living at Oak:</p> <p>1.RAT, Oak RMT and agency RN's will develop Medication Administration Guidelines which address identifying a specific staff per shift as the designated "keeper of the keys" to assure that the drug storage area is secure. Other pertinent med administration concerns will also be identified and included in the Guidelines to assure safety and</p>	10/04/2012			

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	kept by the staff not left on the desk. 9-3-6(a)		<p>security. These Guidelines will be developed no later than 9/27/12.</p> <p>2.Until such time as the Guidelines are developed, trained on and implemented it is the responsibility of the Oak RMT to monitor that keys to medication storage area are secure. The Oak RMT has provided directives to the Oak DCS about the importance of keeping keys secure. Also HO's have been completed by RMT & RAT assessing the security of the keys to the med storage area.</p> <p>3.All DCS working at the Oak group home, including Relief Trainers, will be trained on the Medication Administration Guidelines no later than 10/4/12.</p> <p>Person's responsible: RAT, RN's and RMT members.</p> <p>Target Completion Date: 10/4/12</p> <p>Corrective Action as it relates to Medication Administration Guidelines and Drug Storage agency wide:</p> <p>1.All RMT members will be trained on the Medication Administration Guidelines at scheduled RMT meeting on</p>		

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			<p>9/27/12.</p> <p>2.All DCS working with group home consumers across all settings will be trained on the Medication Administration Guidelines by 10/4/12.</p> <p>3.All SLMT members working with waiver consumers in waiver home settings with 24 hour supervision will be trained on the Medication Administration Guidelines by 10/4/12. It is the responsibility of the SLMT to train DCS working in the waiver home settings with 24 hour supervision at their next scheduled staff meetings.</p> <p>Persons Responsible: RAT, RN's, RMT's & SLMT members</p> <p>Target Completion Date: 10/4/12</p>		

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>1. 460 IAC 9-3-1(b) Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>The state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (clients #1) and 1 additional client (client #4) to ensure their falls with injury were reported to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>On 8-28-12 at 2:15 p.m. a record review for client #1 was conducted. The Injury/Illness report (IIR) dated 5-1-12 indicated client #1 fell which resulted with an injury to her elbow.</p> <p>On 8-28-12 at 2:15 p.m. a record review for client #4 was conducted. An IIR</p>	W9999	<p>W9999-BDDS Incident Reporting</p> <p>Ensure that all falls with injury are reported through the BDDS Incident Reporting process.</p> <p>BCS failed to report all injuries resulting from a fall through the IR process to BDDS. We were lax in reporting superficial injuries resulting from falls (such as scratches, small bruises, any injuries requiring basic 1 st aid, etc.) as we as an agency were following the BDDS Reportable Incident Criteria effective 3/1/11 related to item #12-reporting of significant injuries. We have been reporting falls resulting in injury for those consumers with Fall Risk Plans. BCS utilizes a Fall Assessment Review (FAR) for any falls to assist with identifying trends and needs for RP &/or other pertinent program needs/plans.</p> <p>BCS will assure that reporting of any fall resulting in injury will be reported to BDDS in the future.</p> <p>Corrective Action and</p>	10/04/2012			

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	<p>dated 5-8-12 indicated client #4 fell and bruised both knee caps. An IIR dated 5-4-12 indicated client #4 fell to her knees which resulted in bruises to both knees. An IIR dated 5-23-12 indicated client #4 fell on both knees and hurt her right ankle. The report indicated there was redness to the right ankle.</p> <p>On 8-28-12 at 11:00 a.m. an interview with the Program Director indicated she had not filed a BDDS report for the falls with injury and there were no BDDS reports to review for clients #2 and #4's falls with injury.</p> <p>9-3-1(b)</p>		<p>Follow-up specific to Consumers #1 and 4 and the Oak group home:</p> <p>1.Consumer #1 had a fall resulting in an injury to her elbow. The elbow healed without any special medical F/U or treatment needed. An IR to BDDS was not completed. In the future any falls resulting in an injury that is reported through the agency I/I process will be reported to BDDS through the IR process.</p> <p>2.Consumer # 4 had three falls with superficial injuries to her knees and ankle resulting in basic 1 st aid & F/U monitoring. An IR to BDDS was not completed. In the future any falls resulting in injury that are documented on an I/I report will be reported through the BDDS IR process.</p> <p>3.The I/I Report form will be reviewed/assessed for revision(s) to assure that RMT's &/or Medical Department are alerted of any falls with injury so an IR can be submitted to BDDS in a timely manner.</p> <p>4.Oak RMT, agency RN's, Medical Caseworker, RAT and DS Coordinator will be trained on reporting all falls with injury to BDDS in an IR by 9/27/12.</p> <p>5.All DCS working with Oak consumers across all settings will be trained on notifying RMT that an injury has occurred as a result of a fall so that IR's can be submitted in a timely manner by 10/4/12.</p>		

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			<p>Persons Responsible: RAT, RMT's, Medical Department and DS Coordinator.</p> <p>Target completion Date: 10/4/12</p> <p>Corrective Action as it relates to falls with injury practices agency wide:</p> <p>1.All RMT's and SLMT members, DS Coordinator and BWS & DWS supervisors will be trained on reporting all falls with injury needing to be reported to BDDS through IR's. Also training will be provided relating to any revisions to the I/I Report form to assure that IR is completed in a timely manner. Training will also include the need to continue with the FAR process due to its importance in identifying trends and recommendations for prevention. Training will occur no later than 10/4/12.</p> <p>2.All DCS working with group home consumers across all settings will be trained on the need to report any falls with injury to their RMT's to assure that they are alerted that an IR needs to be submitted. Training will occur no later than 10/4/12.</p>		

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			<p>3.It is the responsibility of SLMT members to train waiver DCS on reporting any falls with injury to SLMT, supervisor and/or SL On-Call to assure that BDDS IR's are submitted in a timely manner.</p> <p>Persons Responsible: RAT; RMT's, SLMT members.</p> <p>Target Completion Date: 10/4/12</p>		