

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G101	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/04/2011
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2906 N 400 E MONTICELLO, IN47960
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W0000	<p>This visit was a post-certification revisit to a predetermined full annual recertification and state licensure survey conducted on September 16, 2011.</p> <p>Dates of survey: November 3 and 4, 2011.</p> <p>Facility Number: 000639 Provider Number: 15G101 AIMS Number: 100234030</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/22/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0249	<p>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</p>	W0249	Tag W 249Staff were retrained on clients Behavior Support plan on November 21, 2011. Retraining	12/02/2011

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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	<p>interview, the facility failed for 1 of 3 sampled clients (client #3) to implement client #3's behavior plan as written.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/03/11 from 4:20 PM until 6:00 PM.</p> <p>At 5:03 PM client #3 was observed to throw her coat at client #4 who was sitting in a chair in the living room. Staff #2 verbally prompted client #3 to go to "quiet time." Client #3 was observed to hit the arm of the couch, attempt to stand up and was observed to spit while sitting on the couch and staff #2 stated, "we don't throw spit" "no" "now we will start over."</p> <p>At 5:08 PM client #3 was in the kitchen assisting to put lettuce in a bowl and spit at client #1 who walked by. Client #3 was prompted to the love seat in the dining room area and staff #2 sat on the arm of the love seat and put her arm around client #3. Staff #2 stated, "If you spit or hit, you go to quiet time and you're going to have to go to your bedroom if you don't quit." Client #3 hit the couch and attempted to stand up.</p> <p>At 5:16 PM client #3 was sitting in "time out" and staff #2 stated, "I warned you if</p>		<p>included role playing to address how the Behavior Support plan is to be implemented and used. Monitoring to ensure that staff are following and implementing the Behavior Support plan correctly will be done by Group Home Supervisor or designee on a daily basis by visual checking staff. Quality Inspections will be done a weekly basis to further ensure staff are following plan.</p>		

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	<p>you get up we will start over." Staff #2 started counting out loud. Client #3 attempted to push staff #2 and staff #2 responded, "Quit it right now." Client #3 was observed to hit the couch with her hand as staff #2 counted out loud.</p> <p>At 5:18 PM client #3 walked into the TV room and kicked at client #2 as she walked by. Staff #2 stated, "We don't kick." Staff #2 was observed to sit on the side of the chair by client #3. Client #3 was observed to spit and staff #2 stated, "start over" "1-2-3..." staff #2 continued to count out loud. Staff #2 also stated, "I'll sit here if I have to all night."</p> <p>At 5:33 PM client #3 was returned to "Quiet time." Staff #2 was observed to sit on the side of the couch by client #3 and counted out loud "1-2-3..."</p> <p>Client #3's records were reviewed on 11/03/11 at 2:15 PM. Client #3's ISP (Individual Support Plan) dated 06/16/11 contained an updated Behavior Support Plan (BSP) dated 09/28/11. The BSP indicated client #3's behavior included, "physical aggression: i.e. pinching, hitting, slapping, or other physical contact directed towards another person with the intent of causing harm." The BSP indicated when client #3 displayed the behaviors staff should intervene the</p>				

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	<p>following way: "If [client #3] is physically aggressive toward another peer or adult she will immediately be asked to remove her self to a quiet area. The quiet area is area (sic) away from peers that will allow [client #3] the time to gain her composure. The quiet area in the home could be [client #3's] room, or any other area that is away from her roommates...Once in the quiet area staff will use peripheral vision to maintain visual contact with [client #3]...The staff must present themselves as the gentle brick wall (staff will stand with hands crossed in front of body with head down). If [client #3] attempts to leave the quiet area, staff will use their body to not allow [client #3] to leave the area...Staff must not react to any behavior that [client #3] may show! While [client #3] is in the quiet area, staff will remain quiet. Maintaining the peripheral vision/gentle brick wall pose. No Talking! [Client #3] will remain in the quiet area until she is quiet and sitting in the chair. The criteria for [client #3] being able to start the count is, sitting and quiet. Staff may say "Sit" or Quiet." When using those words staff will speak lower and softer. Staff will/may also use hand signals to prompt [client #3]. Sit is point to the chair. Quiet is bringing an open thumb and fingers together quickly. When [client #3] is quiet and sitting in the chair, staff will</p>			

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	<p>count to themselves to 60. If [client #3] yells, pounds, or stands up during the 60 count then the count will start over. Staff may need to repeat above steps many, many times. Once [client #3] is sitting and quiet for a count of 60 she will then be able to leave the quiet area. Once out of the quiet area [client #3] may return to the previous activity or staff can give [client #3] choices to what she may do...".</p> <p>An interview was conducted on 11/03/11 at 5:55 PM with the Group Home Supervisor (GHS). She indicated staff #2 did not follow the BSP as written and failed to implement it correctly with client #3.</p> <p>An interview was conducted on 11/04/11 at 10:15 AM with the QMRP (Qualified Mental Retardation Professional). She indicated staff should follow the BSP as written.</p> <p>This deficiency was cited on September 16, 2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>				

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 of 1 sampled client (client #2) who had a history of constipation, and 1 of 1 sampled client with a recent onset of high blood pressure (client #1), by not ensuring clients #1 and #2 received nursing services according to their identified medical needs.</p> <p>Findings include:</p> <p>1. On 11/03/11 at 11:00 AM the facility's BDDS (Bureau of Developmental Disability Services) Reports were reviewed from 10/10/11 through 11/03/11 and indicated the following:</p> <p>A BDDS report submitted 10/25/11 for an incident on 10/24/11 indicated, "[Client #2] had (sic) went to the [hospital name] on 10/19/11 (previously reported) due to a fall; however it was noted at that visit that [client #2's] bowels were impacted. [Client #2] had Magnesium Citrate prescribed to clean bowels out. Staff administered this medication; however, this medication did not assist with [client #2] expelling the impacted bowel. Staff followed physician orders and continued to give prune juice daily, Glycolax 17 grams by mouth every other day mixed</p>	W0331	<p>Tag W 3311. A risk plan for client has been implemented to address "constipation" on October 20, 2011. Staff were trained on this plan. Group Home Supervisor or designee will monitor that the staff are following the risk plan and documenting on the bowel movement form. Group Home Supervisor or designee will be checking the form on a daily basis to ensure staff are documenting all bowel movements and following risk plan.</p>	12/02/2011	

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	<p>with 8 oz (ounces) of water, juice, soda, or tea, and Dulcolax 5 mg (milligrams) by mouth for three days after three days with no bowel movement. This medication did not assist [client #2] with expelling the bowel impaction. The physician was notified on 10-24-11 per orders. The physician stated to take [client #2] to [hospital name]...It was determined that [client #2's] bowels were impacted throughout her colon. Approximately 4 cups of impaction was removed at that time. There is still bowel in her colon and [client #2] was prescribed magnesium citrate 300 ml (milliliters) to assist with expelling the remainder of the bowel from her colon. [Client #2] is to follow up with her primary physician in two to three days. [Client #2] has an appointment scheduled with her primary physician on 10/27/11."</p> <p>A BDDS report submitted 10/27/11 for an incident on 10/26/11 indicated, "[Client #2] had been monitored closely for constipation issues. [Client #2] as previously reported went to the emergency room on 10/24/11 for constipation. [Client #2] still had not had a bowel movement as of 10/26/11. The physician was notified and staff was instructed to take [client #2] to the [hospital name] to be admitted. [Client #2] was admitted into [hospital name]."</p>				

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	<p>Client #2's records were reviewed on 11/03/11 at 1:00 PM. Client #2's records contained the following dated documents:</p> <p>07/05/11: The "Nursing Physical Assessment" was dated 07/05/11. Under the area "Describe Any Current Health Problems," the nurse had written, "Constipation - bowel protocol."</p> <p>10/11/11: The "Nursing Physical Assessment" was dated 10/11/11. Under the area "Describe Any Current Health Problems," the nurse had written, "Constipation."</p> <p>11/01/11: Physician Orders dated 11/01/11 indicated client #2 had diagnoses including, but not limited to: Hx (History of) Constipation, Profound MR (Mental Retardation) w(with)/Autistic Like Behaviors, and Aggression.</p> <p>An interview was conducted on 11/03/11 at 4:00 PM with the QMRP (Qualified Mental Retardation Professional). She indicated client #2's MAR (Medication Administration Record) contained a daily Bowel Elimination Record and staff were to document on the record on a daily basis. She indicated staff were not consistent in documenting client #2's</p>			

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	<p>bowel movements on a daily basis and she further indicated they were not being monitored by the nurse or anyone. The QMRP indicated there was no bowel protocol for client #2 prior to the 10/24/11 incident. She indicated client #2 did have a diagnosis of a history of constipation.</p> <p>2. Client #1's records were reviewed on 11/03/11 at 2:30 PM. Client #1's records contained the following dated documents:</p> <p>10/26/11: The Doctor Appointment Results form indicated client #1 was seen by her Dr. for her annual physical. The form completed by the group home assistant from the results of the appointment and physician's instructions indicated, "[Client #1's] B/P (blood pressure) was up (sic) wants to take B/P once daily for 1 week...".</p> <p>10/26/11: Physician's Physical Examination form indicated, "Elevated blood pressure reading without diagnosis, will monitor at home q (every) day for a week and drop off log. Recheck in 1 mo (month)."</p> <p>Blood Pressure log was dated 10/26/11 and contained blood pressure readings for the following dates: 10/26/11, 10/27/11, 10/28/11 and 10/31/11. There were no documented readings for 10/30/11,</p>				

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	<p>11/01/11 and 11/02/11.</p> <p>An interview was conducted on 11/03/11 at 4:39 PM with the Group Home Supervisor (GHS). She indicated the blood pressure log had not been completed as ordered by client #1's physician.</p> <p>9-3-6(a)</p>				