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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G661 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>04/26/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>QUALITY COMMUNITY SERVICES INC |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4 SYLVAN LN<br>JEFFERSONVILLE, IN 47130                                |                      |   |
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| W000000  | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: April 17, 18, 19, 22, 23 and 26, 2013</p> <p>Facility Number: 001199<br/>Provider Number: 15G661<br/>AIM Number: 100235480</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/30/13 by Ruth Shackelford, Medical Surveyor III.</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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| W000323  | <p>483.460(a)(3)(i)<br/>PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to provide annual hearing evaluations.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 4/18/13 at 10:31 AM. The record indicated client #1 had received his annual physical examination on 7/9/12. The physical examination did not include a hearing evaluation. The record did not indicate client #1 had ever received a hearing evaluation.</p> <p>The record review for client #2 was conducted on 4/18/13 at 11:47 AM. The record indicated client #2 had received his annual physical examination on 1/18/13. The physical examination did not include a hearing evaluation. The record did not indicate client #2 had ever received a hearing evaluation.</p> <p>The record review for client #3 was conducted on 4/18/13 at 12:19 PM. The record indicated client #3 had received her annual physical examination on</p> | W000323   | An appointment with the physician will be scheduled for this client. The hearing portion of the documentation will be returned to the physician for completion. All other clients charts will be reviewed by the nurse. Any incomplete documents will be scheduled with physician for completion. The nurse will insure that all annual physician visit documentation will be completed with required screening and assessments. | 05/25/2013   |  |   |  |

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|                    | <p>12/6/12. The physical examination did not include a hearing evaluation. The record indicated client #3 had an audiological exam on 5/11/10 with a recommendation to return in one year. There was no indication client #3 had returned for an annual hearing evaluation.</p> <p>Interview with Staff #4, RN (Registered Nurse) on 4/22/13 at 11:30 AM indicated the hearing evaluations had not been done for clients #1, #2, and #3.</p> <p>9-3-6(a)</p> |               |   |                      |

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| W000455  | <p>483.470(l)(1)<br/>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 2 of 3 sampled clients (clients #1 and #2) and 3 additional clients (clients #4, #5, and #6), the facility failed to ensure staff followed infection control protocol at mealtime.</p> <p>Findings include:</p> <p>The evening observation was conducted on 4/17/13 from 3:50 PM to 7:00 PM. The evening meal was served at 5:45 PM. Staff #6 assisted client #3 with putting a serving of lettuce salad on her plate. Client #3 indicated to staff #6 she did not like lettuce salad and staff took the plate and scraped the lettuce back into the serving bowl. Client #3 picked up a piece of lettuce and flipped it back into the serving bowl. Staff #6 did not discard the salad. Clients #1, #2, #4, #5, and #6 all received food from the same serving bowl.</p> <p>Interview with Staff #1, Administrator, on 4/19/13 at 11:00 AM indicated the staff should have discarded the food after it was placed on a client's plate especially since client #3 had touched the food.</p> | W000455   | Staff will be retrained in proper food sanitation and meal time procedures. The Director of Operation and QMRP will retrain managers and staff. | 05/25/2013   |  |   |  |

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| W000460  | <p>9-3-7(a)</p> <p>483.480(a)(1)<br/>FOOD AND NUTRITION SERVICES<br/>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.<br/>Based on observation and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure substitutions were offered for food that was refused.</p> <p>Findings include:</p> <p>During the observation period on 4/17/13 from 3:50 PM to 7:00 PM, dinner was served at 5:45 PM. Client #3 refused to eat any lettuce salad. Client #3 was not offered a substitute to replace the refused salad.</p> <p>Interview with staff #2, HM (Home Manager) on 4/17/13 at 6:45 PM stated client #3 did not like salad and would "always" refuse to eat lettuce.</p> <p>Interview with staff #1, Administrator, on 4/22/13 at 11:30 AM indicated the staff should have offered client #3 another serving of vegetables.</p> <p>9-3-8(a)</p> | W000460   | Staff will be retrained in proper food sanitation and meal time procedures. Staff will also be retrained to offer substitutions of nutritional equivalent to food that is refused. The Director of Operation and QMRP will retrain managers and staff. | 05/25/2013           |   |

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| W000479  | <p>483.480(c)(1)(iii)<br/>MENUS<br/>Menus must be different for the same days of each week and adjusted for seasonal changes.<br/>Based on record review, observation, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to provide a different menu each week.</p> <p>Findings include:</p> <p>The evening observation was conducted on 4/17/13 from 4:00 PM to 7:00 PM. The evening meal was served at 5:45 PM to clients #1, #2, #3, #4, #5, and #6. The meal consisted of chicken Alfredo with noodles, steamed broccoli and salad with dressing. Interview with Staff #7 on 4/17/13 at 5:05 PM stated they only had the one week menu and "used it over and over."</p> <p>The evening menu was reviewed on 4/17/13 at 5:00 PM. The undated menu for the week was on one piece of paper and was hanging on the refrigerator. The menu for the evening meal consisted of Chicken Alfredo with noodles, steamed Broccoli and lettuce salad with dressing.</p> <p>Interview with Staff #1, Administrator, on 4/22/13 at 11:30 AM indicated they were</p> | W000479   | A set of four menus with seasonal options will be developed with clients input and dietitian recommendations. The menus will be rotated weekly. The home manager will implement and monitor this correction. | 05/25/2013   |  |   |  |

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|  | using the same menu in all of their homes and only had the one currently. Staff #1, Administrator, indicated they were in the process of getting a new menu.<br><br>9-3-8(a) |   |   |                      |   |

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| W009999 | <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 staff (Staff #5) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> | W009999 | <p>The HR coordinator will insure that three or more reference checks will be completed for each potential employee. When three references of work type experience are not available, personal references will be accepted. This will be monitored by the HR coordinator and HR manager.</p> | 05/25/2013 |
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|  | <p>Findings include:</p> <p>The personnel files were reviewed on 4/17/13 at 12:58 PM. Review of 3 staff records indicated staff #5 had not provided three references prior to coming to work. The record indicated Staff #5 had two references.</p> <p>Interview with Staff #6, administrator, on 4/17/13 at 1:30 PM indicated she did not have another reference for staff #5.</p> <p>9-3-2(c)</p> |   |   |                      |   |