

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G186	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2016
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637 E MAIN ST DANVILLE, IN 46122
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 2/9, 2/11 and 2/17/16.</p> <p>Facility number: 000719 Provider number: 15G186 AIM number: 100234670</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/24/16.</p>	W 0000		
W 0154 Bldg. 00	<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 interview and record review for 2 of 4 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct a thorough investigation in regard to incidents of client to client aggression/abuse (#4) and a client's fall that resulted in significant injury (#6).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents</p>	W 0154	Residential CRF will continue to implement written policies and procedures that prohibit mistreatment, neglect and/or abuse of the clients All incidents of alleged abuse or neglect will be reported to BDDS,APS, Residential Supervisor, QIDP and Administrator Residential QIDP and Incident reporting manager will check incidents and will complete an investigation for any allegations of abuse. Administrator and Incident reporting manager will	03/18/2016

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>and/or investigations were reviewed on 2/11/16 at 9:20am. The 12/15/15 reportable incident indicated "[Client #4] smacked a coworker on the arm several times in a row. It appeared there was no reason for the smacking." The 12/15/15 investigation indicated clients #1, #2, #3, #5, #6 and #7 were interviewed in regards to the client to client abuse between client #4 and client #7. The 12/15/15 investigation did not indicate client #4 was interviewed during the investigation.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked why client #4 was not interviewed during the 12/15/15 investigation regarding client to client abuse, she stated "[client #4] does not communicate at all."</p> <p>2. The facility's reportable incidents and/or investigations were reviewed on 2/11/16 at 9:20am. The 8/11/15 reportable incident indicated "[Client #6] was trying to pull apart a rocking chair that had a loose piece, he bent down to pick it up and 'went boom'. [Client #6] reported his hip hurt and he couldn't stand up." An X-ray was taken while at the ER (Emergency Room) and showed a broken hip. The 8/13/15 investigation indicated Staff #1 and #2 were</p>		<p>check incidents and investigations for any allegations of abuse or neglect. Incident reports and investigations will be reviewed by the incident reporting manager to ensure that all abuse allegations and falls are reported. Staff Responsible: QIDP, Supervisor, Incident Reporting Manager</p>		

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W 0157 Bldg. 00	<p>interviewed. Staff #1 indicated "[Staff #1] was on the porch and asked [client #6] 'should you be doing that?', to which [client #6] would not answer. [Staff #1] said she went into the house and (sic) kitchen area when she heard a noise. [Staff #1] went back outside and he was down." Staff #2 indicated "[staff #2] was on the perck (sic) and asked [client #6] to 'come in before you fall', to which [client #6] said 'ok'. She went back into the house and [staff #1] called for her help." The 8/13/15 investigation did not indicate what questions staff #1 and #2 were asked during the investigation or why staff #1 and #2 left client #6 outside alone if they felt he was going to fall.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked why staff #1 and staff #2 left client #6 outside alone if they feared he was going to fall, the RM stated "We don't know."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p>			

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	<p>Based on interview and record review for 1 of 4 allegations of abuse, neglect and/or investigations reviewed, the facility failed to implement their recommended corrective actions for client #6's fall protection plan.</p> <p>Findings include:</p> <p>The facility's reportable incidents and/or investigations were reviewed on 2/11/16 at 9:20am. The 8/11/15 reportable incident indicated "[Client #6] had fallen and reported his hip hurt and he couldn't stand up." An X-ray was taken while at the ER (Emergency Room) and showed a broken hip. The 8/11/15 investigation indicated "corrective action: re-trained staff on fall risk plan."</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked for documentation showing the staff training was conducted in regards to client #6's fall risk plan, the RM stated "we will email it." The facility did not provide any additional information/documentation of the recommended training/corrective action.</p> <p>9-3-2(a)</p>	W 0157	Residential staff will be retrained on area of concern (fall risk plan) Residential CRF will re-train staff on risks plans, training objections, etc when it is found that staff are not following or do not understand such plans When an incident report is reported and staff are found to have been negligent in implementing any of the clients programming, they will be re-trained in the specific area of concern Residential supervisor and QIDP will review each incident report/investigation to determine if staff are following each clients individualized program plans. Staff responsible: QIDP, Supervisor	03/18/2016			

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W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on interview and record review for 1 of 4 sampled clients (#2), the client's Individual Support Plan (ISP) failed to address the client's identified behavioral need in regard to SIB (Self Injurious Behaviors).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 2/11/16 at 10:24am. Client #2's 9/9/15 BSP (Behavior Support Plan) indicated client #2 "does at time engage in self injurious behaviors." Client #2's BSP did not indicate how client #2's SIB was defined and no training objective was included to help client #2 to decrease his SIB. Client #2's ISP 9/9/15 (Individualized Support Plan) did not address the client's identified behavioral need of SIB.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked how client #2's SIB was defined in his his Behavior Support Plan, the RM stated "It's not specifically defined. He doesn't do it a</p>			W 0227	Residential CRF will review this clients BMP and will address the client's identified behavioral need of SIB ResCRF behavior clinician will review each clients BMP to ensure that all areas of behavioral need are being addressed Behavior clinician will meet with supervisor and QIDP and review BMPs to ensure that all BMPs are addressing each clients needs BMP will review behavior data each month and will evaluate if all areas of need are being met Staff responsible: Behavior Clinician, QIDP, Supervisor		03/18/2016

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W 0249 Bldg. 00	<p>lot."</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1), to ensure the client's dining program and objectives were implemented when opportunities were present.</p> <p>Findings include:</p> <p>1. During the 2/9/16 observation period from 1:58pm until 6:00pm and 2/11/16 observation period from 6:10am until 8:02am in the group home, client #1 did not wear her glasses. Client #1 was not prompted or encouraged to wear her eye glasses.</p> <p>Client #1's record was reviewed on 2/11/16 at 10:26am. Client #1's 9/9/15 ISP (Individualized Support Plan)</p>	W 0249	<p>Client #1's program will be reviewed and changes will be implemented Client#1 does not have an order for a nutritional drink it was inadvertently added to the dining plan, it will be deleted from the dining plan Dining plans will be reviewed by the QIDP/Nurse before being placed in the clients program Staff will be in-serviced of the importance of situational teaching practices, so clients don't miss an opportunity for learning one of their objectives Residential CRF supervisor will monitor the home on a weekly basis to ensure that staff are practicing situational teaching and assisting each client in their individualized programming so they each can reach their optimal functioning level Staff Responsible: QIDP, Supervisor</p>	03/18/2016

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	<p>indicated client #1 had an objective for "eyeglass compliance/desensitization". Client #1's 9/19/13 eye exam indicated "order new distance glasses to wear as much as she will allow."</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked when client #1 should wear her glasses, the RM stated "as much as she will wear them, she usually refused."</p> <p>2. During the 2/9/16 observation period from 1:58pm until 6:00pm and 2/11/16 observation period from 6:10am until 8:02am in the group home, client #1 did not receive a nutritional supplement drink.</p> <p>Client #1's record was reviewed on 2/11/16 at 10:26am. Client #1's 9/9/15 dining plan indicated client #1 should receive "nutritional supplement drinks TID (Three Times a Day), add a scoop of ice cream to each, mix like a milkshake."</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked when client #1 should receive her nutritional supplement drinks, the RM stated "I believe those were discontinued, I will get you the order." The facility did not provide any</p>			

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W 0289 Bldg. 00	<p>additional information/documentation for the discontinued order.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review, and interview, for 1 of 4 sampled clients (#2) and 1 additional client (#6), the facility failed to ensure client #2 and #6's ISPs (Individualized Support Plans) and BSPs (Behavior Support Plans) included specific written systematic interventions for SIB (Self Injurious Behaviors) and plans for alarms on bedroom doors.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 2/11/16 at 10:24am. Client #2's 9/9/15 BSP (Behavior Support Plan) indicated client #2 had the following targeted behavior of Agitation upon rising. Client #2's BSP indicated client #2 "does at times engage in self injurious behaviors," but did not include it as a targeted behavior. Client #2's BSP did not</p>	W 0289	Residential CRF will review each clients program plan and evaluate if any systemic interventions are necessary for their individual programming All clients program plans will be reviewed and any areas of concern will be addressed If a client is exhibiting certain behaviors that haven't been identified in their plan it will be addressed, at this time As for the Christmas Bells they have been removed The house has 24/7 staffing with overnight staff If it is discovered that a notification system is necessary ,it will be written into the client's plan Behavior clinician ,QIDP and Supervisor will meet monthly to ensure that all individual needs of the clients are being met Staff responsible: Behavior Clinician, QIDP,Supervisor	03/18/2016

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	<p>indicate how client #2's SIB was defined and no systematic interventions were included to help client #2 to decrease his SIB. Client #2's BSP indicated staff should "block attempts to injure himself." Client #2's BSP did not indicate how staff should block client #2's attempts to injure himself or how the client's SIB will be monitored and tracked. Client #2's 9/9/15 ISP (Individualized Support Plan) did not address the client's identified behavioral need of SIB.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked how staff are to block client #2 from self injury and how they should track his SIB, the RM stated "It's addressed in the BSP." When asked how client #2's SIB was defined in his Behavior Support Plan, the RM stated "It's not specifically defined. He doesn't do it a lot." 2. During the 2/9/16 observation period between 2:00 PM and 6:00 PM, at the group home, client #6 utilized a roller walker to ambulate with. Client #6's bedroom was located off the dining room. Client #6's bedroom door had a string of Christmas Bells hanging over the door knob. When client #6 would open his door to the bedroom to exit and/or enter, the Christmas bells would make a sound/ring.</p>						

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	<p>Interview with client #6's guardian on 2/9/16 at 4:06 PM indicated client #6 had a history of falling and had fractured his hip in 2015. Client #6's guardian stated client #6 was "very stubborn" and did not want staff to assist the client. Client #6's guardian indicated client #6's bedroom was moved to the back of the house so client #6 could be closer to the bathroom. Client #6's guardian indicated client #6 would attempt to leave his bedroom without his walker. Client #6's guardian stated the bells on the door were to "alert staff when he leaves the room to go to the bathroom." Client #6's guardian stated facility staff would hear the bells and go to client #6's bedroom to "prompt him to get walker."</p> <p>Client #6's record was reviewed on 2/11/16 at 11:20 AM. Client #6's 8/14/15 Individual Support Plan (ISP) and/or 8/14/15 Fall Risk Management Plan did not indicate the use of Christmas bells was to be utilized on the client's door knob to alert staff when client #6 exited his bedroom.</p> <p>Interview with the RM on 2/9/16 at 11:40 AM indicated client #6 did have a history of falls and required reminders to use his walker when ambulating. The RM indicated she did not know why client #6's bedroom door had Christmas bells</p>						

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W 0312 Bldg. 00	<p>on his door knob.</p> <p>9-3-5(a)</p> <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.</p> <p>Based on interview and record review for 1 of 3 sampled clients (#4), on behavior medications, the facility failed to ensure the use of general anesthesia for routine dental examinations included a desensitization program to reduce the need for the general anesthesia.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/11/16 at 8:45 AM. Client #4's 11/19/15 Dental Examination form indicated "Pt (patient) refused treatment and needs to seek dental treatment in an office that offers sedation dentistry."</p> <p>Client #4's 2/4/16 Physician's Notes indicated client #4 "...Need clearance for</p>	W 0312	<p>A desensitization program will be put in place for Client #4 Other client's who demonstrate inappropriate behavior and require some type of drug intervention will have goals/programs written to assist with the elimination of the identified behavior ResCRF behavior clinician and nursing services will review each client's program to identify those clients who require assistance from medication to decrease inappropriate behaviors Those client identified will have programming implemented to meet those needs Staff Responsible: QIDP, Nursing, Behavior Clinician</p>	03/18/2016

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	<p>dental surgery; general anesthesia...."</p> <p>The 2/4/16 note indicated client #4 was "Released for general anesthesia."</p> <p>Client #4's 2/11/16 Dental Examination form indicated client #4 had an examination done on 2/11/16. The dental form indicated client #4's teeth were examined, X-rays were completed, one tooth was filled, and 1 tooth was extracted/pulled.</p> <p>Client #4's 11/9/15 Behavior Support Plan (BSP) indicated client #4 demonstrated physical aggression, non-compliance and elopement as his targeted behaviors. Client #4's 11/9/15 BSP and/or 11/9/15 Individual Support Plan (ISP) indicated the facility did not include a desensitization program which addressed client #4's need for general anesthesia for routine dental examinations/cleanings.</p> <p>Interview with the Residential Manager (RM) on 2/9/16 at 11:40 AM indicated client #4 was admitted to the group home in October of 2015. The RM indicated since client #4 had been admitted to the group home, client #4 had seen two different dentists to have his teeth examined/cleaned. The RM indicated client #4 had refused to allow the dentist to look into his mouth. The RM</p>			

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W 0331 Bldg. 00	<p>indicated client #4 had a dental examination on 2/11/16 under general anesthesia. The RM indicated client #4's ISP and/or BSP did not include a desensitization plan to reduce the need/use of general anesthesia for routine dental examinations/cleanings.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1) the facility's nursing staff failed to meet the needs of client #1 by assessing and monitoring client #1's identified medical needs.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 2/11/16 at 10:26 am. Client #1's risk plans included the following (not all inclusive): Thoracic Kyphosis (a progressive disorder that affects the upper backbone area to curve forward more than normal, leading to pain and impairment), Deep Vein Thrombosis (blood clots in the vein), and Chronic Obstructive Pulmonary Disease (COPD: a lung disease). Client #1's 9/10/15</p>	W 0331	Residential CRF will continue to provide clients with nursing services in accordance to their individual needs Client #1's medical needs were addressed in her plan and were addressed with her risk plans Client #1's quarterlies also indicated areas of concern had been addressed The quarterlies did not "specifically" state that those areas were addressed more thoroughly ResCRF nursing will address areas of concern more thoroughly on the quarterly and any time , as needed Residential supervisor and QIDP will review monthly and quarterly reviews to ensure that areas of high concern are being addressed thoroughly on the nursing review Staff Responsible: QIDP, Supervisor, Nurse	03/18/2016

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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637 E MAIN ST DANVILLE, IN 46122
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	<p>Thoracic Kyphosis risk plan indicated "[Client #1's] condition may be currently affecting her lungs and will most likely affect her nerves and other internal organs as they become 'squashed'. Her condition will be monitored closely by her physicians, direct care staff, and the CRF nurse." Client #1's 9/10/15 Deep Vein Thrombosis risk plan indicated "Direct care staff should monitor [client #1] for the following symptoms and report immediately to CRF RN: local redness of leg(s), warmth in leg(s), ulcers (skin break down or open areas) on leg(s), enlarged vessels in leg(s), and swelling or increase of swelling in leg(s)." Client #1's 9/10/15 COPD risk plan indicated "[Client #1] is highly susceptible to upper respiratory infections and should be monitored closely for signs/symptoms. Direct care staff should monitor [client #1] for the following symptoms and notify the Residential CRF nurse immediately: increased shortness of breath unresolved with rest or medication use, increased wheezing, complaints of chest tightness, chronic cough that produces yellowish sputum, and temperature greater than 100 orally."</p> <p>Client #1's nurses quarterlies indicated the following:</p> <p>- Client #1's 3/31/15 nurses quarterly</p>			

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	<p>indicated the Respiratory box was checked normal and indicated "Clear". The extremities/skeleton box was checked abnormal and indicated "curvature of spine."</p> <p>- Client #1's 6/30/15 nurses quarterly indicated the Respiratory box was checked normal and indicated "Clear". The extremities/skeleton box was checked abnormal and indicated "curvature of spine."</p> <p>- Client #1's 9/9/15 nurses quarterly indicated the respiratory system was clear. The extremities, skeleton box was checked abnormal and indicated "curvature of spine."</p> <p>Client #1's nurses quarterly did not indicate the nurse specifically assessed the client's Thoracic Kyphosis, Deep Vein Thrombosis, or COPD.</p> <p>Client #1's record did not indicate the nurse completed any nurses note discussing the monitoring of her Thoracic Kyphosis, Deep Vein Thrombosis, or COPD.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked how the nurse was monitoring client #1's Thoracic</p>			

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W 0455 Bldg. 00	<p>Kyphosis, Deep Vein Thrombosis, and COPD, the RM stated "we work with the doctors."</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure clients washed their hands after smoking and sneezing.</p> <p>Findings include:</p> <p>1. During the 2/9/16 observation period from 1:58pm until 6:00pm in the group home, clients #1 and #2 went outside to smoke. At 3:00pm clients #1 and #2 went out the back door to smoke a cigarette with staff #1. At 3:11pm clients #1 and #2 came back inside from smoking. Staff #1 did not encourage client #1 or client #2 to wash their hands after smoking.</p> <p>2. During the 2/9/16 observation period from 1:58pm until 6:00pm in the group home client #1 coughed and sneezed into</p>	W 0455	Residential CRF will implement programming to address infection control concerns Staff will be in-serviced on the importance of infection control precautions/ universal precautions Client's exhibiting these deficient will have programming implemented to address these concerns Client's 1,2,and 4 will have goals written to address these needs Residential Supervisor will monitor the home on a weekly basis to ensure that all universal precautions are being followed Responsible Staff: QIDP, Supervisor	03/18/2016

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	<p>her hands. At 2:30pm client #4 sneezed into his hands and then rubbed his head with his hands. Client #4 was not prompted or encouraged by staff to wash his hands. At 3:32pm client #1 blew her nose while standing in the kitchen. Client #1 was not prompted or encouraged by staff to wash her hands.</p> <p>An interview was conducted with the RM (Residential Manager) on 2/11/16 at 11:43am. When asked if clients should be encouraged to wash their hands after smoking and after sneezing and blowing their noses, the RM stated "yes."</p> <p>9-3-7(a)</p>				