

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G124	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/29/2011
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NAME OF PROVIDER OR SUPPLIER HOPEWELL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2412 NICHOL AVE ANDERSON, IN46015
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 28 and 29, 2011.</p> <p>Facility number: 000661 Provider number: 15G124 AIM number: 100248720</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 12/13/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general direction in a manner to ensure 2 of 2 sample clients (clients #1 and #2) did not pay for their own haircuts and dental care.</p>	W0104	To assure compliance with W104, check requisitions have been approved for client #1 for \$45.00 to reimburse for haircuts and for client # 2 for \$44.00 to reimburse for dental care. Person Responsible: Community Services Director To assure ongoing compliance for all clients,	12/23/2011

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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W0331	<p>Findings include:</p> <p>1. On 11/29/11 at 9:49 AM a record review for client #1 was completed. The money ledger sheet review indicated client #1 had paid for the following: her hair cuts on 08/06/11, 09/27/11 and on 10/30/11, each in the amount of \$15.00 for a total amount of \$45.00.</p> <p>2. On 11/29/11 at 9:58 AM a record review for client #2 was completed. The money ledger sheet review indicated client #2 had paid \$44.00 for dental care on 08/25/11.</p> <p>On 11/29/11 at 12:45 PM an interview was conducted with the Qualified Mental Retardation Professional (QMRP). The QMRP indicated client #1 paid for her own hair cuts and client #2 paid for her dental care and had not been reimbursed by the facility.</p> <p>9-3-1(a)</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the</p>	W0331	<p>facility will now offer to all residents up to \$15.00 towards the price of a haircut regardless of whether they chose to use facility arranged provider or make their own arrangements. Additionally, facility will assure residents are not being charged for recommended dental or medical care services. Facility provision list has been revised to include haircuts and recommended medical and dental care fees. (Attachment A)Person Responsible: QMRP</p> <p>To assure compliance with W331, client #1 risk plan for</p>	12/23/2011	

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	<p>facility failed for 2 of 2 sampled clients (clients #1 and #2) by not ensuring clients received nursing services according to their medical needs, by not updating client #1's risk plan for constipation and by not obtaining a follow-up appointment with client #2's neurologist as ordered.</p> <p>Findings include:</p> <p>1. On 11/28/11 at 11:30 AM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following incident:</p> <p>06/15/11: A BDDS report submitted 06/16/11 for an incident on 06/15/11 at 2:30 PM indicated client #1 had been taken to the hospital for complaints of dizziness, chest pain and abdominal pain. The BDDS report indicated several tests were completed and the diagnosis was constipation. Client A was discharged back home with new medication orders for the constipation.</p> <p>Client #1's records were reviewed on 11/29/11 at 10:00 AM. Client #1's record review included review of the following dated documents:</p> <p>06/29/11: A risk plan for constipation dated 06/29/11 indicated client #1 was to</p>		<p>constipation has now been updated to reflect most current medication orders. (Attachment B) Client #2 was seen by her neurologist on 12-12-11. No concerns noted and recommended follow up appointment for 6 months has been scheduled.(Attachment C)Person Responsible: Facility NurseTo assure ongoing compliance with W331 for all clients, nurse will now be required to update risk plans within 7 days of applicable medication changes. Revised risk plans will be submitted to QMRP for compliance. All risk plans will be reviewed at the quarterly IDT meeting with any recommended updates being completed within 7 days of meeting.Additionally, a new procedure for scheduling follow up appointments will be implemented. The new procedure will include the scheduling of all follow up appointments recommended at time of office visits to be scheduled by staff at time of original appointment. All follow up appointments will be recorded in the annual appointment schedule book by staff. Facility nurse to assure follow up appointments are scheduled when charting notes from all MD appointments.Person Responsible: Facility Nurse</p>		

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	<p>receive Docusate Sodium 100 mg (milligram) and Miralax for the constipation along with 4 oz (ounces) of prune juice twice daily.</p> <p>11/09/11: An IDT (Inter-disciplinary Team) meeting was held and indicated client #1 had recently seen the gastroenterologist who ordered the Docusate Sodium, the Miralax and the prune juice to be discontinued.</p> <p>On 11/29/11 at 12:45 PM an interview was conducted with the Qualified Mental Retardation Professional (QMRP). The QMRP indicated the nurse had failed to update the constipation risk plan to reflect these changes.</p> <p>2. Client #2's records were reviewed on 11/29/11 at 11:00 AM. Client #2's record review included review of the following dated document:</p> <p>02/22/11: A physician's report dated 02/22/11 indicated client #2 had been seen by her neurologist for her seizure diagnosis and medication monitoring. The report indicated client #2 was to return in 6 months for a follow-up appointment.</p> <p>A review of the remainder of client #2's record did not indicated she had the</p>				

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W0441	<p>follow-up appointment.</p> <p>On 11/29/11 at 12:45 PM an interview was conducted with the Qualified Mental Retardation Professional (QMRP). The QMRP indicated the nurse had failed to obtain a follow-up appointment for client #2 and she had not had a follow-up to date.</p> <p>9-3-6(a)</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>Based on record review and interview for 4 of 4 clients livings in home (clients #1, #2, #3 and #4), the facility failed to conduct evacuation drills at various times and conditions on the day shift (06:00 AM to 03:00 PM and the night shift (12:00 AM to 6:00 AM).</p> <p>Findings include:</p> <p>On 11/28/11 at 12:30 PM, the evacuation drill records for the months of October 2010 to November 2011 were reviewed. All of the clients residing in the home (clients #1, #2, #3 and #4) participated in</p>	W0441	<p>To assure compliance with W441, new procedure for scheduling evacuation drills will be implemented by house manager. House manager will now assign a specific 2 hour timeframe for each drill to be conducted to assure that drills are being carried out at various times and conditions. Completed drills will be returned to QMRP to assure compliance. Revised drill schedule for 2012 detailing new format included. (Attachment D)Person Responsible: House manager</p>	12/23/2011	

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	<p>the drills.</p> <p>The reports documented 5 evacuation "day shift" drills on the following dates and times: 01/11/11 at 8:05 AM 04/12/11 at 8:05 AM 07/12/11 at 8:05 AM 09/15/11 at 7:58 AM 10/12/11 at 8:10 AM Five of the five drills occurred between 7:58 AM and 8:10 AM.</p> <p>The reports documented 6 evacuation "night shift" drills on the following dates and times: 11/11/10 at 5:36 AM 02/12/11 at 5:50 AM 05/13/11 at 5:45 AM 06/09/11 at 5:45 AM 08/15/11 at 5:45 AM Five of the five drills occurred between 5:36 AM and 5:50 AM.</p> <p>On 11/29/11 at 12:45 PM an interview was conducted with the Qualified Mental Retardation Professional (QMRP). The QMRP indicated all drills are to be held at varied times of the shift.</p> <p>9-3-7(a)</p>				

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W0460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 1 client (client #4) who was on a modified diet to follow diet orders.</p> <p>Findings include:</p> <p>On 11/29/11 from 6:35 AM until 8:00 AM observations at the group home were completed. At 7:15 AM client #4 opened a pack of oatmeal, emptied it into a bowl, opened a second pack of oatmeal and emptied it into the same bowl. Staff #1 was the only staff in the home and was in the medication room. Client #2 entered the kitchen and saw client #4's oatmeal bowl. Client #2 stated, "Sometimes [client #4] uses two packages of oatmeal but she is only supposed to have one." At 7:31 AM client #4 poured milk onto the oatmeal and placed the bowl, with the metal spoon in it into the microwave. Client #4 set the microwave for 12 seconds and turned on the microwave. After the 12 seconds were up, client #4 obtained the bowl and carried it to the dining room table. At 7:39 AM client #4 obtained a plastic container from the refrigerator, opened the container which contained cut up pieces of her sandwich</p>	W0460	<p>To assure compliance with W460 for client #4, training program has been implemented to review the am menu including breakfast items to be prepared and portion sizes to follow diet orders. (Attachment E) To assure ongoing compliance with W460 for all clients, facility will increase staff supervision of meal preparation. The location of the medication administration area is being re-located to allow staff closer proximity to kitchen area to increase supervision of meal prep between medication administration duties. Person Responsible: House manager and QMRP</p>	12/23/2011	

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	<p>for lunch. Client #4 took two handfuls and put them into her mouth, closed the container and placed the container into her lunch box.</p> <p>Client #4's records were reviewed on 11/29/11 at 11:40 AM. Client #4's record contained a Choking Risk Assessment dated 12/09/10 which indicated client #4 was at risk for choking. A dietary quarterly assessment dated 09/08/11 indicated client #4 was on a 1500 cal (calorie) Low Cholesterol and no caffeine, with food cut into 1/2" pieces. The review indicated client #4 was to be supervised when eating.</p> <p>On 11/29/11 at 12:45 PM an interview was conducted with the Qualified Mental Retardation Professional (QMRP). The QMRP indicated client #4 should not be eating two packs of oatmeal for breakfast and she should be supervised when eating.</p> <p>9-3-8(a)</p>				