

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G503	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 293 SUMMIT VIEW DRIVE CORYDON, IN 47112
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(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
W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 18, 19, 20 and 21, 2015.</p> <p>Facility Number: 001017 Provider Number: 15G503 AIM Number: 100385650</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0255 Bldg. 00	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to review the client's goal of identifying the purpose for taking the medication Sertraline (Zoloft) and to revise the goal when the client had successfully satisfied the criteria set forth.</p>	W 0255	<p>W255</p> <p>Corrective Action: The medication goal for client #2 was changed to a new medication goal with new objectives. This was put in the ISP. Staff at the group home have been instructed on the new goal and the client is now training on it. To protect other clients the QIDP will review all clients' goal objectives</p>	06/20/2015

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>Findings include:</p> <p>During the morning medication pass on May 19, 2015 at 7:25 am, staff #4 asked client #2 why he took the medication Sertraline (Zoloft). He stated "It is for depression." Staff #4 indicated it was client #2's medication goal to know why he takes Sertraline.</p> <p>During record review for client #2 on 5/20/15 at 9:40 am, the MAR (Medication Administration Record) for 5/1/15 - 5/31/15 indicated client #2 took "Sertraline HCL (Hydrochloride) 100 mg (milligrams) tablet - 1.5 tablet by mouth (150 mg, total) at 7 am for depression." Review of client #2's Individual Support Plan (ISP) dated 6/10/14 indicated his medication goal was to "state why he takes his medication Zoloft" and his criteria to satisfy the goal was set at 89% (percent) for the first quarter, 90% for the second quarter, 91% for the 3rd quarter, and 92% for the 4th quarter. A form entitled Q-Note #3 dated 3/10/2015 indicated client #2 had satisfied the goal at 100%, consecutively for the first 3 quarters. Review of client #2's ISP dated 6/14/2013 indicated client #2's medication goal was to "state why he takes the medication Zoloft" and his criteria to satisfy the goals was set at 50% for the first 3 quarters and 65% for the</p>		<p>to insure that the criteria has not been completed for the previous quarters. If the objectives have been met, the goal(s) will be revised and an addendum will be put in the current ISP. Staff will be instructed on any changes made to the goals and training with the client.</p> <p>To prevent recurrence the QIDP will review the quarterly notes on all clients to check for objectives that have been achieved and will revise the goals accordingly.</p> <p>To ensure that the goals are revised by the QIDP and objectives are changed when accomplished by the clients, the IDT team will do an additional review of the quarterly notes at the clients' annual conferences.</p> <p>Responsible parties will include the QIDP and IDT team.</p>				

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	<p>4th quarter. A form entitled Q-Note #4 dated 6/10/14 indicated client #2 had satisfied the criteria at 100% for the 4 previous quarters.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/20/15 at 10:35 am. She stated "[Client #2] had satisfied the goal last year but it was the facility's policy to keep raising the criteria."</p> <p>9-3-4(a)</p>			
W 0473 Bldg. 00	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview for 2 of 4 sampled clients (#1 and #3) and 1 additional client (#5), the facility failed to serve scrambled eggs and toast at an appropriate temperature.</p>	W 0473	<p>W473 Corrective Action: The group home manager held a meeting with all staff and retrained them on the correct procedure for meal prep and the guidelines for serving hot foods. To protect other clients all group</p>	06/20/2015

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	<p>Findings include:</p> <p>During morning observation at the Group Home on 5/19/15 between 5:30 am and 8:55 am, staff #5 placed three plates with scrambled eggs and toast with butter and jelly on the dining room table at 7:10 am. The food sat on the plates until 7:45 am when clients #1, #3 and #5 were prompted by staff #5 to sit down and eat their breakfast.</p> <p>During interview with the Group Home Manager on 5/20/15 at 10:05 am, she stated "The clients should not have waited over a half an hour to sit down to eat their breakfast consisting of scrambled eggs and toast with butter and jelly. In the future I will instruct the staff to keep the scrambled eggs in a skillet so the clients can serve themselves as soon as they are going to sit down. Then the staff can help the clients prepare the toast at the same time. The food can then be served hot."</p> <p>9-3-8(a)</p>		<p>home managers have been advised to retrain their staff on the correct procedure for meal prep and serving hot foods. Training records on this matter will be sent to the Residential Director.</p> <p>To prevent recurrence the policy and procedure committee along with the dietician will update policies to ensure that they are in compliance with the guidelines on preparation and serving of foods. All new staff will be trained in orientation on the correct procedures for preparing and serving foods.</p> <p>To ensure that the guidelines of the food preparation and serving of hot meals to the clients' are followed by staff, the group home managers will do unannounced visits during mealtimes. These visits will include various days and times to ensure that all staff are carrying out the correct procedures. If any staff are found to be deficient in following the proper guidelines during the managers' unexpected visits, additional training will be given to that staff.</p> <p>Responsible parties will include the group home manager.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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