

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2015
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923
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W 0000  Bldg. 00	This visit was for a fundamental recertification and state licensure survey.  Dates of Survey: 11/4, 11/5, 11/6, 11/9, 11/10, and 11/12/2015.  Facility Number: 000827 Provider Number: 15G308 AIM Number: 100235060  The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/20/15.	W 0000		
W 0104  Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the governing body failed to exercise operating direction over the facility to ensure the facility completed maintenance and repairs for clients #1, #2, #3, #4, #5, and #6's group home.  Findings include:	W 0104	Maintenance replaced mirrors and cabinet in the bathroom on November 17, 2015. Maintenance repainted walls of hallways on December 3, 2015. Kitchen and Bathrooms are scheduled for a remodeling on December 7th with an outside service; to replace counter tops, cabinets, and flooring. Light fixture for client 1's bedroom will also be included in the remodeling. Work Orders that were submitted were	12/07/2015

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>During observations on 11/4/15 from 4:25pm until 6:40pm, and on 11/5/15 from 6:00am until 7:40am, clients #1, #2, #3, #4, #5, and #6 were observed at the group home and the following maintenance items were identified with the Group Home Manager (GHM):</p> <ul style="list-style-type: none"> <li>-Clients #2 and #4's shared bathroom inside their shared bedroom had a mirror with chipped glass on it and the mirror's wooden finish was chipped and worn.</li> <li>-Client #2 and #4's shared bedroom had three (3) of four (4) walls with marks on them and worn paint.</li> <li>-Client #2 and #4's shared bathroom had a wooden cabinet with worn finish and had water damage that had bubbled into the wooden finish.</li> <li>-The paint on four of four (4 of 4) of client #3's bedroom walls was worn, and 2 of 4 walls had dry wall repairs and needed to be repainted.</li> <li>-The bathroom floor off the kitchen had a soft floor which lowered when walked on.</li> <li>-The kitchen counter tops and seventeen of seventeen (17 of 17) wooden cabinets had worn finish with stains and discoloration in the finish.</li> <li>-The kitchen ceiling was stained and a four foot section of ceiling was covered with a piece of wood.</li> </ul>		<p>reviewed and plans of completion were developed in November the 14th. Monitoring of the listed work orders will be done by Group home supervisor weekly until completed. The maintenance supervisor will monitor work order list and completion of all work orders weekly. Habilitation Coordinator will complete a visual check of area to ensure completion on November 30, 2015. Quality Assurance Specialist will implement a monthly inspection of the group home to include follow up of any work orders. CDC administrator or designee will follow up with maintenance monthly to ensure timeliness of maintenance repairs as originated on work.</p>		

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	<p>-Three of three walls inside the kitchen had stains, worn finish, and needed to be repainted.</p> <p>-Two of four walls in the living room had stains, worn finish, and needed to be repainted.</p> <p>-Client #1's bedroom had no ceiling light and was lit by a single lamp.</p> <p>-Two of two hallway walls had repaired holes in the dry wall, stains on the walls, and needed to be repainted.</p> <p>On 11/5/15 at 11:05am, the HD (Habilitation Director) provided the facility's undated "2015 Work Orders" which indicated:</p> <p>-The "paint finish on [client #3's] bedroom walls was worn, had dry wall repairs, and needed repainted."</p> <p>-The "bathroom floor off the kitchen had a soft floor and lowered when walked on."</p> <p>-The "kitchen counter tops, wooden cabinets, and would be completed with a remodel."</p> <p>-The kitchen ceiling was "stained."</p> <p>-Three of three walls inside the "kitchen had stains, worn finish, and needed repainted."</p> <p>-Two of four walls in the "living room had stains, worn finish, and needed repainted."</p> <p>-Client #1's "bedroom had no ceiling light" and was lit by a single lamp.</p>			

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W 0227  Bldg. 00	<p>-Two of two "hallway walls" had repaired holes in the dry wall, stains on the walls, and "needed repainted."</p> <p>On 11/12/15 at 3:30pm, an interview with the Habilitation Director (HD), the Group Home Supervisor (GHS), and the Quality Assurance Director (QAD) was conducted. The HD indicated clients #1, #2, #3, #4, #5, and #6's group home had the identified maintenance issues being addressed and the repairs were being scheduled. The HD indicated the facility was on the list to be remodeled and they were waiting for the remodel to be completed. The HD indicated no further information was available for review.</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #2), the facility failed to develop a training program to address client #2's identified suicidal ideation behavior.</p> <p>Findings include:</p>	W 0227	<p>QIDP reviewed client's active treatment program on November 16, 2015. Client 2 Behavior Support plan updated on December 1, 2015 staff trained on updated plan by December 10, 2015. QIDP updated ISP on December 1, 2015 to include suicide ideation behavior and the use of psychotropic medications.</p>	12/07/2015

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	<p>On 11/4/15 at 1:40pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports indicated the following for client #2: -An 10/12/15 BDDS report for an incident on 10/11/15 at 10:05am indicated client #2 "was sitting in the living room watching TV (Television). [Client #2] was upset when a housemate left the group home for an outing. Staff heard [client #2] making sounds like she was crying, staff asked her what was wrong, [client #2] stated that she was going to take her own life." The report indicated client #2 "did not have a plan on how she intended on taking her own life." The report indicated staff kept client #2 in "visual supervision at all time during waking hours."</p> <p>Client #2's record was reviewed on 11/5/15 at 11:10am. Client #2's 4/18/2015 ISP (Individual Support Plan) and 7/2015 BSP (Behavior Support Plan) did not include the behavior of Suicidal Ideation.</p> <p>On 11/12/15 at 3:30pm, an interview with the Habilitation Director (HD), the Group Home Supervisor (GHS), and the Quality Assurance Director (QAD) was conducted. The HD and the QAD both indicated client #2 had suicidal ideation behavior and did not have a plan for</p>		<p>Apsychotropic medication change form will be completed by staff for any medication changes for psychotropic medications beginning December 10th. QIDP will monitor form as received and update psychotropic medications. Group Home Supervisor will complete 2 QI's weekly for 30 days then one weekly. QIDP will complete a quality inspection once a week to observe at home of clients. QI's are to visually observe and monitor program implementation</p>		

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W 0312 Bldg. 00	<p>client #2's behaviors. The HD indicated client #2's suicidal ideation behavior had not been added to her BSP. The HD and the QAD both indicated no further information was available for review.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on interview and record review for 1 of 2 sampled clients with behavior controlling medications (client #2), the facility failed to have an active treatment program for the use of client #2's Bupirone medication which was used for anxiety behaviors. The facility failed to develop a plan for client #2's medication which included a plan of reduction based on the behaviors for which the client was prescribed the medication.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 11/5/15 at 11:10am. Client #2's 9/23/15 physician's orders indicated client #2 received "Bupirone tab 5mg</p>	W 0312	<p>QIDP reviewed client's active treatment program on November 16, 2015. Client 2 Behavior Support plan updated on December 1, 2015 staff trained on updated plan by December 10, 2015. QIDP updated ISP on December 1, 2015 to include suicide ideation behavior and the use of psychotropic medications. A psychotropic medication change form will be completed by staff for any medication changes for psychotropic medications beginning December 10th. QIDP will monitor form as received and update psychotropic medications. Group Home Supervisor will complete 2 QI's weekly for 30 days then one weekly. QIDP will complete a quality inspection once a week to observe at home of clients. QI's are to visually observe and</p>	12/07/2015	

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	<p>(milligrams) three times a day Diagnosis: Anger/Anxiety (prescribed on 1/22/2013." Client #2's 4/18/2015 ISP (Individual Support Plan) and 7/2015 BSP (Behavior Support Plan) did not indicate the use of Buspirone 5mg three times a day for behaviors. Client #2's BSP indicated targeted behaviors of soils self and physical aggression. Client #2's Buspirone was not included into the BSP and/or her 4/18/15 ISP (Individual Support Plan). Client #2's record did not include a plan of reduction based on the behaviors for which the medication was prescribed.</p> <p>On 11/12/15 at 3:30pm, an interview with the Habilitation Director (HD), the Group Home Supervisor (GHS), and the Quality Assurance Director (QAD) was conducted. The HD indicated client #2's Buspirone 5mg was prescribed to help client #2 with her behaviors. The HD indicated no active treatment program was available for review which included client #2's Buspirone medication. The HD and QAD both indicated client #2's Buspirone medication was overlooked and was not incorporated client #2's BSP and plan of reduction.</p> <p>9-3-5(a)</p>		monitor program implementation.				

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W 0455  Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to implement and teach sanitary methods when opportunities existed for clients #1, #2, #3, #4, #5, and #6.</p> <p>Findings include:</p> <p>During observation on 11/4/15 from 4:25pm until 6:40pm, client #1, #2, #3, #4, #5, and #6 walked throughout the group home, client #5 changed the television with the remote control, clients #1, #2, #3, #4, and #6 cleaned out their lunch boxes, client #1 loaded the dish washer with dirty dishes, and did not wash their hands. At 5:45pm, clients #1, #3, #4, and #6 carried items from the kitchen to set on the dining room table and no handwashing was observed. Client #6 drank from his can of Pepsi in the kitchen, carried items to the table, and no handwashing was observed. At 6:05pm, clients #1, #2, #3, #4, #5, and #6 sat down at the dining room table with GHS (Group Home Staff) #3 and GHS #4, passed food in serving dishes around</p>	W 0455	Staff were retrained on how to encourage clients to wash hands on December 4, 2015. A staff meeting was held on to include specific guidelines for prevention, control and investigation of infection control on December the 4th. Infection Control annual training has been updated to include training staff to have the clients use infection control guidelines to include specifics in the area of hand washing. Staff retrained on the update at the staff meeting. Monitoring will be done by the Group Home Supervisor completing two QI (Quality Inspections) to ensure staff are complying with clients washing hands weekly for 30 days; then 1 weekly for 90 days. Habilitation Coordinator will complete 1 QI weekly for thirty days and Program Manager will complete QI 1 monthly to ensure Infection Control Guidelines are being followed. QI's are to visually observe and monitor program implementation.	12/07/2015			

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	<p>the table, and no handwashing was observed. From 6:05pm until 6:40pm, clients #2, #3, and #4 ate taco lettuce salad with seasoned hamburger, ranch dressing, and sour cream with their fingers and no redirection was observed. Client #3 dropped food onto the table, picked up the food with his fingers, and ate the food without staff encouragement to use a utensil and to wash his hands.</p> <p>On 11/12/15 at 3:30pm, an interview with the Habilitation Director (HD), the Group Home Supervisor (GHS), and the Quality Assurance Director (QAD) was conducted. The HD indicated clients #1, #2, #3, #4, #5, and #6 should have been taught and encouraged to wash their hands before dining. The HD indicated clients #2, #3, and #4 should have been taught and encouraged to use their utensils to eat with instead of their fingers. The HD indicated the facility followed Universal Precautions taught in Core A/Core B Medication Administration training.</p> <p>On 11/12/15 at 3:30pm, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included washing hands before medication administration, before eating, and after using the restroom.</p>			

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W 0475 Bldg. 00	<p>9-3-7(a)</p> <p>483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils. Based on observation, record review, and interview, for 2 of 3 sampled clients (clients #2 and #3) and 1 additional client (client #4), the facility failed to encourage the use of utensils during dining opportunities.</p> <p>Findings include:</p> <p>On 11/4/15 from 4:25pm until 6:40pm, observation was conducted at the group home. From 6:05pm until 6:40pm, clients #2, #3, and #4 ate taco lettuce salad with seasoned hamburger, ranch dressing, and sour cream with their fingers and no redirection was observed. Client #3 dropped food onto the table, picked up the food with his fingers, and ate the food without staff encouragement to use a utensil and to wash his hands. From 6:05pm until 6:40pm, clients #2, #3, and #4 were not taught or encouraged to use utensils to consume their taco salad.</p> <p>Client #2's record was reviewed on 11/5/15 at 11:10am. Client #2's 4/17/15</p>	W 0475	<p>Staff were retrained on how to encourage clients to use utensils on December 4, 2015. A staff meeting was held on to include specific guidelines for usage of utensils, prevention, control and investigation of infection control on December the 4th. Staff retrained on the update at the staff meeting. Monitoring will be done by the Group Home Supervisor completing two QI (Quality Inspections) to ensure staff are complying with clients using utensils weekly for 30 days; then 1 weekly for 90 days. Habilitation Coordinator will complete 1 QI weekly for thirty days and Program Manager will complete QI 1 monthly to ensure Infection Control Guidelines are being followed. QI's are to visually observe and monitor program implementation.</p>	12/07/2015

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	<p>"Developmental Assessment" indicated client #2 had the skill to use utensils to eat.</p> <p>Client #3's record was reviewed on 11/5/15 at 1:15pm. Client #3's 4/11/15 "Developmental Assessment" indicated "Eating: [client #3] feeds himself causing considerable spilling with a spoon and a fork...He throws food...drops food on the table and floor...He plays in his food with his fingers."</p> <p>On 11/12/15 at 3:30pm, an interview with the Habilitation Director (HD), the Group Home Supervisor (GHS), and the Quality Assurance Director (QAD) was conducted. The HD indicated clients #2, #3, and #4 should have been taught and encouraged to use their utensils to eat with instead of their fingers.</p> <p>9-3-8(a)</p>			