

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2014
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 622 MAIN ST RUSHVILLE, IN 46173
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: March 3 and 4, 2014.</p> <p>Facility Number: 000789 Provider Number: 15G269 AIMS Number: 100234980</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/7/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sample clients (#3) and 1 additional client (#6), the facility failed to implement written policy and procedures to ensure all allegations of client to client abuse were reported immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in</p>	W000149	<p>The facility policy which states that allegations of abuse, neglect exploitation and mistreatment will be reported and thoroughly investigated was not followed by this QIDP. The QIDP was made aware of the stated incident between client #3 and #6 when it occurred but did not report, following the BDDS guidelines due to no significant injury. Staff were retrained on 3/5/2014 on</p>	04/02/2014

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>accordance with state law.</p> <p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 3/4/14 at 10 AM. The undated "Consumer Abuse Policy and Incident Reporting" indicated "Abuse, neglect, exploitation and mistreatment of a consumer are unacceptable and will not be tolerated at Residential CRF, Inc..... Residential CRF, Inc. will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source... reported immediately to the supervisor and to other officials in accordance with State Law."</p> <p>Please see W153: For 1 of 1 allegation of client to client abuse for clients #3 and #6, the facility failed to immediately report the allegation of abuse to the administrator and to BDDS and APS in accordance with state law.</p> <p>9-3-2(a)</p>		<p>Investigation Training given by Steve Corya. This staff failed to follow federal guidelines on these incidents, following BDDS guidelines instead on reporting procedures. The QIDP and Supervisor have been retrained on reporting and investigation procedures. QIDP will assure that incidents will be reported per company and federal guidelines. QIDP will notify staff of differences of BDDS and federal guidelines and assure that all necessary individuals are notified in the event of a reportable or unknown incident. Responsible: QIDP, Supervisor, Administrator</p>		

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W000153	<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. Based on record review and interview for 1 of 1 allegation of client to client abuse for clients #3 and #6, the facility failed to immediately report the allegation of abuse to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) and Adult Protective Services (APS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 3/4/14 at 10 AM. The facility Incident/Accident report of 11/25/13 indicated at 7:15 AM client #3 reported he was walking through the living room and bumped into client #6 and in turn client #6 hit client #3 in the back with his fist. The report indicated the incident was not observed by staff and client #6 told staff he hit client #3 "because [client #3] did not say excuse me."</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on</p>	W000153	The QIDP and Supervisor have been retrained on incident reporting guidelines for Reporting Mistreatment, Neglect and Abuse and Incidents of Unknown Source on March 5, 2014 by Steve Corya. This QIDP was following BDDS guidelines and since there was no injury, the incident was not formally reported. The QIDP and supervisor will assure that such incidents will be reported and thoroughly investigated per federal guidelines and company policy. QIDP will notify staff of differences of BDDS and federal guidelines and assure that all necessary individuals are notified in the event of a reportable or unknown incident. Responsible: QIDP, Supervisor, Administrator	04/02/2014			

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W000331	<p>3/4/14 at 3 PM indicated the administrator, BDDS and APS were not notified of the client to client abuse. The QIDP indicated the facility followed the guidelines sent out from BDDS. The QIDP stated, "We understood it to mean we only had to report it (client to client abuse) if there was a significant injury."</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sample clients (#1), the facility nursing services failed to address client #1's need for routine screening lab work with the client's physician.</p> <p>Findings included:</p> <p>Client #1's record was reviewed on 3/4/14 at 12:30 PM. Client #1's record indicated client #1 was a middle aged male. Client #1's 1/31/14 physician's orders indicated client #1 was taking Toprol 50 milligrams a day for hypertension (high blood pressure). Client #1's record indicated client #1's most current lab (blood and urine) tests were conducted in 1998.</p>	W000331	<p>Client #1 returned to his primary physician and a full panel of labs were drawn. The nurse will request that the physician consider labs annually for all of the clients, even those who do not take a routine medication. Since physician's nurse indicated that showhow "client #1 slipped through the cracks", and residential nurse also missed this, a routine audit of the charts will be completed, at minimum annually, to assure that medical needs, including labs, tests or evaluations are completed in a timely manner. Responsible: Nursing, QIDP, Administrative staff</p>	04/02/2014

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	<p>Interview with the facility LPN on 3/4/14 at 3 PM indicated client #1 was started on Toprol for hypertension in February 2013 and prior to that client #1 had not taken any medications. When asked if client #1's physician had conducted baseline screening lab work prior to starting client #1 on Toprol, the LPN indicated she didn't know and would have to call the doctor's office. After checking with client #1's physician's office, the LPN indicated client #1's most current labs were drawn in 2005 and the doctor's office would be faxing them to the LPN. When the LPN was asked if she had addressed the need for more current lab tests in regard to client #1's new diagnosis of hypertension, the LPN indicated she had not. The LPN stated the nurse at client #1's office indicated client #1 had somehow "slipped through the cracks" and "should have had" lab tests conducted. The LPN stated client #1 would be going "tomorrow morning" to have lab work conducted.</p> <p>9-3-6(a)</p>				