

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G611	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2014
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 281 MCGRAIN ST CORYDON, IN 47112
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W000000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00138379.</p> <p>Complaint #IN00138379 - Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: December 11, 12, 13, 20, 2013 and January 2, 2014</p> <p>Facility Number: 001162 Provider Number: 15G611 AIM Number: 100385630</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/9/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on observation, record review and</p>	W000140	W140 1) Pocket change will be kept locked up, at all times, until	02/01/2014

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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	<p>interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the facility failed to have a system in place that provided a full accounting of clients' personal funds when taken on Therapeutic Leave. The facility failed to ensure the procedure was followed for funds kept in the home to be locked in a container.</p> <p>Findings include:</p> <p>1. During the observation period on 12/12/13 from 6:00 AM to 9:40 AM, the morning medication pass started at 6:30 AM. Clients A, B, C, D, E, F, G and H received their medication and then requested their daily allowance. Staff #4 opened an unlocked cabinet where there were 8 piles of money on a shelf. The money was not in a locked container.</p> <p>Interview with staff #4 was conducted on 12/12/13 at 7:45 AM. Staff #4 stated "I had the clients sign for the money last night because it is so hectic in the mornings. I then count the money out and have it ready for them in the mornings after they get their medicine before they go to work."</p> <p>Review of the facility Client Funds - Home Accounts procedures dated 3/1/04</p>		<p>clients' A, B, C, D, E, F, G, and H require it. All staff at this facility will be retrained on this revision. 2) A receipt will be requested for expenditures made during the trip that client #F took with family at Christmas break. To protect other clients: All clients' monies will be kept locked up until it is needed. The Fiscal Department will be contacted about developing a new procedure for the handling of purchases made during clients' visits with families. To prevent recurrence: A revised procedure will be distributed to managers and all staff, including new hires. They will be trained using the updated method for the handling of clients' funds. Quality assurance: All training on these revised procedures will be recorded and maintained. Managers will monitor on a daily basis. The Residential Director will audit accounts monthly. Responsible parties: Home Manager and Residential Director</p>		

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	<p>was conducted on 12/20/13 at 10:00 AM. The procedure included the following: "1. All monies received by clients (gifts, wages, etc.) will be entered into the client's account immediately. An entry will then be added to the client's Financial Transaction Record. [All funds will be kept in a locked container. No more than \$50 can be kept in any account unless authorized by Residential Director.]"</p> <p>2. During the observation period on 12/12/13 from 6:00 AM to 9:40 AM, client F came to office/medication area at 7:15 AM. Client F told staff #4 her father had called last night and told her she needed to bring home \$600.00 for Christmas. Staff #4 indicated client F had gone to New York during the Christmas holidays in the past and it wasn't unusual for the client to take a large amount of money on home visits.</p> <p>Review of the procedures for client funds dated 3/1/04 was reviewed on 12/20/13 at 10:00 AM. The procedure indicated the following: " 4. Client personal fund accounts will be audited at least weekly. The audit will include a physical count of monies and balancing the Financial Transaction Record. All money will be accounted for including money client is setting aside for specific</p>						

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W000331	<p>purchases. [All receipts must be checked for accuracy and completeness.] 5. Clients' accounts will be audited upon return from a Therapeutic Leave by 2 staff. The 1st staff person will audit when the money is returned to the account. The 2nd staff person will audit before the end of the shift." The procedure did not indicate how the money that is not returned is accounted for by the facility.</p> <p>The interview with staff #2, HM (Home Manager), was conducted at 8:30 AM on 12/12/13. Staff #2, HM, stated "[Client F] went to New York last year." Staff #2, HM, stated "We have the guardian sign for the money when they pick it up, but we don't require a receipt of how it is spent."</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p>			

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	<p>Based on observation and interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the nurse failed to ensure the home stored the medications separately for each client.</p> <p>Findings include:</p> <p>During the observation period on 12/12/13 from 6:00 AM to 9:40 AM, the medication pass started at 6:30 AM for clients A, B, C, D, E, F, G and H. The medication for each day was in a blister pack on a card approximately 8-1/2 inches by 6 inches with a description of the medicine at the top and the blister packs across the bottom with room for 3 blister packs. The morning medications blister pack contained all the pills to be given at that time. The cards with the blister packs were stored in a drawer of a file cabinet. All of the cards were in one drawer with no separation between clients.</p> <p>Interview with staff #4 on 12/12/13 at 7:30 AM stated "The pharmacy has just started using this new method of providing the clients' medications. The cards are supposed to fit on metal holder, but there is no separation between clients and the cards fall to the bottom of the drawer after you remove</p>	W000331	<p>W331 Clients' A, B, C, D, E, F, G, and H medication blister packs with cards, will be kept hanging and separate from each other using folders with their names written on the folder. To protect other clients: All managers will be notified of changes to be made to the storing of medication blister packs and all staff will be trained accordingly by managers. To prevent recurrence: The storing of medication blister packs with cards will be monitored and reviewed by managers weekly. All new staff will be trained during orientation on the procedure. Quality assurance: All staff will be retrained on the new procedure and the manager will monitor the storage of the medications on a daily basis. Additionally the Residential Nurse will review the storage of medications at each facility during weekly visits. Responsible parties: Home Managers and Residential Nurse.</p>	02/01/2014			

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W000382	<p>the morning medications."</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the facility failed to ensure all medications were locked during storage.</p> <p>Findings include:</p> <p>During the morning observation period on 12/12/13 from 6:00 AM to 9:40 AM, the morning medication pass started at 6:30 AM for clients A, B, C, D, E, F, G and H. Staff #4 indicated the facility no longer used bubble packs and had a new system in place where each day's medication was on one card. The card had a blister pack with the morning medication, the evening medication in another blister pack on the same card and a space for a third blister pack if medication was needed at another time. Staff #4 indicated the facility had been using the new system for a week. The</p>	W000382	<p>W382 All medicines delivered or brought into the home, will be kept in a locked drawer at the facility. To protect other clients: A review of the current procedures will be done and a revision will be sent to all managers from Residential Director. Staff will be retrained by managers on the right procedure to store medications that are delivered or brought to the homes. To prevent recurrence: All procedures regarding this matter will be reviewed regularly by managers. All new hires will be trained using the correct procedure for storage of medications upon delivery to the homes. Quality assurance: Managers will make sure that the medications are locked up as soon as delivered to the homes. Additionally the Residential Nurse will review the storage of medications at each facility during weekly visits. Responsible parties: Home Managers and Residential Nurse.</p>	02/01/2014			

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	<p>12/12/13 day medication cards for each client were kept in a locked drawer. The balance of the month's medications was kept in an unlocked drawer of a different file cabinet.</p> <p>The interview with staff #2, HM (Home Manager), was conducted on 12/12/13 at 8:30 AM. Staff #2, HM, stated "We are trying to figure out how to store the new cards. All the medicine should be locked."</p> <p>9-3-6(a)</p>			