

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2012
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NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 E THOMPSON RD INDIANAPOLIS, IN 46237
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 1/18/12, 1/19/12, 1/20/12, 1/21/12 and 1/27/12.</p> <p>Facility Number: 001183 Provider Number: 15G601 AIMS Number: 100240080</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/09/2012 by Dotty Walton, 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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W0120	<p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on record review and interview for 1 of 1 incidents of client to client aggression, the facility failed to ensure a thorough investigation was completed by the day service provider for client #2.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 1/18/12 at 1:40 PM. The facility's 9/15/11 reportable incident report indicated, "[Client #2] had stated to staff that she was struck in the face by another consumer in the hallway as she was exiting [Day Program] for the day last Thursday. There were no witnesses to the incident and [client #2] supposedly had reported the incident that day. The team leader was unaware of the incident until she received an email from [client #2's] group home manager. After receiving the email, the team leader investigated the report and stated that she had told staff after the slap occurred last week. The team leader was unaware until today 9/21/11 that the incident took place. Staff said that they do recall [client #2] saying something about a slap, but was unsure of the time and dates of the incident. [Client #2] was not injured in the altercation and was able to identify who supposedly had hit her."</p>	W0120	<p>The QMRP/Program Manager has spoken with representatives from the client's day program provider to ensure proper communication when incidents occur at their facility involving individuals served. If an incident occurs, the client's day program provider has agreed to contact the QMRP/Program Manager to notify her of the incident and, if necessary, schedule a meeting at the day program provider's office. The QMRP/Program Manager will work with the day program provider to ensure that all applicable incidents are investigated thoroughly.</p>	02/24/2012			

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	<p>AS (Administrative Staff) #1 was interviewed on 1/18/12 at 3:15 PM. AS #1 indicated client #2 had reported the incident to day service staff the day of the incident. AS #1 indicated day service staff did not report the allegation or investigate the incident. AS #1 indicated the allegation of client to client abuse should have been reported within 24 hours and thoroughly investigated.</p> <p>9-3-1(a)</p>			
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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 2 of 6 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify the administrator and Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding client #4's missing petty cash. The facility failed to immediately notify the administrator or BDDS in accordance with state law regarding an allegation of client to client aggression reported by client #2.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports were reviewed on 1/18/12 at 1:40 PM. The facility's 8/1/11 BDDS report indicated, "On June 20, 2011 QMRP (Qualified Mental Retardation Professional) did a client financial audit for the month (sic) end. At that time [client #4] had a balance of \$49.15. I went on vacation. While I was on vacation, \$2.95 went missing. I discovered this on 7/27/11 approximately 1:00 PM when I completed a financial audit of the finances...."</p>	W0153	The QMRP/Program Manager will submit all known incidents within the required 24 hour time period. The QMRP/Program Manager will notify the Director of Compliance and Risk Management when an incident occurs that falls under one of the incident categories requiring investigation, and the Director of Compliance and Risk Management will ensure that a thorough investigation takes place and is documented.	02/24/2012	

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	<p>AS (Administrative Staff) #1 was interviewed on 1/18/12 at 3:15 PM. AS #1 indicated the QMRP should have reported the missing funds within 24 hours.</p> <p>2. The facility's reportable incident reports were reviewed on 1/18/12 at 1:40 PM. The facility's 9/15/11 reportable incident report indicated, "[Client #2] had stated to staff that she was struck in the face by another consumer in the hallway as she was exiting [Day Program] for the day last Thursday. There were no witnesses to the incident and [client #2] supposedly had reported the incident that day. The team leader was unaware of the incident until she received an email from [client #2's] group home manager. After receiving the email, the team leader investigated the report and stated that she had told staff after the slap occurred last week. The team leader was unaware until today 9/21/11 that the incident took place. Staff said that they do recall [client #2] saying something about a slap, but was unsure of the time and dates of the incident. [Client #2] was not injured in the altercation and was able to identify who supposedly had hit her."</p> <p>AS (Administrative Staff) #1 was interviewed on 1/18/12 at 3:15 PM. AS</p>			
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	<p>#1 indicated client #2 had reported the incident to day service staff the day of the incident. AS #1 indicated day service staff did not report the allegation or investigate the incident. AS #1 indicated the allegation of client to client abuse should have been reported within 24 hours.</p> <p>9-3-1-(b)(5) 9-3-2(a)</p>			
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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure facility staff implemented the clients' training objectives during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/18/12 from 5:00 PM through 6:15 PM. At 5:25 PM clients #2 and #3 were participating in the group homes' family style dining. At 5:30 PM staff #1 used a spoon to feed client #3 her meal. Staff #3 did not use verbal prompts and/or hand over hand training to encourage client #3 to use her utensils to feed herself. At 5:40 PM client #3 was finished eating her meal and was encouraged to go to the group home living room. Client #3 was not prompted by staff #1, #2 and/or #3 to take her dishes to the sink or participate in cleaning the dining area. At 5:50 PM client #2 finished eating her meal and was encouraged to use the restroom. Client #2 was not encouraged to</p>	W0249	The QMRP/Program Manager has worked with staff to ensure assistance is given to all clients equally and that staff ask clients if assistance is needed prior to assisting them. Additionally, each client's objectives will be followed with regard to dining abilities to encourage the client's independence during meal time. Client #3 will be encouraged to utilize her adaptive spoon and staff will prompt client to eat using hand over hand assistance when necessary. Clients #2 and #3 will be encouraged to take their dishes to the sink with prompts and hand over hand assistance.	02/24/2012	

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	<p>take her dishes to the sink or participate in cleaning the dining area.</p> <p>Client #2's record was reviewed on 1/19/12 at 11:00 AM. Client #2's CFA (Comprehensive Functional Assessment) dated 11/28/11 indicated client #2 was assessed as being able to take her dishes to the sink, rinse them and place them in the dishwasher with support from staff.</p> <p>Client #3's record was reviewed on 1/19/12 at 1:13 PM. Client #3's ISP (Individual Support Plan) dated 2/9/11 indicated the following training objective:</p> <p>-"[Client #3] will use an adaptive spoon to feed herself with physical assistance at mealtime."</p> <p>Client #3's CFA (Comprehensive Functional Assessment) dated 12/7/11 indicated client #3 had an adaptive spoon and eats with hand over hand assistance from staff. Client #3's CFA indicated she could wipe the table with hand over hand assistance and could put dishes in the sink with hand over hand assistance.</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 1/19/12 at 1:45 PM indicated client #2 and client #3 were able to take their own dishes, utensils and cups to the sink with</p>			
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	<p>prompts and/or hand over hand assistance. QMRP #1 indicated client #3 was able to use her utensils with hand over hand assistance and should be encouraged to eat as independently as possible. QMRP #1 indicated client #3 did not have formal ISP objective but informal training objectives were in place to encourage the clients' independence during meal time.</p> <p>Interview with Direct Support Staff (DSS) #4 was interviewed on 1/29/12 at 1:55 PM. DSS #4 indicated client #3 was able to use her adaptive spoon with prompts and gestures. DSS #4 indicated client #2 was able to take her plates and dishes to the sink after eating with verbal prompts.</p> <p>9-3-4(a)</p>						

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (#1 and #2), the facility's nurse failed to ensure the Medication Administration Record (MAR) matched the pharmacy bubble pack.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/15/12 from 5:45 AM through 7:45 AM. At 5:45 AM client #1 was exiting the dining room area after finishing his morning meal. At 7:00 AM client #2 was administered her morning medications. Client #2 was administered 1 Fexofenadine 180 milligram tablet (Allergies). Staff #4 administered client #2's Fexofenadine 180 milligram tablet in a cup of applesauce. Client #2's Fexofenadine pharmacy bubble package indicated Fexofenadine should not be administered with fruit juice. At 7:15 AM client #1 was administered his morning medications. Client #1 was administered 1 Tamsulosin Capsule 0.4 milligrams (Enlarged Prostrate). Client #1's Tamsulosin pharmacy bubble package indicated the medication should be administered one half hour after his meal.</p> <p>Client #1's physicians order form dated</p>	W0331	<p>The QMRP/Program Manager has worked with the pharmacy to ensure that the clients MARs match the medication bubble packs, and the pharmacy has confirmed that they have made the necessary changes. The QMRP/Program Manager has ensured that the MARs in the home have been adjusted to reflect the necessary changes, including Clients #1's and Client #2's medications being administered in accordance with pharmacy instructions regarding timing and proper administration with other foods/juices. Staff were instructed to administer Client #1's medication at the appropriate time after his meal and Client #2 now takes her medication with a non fruit juice item, which was approved by this facility's RN.</p>	02/24/2012			

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	<p>12/31/11 was reviewed on 1/19/12 at 9:15 AM. The physician's order form did not indicate the pharmacy bubble pack recommendation regarding the Tamsulosin 0.4 milligram capsule.</p> <p>Client #2's physicians order form dated 12/31/11 was reviewed on 1/19/11 at 9:30 AM. The physician's order form did not indicate the pharmacy bubble pack recommendation regarding the Fexofenadine 180 milligram tablet.</p> <p>Interview with staff #5 on 1/19/12 at 7:30 AM indicated client #1 finished his meal and exited the dining room at 5:45 AM.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 and Nurse #1 on 1/19/12 at 9:40 AM indicated the physician's order forms did not match the pharmacy bubble packs for clients #1 and/or client #2. QMRP #1 and Nurse #1 indicated the physician's order forms and the pharmacy bubble packs should match.</p> <p>9-3-6(a)</p>			

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W0440	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to hold evacuation drills for each quarter on each shift of personnel.</p> <p>Findings include:</p> <p>Evacuation drills were reviewed on 1/19/12 at 2:45 PM. The review indicated the facility failed to conduct evacuation drills for 6 of 6 clients (#1, #2, #3, #4, #5 and #6) for the third quarter, July 2011 through September 2011 for the 7:00 AM through 3:00 PM shift. The facility failed to conduct evacuations drills for the fourth quarter, October 2011 through December 2011 for the 11:00 PM through 7:00 AM shift.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 1/19/12 at 2:50 PM indicated there were no additional evacuation drills to review.</p> <p>9-3-7(a)</p>	W0440	<p>The QMRP/Program Manager has added a new drill form for 2012 to the home's drill binder. Additionally, the drill schedule has been added to the QMRP/Program Manager's calendar and to the calendar in the home to ensure that all staff are aware of when drills should occur. The QMRP/Program Manager will review all required drills to ensure that they are occurring on a timely and consistent basis, in accordance with state standards.</p>	02/24/2012			