

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2013
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 615 E NORTH ST HARTFORD CITY, IN 47348		
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of survey: March 5, 6, 7, 8, 11, 12, 18, 19, and 22, 2013</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 000644 Provider Number: 15G107 AIMS Number: 100234170</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 28, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>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 record review and interview, for 1 of 1 sample client (client #2), who had physical interventions employed for behavior, the facility failed to have a written description in client #2's plan for CPI methods (Crisis Prevention Intervention - a type of physical restraint intervention) which were used for client #2.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/7/13 at 2:20pm and on 3/8/13 at 9:15am. Client #2's 1/2013 Behavior Support Plan (BSP) indicated client #2 had target behaviors of physical aggression and verbal aggression. Client #2's physical aggression behaviors were defined as "intentional act or attempt to cause bodily harm to self, others, or inanimate/property destruction...Specific examples, include running into others with her wheelchair, hitting, scratching, kicking, grabbing staff hair, throwing objects. She has also let go of the bars in the shower, which put herself in danger (sic)." Client #2's BSP</p>	W000289	<p>W289 Management of Inappropriate Client Behavior</p> <p>This item outlines that the agency failed define which CPI holds were to be used for Client #2. The plan of correction for this tag is as follows:</p> <ul style="list-style-type: none"> Specifically for client #2 the Behavior Support Plan has been resubmitted for approval by the consumer, advocate, healthcare representative, guardian and with the Human Rights Committee, with the addition of agency policy 4.4.1 and copy of the CPI team control position, CPI interim control position, CPI transport position, CPI emergency knee situation and CPI emergency floor procedures. See enclosed copy of the Behavior Support Plan. 	04/15/2013
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	<p>indicated "CPI Intervention: regarding physical assistance out of soiled bed or into shower. All restraints will be used only as a last resort and after all other less restrictive techniques have been proven to be unsuccessful...Staff should employ the following CPI strategy and/or CPI Transport Position see Carey Services policy #4.4.1 for detailed descriptions of these procedures." Client #2's record did not define which CPI holds were to be used for client #2. Client #2's programs contained no written definition of CPI for staff's use.</p> <p>On 3/8/13 at 10:15am, the QDP indicated CPI was used for client #2's behaviors and was not defined as a part of her written plan but should have been.</p> <p>9-3-5(a)</p>		<p>Staff Training will occur on 4/15/2013. Please find attached In-Service Verification Form in Supplemental documentation section of the POC submission.</p>		

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W000331	<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 2 sample clients (client #1), the facility failed to ensure client #1 received nursing services according to his identified medical needs for Diabetes and urinary catheter management.</p> <p>Findings include:</p> <p>1. On 3/5/13 from 1:35pm until 5:45pm, and on 3/6/13 from 5:55am until 7:30am, client #1 was observed at the group home, sat in his wheelchair, and had a gravity urinary drainage bag hanging on the lower back of his wheelchair for his indwelling urinary catheter. During both observation periods when facility staff reclined client #1 in his wheel chair, client #1's urinary drainage bag became level across the back bar wheelchair supports. Urine could be seen into the catheter tubing and flowing back into the tubing when the urinary drainage bag was not upright. On 3/6/13 at 7:15am, the LPN (Licensed Practical Nurse) stated client #1's urinary drainage bag "should be upright" and should not have been laying flat on the wheelchair supports.</p> <p>Client #1's record was reviewed on 3/7/13 at 9:15am. Client #1's 1/2013 "Catheter</p>	W000331	<p>W331 Nursing Services</p> <p>This item outlines that the agency failed to ensure client management plans included certain specifications. The plan of correction for this tag is as follows:</p> <ul style="list-style-type: none"> · The facility will provide clients with nursing services in accordance with their needs. · Specifically for Client #1, his Catheter Management Plan has been updated to indicate that the drainage bag should be upright and lower than the bladder. · All Staff were trained on this new Catheter Management Plan on 4/15/2013. Please find the attached In-service Verification Form as supplemental documentation. 	04/15/2013
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	<p>Protocol" indicated "Keep drainage bag lower than bladder to prevent urine flow back into bladder." Client #1's catheter management plan did not indicate the catheter bag should have been upright and lower than the bladder.</p> <p>On 3/7/13 at 9:20am, an interview was completed with the agency Licensed Practical Nurse (LPN). The agency LPN indicated client #1's catheter protocol did not include the upright position for client #1's gravity catheter urinary bag.</p> <p>2. On 3/7/13 at 7:15am, client #1 was fed breakfast by Group Home Staff (GHS) #1. At 7:30am, GHS #1 tested client #1's Blood Sugar.</p> <p>Client #1's record was reviewed on 3/7/13 at 9:15am. Client #1's 1/2013 "Diabetes Management Plan" indicated client #1's diagnosis, included but was not limited to; Diabetes Type II and "Blood Glucose, obtain twice a day at 7am and 7pm. Client may be assisted by staff as needed." Client #1's "Diabetes Management Plan" did not indicate if client #1's blood glucose should be taken before or after client #1 consumes a meal.</p> <p>On 3/7/13 at 9:20am, an interview was completed with the agency Licensed Practical Nurse (LPN). The agency LPN</p>		<p>Specific for Client #1, the Diabetes Management Plan has been updated to indicate that blood glucose testing should occur before meals unless otherwise specified by a physician.</p> <p>All Staff were trained on this new Diabetes Management Plan on 4/15/2013. Please find the attached In-Service Verification Form as supplemental documentation.</p>				

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	<p>indicated client #1's Diabetes Management Plan did not indicate if the staff were to complete client #1's blood glucose testing before or after client #1 consumed his meal.</p> <p>9-3-6(a)</p>				

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review, and interview, for 2 of 4 clients (clients #2 and #3), the facility failed to follow Universal Precautions for client #3's contaminated needle lancet and failed to clean and store client #2 and #3's CPAP machine equipment (masks).</p> <p>Findings include:</p> <p>1. On 3/5/13 at 11:15am, the facility's BDDS (Bureau of Developmental Disabilities Services) report was reviewed.</p> <p>-A 12/28/12 BDDS report for an incident on 12/27/12 at 4:30pm, indicated a "staff member was attempting to check blood glucose of client. While capping the lancet device staff member was stuck in left index finger by a contaminated needle" for client #3. The report indicated client #3 and the staff member involved went to the ER (Emergency Room) and had blood drawn for testing.</p> <p>On 3/5/13 at 12:20pm, a record review and interview with the agency Licensed Practical Nurse (LPN) and the QMRP (Qualified Mental Retardation</p>	W000454	<p>W454 Infection Control</p> <p>This item outlines that the agency failed to follow Universal Precautions as related to a contaminated lancet as well as ensuring cleanliness of CPAP machine masks. The plan of correction for this tag is as follows:</p> <ul style="list-style-type: none"> · The facility will provide a sanitary environment to avoid sources and transmission of infections. · The facility obtained Safety Lancets prior to the survey date to ensure safety and sanitation. All lancets that are not considered a Safety Lancet have been removed and destroyed from all group homes. · Staff Training on Safety Lancets Universal Precautions for disposal of contaminated needles occurred on 4/15/2013. Please 	04/15/2013			

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	<p>Professional) was conducted. The LPN and QMRP indicated facility staff should have followed Core A/Core B medication training manual, dated 2004, for Universal Precautions. On 3/5/13 at 12:20pm review of the Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions should also be used when cleaning personal items...An OSHA approved sharps container should be used for items such as razors, needles, and so on...." No specific facility policy nor procedure was available for review for the care and disposal of used/contaminated lancet needles. The LPN indicated client #3's disposable lancet should not have been recapped.</p> <p>2. On 3/5/13 from 1:35pm until 5:45pm, observations were conducted at the group home and clients #2 and #3's bedrooms were observed. During the observation period clients #2 and #3 had their CPAP machine (for sleep breathing) masks hanging on the back of their beds. The masks had dried brown and cream colored mucus build up inside each mask.</p> <p>During observations on 3/6/13 at 5:55am, client #2 was in bed with her CPAP mask on. At 7am, client #2's CPAP mask had dried mucus build up inside the mask and the mask was hanging on the back of her</p>		<p>find the attached In-Service Verification Form as supplemental documentation.</p> <ul style="list-style-type: none"> It was noted that CPAP mask for Client #2 was not clean. The agency nurse has received the manufacturer's protocol for cleaning and has established a cleaning routine for the CPAP mask and other parts such as tubing to ensure sanitary medical equipment is being utilized. Staff Training on CPAP Cleaning Protocol for all group home residents who utilize this equipment occurred on 4/15/2013. Please find the attached In-Service Verification Form as supplemental documentation. The Manager and Nurse will ensure that the above protocol is followed during routine site visits. 		

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	<p>bed headboard.</p> <p>On 3/8/13 at 9:20am, a record review of the company's undated policy and procedure provided to the agency for the oxygen equipment used in the group home was done. The policy and procedure indicated CPAP masks should be cleaned and stored in "a plastic bag until needed."</p> <p>On 3/8/13 at 9:20am, an interview with the agency Licensed Practical Nurse (LPN) was completed. The LPN indicated each client's CPAP mask should have been stored in a plastic bag at the bedside when not in use and should have been wiped out when the masks were soiled.</p> <p>9-3-7(a)</p>				