

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/25/2011
NAME OF PROVIDER OR SUPPLIER  CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN46953		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was a post-certification revisit to a fundamental annual recertification and state licensure survey conducted on August 16, 2011.</p> <p>Dates of survey: October 24 and 25, 2011.</p> <p>Facility Number: 000795 Provider Number: 15G275 AIM Number: 100234970</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>This deficiency also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 11/2/11 by W. Chris Greeney, ICF-ID Surveyor Supervisor</p>	W0000			
W0388	Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.	W0388	All drugs and biologicals must be labeled based on currently accepted practices. The facility failed to assure that the correct dosage was noted on the MAR and medication. Specifically, the	10/25/2011	

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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	Based on observation, record review and interview, the facility failed for 1 of 4		instructions stated to take a birth control pill "as directed," without specifying what was directed as the number of pills per day. Carey Services failed to correct this standard upon re-survey. CORRECTION A new label was placed on the medication, specifying the correct dosage. The MAR was updated to contain the information. PREVENTION When discussing the continued non-compliance with the pharmacy, it was determined that the reason that the Plan of Correction was not successful is that the "Take as Directed" label is the established professional practice, and the request to change this was met by resistance in the pharmacy and medical community. In order to assure that directions are included, the pharmacy will begin sending the medication with its outer box included. The outer box gives the Usual Dosage and Administration Notes. Staff will be trained to retain the outer box in the medication cart. MONITORING The pharmacy will monitor the medication distribution to assure that the packaging is sent with the medication. The Residential nurse will appropriate labeling upon delivery of the medication on a monthly basis.		

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	<p>sampled clients (client #4) by not ensuring her medication and MAR (Medication Administration Record) had the dosage to be taken on them.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/24/11 at 6:05 PM. Observations included ensuring client medications contained specific administration instructions on the medication and the MAR. At 6:05 PM staff #1 obtained client #4's Yasmin tablets (birth control pills) from the medication cart. The pill packet indicated, "take as directed." Review on 10/24/11 at 6:08 PM of the MAR dated 10/2011, indicted the Yasmin instructions were, "take as directed." The MAR or pill packet did not contain any specific administration instructions for the medication.</p> <p>An interview was conducted on 10/24/11 at 6: 10 PM with the House Manager (HM). The HM indicated the pills and the MAR did not contain any administration instructions. She further indicated she thought the problem had been fixed but it had not been.</p> <p>This deficiency was cited on August 16, 2011. The facility failed to implement a</p>				

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W9999	systemic plan of correction to prevent recurrence.  9-3-6(a)	W9999	There is no statement listed. Informed State Surveyor Supervisor of this issue on 11/4/11, and it was forwarded to IT for correction.	11/04/2011	