

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G545	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/13/2012
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NAME OF PROVIDER OR SUPPLIER  ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9001 N HOLLIDAY DR INDIANAPOLIS, IN 46260
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W000C	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00099909 completed on 11/29/11.</p> <p>This visit was in conjunction with the recertification and state licensure survey.</p> <p>Complaint #IN00099909: Not Corrected.</p> <p>Dates of Survey: 1/9/12, 1/10/12, 1/11/12, 1/12/12 and 1/13/12.</p> <p>Facility Number: 001059 Provider Number: 15G545 AIMS Number: 100245370</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/26/12 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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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the client's Individual Support Plan (ISP) failed to address the client's drooling.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/9/12 from 4:30 PM through 6:15 PM. Client #3 was observed in the group home throughout the observation period. Client #3 was observed to have drool stretching from his chin to his shirt throughout the observation period. Client #3's shirt was saturated from the saliva/drool.</p> <p>Observations were conducted at the group home on 1/10/12 from 6:15 AM through 8:30 AM. Client #3 was observed in the group home throughout the observation period. Client #3 was observed to have strings of drool stretching from his chin to his shirt throughout the observation period. Client #3's shirt was saturated from the saliva/drool.</p> <p>Client #3's record was reviewed on 1/11/12 at 12:06 PM. Client #3's ISP (Individual Support Plan) dated 6/27/11</p>	W0227	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p> <p>The individual was assessed and a Saliva Management Program was implemented to better address his drooling. He is participating in a training program to wipe his mouth with a paper towel, to remove his fingers from his mouth and to participate in meal preparation with only his dishes and utensils.</p> <p>In addition, he routinely sees a physician to monitor the medication for saliva management. At his next appointment, physician will review dosage to see if he would benefit from an increased medication control of saliva.</p> <p><i>How are other residents identified that could have the potential for also being affected by the same deficient practice?</i></p> <p>All other residents were assessed and 2 other individuals were identified to be at risk of this deficient practice. Each of those residents will have a program plan to address the saliva management issues specific to their assessed needs.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient</i></p>	02/12/2012	

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	<p>did not indicate a formal or informal training objective to address drooling.</p> <p>Interview with AS #1 (Administrative Staff) and TL #1 (Team Leader) on 1/11/12 at 1:30 PM indicated client #3 drools throughout the day. AS #1 and TL #1 indicated client #3 did not have a training objective to address the drooling. AS #1 and TL #1 indicated client #3 should be trained/coached to wipe his mouth through formal and/or informal training.</p> <p>This deficiency was cited on 11/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>		<p><i>practice does not recur?</i></p> <p>The program implementation will be reviewed weekly by the Team Leader and/or QMRP for effectiveness in addition to the monthly overall case management review.</p> <p><i>How will the corrective action be monitored to ensure the deficient practice will not recur?</i></p> <p>The Team Leader and/or QMRP will be onsite at the home at least daily. The Director will be onsite at the home routinely, no less than weekly. The Director will meet with the Team Leader, QMRP and nurse consultant weekly on progression toward corrective action for this an all other deficient standards.</p>		

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W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on record review, observation and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client was administered the client's prescribed medication.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/10/12 from 6:15 AM through 8:30 AM. At 7:40 AM client #2 reported to the medication administration area. Staff #4 proceeded to administer client #2's morning medications. Staff #4 administered the following medications:</p> <ul style="list-style-type: none"> <li>-1 Dantrolene Capsule 100 mg (Spasticity)</li> <li>-1 Docusate Sodium 100 mg (Stool Softener)</li> <li>-1 V-C Forte Capsule (Dietary Supplement)</li> <li>- 2 Tizanidine 2 mg tablets total dose of 4 mg (Muscle Pain)</li> </ul> <p>Client #2's record was reviewed on 1/10/12 at 3:40 PM. Client #2's Physicians Order form date 11/26/11</p>	W0369	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p> <p>All staff will be retrained on reordering procedures for medications. The previous process was that the home would have a designated person to account that a 7 day supply of medications is in the home on a weekly basis. The Team Leader will now assume this responsibility. In addition, the Team Leader will now notify the nurse consultant of medication reorders. The nurse consultant will track and account for the delivery of those medications in a timely manner so as not to disrupt administration.</p> <p><i>How are other residents identified that could have the potential for also being affected by the same deficient practice?</i></p> <p>All residents have the potential to be affected by this deficient practice. All resident medications and records are included in this corrective action plan. No other residents are presently identified to be without sufficient supply of medication.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <p>The Team Leader will review the 7 day supply of medications weekly</p>	02/12/2012			

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	<p>indicated an order for Tizanidine 2 mg tablets for a total dose of 6 mg.</p> <p>Interview with staff #4 on 1/10/12 at 8:00 AM indicated client #2 should receive 3 tablets of 2 mg Tizanidine for a total dose of 6 mg. Staff #4 indicated the pharmacy had not delivered enough of the Tizanidine for the 6 mg dose.</p> <p>Interview with TL #1 on 1/11/12 at 2:10 PM indicated client #2 should have received a 6 mg dose of Tizanidine during the medication administration morning pass on 1/10/12. TL #1 indicated the pharmacy did not deliver the correct dose and was notified. TL #1 indicated the pharmacy was not able to deliver the additional dose of Tizanidine in time for client #2 to receive the medication.</p> <p>This deficiency was cited on 11/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>and reorder as needed. The nurse consultant will maintain her record of ordered medications and confirm supply was delivered.</p> <p><i>How will the corrective action be monitored to ensure the deficient practice will not recur?</i></p> <p>The Team Leader and/or QMRP will be onsite at the home at least daily. The Director will be onsite at the home routinely, no less than weekly. The Director will meet with the Team Leader, QMRP and nurse consultant weekly on progression toward corrective action for this an all other deficient standards.</p>		