

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC STOUT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 S STOUT ST PRINCETON, IN 47670
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W0000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Survey dates: 2/29, 3/1, 3/2, 3/5, 3/8/12</p> <p>Facility Number: 000951 Provider Number: 15G437 AIM Number: 100244590</p> <p>Surveyor: Jenny Ridao, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/30/12 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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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.</p> <p>Based on record review and interview for 2 of 8 clients living in the home (clients #3 and #4), the facility failed to implement their policy/procedure by not thoroughly investigating 1 of 1 incident of client to client abuse. The facility failed to report 1 of 1 incident of client to client abuse to the administrator in a timely manner.</p> <p>Findings include:</p> <p>The facility failed to ensure 1 of 1 allegation of client to client abuse (client #3 and client #4) was reported to the administrator in a timely manner in accordance with state law. Please see W153.</p> <p>The facility failed to thoroughly investigate 1 of 1 allegation of client to client abuse (client #3 and client #4). Please see W154.</p> <p>Review of the Facility's Procedures, Protocol and Information to follow for Incident Reporting dated 7/14/09 on 3/2/12 at 9:45 AM indicated "Suspected abuse, neglect or exploitation are events characterized by risk or uncertainty</p>	W0149	<p>To address W0149: 1. To correct the deficient practice the staff on duty at the time of the incident have received retraining on Abuse/Neglect/Exploitation reporting as well as all Stout St. home Staff. 2. All residents have the potential to be affected by the deficient practice, therefore all Stout St. Staff have been retrained on Abuse/Neglect/Exploitation reporting. 3. To ensure the deficient practice does not recur, all Staff have been trained to report to the Pager when peer to peer aggression occurs. The Pager then notifies BDDS per GCARC Abuse/Neglect protocol. Staff are trained to complete behavior checklists and to complete signs and symptoms and to refer this information to the Pager and to the GCARC on call Nurse.4. The Home Manager, QDDP, and the Medical team are responsible for training, monitoring and retraining of Staff in regards to peer to peer aggression. The Nurse and QDDP monitor and review all behavior checklists and signs and symptoms as reported within a 24 hour period and one or the other, or a member of the team respond immediately during emergency situations. 5. The above</p>	05/12/2012			

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	<p>resulting in or having the potential to result in significant harm or injury to an individual or death of an individual."</p> <p>9-3-2(a)</p>		<p>corrections will be completed no later than May 12, 2012.</p>		

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <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 observation, interview and and record review for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure the Administrator or designee was notified of 1 of 1 incident of client to client aggression in a timely manner in accordance with state law.</p> <p>Findings include:</p> <p>During the observation period on 3/1/12 from 6:00 AM to 8:30 AM client #3 was making loud vocalizations. Staff #1 and Staff #3 tried to redirect client #3 to not make the loud vocalizations. Client #4 became upset at the loud vocalizations and was redirected to her room to calm down. At 6:50 AM client #4 began walking to her room past client #3 and hit him with a closed fist on the right side of the head. Staff #1 and staff #3 witnessed client #4 punching client #3.</p> <p>Review of the facility's incident reports on 3/5/12 at 1 PM did not indicate the incident was reported.</p>	W0153	<p>To address W0153: 1. To correct the deficient practice the staff on duty at the time of the incident have received retraining on client to client aggression reporting as well as all Stout St. home Staff. 2. All residents have the potential to be affected by the deficient practice, therefore all Stout St. Staff have been retrained on reporting peer to peer aggression in a timely manner. 3. To ensure the deficient practice does not recur, all Staff have been trained to report to the Pager when peer to peer aggression occurs. The Pager then notifies BDDS per GCARC Abuse/Neglect protocol. Staff are trained to complete behavior checklists and to complete signs and symptoms and to refer this information to the Pager and to the GCARC on call Nurse.4. The Home Manager, QDDP, and the Medical team are responsible for training, monitoring and retraining of Staff in regards to peer to peer aggression. All new hires are trained on peer to peer aggression reporting. The Home Manger, QDDP, and GCARC Nurse monitor behavior reports</p>	05/12/2012	

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	<p>Interview with Administrative staff #1, on 3/5/12 at 2:00 PM indicated there was no written evidence to indicate the facility's Administrator or designee was notified of the incident of client to client aggression.</p> <p>9-3-2(a)</p>		<p>and signs and symptoms daily and are informed of peer to peer aggression incidents just after the incidents occur. Immediate follow-up is done to ensure the safety of the residents and to ensure the staff are implementing the behavior management plans for those affected. 5. The above corrections will be completed no later than May 12, 2012.</p>		

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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 observation, record review and interview for 1 of 1 investigation of client to client aggression for clients #3 and #4, the facility failed to conduct a thorough investigation.</p> <p>Findings include:</p> <p>During the observation period on 3/1/12 from 6:00 AM to 8:30 AM client #3 was making loud vocalizations. Staff #1 and Staff #3 tried to redirect client #3 to not make the loud vocalizations. Client #4 became upset at the loud vocalizations and was redirected to her room to calm down. At 6:50 AM client #4 began walking to her room past client #3 and hit him with a closed fist on the right side of the head. Staff #1 and staff #3 witnessed client #4 punching client #3.</p> <p>Review of the facility's incident reports on 3/5/12 at 1 PM not not indicate the incident was reported and investigated.</p> <p>Interview with Administrative staff #1, on 3/5/12 at 2:00 PM indicated there was no written evidence to indicate the facility conducted an investigation of the incident.</p>	W0154	<p>To address W0154: 1. To address W0153: 1. To correct the deficient practice there will be a thorough investigation conducted when there is peer to peer aggression - conducted by the QDDP. The QDDP will investigate staff deployment, number of staff on duty at the time of the incident, whether intent to harm was a motive for the aggression, and whether or not the behavior management plans were being implemented by the staff on duty. 2. All residents have the potential to be affected by the deficient practice, therefore all Stout St. Staff have been retrained on reporting peer to peer aggression in a timely manner to the Pager and the QDDP. 3. To ensure the deficient practice does not recur, all Staff have been trained to report to the Pager when peer to peer aggression occurs. The Pager then notifies BDDS per GCARC Abuse/Neglect protocol. Upon notification from the Pager, the QDDP will then start the processes of conducting a thorough investigation of the incident through interviewing staff on duty and consumers when needed. 4. The Home Manager, Pager, and QDDP will monitor staff to ensure that incident reports</p>	05/12/2012			

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	9-3-2(a)		involving peer to peer aggression are completed and reported to the Pager and BDDS in a timely manner (within 24 hrs., often sooner) so that a thorough investigation can be initiated by the QDDP. 5. The above corrections will be completed no later than May 12, 2012		

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W0198	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client was in need of active treatment services.</p> <p>Findings include:</p> <p>During the 3/1/12 observation period between 6:00 AM and 8:30 AM, at the group home, client #1 did not require training in regards to active treatment. Client #1 was neatly dressed and groomed for the day. Client #1 independently answered the group home's phone and greeted the person on the phone correctly. Client #1 spoke clearly using complete sentences and did not require any redirection and/or instruction from staff. At 7:00 AM client #1 began setting the table with plates, spoons, forks, napkins and cups without any prompting. At 7:15 AM client #1 independently pulled the toaster out of the cabinet and made pop tarts for everyone in the home. Client #1 removed the pop tarts from the toaster using tongs without prompting from staff. At 7:45 AM all clients sat down and ate breakfast. Client #1 did not require any prompting and ate in a proper manner.</p>	W0198	<p>To Address W0198: 1. Client #1 has been found not to be in need of receiving active treatment services. Client #1 was at one time eligible for group home services and was on the State referral list for ICF/MR placement. Client #1 has been decertified and she is currently hoping to get a Waiver slot. Therefore, Client #1's Residential team at GCARC is requesting a 7 month extension time for Client #1 to have time to establish LOC for Waiver and for time to prepare for a Waiver home. Client #1 has indicated she wishes to maintain GCARC as her Waiver provider. 2. Assessments are conducted on all residents to ensure they are suitable for ICF/MR placement. 3. To ensure the deficient practice does not recur, in the future any potential Admissions will be reviewed by the GCARC Admissions Committee to determine if the individual is appropriate for group home placement. 4. The Residential Director, GCARC Quality Assurance Director, and Admissions Committee will screen individuals prior to placement to ensure the individual is suitable for group home level of care and is in need</p>	05/12/2012			

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	During the 3/5/12 observation period between 4:00 PM and 6:00 PM, at the group home, client #1 did not need and/or require continuous aggressive active treatment training. At 4:10 PM, client #1 began cleaning out all the clients lunch boxes independently. At 5:00 PM client #1 went over to the menu to read what drinks they were to have for supper. First client #1 preheated the oven, then, client #1 read milk, and client's choice, Client #1 independently went to the cabinet and looked for the different types of Kool-aid to make. Client #1 independently retrieved and made 2 pitchers of Kool-Aid, made 2 pitchers of water and made 2 pitchers of milk without staff assistance and/or training. Client #1 independently used the ice maker to place ice in the pitchers. Client #1 independently carried all the pitchers to the tables when she was done. Client #1 independently placed cups on the table. Client #1 independently took the pizzas out of the boxes and placed them in the oven on two separate racks and set the timer in the stove independently. At 5:15 PM the timer from the oven sounded and client #1 switched the pizzas in the oven and set the timer again independently. At 5:30 PM the oven timer sounded and client #1 independently took both pizzas out of the oven and placed them on the counter. At 6:00 PM all clients sat down		of active treatment services.5. GCARC is requesting a 7 month ICF/MR Residential extension for Client #1 from the decertification date of March 8, 2012, so that Client #1 has adequate time to prepare for her LOC that is currently being processed by IDEC. Admission screening or changes shall take effect no later than May 12, 2012.				

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	<p>to eat dinner. Client #1 did not require any adaptive equipment and ate in a proper manner.</p> <p>Interview with client #1 on 3/5/12 at 4:40 PM indicated client #1 wanted to move. Client #1 indicated she had good pedestrian safety skills and knew how to get around the town. Client #1 indicated she knew what to do in case of an emergency, could cook, clean her room, was independent in bathing, grooming, toothbrushing and knew her medications and when to take them. Client #1 indicated she graduated from high school and took college course at [name of school], but had to drop out due to problems with her shunt. Client #1 stated "The only reason I am here is because I was homeless."</p> <p>Client #1's record was reviewed on 3/5/12 at 2:00 PM. Client #1's 2/6/12 Individual Program Plan (IPP) indicated client #1's diagnoses included, but were not limited to, Mild Mental Retardation, Turners Syndrome, Seizures, Schizoaffective Disorder, Depression and Severe Borderline Personality Disorder.</p> <p>Client #1's 1/6/12 Developmental Assessment indicated client #1 is independently able to: set the table prior to eating, prepare adequate cold breakfast,</p>				

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	wash dishes by hand, wash fresh produce, prepare a sandwich for lunch, operate a manual can opener, distinguish perishable from non-perishable foods, measure items for cooking, use stove/microwave oven for cooking, prepare items that require mixing and cooking, develop shopping list, purchase groceries, sort laundry by colors, operate automatic washing machine and dryer, put clothes away, use key to open door, put away personal items, change/make bed, sweep, mop, vacuum, dust, clean toilet and shower stall. Client #1's 1/6/12 Developmental Assessment indicated no inappropriate behaviors. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of leisure skills including: grasp an object for several minutes, manipulate objects, stay on task for 15 minutes, engage in spontaneous activity, engage in parallel activity for 15-20 minutes, manipulate or use an object in the intended way, engage in gross motor activities, utilize item (sand, mud, clay, etc) creatively, share items with a peer, wait turn during activity, engage in group game, follow rules in table game, participate in team activity, play competitively with peers, use community recreation facilities, finish one activity before going to the next, maintain individual leisure materials, complete project, engage in 5 or more				

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	<p>play activities-simple materials, engage in 5 or more play activities-complex materials, organize large group activities community skills. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self-care dressing including: manipulate clothing (shoes, string, buttons), remove socks, direct arm into sleeve of shirt, extend leg to put pants on, direct toes into shoes, unbutton shirt and pants, tie shoes, buckle and unbuckle belt, change clothes for appropriate active, select suitable clothing for weather. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self-care eating including: feed self, use napkin to wipe mouth, chew food before swallowing, hold cup with one hand and drink without spillage, spear food with fork, pour drink from pitcher into glass, spread butter/jelly on bread/cracker, test hot food prior to putting into mouth, cut meat with fork and knife, uses acceptable table manners, use condiments to adjust seasoning of food. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self-care toileting including: have no accidents between trip to toilet, go to bathroom independently, use toilet paper to clean self, flush toilet in unfamiliar environment, distinguish male/female bathroom, close door when using toilet,</p>			

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	<p>known on door prior to entering bathroom. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of health and safety including: ride exercise bicycle, complete weekly exercise routine, recognize health hazards or safety hazards, indicate point of discomfort, initiate treatment for minor illness and injuries, and recognize symptoms of illness and report to staff. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of self direction including: follow daily routine, establish weekend routine, seek assistance with problems, resolve problems in familiar situations, advocate for personal needs. Client #1's 1/6/12 Developmental Assessment indicated she was independent in all areas of social skills including: establish eye contact with person talking to him/her, show affection toward familiar people, watch actions of others, initiate interactions with peers, behave to satisfy staff/family, follow rules of living area, establish friendship with peers, apologize for unintentional mistakes, respond appropriately when introduced to strangers, remember birthdays of family/friends, attend community events with family/friends, go on a single date with a peer with staff supervision. Client #1's 1/6/12 Developmental Assessment indicated she</p>				

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	<p>was independent in all areas of communication skills including: say at least 10 recognizable words, ask questions to seek answers, give simple account for experience, spontaneously relate experiences in simple terms, identify by pointing to all body parts, describe movie, story, or experiences, communicate wants/needs, name or identify common objects.</p> <p>Client #1's 2/6/12 Individual Program Plan (IPP) indicated she had the following training objectives:</p> <ul style="list-style-type: none"> -independently read 5 new sight words a month -Independently shave 3 times a week -Independently pop out own 8 PM medications -Independently complete PT (Physical Therapy) exercises 5 times a week -Independently make change for a dollar -Independently state phone number -Independently cook a dinner vegetable from the menu 2 times a week -Independently identify what to do in case 			

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	<p>of a sprain or cut</p> <p>-Independently state her zip code.</p> <p>Interview with the Home Manager (HM) on 3/5/12 at 9:31 AM indicated client #1 wanted to move out of the group home. The HM indicated client #1 was able to cook independently, read and follow directions, measure items, use a stove, microwave, and other kitchen appliances. HM indicated client #1 was able to independently clean up after herself and is able to independently sweep, mop, dust and vacuum. The HM indicated client #1 was able to make a grocery list and shop from it. The HM indicated client #1 was able to make a healthy choice for a meal independently. The HM indicated client #1 is able to use a washer and dryer independently. The HM indicated client #1 is able to do basic first aid and knows when it is appropriate to call for help. The HM indicated client #1 is independent in her pedestrian safety skills and can follow directions to get to a desired location.</p> <p>The HM indicated client #1 was her own guardian and could live in a less restrictive environment. The HM indicated the other residents in the group home do not do what she is able to do. The HM indicated client #1 functioned at a higher level than the other clients at the</p>						

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	<p>group home. The HM stated "she pretty well does everything independently."</p> <p>Interview with Administrative staff #1 on 3/6/12 at 2:00 PM indicated client #1 is not in need of continuous active treatment and would do better in a less restrictive environment.</p> <p>9-3-4(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#3), the facility's nursing services failed to follow up on recommendations on when to have foot pedals on or off of the client's wheelchair.</p> <p>Findings include:</p> <p>During the 3/5/12 observation period between 3:00 to 6:00 PM and on 3/1/12 between 6:00 AM to 8:30 AM, at the group home, client #3 sat in a wheelchair. During the 3/1/12 observation period client #3 had his foot pedals attached to his wheelchair during the entire observation period. During the 3/5/12 at 4:15 PM staff #1 removed client #3's foot pedals and placed them in his bedroom.</p> <p>Interview with staff #1 on 3/5/12 at 4:25 PM stated "[Client #3] is to have his foot pedals off in the evenings so he can get exercise by moving around his wheelchair with his feet."</p> <p>At 5:00 PM the HM re-attached client #3's foot pedals. Interview with the HM on 3/5/12 at 5:10 PM stated "[Client #3] is to have his foot pedals on at all times so</p>	W0331	<p>To address W0331: 1. To correct the deficient practice the Stout St. Staff will be retrained on Client #3's PT order that allows the client's foot pedals to be removed from his wheelchair at anytime for purpose of exercise. 2. To identify other consumers who could be affected by the deficient practice, all consumers with wheelchairs will have PT evaluations to determine whether or not foot pedals can be removed for things like exercise or mobility. 3. To ensure the deficient practice does not recur, wheelchair orders will be requested in regards to foot pedal removal, so that staff know whether or not the foot pedals can at anytime be removed from the wheelchair. 4. To ensure the deficient practice does not recur, the Medical Team will monitor and ensure wheelchair orders are implemented in the home. All staff shall be trained on wheelchair orders so that all staff are in compliance with the order. 5. All of the above shall be completed no later than May 12, 2012.</p>	05/12/2012			

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	<p>he doesn't hurt his sore foot and he does not wear shoes."</p> <p>Client #3's record was reviewed on 3/5/12 at 11:00 AM. Client #3's 2/15/12 physical therapy assessment indicated the following:</p> <p>"PT (Physical Therapy) eval (evaluation) completed today. Not recommending any further PT intervention at this time. Encourage continued activities at [name of facility] as patient is able."</p> <p>Interview with HM, LPN (Licensed Practical Nurse), and Administrative staff #1 on 3/5/12 at 2:00 PM stated "[Client #3] just got a new wheelchair and PT was discontinued, but no one followed up to see when the foot pedals should be on and off while [client #3] is in his wheelchair."</p> <p>9-3-6(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <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 observation, record review and interview for 8 of 26 doses of medication administered, the facility failed to ensure staff administered client #2's, client #3's and client #4's medication as ordered.</p> <p>Findings include:</p> <p>1. During the 3/1/12 6:00 AM medication pass at 6:02 AM, the HM (Home Manager) administered 3 Banzel 400 mg (milligrams) and 1 calcium 500 mg with vitamin 200 IU to client #2 without any food until 8:00 AM.</p> <p>Client #2's 3/1/12 physician's order was reviewed on 3/1/12 at 9:00 AM. Client #2's 3/1/12 physician's order indicated client #2 was to receive 3 Banzel 400 mg and 1 calcium 500 mg with vitamin 200 IU with food or meal.</p> <p>During the morning observation on 3/1/12, client #2 was observed to eat breakfast of pop tarts, cereal and cranberry juice at 8:00 AM.</p> <p>Interview with client #2's physician's nurse on 3/1/12 at 8:38 AM stated clients</p>	W0369	<p>To address W0369: 1. The Staff who erred on the medication pass was charged with a medication error and received an inservice training on the medication pass. Staff and new hires are trained to follow the instructions and processes listed on the MAR.2. To identify other residents who could be affected by the same deficient practice, the MAR has instructions for those residents who have foods provided at some interval during the medication pass. 3. To ensure the deficient practice does not recur, medication passes at the Stout St. home will be audited monthly by the GCARC Medical Team.4. To ensure the deficient practice is monitored, the GCARC Medical Team will use a Medication Training Report (ISO) form during the medication audits. 5. All of the above shall be implemented no later than May 12, 2012.</p>	05/12/2012	

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	<p>with medications that are listed on the MAR (Medication Administration Record) to take with food are to be "taken with food or meals within 30 minutes of consuming the medication."</p> <p>Interview with Home Manager (HM) on 3/1/12 at 8:45 AM indicated usually medications are given faster. The HM stated "I was nervous."</p> <p>2. During the 3/1/12 6:00 AM medication pass at 6:30 AM, the HM (Home Manager) administered Metformin 1,000 mg and Ibuprofen 400 mg to client #4 without any food.</p> <p>Client #4's 3/1/12 physician's order was reviewed on 3/1/12 at 9:00 AM. Client #4's 3/1/12 physician's order indicated client #4 was to receive Metformin 1,000 mg and Ibuprofen 400 mg with food or meal.</p> <p>During the morning observation on 3/1/12, client #4 was observed to eat breakfast of pop tarts, cereal and milk at 8:00 AM.</p> <p>Interview with client #4's physician's nurse on 3/1/12 at 8:38 AM stated clients with medications that are listed on the MAR (Medication Administration Record) to be taken with food are to be</p>			

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	<p>"taken with food or meals within 30 minutes of consuming the medication."</p> <p>Interview with Home Manager (HM) on 3/1/12 at 8:45 AM indicated usually medications are given faster. The HM stated "I was nervous."</p> <p>3. During the 3/1/12 6:00 AM medication pass at 6:45 AM, the HM (Home Manager) administered Ibuprofen 200 mg and Leveticarecetam 250 mg to client #5 without any food.</p> <p>Client #5's 3/1/12 physician's order was reviewed on 3/1/12 at 9:00 AM. Client #5's 3/1/12 physician's order indicated client #5 was to receive Ibuprofen 200 mg and Leveticarecetam 250 mg with food or meal.</p> <p>During the morning observation on 3/1/12, client #5 was observed to eat breakfast of pop tarts, cereal and milk at 8:00 AM.</p> <p>Interview with client #5's physician's nurse on 3/1/12 at 8:38 AM stated clients with medications that are listed on the MAR (Medication Administration Record) to be taken with food are to be "taken with food or meals within 30 minutes of consuming the medication."</p>						

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	<p>Interview with Home Manager (HM) on 3/1/12 at 8:45 AM indicated usually medications are given faster. The HM stated "I was nervous." The HM indicated this is the first time this had been an issue.</p> <p>9-3-6(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's helmet was in good repair.</p> <p>Findings include:</p> <p>During the 3/5/12 observation period between 3:00 to 6:00 PM and 3/1/12 between 6:00 AM to 8:30 AM, at the group home, client #2's helmet was cracked and open exposing foam padding on the front stopper and on the back of the helmet.</p> <p>Record review for client #2 on 3/5/12 at 12:00 PM indicated client #2 uses his helmet when ambulating to protect his head in case of falls. Client #2's 3/1/12 Individual Support Plan (ISP) did not include any goals regarding a way for client #2 to pick up his helmet without using the front foam piece.</p> <p>Interview with staff #1 on 3/5/12 at 5 :00 PM indicated client #2 is to wear his</p>	W0436	<p>To address W0436: 1. To correct the deficient practice client #2 now has a training objective in place for picking up his safety helmet without grabbing the helmet by the foam pad. All staff have been trained on the client's training objective and the client now has a new foam pad for his helmet.2. To identify other residents who could be affected by the deficient practice, staff will submit a Medical Issue Update form so that adaptive equipment changes are addressed and repairs can be done as soon as possible. 3. To ensure the deficient practice does not recur, the client now has a training objective that will help keep the foam pad from being damaged so it will last longer and meet safety criteria. 4. To ensure the deficient practice will not recur, Client #2's training objective Data will be monitored monthly by the Home Manager and the QDDP. Additionally, the Home Manager and QDDP will make periodic inspections in regards to adaptive equipments and will address and correct any deficiencies noted.</p>	05/12/2012			

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	<p>helmet when ambulating to protect his head in case he has a seizure or falls. Staff #1 indicated client #2 picks up his helmet by the foam piece which makes it tear easy. Staff #1 indicated client #2's helmet has been in poor repair for over 3 months. Staff #1 indicated she was told client #1 was fitted for a new helmet, but she has not seen it.</p> <p>Interview with staff #2 on 3/5/12 at 5:30 PM indicated client #2 is to wear a helmet when ambulating due to a seizure disorder. Staff #2 stated client #2's helmet was "unacceptable" and he was in need of a new one. Staff #2 was not aware of a training objective to teach client #2 how to pick up his helmet or when client #2 was going to receive a new helmet.</p> <p>Interview with Administrative staff #1, QMRP (Qualified Mental Retardation Professional), LPN (Licensed Practical Nurse), HM (Home Manager) and RN (Registered Nurse) on 3/5/12 at 2 PM indicated client #2 had been re-fitted for a new helmet, but were not sure when it was to come in. The HM stated "[Client #2] picks his helmet up by the foam piece in the front which makes it tear easy. It is the only way to pick up his helmet, I don't know what else to do."</p>						

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