

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G112		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/01/2012	
NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 130 E MERIDIAN ST ATLANTA, IN 46031			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/18/12, 5/22/12, 5/23/12, 5/24/12, 5/25/12 and 6/1/12.</p> <p>Facility Number: 000649 Provider Number: 15G112 AIM Number: 100243110</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on June 8, 2012 by Dotty Walton, 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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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 record review and interview for 1 of 2 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of injury of unknown origin for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/23/12 at 9:00 AM. Client #2's March 2012 Monthly Health Care Coordination form indicated on 3/21/12, "[Client #2] went to see [physician] due to her limping on her right foot. Results are: right ankle sprain. If no improvement over the next few days return for re-evaluation and possible x-ray." Client #2's medical appointment/new order form dated 4/2/12 indicated client #2 was re-evaluated regarding right ankle pain with edema.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 5/23/12</p>	W0153	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Policy and procedure were reviewed and remain current. St. Vincent New Hope leadership were trained on 6/11/12 on Investigation procedures by Megan Brown, Forensic Nurse, St. Vincent Center of Hope. Team Leaders and Managers will review policy implementation for falls, unknown injuries and other reportable incidents on 6/29/12. Skills Trainers at site will review reportable incident information , including who and when to contact. Reportable incident guidelines were posted in the home. How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by this practice. All other notes were reviewed for this individual and the other individuals in the home. There were no further missed reportable incidents. What measure will be put into place or what systemic changes will be made to ensure</i></p>	07/01/2012			

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	<p>at 1:15 PM indicated client #2 was taken to the physician on 3/21/12 for her right ankle. QMRP #1 indicated the physician diagnosed client #2 with a sprained ankle. When asked how client #2 sprained her right ankle, QMRP #1 indicated an investigation had not been completed to determine the cause of the sprained ankle. QMRP #1 indicated client #2 returned to the physician on 4/2/12 at which time the doctor re diagnosed client #2 with arthritis and not a sprained ankle. When asked if client #2's ankle was known to be swollen, in pain and in need of medical treatment due to arthritis on 3/21/12, QMRP #1 stated, "No, we did not know on 3/21/12 but it was arthritis when she returned to the doctor on 4/2/12." When asked if this was an injury of unknown origin, QMRP #1 indicated the cause of client #2's ankle pain and swelling was not known until 4/2/12. QMRP #1 indicated the injury was not reported to BDDS.</p> <p>Interview with AD (Administrative Staff) #1 on 5/23/12 at 1:17 PM indicated the source of the injury was not known and should have been reported to BDDS as an injury of unknown origin.</p> <p>A review of the facility's BDDS reports and internal incident reports was conducted on 5/22/12 at 9:45 AM. The</p>		<p><i>that the deficient practices does not recur</i> Team Leader will review documentation weekly, initialing on the daily progress notes to improve oversight to appropriate and timely response to reportable situations. Manager will communicate daily with Team Leader and/or site staff to monitor daily operations and increase oversight to potential reportable situations or investigations. Further failure to call to report by staff will be addressed with disciplinary action as appropriate. Further failure by Team Leader to report incidents timely or conduct investigations as indicated will be addressed with progressive disciplinary action. Reportable incident guidelines posted at the home for continued reference and review. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director will continue to review all reportable incidents. Any untimely incidents will be addressed with QDDP immediately. Director will establish a system to more closely monitor that investigations are completed as required. Each reportable incident that meets criteria for investigation will be printed and monitored by Director that investigation is being completed thoroughly and accurately.</p>				

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	<p>review did not indicate a BDDS report regarding client #2's ankle.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 2 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to complete an investigation regarding an incident of injury of unknown origin for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/23/12 at 9:00 AM. Client #2's March 2012 Monthly Health Care Coordination form indicated on 3/21/12, "[Client #2] went to see [physician] due to her limping on her right foot. Results are: right ankle sprain. If no improvement over the next few days return for re-evaluation and possible x-ray." Client #2's medical appointment/new order form dated 4/2/12 indicated client #2 was re-evaluated regarding right ankle pain with edema.</p> <p>Interview with QMRP (Qualified Mental Retardation Professional) #1 on 5/23/12 at 1:15 PM indicated client #2 was taken to the physician on 3/21/12 for her right ankle. QMRP #1 indicated the physician diagnosed client #2 with a sprained ankle. When asked how client #2 sprained her</p>	W0157	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Policy and procedure were reviewed and remain current. St. Vincent New Hope leadership were trained on 6/11/12 on Investigation procedures by Megan Brown, Forensic Nurse, St. Vincent Center of Hope. Team Leaders and Managers will review policy implementation for falls, unknown injuries and other reportable incidents on 6/29/12. Skills Trainers at site will review reportable incident information, including who and when to contact. Reportable incident guidelines were posted in the home.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All residents have the potential to be affected by this practice. All other notes were reviewed for this individual and the other individuals in the home. There were no further missed reportable incidents.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will review documentation weekly, initialing on</p>	07/01/2012			

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	<p>right ankle, QMRP #1 indicated an investigation had not been completed to determine the cause of the sprained ankle.</p> <p>Interview with AD (Administrative Staff) #1 on 5/23/12 at 1:17 PM indicated the source of the injury was not known and should have been investigated as an injury of unknown origin.</p> <p>A review of the facility's internal investigation was conducted on 5/22/12 at 9:45 AM. The review did not indicate an investigation report regarding client #2's ankle.</p> <p>9-3-2(a)</p>		<p>the daily progress notes to improve oversight to appropriate and timely response to reportable situations. Manager will communicate daily with Team Leader and/or site staff to monitor daily operations and increase oversight to potential reportable situations or investigations.</p> <p>Further failure to call to report by staff will be addressed with disciplinary action as appropriate. Further failure by Team Leader to report incidents timely or conduct investigations as indicated will be addressed with progressive disciplinary action.</p> <p>Reportable incident guidelines posted at the home for continued reference and review.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Director will continue to review all reportable incidents. Any untimely incidents will be addressed with QDDP immediately. Director will establish a system to more closely monitor that investigations are completed as required. Each reportable incident that meets criteria for investigation will be printed and monitored by Director that investigation is being completed thoroughly and accurately.</p>				

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the QMRP (Qualified Mental Retardation Professional) failed to monitor facility staff to ensure an injury of unknown origin was reported and investigated so corrective actions could be taken. The QMRP failed to integrate client ISP (Individual Support Plan) objectives with the level of support/training required to accomplish skill acquisition. The QMRP failed to integrate the frequency of objectives' implementation/tracking into the ISP.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QMRP failed to ensure staff immediately notified BDDS in accordance with state law regarding an incident of injury of unknown origin for 1 of 3 sampled clients (#2). Please see W153. 2. The QMRP failed to ensure staff completed an investigation regarding an incident of injury of unknown origin for 1 of 3 sampled clients (#2). Please see W157. 	W0159	Please reference W153, W157, W234, W235, W368	07/01/2012			

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	<p>3. The QMRP failed to ensure ISP (Individual Support Plan) objectives identified the level of support/training needed to accomplish the objectives for clients #1, #2 and/or #3. Please see W234.</p> <p>4. The QMRP failed to ensure ISP objectives identified the frequency staff would implement and track objectives for clients #1, #2 and/or #3. Please see W235.</p> <p>9-3-3(a)</p>			

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W0234	<p>483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure ISP (Individual Support Plan) objectives identified the level of support/training needed to accomplish the objective.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client #1's record was reviewed on 5/23/12 at 10:25 AM. Client #1's ISP dated 6/9/11 indicated the following training objectives: 1. "[Client #1] will identify a penny 16 X (Times)/30 days for 3 months." 2. "[Client #1] will wash private areas in front 16 X/30 days for 3 months." 3. "[Client #1] will button correctly 8 X/30 days for 3 months." 4. "[Client #1] will use Kleenex to blow nose 16 X/30 days for 3 months." 5. "[Client #1] will floss top teeth with verbal prompts 16 X/30 days for 3 months." 	W0234	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Managers, QDDP and Team Leaders will review the model for programming on 6/29/12. All goals for these individuals were revised to include the appropriate cueing level and direction for staff to implement. All staff at site will be retrained on cueing levels and methodology for each person's goals by 7/1/12.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals living in this facility will have goals revised to include appropriate cueing levels.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>All goals will be written a standard format to include cueing levels. QDDP will continue to monitor in monthly case management reviews that format is followed, goals are appropriate and progress or revision is addressed timely.</p> <p><i>How the corrective action will be</i></p>	07/01/2012			

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	<p>6. "[Client #1] will put utensils down between bites with PA (Physical Assistance) 8 X/30 days for 3 months."</p> <p>7. "[Client #1] will get menu items with verbal prompts 8 X/30 days for 3 months."</p> <p>8. "[Client #1] will wipe self after [bowel movement] 16 X/30 days for 3 months."</p> <p>9. "[Client #1] will bring down the volume of speech with PA assistance 16 X/30 days for 3 months."</p> <p>10. "[Client #1] will complete a social activity of choice for 4 X/30 days for 3 months."</p> <p>11. "[Client #1] will choose a sensory activity 16 X/30 days for 3 months."</p> <p>12. "[Client #1] will exercise 16 X/30 days for 3 months."</p> <p>13. "[Client #1] will identify Evista (Osteoporosis) 16 X/30 days for 3 months."</p> <p>Client #1's ISP and/or Methodology Sheet did not indicate how staff were to implement the objective/goals in regard to the level and type of supports needed or</p>		<p><i>monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>QDDP will continue to oversee goal writing and implementation at routine site visits and monthly case management reviews. Director will continue to oversee with monthly random site and chart audits.</p>				

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	<p>methodology to train client #1 to accomplish the objectives/goals. Client #1's Methodology Sheet indicated staff were to monitor client #1 and record with met, not met, refused, not offered or leave of absence.</p> <p>2. Client #2's record was reviewed on 5/23/12 at 9:00 AM. Client #2's ISP dated 1/23/12 indicated the following training objectives:</p> <p>1. "[Client #2] will gather utensils needed to prepare evening meal with PA 16 X/30 days for 3 months."</p> <p>2. "[Client #2] will chew food thoroughly 16 X/30 days for 3 months."</p> <p>3. "[Client #2] will notify designated staff before leaving her area to use the restroom at 100%..."</p> <p>4. "[Client #2] will clean up after lunch with one verbal cue 16 X/30 days for 3 months."</p> <p>5. "[Client #2] will wash private areas 16 X/30 days for 3 months."</p> <p>6. "[Client #2] will wear a clean shirt 16 X/30 days for 3 months."</p> <p>7. "[Client #2] will comb back part of her</p>				

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	<p>hair with PA 16 X/30 days for 3 months."</p> <p>8. "[Client #2] will brush her teeth with PA 16 X/30 days for 3 months."</p> <p>9. "[Client #2] will wash her hands after using the toilet 16 X/30 days for 3 months."</p> <p>10. "[Client #2] will increase her artistic ability 16 X/30 days for 3 months."</p> <p>11. "[Client #2] will wait for receipt with PA 16 X/30 days for 3 months."</p> <p>12. "[Client #2] will articulate words 16 X/30 days for 3 months."</p> <p>13. "[Client #2] will identify her Docusate sodium (Stool Softener) 16 X/30 days for 3 months."</p> <p>Client #2's ISP and/or Methodology Sheet did not indicate how staff were to implement the objective/goals in regard to the level and type of supports needed or methodology to train client #2 to accomplish the objectives/goals. Client #2's Methodology Sheet indicated staff were to monitor client #2 and record with met, not met, refused, not offered or leave of absence.</p> <p>3. Client #3's record was reviewed on</p>						

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	<p>5/23/12 at 1:53 PM. Client #3's ISP dated 6/28/11 indicated the following training objectives:</p> <ol style="list-style-type: none"> "[Client #3] will carry money on her safely with PA 4 X/30 days for 3 months." "[Client #3] will make sure water temperature is correct for bathing 16 X/30 days for 3 months." "[Client #3] will will inspect clothing for stains, holes, etc prior to wearing 16 X/30 days for 3 months." "[Client #3] will have hearing aids turned on when wearing at home 16 X/30 days for 3 months." "[Client #3] will brush after meals 16 X/30 days for 3 months." "[Client #3] will use serving ladle for main dish 16 X/30 days for 3 months." "[Client #3] will stir an item on stove top 16 X/30 days for 3 months." "[Client #3] will put pull ups in trash when soiled 16 X/30 days for 3 months." "[Client #3] will complete her word search 8 X/30 days for 3 months." 			

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	<p>10. "[Client #3] will complete all steps to washing a load of laundry 4 X/30 days for 3 months."</p> <p>11. "[Client #3] will fill out envelope fully to prepare to mail 16 X/30 days for 3 months."</p> <p>12. "[Client #3] will exercise 16 X/30 days for 3 months.</p> <p>Client #3's ISP and/or Methodology Sheet did not indicate how staff were to implement the objective/goals in regard to the level and type of supports needed or methodology to train client #3 to accomplish the objectives/goals. Client #3's Methodology Sheet indicated staff were to monitor client #3 and record with met, not met, refused, not offered or leave of absence.</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 5/23/12 at 2:30 PM indicated staff were to monitor clients #1, #2 and #3 as they performed the tasks/objectives and then record through documentation the level of support each client needed to perform the objective. When asked how staff were to implement the objectives, QMRP #1 indicated staff are monitoring then recording the data. When asked if the</p>						

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	<p>objectives included the level of support or prompts staff needed to implement, to train or coach clients #1, #2 or #3 toward independence with each goal, QMRP #1 indicated each individual goal did not include how staff were to implement the goals in regard to prompts, gestures or other methods of training.</p> <p>9-3-4(a)</p>			

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W0235	<p>483.440(c)(5)(ii) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the schedule for use of the method.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure ISP (Individual Support Plan) objectives identified the frequency staff would implement and track the clients' training objectives.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client #1's record was reviewed on 5/23/12 at 10:25 AM. Client #1's ISP dated 6/9/11 indicated the following training objectives: 1. "[Client #1] will identify a penny 16 X (Times)/30 days for 3 months." 2. "[Client #1] will wash private areas in front 16 X/30 days for 3 months." 3. "[Client #1] will button correctly 8 X/30 days for 3 months." 4. "[Client #1] will use Kleenex to blow nose 16 X/30 days for 3 months." 5. "[Client #1] will floss top teeth with verbal prompts 16 X/30 days for 3 months." 	W0235	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Managers, QDDP and Team Leaders will review the model for programming on 6/29/12. All goals for these individuals were revised to include the frequency for implementation and direction for staff to implement. All staff at site will be retrained on frequency of goals for each person's goals by 7/1/12.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals living in this facility will have goals revised to include frequency of implementation.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>All goals will be written a standard format to include frequency. Form was revised to include a specific location for frequency. QDDP will continue to monitor in monthly case management reviews that format is followed, goals are appropriate and progress or revision is addressed</p>	07/01/2012

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	<p>6. "[Client #1] will put utensils down between bites with PA (Physical Assistance) 8 X/30 days for 3 months."</p> <p>7. "[Client #1] will get menu items with verbal prompts 8 X/30 days for 3 months."</p> <p>8. "[Client #1] will wipe self after [bowel movement] 16 X/30 days for 3 months."</p> <p>9. "[Client #1] will bring down the volume of speech with PA assistance 16 X/30 days for 3 months."</p> <p>10. "[Client #1] will complete a social activity of choice for 4 X/30 days for 3 months."</p> <p>11. "[Client #1] will choose a sensory activity 16 X/30 days for 3 months."</p> <p>12. "[Client #1] will exercise 16 X/30 days for 3 months."</p> <p>13. "[Client #1] will identify Evista (Osteoporosis) 16 X/30 days for 3 months."</p> <p>Client #1's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly,</p>		<p>timely. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> QDDP will continue to oversee goal writing and implementation at routine site visits and monthly case management reviews. Director will continue to oversee with monthly random site and chart audits.</p>				

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	<p>bi weekly or a specific day of the week or month or during the AM or PM shift to implement and track the objectives.</p> <p>2. Client #2's record was reviewed on 5/23/12 at 9:00 AM. Client #2's ISP dated 1/23/12 indicated the following training objectives:</p> <p>1. "[Client #2] will gather utensils needed to prepare evening meal with PA 16 X/30 days for 3 months."</p> <p>2. "[Client #2] will chew food thoroughly 16 X/30 days for 3 months."</p> <p>3. "[Client #2] will notify designated staff before leaving her area to use the restroom at 100%..."</p> <p>4. "[Client #2] will clean up after lunch with one verbal cue 16 X/30 days for 3 months."</p> <p>5. "[Client #2] will wash private areas 16 X/30 days for 3 months."</p> <p>6. "[Client #2] will wear a clean shirt 16 X/30 days for 3 months."</p> <p>7. "[Client #2] will comb back part of her hair with PA 16 X/30 days for 3 months."</p> <p>8. "[Client #2] will brush her teeth with</p>			

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	<p>PA 16 X/30 days for 3 months."</p> <p>9. "[Client #2] will wash her hands after using the toilet 16 X/30 days for 3 months."</p> <p>10. "[Client #2] will increase her artistic ability 16 X/30 days for 3 months."</p> <p>11. "[Client #2] will wait for receipt with PA 16 X/30 days for 3 months."</p> <p>12. "[Client #2] will articulate words 16 X/30 days for 3 months."</p> <p>13. "[Client #2] will identify her Docusate sodium (Stool Softener) 16 X/30 days for 3 months."</p> <p>Client #2's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month or during the AM or PM shift to implement and track the objectives..</p> <p>3. Client #3's record was reviewed on 5/23/12 at 1:53 PM. Client #3's ISP dated 6/28/11 indicated the following training objectives:</p> <p>1. "[Client #3] will carry money on her safely with PA 4 X/30 days for 3</p>			

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	<p>months."</p> <p>2. "[Client #3] will make sure water temperature is correct for bathing 16 X/30 days for 3 months."</p> <p>3. "[Client #3] will will inspect clothing for stains, holes, etc prior to wearing 16 X/30 days for 3 months."</p> <p>4. "[Client #3] will have hearing aids turned on when wearing at home 16 X/30 days for 3 months."</p> <p>5. "[Client #3] will brush after meals 16 X/30 days for 3 months."</p> <p>6. "[Client #3] will use serving ladle for main dish 16 X/30 days for 3 months."</p> <p>7. "[Client #3] will stir an item on stove top 16 X/30 days for 3 months."</p> <p>8. "[Client #3] will put pull ups in trash when soiled 16 X/30 days for 3 months."</p> <p>9. "[Client #3] will complete her word search 8 X/30 days for 3 months."</p> <p>10. "[Client #3] will complete all steps to washing a load of laundry 4 X/30 days for 3 months."</p> <p>11. "[Client #3] will fill out envelope</p>			

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	<p>fully to prepare to mail 16 X/30 days for 3 months."</p> <p>12. "[Client #3] will exercise 16 X/30 days for 3 months.</p> <p>Client #3's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month or during the AM or PM shift to implement and track the objectives.</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 5/23/12 at 2:30 PM indicated clients #1, #2 and #3's objectives were to be implemented at varied times through out the month. QMRP #1 indicated client #1, #2 and #3's objectives should specify when the goal will be implemented.</p> <p>9-3-4(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), plus 2 additional clients (#4 and #6), the facility nurse failed to ensure all drugs were administered in compliance with the clients' physicians orders.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/22/12 at 9:45 AM. The facility's reportable incident reports/investigations indicated the following:</p> <p>-BDDS report dated 1/12/12 indicated on 1/9/12, "[Client #1] receives Vitamin D 200 units (supplement) at 6:00 AM. On 1/9/12, [client #1] received the medication at 6:00 AM but also at 8:00 PM. Error was found when team leader was completing a medication check."</p> <p>-BDDS report dated 1/12/12 indicated on 1/8/12, "[Client #1] received Buspar 10 milligram (anxiety) two times a day. [Client #1] did not receive the 8:00 PM dose of this medication on 1/8/12."</p>	W0368	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>All staff will be retrained on medication administration.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>Medication administration and support needs for all individuals will be reviewed and retrained.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Medication Error Guidelines were reviewed by nursing staff and approved to remain appropriate. All nursing staff will retrain associates when medication error occurs. In addition, Team Leader or appropriate supervisor will track medication administration errors for each associate. As errors occur, progressive disciplinary action will be followed as outlined in the error guidelines.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p>	07/01/2012	

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	<p>-BDDS report dated 1/12/12 indicated on 1/8/12, "[Client #6] is to receive Oyster Shell Calcium 500 milligrams 3 times a day (Supplement). On 1/8/12, [client #6's] 8:00 PM dose was omitted. It was discovered when team leader was completing a medication check."</p> <p>-BDDS report dated 1/31/12 indicated on 1/19/12, "...[client #1] was to receive 1 capsule of Vitamin D-3 (Supplement). [Client #1] received 2 capsules."</p> <p>- BDDS report dated 1/31/12 indicated, "On 1/26/12, [client #4] was to receive 3 capsules of Prozac 10 milligrams (depression). [Client #4] received only 2 capsules."</p> <p>-BDDS report dated 1/31/12 indicated, "On 1/29/12, [client #6] was to receive Oyster Shell (supplement) medication at 8:00 PM. [Client #6] did not receive the medication."</p> <p>-BDDS report dated 2/8/12 indicated on 2/7/12, "[Client #6] was to receive Oyster Shell Calcium (Supplement) at 6:00 AM. Staff documented bubble packs and MARS (Medication Administration Record Sheet) but did not pop pill out of bubble pack to administer medication. Error was discovered at PM medication</p>		<p>Team Leader will monitor medication administration record at minimum 2/week for oversight and follow up to accurate administration.</p> <p>Nurse consultant will conduct medication observations 2/month at site to ensure continued accuracy of medications and liquid consistency.</p>		

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	<p>pass."</p> <p>-BDDS report dated 3/13/12 indicated on 3/12/12, "[Client #6] was to receive Citalopram (Depression) at 8:00 PM. QMRP (Qualified Mental Retardation Professional) did a check on the medications for [client #6] and discovered the medication was documented but not given. The medication was still in the bubble pack."</p> <p>-BDDS report dated 5/21/12 indicated on 5/16/12, "During weekly check of MAR (Medication Administration Record), team leader discovered that [staff #1] had not administered the 12:00 PM dose of Risperidone (Schizophrenia) to [Client #1] on 5/16/12. [Client #1] had a doctor's appointment that day and staff did not remember to take the medication. Staff did not realize the medication had been missed as it is typically a workshop medication."</p> <p>Client #1's record was reviewed on 5/23/12 at 10:25 AM. Client #1's Medication Order Form (MOF) dated 4/25/12 indicated client #1 had an order for buspirone/Buspar 10 milligram tablet (Anxiety), Vitamin D 200 capsules (supplement) and Risperidone 4 milligram tablet (Schizophrenia).</p>						

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	<p>Client #4's record was reviewed on 6/1/12 at 12:11 PM. Client #4's MOF dated 4/25/12 indicated client #4 had an order for Prozac/fluoxetine 10 milligram capsule (Depression).</p> <p>Client #6's record was reviewed on 6/1/12 at 12:15 PM. Client #6's MOF dated 4/25/12 indicated client #6 had an order for Oyster Shell Calcium 500 milligram tablet (Osteoporosis) and Citalopram 40 milligram tablet (Agitation).</p> <p>Interview with QMRP #1 (Qualified Mental Retardation Professional) on 5/23/12 at 2:30 PM indicated staff should be administering medication as ordered and following medication administration procedures.</p> <p>9-3-6(a)</p>			