| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 10/21/2011 |
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| W0000 | This visit was for a predetermined full recertification and state licensure survey.<br><br>Dates of survey: October 18, 19, 20 and 21, 2011.<br><br>Facility Number: 000827<br>Provider Number: 5G308<br>AIMS Number: 100235060<br><br>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP<br><br>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.<br><br>Quality Review completed on 11/4/11 by Tim Shebel, Medical Surveyor III. | W0000 | | |
| W0104 | The governing body must exercise general policy, budget, and operating direction over the facility.<br><br>Based on record review and interview, the governing body failed to exercise general direction in a manner to ensure 3 of 3 sample clients (clients #1, #2 and #3) did not pay for their own personal hygiene items and medical items.<br><br>Findings include: | W0104 | Tag W 104 As of 10-31-2011 the process of reimbursement to the consumers for supplies bought with their personal money has been implemented. A target date of 11-20-2011 for complete reimbursement has been set. The ISO form which staff was following is being revised to remove statement of the consumer's responsibility o | 11/18/2011 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | 1. On 10/19/11 at 10:30 AM a record review for client #1 was completed. The financial review indicated client #1 had paid for the following: her hair cut on 07/21/11 in the amount of $20.00; shampoo, conditioner, and a medical identification bracelet on 07/07/11 in the amount of $18.00; repair of the medical identification bracelet on 08/02/11 in the amount of $5.00, and soap and toothpaste on 08/05/11 in the amount of $7.91 for a total amount of $50.91.<br><br>2. On 10/19/11 at 10:45 AM a record review for client #2 was completed. The financial review indicated client #2 had paid for the following: his hair cut on 09/23/11 in the amount of $9.00; medication on 06/03/11 in the amount of $10.79; toothpaste, mouthwash, and shampoo on 08/03/11 in the amount of $10.95; and sunscreen on 06/04/11 in the amount of $5.35 for a total amount of $36.09.<br><br>3. On 10/19/11 at 10:55 AM a record review for client #3 was completed. The financial review indicated client #3 had paid for the following: toothpaste, mouthwash, shampoo, and conditioner on 08/03/11 in the amount of $6.42.<br><br>On 10/20/11 at 1:45 PM the Qualified | | purchase personal hygiene products. To prevent this from happening again the Group Home Supervisor will monitor receipts on a weekly basis | |

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| | Mental Retardation Professional (QMRP) indicated clients #1 and #2 paid for their own hair cuts, medical identification, repairs and personal hygiene items and had not been reimbursed by the facility for these items.<br><br>9-3-1(a) | | | |
| W0140 | The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.<br><br>Based on record review and interview, for 1 of 3 sample clients (client #1) for whom the facility managed their personal funds accounts, the facility failed to maintain an accurate accounting system for the client's individual personal funds accounts.<br><br>Findings include:<br><br>Client #1's records were reviewed on 10/19/11 at 11:30 AM. Client #1's ISP (Individual Support Plan) dated 04/14/11 indicated client #1 was not able to independently handle her money and required assistance.<br><br>On 10/19/11 at 10:30 AM client #1's personal funds accounts were reviewed | W0140 | Tag 140 Staff was trained on 11-17-2011 on the consumer rights and state Regs pertaining to consumer finances. The ISO form which staff was following is being revised to remove statement of the consumer's responsibility o purchase personal hygiene products. To prevent this from happening again the Group Home Supervisor will monitor receipts on a weekly basis W140 A new system has been implemented to have on coming and out going staff count money and double check the Cash on hand logs daily. The Group home Supervisor will be doing a random check of the logs at least once a week to ensure staff has charted correctly and that the counts are current and correct. Any incomplete or inaccurate counts | 11/22/2011 |

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| | with the House Manager (HM). Client #1's current petty cash balance indicated client #1 had a balance of $21.24. A money count with the HM indicated client #1 had $21.29. Client #1's petty cash funds were off a total of $0.05. The HM indicated client #1's funds did not balance.<br><br>9-3-2(a) | | will be addressed by the Group Home Supervisor at the time of the findings. A report of any inaccurate counts or incomplete logs will be given to the Group Home Coordinator who will report to the Governing Body of CDC Resources. | |
| W0149 | The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br><br>Based on record review and interview for 1 of 1 BDDS (Bureau of Developmental Disability Services) report regarding alleged client abuse (client #4) the facility neglected to implement the facility's policy and procedure to prevent abuse.<br><br>Findings include:<br><br>On 10/18/11 at 1:00 PM the facility's BDDS Reports were reviewed from 10/01/10 through 10/18/11 and indicated the following:<br><br>A BDDS report submitted 03/23/11 for an incident on 03/23/11 indicated, "Staff #1 went to ask [client #4] to come to the kitchen and pack her lunch. Staff #1 and | W0149 | Tag 149Behavior Plan for Client 4 was trained on by Group Home Coordinator during a staff meeting on 11-7-2011. Behavior Plans will be reviewed by all staff and input turned into the QDDP-D if any improvements are noted and Behavior Specialist will be notified of any input. To ensure staff is following current plan the Group Home Supervisor will be doing random Quality Inspections and reporting any noncompliance's to the Group Home Coordinator.<br>W149<br>By Random checks this is defined by having the Group Home Supervisor come in at least once a week and do a surprise inspection. Upon the inspection any findings will be addressed and reported on a Quality | 11/18/2011 |

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| | [client #4] were headed back through the hallway into the kitchen. Staff #2 heard arguing between staff #1 and [client #4], at this time, but was unable to hear the context of what was being argued about. [Client #4] and staff #1 continued to argue for a few minutes. [Client #4] then prepared her lunch in the kitchen. Staff #1 Walked (sic) into the office area which is approximately 6 feet away from where [client #4] was standing and stated loud enough for [client #4] to hear from this distance "[Client #4] keep your mouth shut, and do what you are supposed to do." [Client #4] was provided emotional support by staff #2. Staff #1 was suspended pending the investigation."<br><br>The investigation report dated 03/24/11 indicated staff #1 stated she said to [client #4], "please shut up" "...[staff #1] stated that she realizes this was not an appropriate response to [client #4] but she did not intend on emotionally upsetting [client #4]. [Staff #1] stated that [client #4] was not upset at that time."<br><br>A BDDS Follow-up report dated 05/27/11 indicated, "The incident was substantiated. There was no intent on the part of the staff to cause emotional harm to [client #4]. Staff was (sic) immediately recognized that it could cause [client #4] to be upset and that it was | | Inspection form and turned into the Group Home Supervisor to address with corrective actions. Any corrective action will be addressed and / or any training of staff will be implemented within that week. | |

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| | inappropriate...This appears the first time that the staff had not chosen words wisely."<br><br>On 10/18/11 at 1:35 PM, a review of the facility's Policy On Abuse and Neglect dated 02/22/11 indicated, "Employees and agents of CDC Resources, Inc. shall not abuse, neglect, exploit or mistreat an individual; or violate an individual's rights as defined in state, federal, and accreditation regulations...."<br><br>On 10/20/11 at 1:45 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated staff did not follow the policy and procedure regarding mistreatment of an individual.<br><br>9-3-2(a) | | | |
| W0227 | 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.<br>Based on observation, record review, and interview, the facility failed for 1 of 3 sample clients (client #2), to ensure a behavior support plan were completed and in place.<br><br>Findings include: | W0227 | Tag 227Behavior plan is now in place and staff was trained on the behavior plan on 11-7-2011.To ensure behavior plan is bring followed the Group Home Supervisor will be doing random Quality Inspections<br>W227<br>By Random checks this is defined | 11/18/2011 |

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| | Observations were conducted at the group home on 10/18/11 from 5:05 AM until 6:45 PM. During the observation client #2 was observed to yell "quit it" (for no observed reason) and say "I don't have to" three times. Staff #1 was observed after each outburst to ask client #2 if he needed to go to the garage to "talk." Client #2 was observed to state "I'll stop."<br><br>Client #2's records were reviewed on 10/19/11 at 12:45 PM. Client #2's record contained monthly summaries which indicated client #2 had incidents dating back to October 2010 which included refusals, verbal aggression, noncompliance and inserting his fingers into his rectum on 04/05/11. Client #2 was seen by a counselor on 05/03/11 who indicated these issues were behavioral and would be better dealt with by a Behavior Support Plan (BSP). Client #2's most recent behaviors included 11 incidents in August which included plugging the toilet and sink with paper, taking to people who did not exist, refusals, verbal aggression and arguing. Client #2's record did not contain a BSP.<br><br>On 10/20/11 at 1:45 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #2's BSP was written | | as at least once weekly. | |

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| | 09/13/11 but it was not in place yet because the HRC (Human Rights Committee) had not approved it and staff had not been trained.<br><br>9-3-5(a) | | | |
| W0249 | 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.<br><br>Based on observation, record review, and interview the facility failed to assure medication administration objectives were implemented for 1 of 3 sample clients (client #3) who received morning medication administration.<br><br>Findings include:<br><br>On 10/19/11 from 6:10 AM until 6:40 AM, medication administration was observed at the group home administered by staff #5.<br><br>At 6:20 AM, staff #5 assembled client #3's Lipitor (for cholesterol), Doxazosin (for enlarged prostate), Namenda (for Alzheimer's) and Mucinex (for congestion). Staff #5 punched the tablets | W0249 | Tag 249 Staff has been retrained on med administration and goals of the clients at the Group Home on 11-17-2011.To ensure staff is following Core A and letting the client know what the medication is and what it is being given for, the Group Home Supervisor or designee will be doing random Quality Inspections. | 11/18/2011 |

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| | out into a medication cup. Client #3 took medication and left the room. Client #3 was not observed to be asked or to state why he takes his cholesterol medicine.<br><br>Client #3's record was reviewed on 10/19/11 at 1:45 PM. A review of the client's 04/14/11 Individual Support Plan indicated client #3 had a medication administration objective to "state why he takes his cholesterol medicine."<br><br>On 10/20/11 at 1:45 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #3's medication administration should include training and objectives should have been implemented during medication administration.<br><br>9-3-4(a) | | | |
| W0340 | Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.<br><br>Based on observation, record review and | W0340 | Tag 340Staff has been retrained on 11-17-2011 on the clients risk | 11/18/2011 |

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| | interview, the facility failed to ensure staff were trained in health care for 1 of 1 client (client #1) who received a controlled medication for seizures at the 6:30 AM medication pass.<br><br>Findings include:<br><br>On 10/19/11 from 6:10 AM until 6:40 AM, medication administration was observed at the group home administered by staff #5. At 6:40 AM staff #5 indicated she had forgotten to give client #1 one of her medications since it was in the locked box. Staff #5 was observed to unlock and open a black box and obtain a medication card of Vimpat (for seizures) for client #1. Prior to client #1 entering the room staff #5 was asked why the medication was locked and what the medication was for and she replied, "I'm not sure why it is locked and I don't know what the medication is for." Staff #5 was observed to punch the pill into a pill cup and client #1 was observed to take the medication. Client #1 was observed to ask staff #5 what the medication was for. Staff #5 replied, "I really don't know without looking it up." Client #1 was observed to leave the med area and did not receive an answer to her question about her medication.<br><br>On 10/20/11 at 1:45 PM an interview with | | plan and client rights. Group Home Supervisor will be doing random Quality Inspections to ensure staff are following risk plan.<br>W340<br>Training was completed and the Agency nurse will be doing a monthly Quality Inspection of the staff to ensure they have knowledge of what the med is for and the side effects of the med. The Group Home Supervisor will do a weekly check of the staff to ensure that the staff are following the training correctly. Group Home Supervisor will report any all staff that aren't following the med administration guidelines to ensure clients know what and the side effects of any meds given. | |

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| | the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated staff #5 should have known why the medication was locked, what the medication was used for and should have answered client #1's question.<br><br>9-3-6(a) | | | |
| W0436 | The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.<br><br>Based on observation, record review and interview the facility failed to encourage 1 of 1 sampled client who was prescribed a walker (client #1).<br><br>Findings include:<br><br>Observations were conducted at the group home on 10/18/11 from 5:05 AM until 6:45 PM. During the observation client #1 was observed to walk to and from the kitchen, to and from the dining room to the living room, to and from the dining room to the office area and walk from the office area into the garage without the use of her roller walker. During the | W0436 | Tag 436Staff was retrained on clients ISP and risk plan. Group Home Supervisor will be monitoring by doing random Quality Inspections.W436 Client has been given instructions from doctor and Phyiscal Therapist as to when and how to use the walker. A risk plan for the client has been put in place for the clients safety. Staff will reminder the client of the risk plan when client doesn't have the walker with them. Group Home Supervisor will check on the staff and client at least once a week, more often if the client refuses to follow the risk plan. | 11/18/2011 |

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| | observation when client #1 was not using her walker, staff #1, #2, and #3 who were on duty failed to verbally prompt and encourage her to use her walker at all times.<br><br>Client #1's records were reviewed on 10/19/11 at 11:30 AM. Client #1's ISP (Individual Support Plan) dated 04/14/11 contained a Fall Risk Plan which indicated client #1 was at risk for falls and was to use her walker at all times.<br><br>On 10/20/11 at 1:45 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #1 was to use her walker at all times when she ambulated.<br><br>9-3-7(a) | | | |