

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G396	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/20/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 S EMERSON INDIANAPOLIS, IN 46219
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W0000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/13/12, 12/17/12, 12/18/12, 12/19/12 and 12/20/12</p> <p>Facility Number: 000910 Provider Number: 15G396 AIMS Number: 100244430</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 December 27, 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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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 for 1 of 3 sampled clients (#2) plus 2 additional clients (#5 and #6), the facility failed to implement its policy and procedures prohibiting client Abuse, Neglect and Exploitation, by failing to ensure the facility immediately notified BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an allegation of client to client aggression for clients #5 and #6. The facility failed to implement its policy and procedures to ensure the facility completed a thorough investigation regarding an incident of client to client aggression for client #5 and an unknown peer. The facility failed to implement its policy and procedures to ensure the facility made recommendations for corrective action following the investigation of an injury of unknown origin for client #2.</p> <p>Findings include:</p> <p>1. The facility's policy and procedures were reviewed on 12/19/12 at 11:25 AM. The facility's 9/14/07 policy and procedure entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated, "Following ResCare protocol for the exact process to report incidents, once the suspicion has been reported to the supervisor and/or PD (Program Director), the PD will report, within 24 hours, the suspected abuse, neglect</p>	W0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>1.The facility has submitted BDDS Incident reports for an incident of aggression between Client #5 and #6 that occurred on 11/27/12.</p> <p>2.The facility will coordinate with day services to investigate an alleged incident of aggression by an unknown client toward Client #5 that occurred on 8/27/12.</p> <p>3.The interdisciplinary team will meet to develop supports to prevent Client #2 from falling out of bed.</p> <p>PREVENTION:</p> <p>1.Facility professional staff will be provided with clear expectations regarding reporting and follow-up for all required incidents. Facility direct support staff will be retrained regarding agency reporting procedures, with emphasis on immediate notification of supervisors. Staff who fail to report incidents immediately will receive corrective action up to and including termination of employment. The Quality Assurance and Operations Teams will monitor compliance with reporting timelines and</p>	01/18/2013			

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	<p>or exploitation as follows:</p> <p>G. "To the BDDS central office...."</p> <p>The facility failed to implement its policy and procedures to ensure the facility immediately notified BDDS in accordance with state law regarding an allegation of client to client aggression for clients #5 and #6. Please see W153.</p> <p>2. The facility's 9/14/07 policy and procedure entitled, Investigations indicated, "The primary purpose of an investigation is to describe and explain factors contributing to an incident and to prevent recurrence. The investigation should include: what took place; when it happened; where; who was involved; what was done immediately; describe injury (if any)-be specific. 10. A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following: description of the allegation or incident; purpose of the investigation; parties providing information; summary of information and findings (evidence collected, witnesses interviewed; date of the investigation, name(s) of the investigator(s); description and chronology of what happened; analysis of the evidence; finding of fact and determination as to whether or not he allegations are substantiated, unsubstantiated or inconclusive; concerns and recommendations, witness statement and supporting documentation (i.e. photographs, incident report); methods to prevent future</p>		<p>coordinate corrective measures as needed.</p> <p>2. Professional staff will be retrained regarding the criteria for conducting investigations at the facility and at day service sites and will receive guidance toward developing of a tracking system to assure thorough investigations are conducted within required timeframes. The QDDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up.</p> <p>3. The QDDP will bring all relevant elements of the interdisciplinary team together after incidents of client to client aggression to review current supports and to make adjustments and revisions as needed. The QDDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>				

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	<p>incidents."</p> <p>The facility failed to implement its policy and procedures to ensure the facility completed a thorough investigation regarding an incident of client to client aggression for client #5 and an unknown peer. Please see W154</p> <p>3. The facility's 9/14/07 policy and procedure entitled, Investigations indicated, "10. A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to the following: concerns and recommendations; methods to prevent future incidents."</p> <p>The facility failed to implement its policy and procedures to ensure the facility implemented recommendations for corrective action following the investigation of an injury of unknown origin for client #2. Please see W157.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on record review and interview for 1 of 14 allegations of abuse, neglect or mistreatment reviewed for 2 additional clients (#5 and #6), the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an allegation of client to client aggression for clients #5 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS reports, reportable incidents and investigations were reviewed on 12/13/12 at 12:50 PM. The review indicated the following BDDS report:</p> <p>-11/29/12 BDDS report indicated on 11/27/12 it was reported to the QMRP/D (qualified mental retardation professional designee), "[Client #5] was sitting on the couch and yelled that [client #6] had hit her. Then [client #5] bit herself on the wrist twice."</p> <p>Interview with QAM #1 (quality</p>	W0153	<p>CORRECTION: <i>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. Specifically, the facility has submitted BDDS Incident reports for an incident of aggression between Client #5 and #6 that occurred on 11/27/12.</i></p> <p>PREVENTION: Facility professional staff will be provided with clear expectations regarding reporting and follow-up for all required incidents. Facility direct support staff will be retrained regarding agency reporting procedures, with emphasis on immediate notification of supervisors. Staff who fail to report incidents immediately will receive corrective action up to and including termination of employment. The Quality Assurance and Operations Teams will monitor compliance with reporting timelines and coordinate corrective measures</p>	01/18/2013			

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	assurance manager) on 12/18/12 at 3:19 PM indicated allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours of the facility's knowledge of the incident. 9-3-1(b)(5) 9-3-2(a)		as needed. RESPONSIBLE PARTIES: QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 14 allegations of abuse, neglect, mistreat and/or injuries of unknown origin reviewed for 1 additional client (#5), the facility failed to complete a thorough investigation regarding an incident of client to client aggression for client #5 and an unknown peer.</p> <p>Findings include:</p> <p>The facility's BDDS reports, reportable incidents and investigations were reviewed on 12/13/12 at 12:50 PM. The review indicated the following:</p> <p>-8/27/12 BDDS report indicated on 8/27/12, "[Client #5] was coming back from utilizing the restroom when a staff asked [client #5] if she wanted to paint a picture with [unknown peer] of Mr. Yuk for safety week. [Client #5] said, 'No, no, no' and immediately dropped bear (sic), took her shoes off, threw them against the door, threw her magazine and threw it as well against the door and started screaming and hitting the nearest consumer (unknown) at the time. Staff immediately intervened and got the [unknown peer] away from her that</p>	W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, the facility will coordinate with day services to investigate an alleged incident of aggression toward an unknown client by Client #5 that occurred on 8/27/12.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the criteria for conducting investigations at the facility and at day service sites and will receive guidance toward developing of a tracking system to assure thorough investigations are conducted within required timeframes. The QDDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>	01/18/2013			

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	<p>[client #5] was hitting and redirected her to stop. The 8/27/12 BDDS report indicated, "[Client #5] did leave the [unknown peer's] arm very red along their shoulder where [client #5] hit them."</p> <p>-Investigation form undated regarding the 8/27/12 incident of client to client aggression for client #5 and an unknown peer. The undated investigation did not indicate the documents reviewed, persons interviewed, statements from witnesses, questions asked of persons interviewed, date and time of completion of the investigation and/or notifications of findings and recommendations for corrective action.</p> <p>Interview with QAM #1 (quality assurance manager) on 12/18/12 at 3:19 PM indicated investigations should contain documentation of the documents reviewed, persons interviewed, statements from witnesses, questions asked of persons interviewed, date and time of completion of the investigation and/or notifications of findings and recommendations. QAM #1 indicated the undated investigation regarding the 8/27/12 incident for client #5 and an unknown peer did not contain information regarding the documents reviewed, persons interviewed, statements from witnesses, questions asked of persons</p>						

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	interviewed, date and time of completion of the investigation and/or notifications of findings and recommendations for corrective actions. 9-3-2(a)			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 14 allegations of abuse, neglect, mistreat and/or injuries of unknown origin reviewed, for 1 of 3 sampled clients (#2), the facility failed to make recommendations and implement corrective action following the investigation of an injury of unknown origin.</p> <p>Findings include:</p> <p>The facility's BDDS reports, reportable incidents and investigations were reviewed on 12/13/12 at 12:50 PM. The review indicated the following:</p> <p>-BDDS report dated 9/10/12 indicated on 9/10/12, "When [client #2] returned from day service, staff noted her right eyelid was bruised. When asked she told staff she had fallen out of bed but based on her tone of voice and body language she appeared confused as to how she sustained the injury."</p> <p>-Investigation dated 9/10/12 indicated the outcome of the investigation regarding client #2's injury of unknown origin was, "Team determined that [client #2] had fallen out of the bed and bumped her eye</p>	W0157	<p>CORRECTION: <i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically, the interdisciplinary team will meet to develop supports to prevent Client #2 from falling out of bed.</i></p> <p>PREVENTION: The QDDP will bring all relevant elements of the interdisciplinary team together after incidents of client to client aggression to review current supports and to make adjustments and revisions as needed. The QDDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up.</p> <p>RESPONSIBLE PARTIES: QDDP Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>	01/18/2013	

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	<p>the night before and failed to notify staff." The 9/10/12 investigation did not indicate recommendations to prevent client #2 from falling out of her bed again.</p> <p>Client #2's record was reviewed on 12/18/12 at 1:55 PM. Client #2's record did not indicate the facility's IDT (interdisciplinary team) had met to make recommendations regarding client #2's falling out of her bed.</p> <p>Interview with QAM #1 (quality assurance manager) on 12/18/12 at 3:19 PM indicated corrective actions should be determined by the IDT. QAM #1 indicated the IDT should review the outcome of the investigation and make recommendations for prevention and implement the recommendations.</p> <p>9-3-2(a)</p>				

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W0250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to provided staff with an active treatment schedule to follow.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/18/12 at 12:09 PM. Client #1's record did not indicate an active treatment schedule.</p> <p>Interview with QMRP/D #1 (qualified mental retardation professional designee) on 12/18/12 at 2:27 PM indicated client #1 had been suspended from her school and remained in the group home throughout the day. QMRP/D #1 indicated there was not an active treatment schedule in client #1's chart available for staff to use to promote active treatment. QMRP/D #1 indicated client #1's active treatment schedule was on a computer file at the group home and would be provided for review. QMRP/D #1 did not provide an active treatment schedule for client #1.</p> <p>9-3-4(a)</p>	W0250	<p>CORRECTION: <i>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Specifically, the interdisciplinary team will develop an Active Treatment Schedule for Client #1.</i></p> <p>PREVENTION: Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients. Members of the Quality Assurance and Operations Teams support documents during routine visits to the facility which will occur no less than monthly as part of the agency's formal internal audit process to assure active treatment schedules are in place.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Direct Support Professionals, Quality Assurance Team, Operations Team</p>	01/18/2013			

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility's HRC (human rights committee) failed to obtain the health care representative (HCR) or client's approval before the use of psychotropic behavior medications.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/18/12 at 12:09 PM. Client #1's ISP (individual support plan) dated 11/30/12 indicated client #1's mother was her HCR. Client #1's 12/1/12 physician's order form indicated client #1 received haldol 10 milligrams (anti-psychotic), seroquel 300 milligrams (depression) and carbamazepine 400 milligrams (mood stability). Client #1's record did not indicate the facility had obtained client #1's or client #1's HCR's approval prior to use of the psychotropic/behavior medications.</p> <p>Interview with QMRP/D (qualified mental retardation professional designee) #1 on 12/18/12 at 2:38 PM indicated client #1's HCR refused to sign the</p>	W0263	<p>CORRECTION: <i>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically, The QDDPD will obtain written informed consent from Client #1 and Client #1's healthcare representative for the use of psychotropic behavior medications.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to obtain prior written informed consent for all restrictive programs prior to implementation. Retraining will focus on assuring that the QDDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications to the individuals and their legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Direct</p>	01/18/2013			

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	written informed consent papers. 9-3-4(a)		Support Professionals, Human Rights Committee, Quality Assurance Team, Operations Team		

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility's HRC (human rights committee) failed to review, monitor and approve the use of psychotropic medication for management of client #2's behavior.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/18/12 at 1:55 PM. Client #2's physician prescription dated 11/29/12 indicated orders for Prozac 40 milligrams (bipolar), Haldol 10 milligram (anti-psychotic), Seroquel 300 milligram (bipolar/anti-psychotic) and Depakote extended release 500 milligram (depression). Client #2's BSP (behavior support plan) dated 1/19/12 included the use of Prozac 40 milligrams, Haldol 10 milligrams, Seroquel 300 milligrams and Depakote extended release 500 milligrams. Client #2's record did not indicate HRC review or approval of the use of psychotropic medications for</p>	W0264	<p>CORRECTION: <i>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. Specifically, The Human Rights Committee will review and, if appropriate, approve the use of psychotropic medication to assist with management of Client #2's behavior.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to obtain prior written informed consent and Human Rights Committee approval for all restrictive programs prior to implementation. Retraining will focus on assuring that the QDDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications to the Human Rights Committee.</p>	01/18/2013	

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	<p>management of client #2's behavior.</p> <p>Interview with CS #1 (clinical supervisor) and QMRP/D (qualified mental retardation professional designee) #1 on 12/18/12 at 2:38 PM indicated there was no HRC approval for the medications.</p> <p>9-3-4(a)</p>		<p>The training will also focus on helping professional staff develop adequate record keeping practices to assure that HRC approval records are available for review. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly.</p> <p>RESPONSIBLE PARTIES: QDDPD, Team Lead, Direct Support Professionals, Human Rights Committee, Behavior Clinician, Health Services Team, Quality Assurance Team, Operations Team</p>		

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients (#1), who used behavior controlling medications, the facility failed to ensure the client's program included the use of, and withdrawal criteria for, psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/18/12 at 12:09 PM. Client #1's ISP (individual support plan) dated 11/30/12 indicated client #1's mother was her HR's. Client #1's 12/1/12 physician's order form indicated client #1 received Haldol 10 milligrams (anti-psychotic), Seroquel 300 milligrams (depression) and carbamazepine 400 milligrams (mood stability). Client #1's BSP (behavior support plan) 11/30/12 did not indicate the use of or reduction criteria for Haldol 10 milligrams, Seroquel 300 milligrams and/or carbamazepine 400 milligrams.</p> <p>Interview with QMRP/D (qualified</p>	W0312	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically, withdrawal/reduction criteria for Haldol will be incorporated into Client #1's Behavior Support Plan.</i></p> <p>PREVENTION: Members of the Operations and Quality Assurance Teams will review Behavior Support Plans as part of an ongoing internal audit process that will include assuring that behavior controlling drugs are used only as an integral part of each individual program. Operations and Quality Assurance Team members will conduct site visits that incorporate BSP reviews no less than monthly.</p> <p>RESPONSIBLE PARTIES: QDDP, Quality Assurance Team, Operations Team</p>	01/18/2013			

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	<p>mental retardation professional designee) #1 on 12/18/12 at 2:38 PM indicated client #1's BSP dated 11/30/12 was missing sections of documentation. QMRP/D stated, "During the meeting with client #1's advocate to sign the BSP and papers. The advocate was making copies of everything and didn't give me back all of the papers." QMRP/D indicated the 11/30/12 BSP did not include the use of, or plan of reduction criteria for client #1's psychotropic medications.</p> <p>9-3-5(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure nursing services met the needs of client #3.</p> <p>Findings include:</p> <p>The facility's BDDS (bureau of developmental disabilities services) reports and accident reports were reviewed on 12/13/12 at 12:50 PM and on 12/18/12 at 11:00 AM. The review indicated the follow BDDS report:</p> <p>-BDDS report dated 12/11/12 indicated on 12/10/12, "[Client #3] was walking to the van for transport and stepped in a puddle of mud and slipped and fell scrapping her left leg below her knee. [Client #3] was taken to see her PCP (primary care physician) on 12/11/12. There were no other injuries, (sic) just a scrape and some redness."</p> <p>-Accident report dated 12/15/12 indicated, "Staff asked [HM #1 (home manager)] to look at [client #3's] left leg because she thought it was swollen and [HM #1] looked at her leg it was swollen and when [HM #1] took the band aid off of the sore it had greenish yellowish [pus] running</p>	W0331	<p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically, as a supplement to standard first aid training, the facility nurse will retrain all staff on wound care, and documentation of treatment. Training will focus on cleaning, bandaging and application of antibiotic ointment when appropriate. Additionally staff will be retrained regarding the need to document all treatment provided to clients who are recovering from injuries including the Medication and Treatment Administration Record, Progress Notes and Injury Follow-up flow Charts.</i></p> <p>PREVENTION:</p> <p>When clients sustain injuries, in addition to performing ongoing visual observations/assessments of the affected area(s), the nurse, supervisory staff and team leads will review medical documentation daily to assure appropriate treatment occurs. Additionally, Operations and Quality Assurance Team members will review medical documentation, including but not limited to Medication and Treatment Administration Records, Progress Notes and Injury Follow-up Flow Charts, while auditing active treatment sessions, no less than monthly, and make recommendations to the Health Services Team as</p>	01/18/2013			

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	<p>out of it."</p> <p>-BDDS report dated 12/16/12 indicated on 12/15/12, "Staff noted that [client #3's] (individual we support) left leg appeared swollen below her knee where she had a previous injury. The nurse was contacted and directed [client #3] be taken to the ER (emergency room) for evaluation and treatment. [Client #3] was taken to [hospital] ER. [Client #3] was admitted overnight for testing and observation. [Client #3] received antibiotics while in the hospital and had an ultrasound completed. [Client #3] received a diagnosis of cellulitis. [Client #3] was released to return home on 12/16/12 with an order for Bacitram DS 160 milligrams (antibiotic) by mouth twice a day for 7 days and to follow up with her PCP should the injury worsen or not improve in 7 days. Staff will initiate an injury flow chart and complete it regarding injury status on each shift until the injury is gone."</p> <p>Observations were conducted at the group home on 12/17/12 at 5:41 AM through 7:45 AM. At 7:06 AM client #3 came to the medication administration room and received her morning medications. Staff #1 asked client #3 to sit in a chair and show the staff her left shin area. Client #3 sat in a chair in the medication</p>		<p>appropriate.</p> <p>RESPONSIBLE PARTIES: QDDP, Team Lead, Direct Support Professionals, Health Services Team, Quality Assurance Team, Operations Team</p>		

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	<p>administration room and rolled up her pant leg to show staff #1 her left shin area. Client #1's left shin had a 3 inch long swollen red scabbed abrasion in the middle portion of her shin. Staff #1 looked at the wound which was not bandaged/covered and said, "They didn't put a bandage on it at the hospital so we're not going to either." Staff #1 did not wash/clean the wound, apply Bacitracin or bandage/cover the wound.</p> <p>Interview with staff #1 on 12/17/12 at 7:06 AM indicated client #3 had fallen while walking to get on the facility van. Staff #1 indicated client #3 had injured her left leg on the shin area and had been hospitalized due to an infection.</p> <p>Client #3's record was reviewed on 12/18/12 at 10:40 AM. Client #3's RVF (record of visit form) dated 12/11/12 indicated the following reason for visit, "Onset of left hand swelling from yesterday fall. Able to function with use of left hand and none complaining of the left hand exam (sic). mild redness over all of left hand. Able to grip fingers of left hand normally...for now and no x-ray at this time. Diagnosis: bruised left hand." Client #3's RVF dated 12/11/12 did not indicate examination of client #3's left leg abrasion and/or swelling. Client #3's nursing note entry dated 12/11/12</p>						

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	<p>indicated, "Was noted that [client #3] slipped while getting in the van and has abrasion on shin. While at day services nurse noted swelling in left hand. Appointment made with [PCP] visit-onset (sic) of left hand swelling. Diagnosed bruised left hand. No treatment at this time observe for now." Client #3's nursing note entry dated 12/14/12 indicated, "Seen by [PCP] for complaint wrist pain. Noted swelling and bruising. No concerns or treatment at this time to monitor (sic)." Client #3's nursing note entry dated 12/14/12 did not indicate client #3's PCP assessed client #3's leg. Client #3's record did not indicate a RVF regarding the 12/14/12 PCP visit. Client #3's nursing note entry dated 12/15/12 indicated, "[Client #3] admitted to [hospital] diagnosed cellulitis left leg." Client #3's nursing note entry dated 12/17/12 indicated, "Seen face to face. No redness or swelling noted in left wrist. Left lower leg red, swollen, warm and tender to touch. Scab noted approximately 2 x 3 inches on shin. Follow up with [PCP] on 12/21/12. Client #3's nursing note entries dated 12/11/12, 12/12/12, 12/14/12 and 12/15/12 did not indicate the nurse had performed a face to face assessment of client #3. Client #3's ER discharge summary dated 12/16/12 indicated, "You have been diagnosed with cellulitis." Client #3's ER discharge</p>			

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	<p>summary dated 12/16/12 indicated, "Keep scab on left leg clean and dry; apply Bacitracin as needed."</p> <p>The facility MAR (medication administration record) was reviewed on 12/18/12 at 10:15 AM. Client #3's IFFCFs (injury follow up flow chart forms) dated 12/10/12 through 12/18/12 were reviewed. The review indicated the following:</p> <p>-12/10/12, "[Client #3] slipped while getting into the van and scrapped her leg-shin (sic)." The 12/10/12 entry indicated, "3 inch long open scrape." The 12/10/12 entry did not indicate the wound was cleaned, if Bacitracin (antiseptic) was applied or assessment of client #3's left hand.</p> <p>-12/11/12, "Observation: 3 inch scabbed scrape." The 12/11/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/12/12, "Observations: 3 inch long scrape -red-scabbed." The 12/12/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/13/12, "Observations: scrape is red</p>						

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	<p>wound healing (sic)." The 12/13/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/14/12, "Observations: 3 inch long scrape-scabbed over." The 12/14/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/15/12, "Observations: whole below (sic) the knee is swollen reddish color. Green pus is coming out." The 12/15/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/16/12, "Not home."</p> <p>-12/17/12, "Observations: leg is red-swollen-scabbed over." The 12/17/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>-12/18/12, "Observations: scabbed area has redness around it-leg is swollen." The 12/18/12 entry did not indicate the wound was cleaned, if Bacitracin was applied or assessment of client #3's left hand.</p> <p>Client #3's physician's order form dated 12/1/12 indicated, "Bacitracin Ointment:</p>				

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	<p>as directed as needed (PRN)." Client #3's physician's order form dated 12/1/12 did not indicate staff had administered client #3's PRN Bacitracin Ointment from 12/1/12 through 12/18/12. Client #3's House PRN physician's orders signed 10/29/12 indicated:</p> <p>- "11. Minor cuts or scrapes; (A) wash area with soap and water; (B) apply Bacitracin topically to area PRN; (C) apply band aid or bandage as needed."</p> <p>The facility DON #1 (director of nursing) was interviewed on 12/18/12 at 3:15 PM. DON #1 provided a form entitled, "Cellulitis Symptoms, Causes, Pictures, Diagnosis..." dated 12/18/12 . The 12/18/12 Cellulitis Symptoms, Causes, Pictures, Diagnosis form indicated, "Under some circumstances, cellulitis can be prevented by proper hygiene, treating chronic swelling of tissues (edema), care of wounds or cuts."</p> <p>LPN #1 (licensed practical nurse) was interviewed on 12/18/12 at 1:20 PM. LPN #1 indicated client #3 slipped and fell while entering the group home van on 12/10/12. LPN #1 indicated client #3 sustained a scrape on her left leg and her left hand was bruised. LPN #1 indicated client #3 was seen by her PCP on 12/11/12 with no new orders. LPN #1</p>			

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	<p>indicated facility staff started an injury follow up sheet for daily tracking of client #3's leg. LPN #1 did not indicate facility staff had been tracking the injury to client #3's hand. LPN #1 indicated client #3's leg was red, swollen and pus was coming from the wound. LPN #1 indicated client #3 was sent to the ER on 12/15/12 for evaluation of her left leg from the 12/10/12 injury. LPN #1 indicated facility staff should be using Bacitracin on client #3's leg and documenting in the MAR and physicians orders. LPN #1 indicated she had directed staff to monitor client #3's leg. LPN #1 indicated she did not implement additional wound care instructions. LPN #1 indicated protocol for a scrape should be cleaning with soap and water and application of Bacitracin.</p> <p>HM #1 (home manager) was interviewed on 12/18/12 at 2:27 PM. HM #1 indicated she had been present with client #3 at her PCP appointment on 12/11/12. HM #1 indicated client #3's PCP evaluated client #3's hand and leg. HM #1 indicated client #3's PCP verbally instructed staff to keep the wound clean and apply Bacitracin. HM #1 indicated client #3's PCP did not write his instructions on the record of visit form. HM #1 indicated she had witnessed facility staff apply Bacitracin to client #3's leg. HM #1 indicated staff should document use of the PRN</p>						

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	<p>Bacitracin on the injury follow up sheet or client #3's medication administration sheet. HM #1 indicated facility staff were to monitor client #3's leg on the injury follow up chart. HM #1 indicated there were no additional notes of instructions or orders for daily use of Bacitracin or cleaning of client #3's injury on her left leg.</p> <p>Interview with QMRP/D (qualified mental retardation professional designee) #1 on 12/18/12 at 2:38 PM stated, "Normal protocol would have been to clean it with soap and water. Maybe use some peroxide and put Bacitracin on it. It should be on the MAR like a daily order to apply Bacitracin so staff could see it and know to do it."</p> <p>QMRP/D #1 facilitated a phone interview with staff #1 on 12/18/12 at 3:00 PM. Staff #1 indicated she had not applied Bacitracin to client #3's leg since Thursday 12/13/12. QMRP/D #1 indicated staff should be applying Bacitracin daily to client #3's leg.</p> <p>9-3-6(a)</p>						