

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 124 BLACKHAWK LN WEST LAFAYETTE, IN 47906
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W000000	<p>This visit was a post certification revisit to a full recertification and state licensure survey completed on November 14, 2014.</p> <p>Dates of survey: January 9, 12, 13, and 15, 2015</p> <p>Facility number: 000784 Provider number: 15G264 AIM number: 100243500</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/27/15 by Dotty Walton, QIDP and 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.</p> <p>Based on record review and interview, the facility failed to develop and/or implement abuse/neglect policies and procedures to investigate an injury of unknown origin for 1 of 3 sampled</p>	W000149	The facility currently has protocols and policies mandated specifically to ensure the protection of clients within the facility. The facility currently mandates that all staff adhere to the policy and procedure on mistreatment, neglect or abuse	02/14/2015

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>clients (#2).</p> <p>Based on record review and interview, the facility failed to develop and/or implement abuse/neglect policies and procedures to thoroughly investigate a fall out of bed to ensure proper use of bed rails for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>1) On 1/9/15 at 4:11 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 12/3/14 to 1/9/15 were reviewed. A BDDS report dated 12/3/14 indicated "[Client #2] has been recently diagnosed with heel spurs and occasionally experiences pain from them from time to time. [Client #2] was sitting at a table and went to get up but then lost his balance due to recent pain from the heel spurs, which in turn caused him to fall on his side. Staff assisted him up and began monitoring vitals per fall protocol. [Client #2] had no injury and was found to be fine." The report indicated "staff were advised to implement fall protocol as necessary. [Client #2] to obtain new shoes at a specialty shoe store to assist with his his heel spurs. [Client #2] is doing fine and there have been no further issues."</p>		<p>to protect the clients. The procedures are carried out to prevent recurrence of the above. All new employees and supervisors are trained on the policy and the procedure for protecting clients from harm.</p> <p>The facility Area Director will train the Program Director on the abuse/neglect policy, as well as ensuring protocols and/or corrective measures are implemented to protect the individuals from recurrence and/or further injury. Additionally, the Program Director will be trained on ensuring complete and thorough investigations including assessing the environment, staffing levels, adaptive equipment utilized, interviewing other individuals, notifying on-call nurse, and completing recommendations. The facility Area Director will also train the Program Director on BDDS reportable incidents, and ensuring investigations occur for injuries of unknown origin.</p> <p>In the future, the facility will follow the protocol and the state regulation for the supervisor to complete a BDDS report and investigation for instances including, but not limited to, injuries of unknown origin. The Program Director will ensure complete and thorough investigations take place for each instance and recommendations are implemented</p>				

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	<p>On 1/13/15 at 11:49 AM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, seizure disorder, autism, bone loss, and history of fracture. Client #2's "Nursing Progress Note" dated 12/2/14 at 8:02 AM indicated Client #2's "right foot has red area on right side and top of foot. Client is saying 'oww' and limping. When asked if there was a wound, and advised no. Instructed to wash with warm soap and water. Then apply ice 20 minutes on/off and give Tylenol (acetaminophen)." A nurses note dated 12/2/14 at 6:51 PM indicated "[Client #2] went to urgent care for evaluation of foot. Dr. says he has a heel spur and foot strain. He is to take Tylenol or ibuprofen, ice foot and wear firm sole shoes." A nurse's note dated 12/3/14 at 11:43 AM indicated "...[Client #2] fell at Day Services. No apparent injuries. Writer drove to day services, assessed client. Moving all extremities well. Does appear to be limping. Has diagnosis of heel spur which can cause pain upon rising."</p> <p>Record review of a "Medical Appointment Form" dated 12/2/14 indicated Client #2's "right foot red, swollen and he is limping." The urgent care discharge summary dated 12/2/14 indicated Client #2 had "R (right) foot</p>		<p>to prevent future recurrence of the incident. Investigations will be reviewed by the Area Director and/or the Quality Assurance Specialist to ensure completion, accuracy and thoroughness. Person responsible: Area Director</p>	

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	<p>red and swollen x (times) 2 days." The summary indicated "primary encounter diagnosis" as "right foot strain."</p> <p>On 1/13/15 at 1:18 PM during an interview, Client #2's QIDP (Qualified Intellectual Disabilities Professional) indicated Client #2's swollen and red right foot which resulted in an urgent care visit on 12/2/14 was not investigated as an injury of unknown origin. The QIDP stated they "just thought" the redness was a result of his shoe rubbing his foot. The facility RN (registered nurse) indicated Client #2 had been diagnosed with a heel spur also but did not know if Client #2's diagnosis of "foot strain" was caused by the heel spur.</p> <p>2) On 1/9/15 at 4:11 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 12/3/14 to 1/9/15 were reviewed. A BDDS report dated 12/17/14 indicated "...[Client #2] had been diagnosed with the flu and since then has stayed home to rest due to lethargy. The home manager stayed home with [Client #2] who had been asleep for most of the morning. She heard a noise coming from [Client #2]'s room and went in to find [Client #2] on the floor. She checked him for injury but found none. However, [Client #2] would not get up</p>			

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	<p>off the floor and began signing signs that he associates with a doctor. [HM (house manager)] then called this writer for assistance and began monitoring [Client #2]'s vitals per fall protocol." The report indicated "this writer and the home manager were able to encourage [Client #2] to get up about 20 minutes later. [Client #2] was found very weak and could barely walk so he was put in a wheelchair. The decision was then made to take [Client #2] to the ER (emergency room) for his unusual behavior." The report indicated all tests completed came back within normal limits. The follow up report indicated Client #2 was diagnosed with "generalized weakness from the flu and is getting around much better with no issues."</p> <p>The investigation dated 12/20/14 indicated Client #2 "has the diagnoses of [Severe Intellectual Disabilities], autism and a seizure disorder." The investigation indicated Client #2 "has both a Seizure and Fall protocol in place. When [Client #2] has a seizure, he sometimes becomes very weak and lethargic." The factual findings of the investigation indicated "[HM (house manager) stated that [Client #2] had been sleeping all day and that she had just given him his medications and he went back to sleep. She stated that she was in the dinning [sic] room and heard a</p>			

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	<p>noise. She went into [Client #2]'s room to find him on the floor. He began signing the words 'big pop' and counting to three which he typically associates with the doctor. She notified this writer who then notified the nurse and went to the home to see what was wrong." The investigation indicated Client #2 "was asked if he had had a seizure and at first he shook his head 'yes'. [Client #2] seemed slightly shook (sic) up similar to that as when he has a seizure. [Client #2]'s vitals were taken and arrangements were made to get him to the ER (emergency room) to be checked out since this was unusual behavior for [Client #2]." The investigation's "Environmental Assessment" indicated "[Client #2]'s room was accessed (sic) and no obstacles were found to be in the way that could have caused [Client #2] to fall. [Client #2] was found to be wearing his helmet during the fall."</p> <p>On 1/13/15 at 11:49 AM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, seizure disorder, autism, bone loss, and history of fracture.</p> <p>Record review indicated Client #2 had an ISP (Individual Support Plan) dated 6/4/14. Record review indicated Client #2 had a "Fall Protocol" dated 4/27/11</p>			

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	<p>with a review date of 6/5/13. Client #2's fall protocol indicated "[Client #2] generally walks independently with a steady gait. If falls occur it is often with a seizure." The fall protocol indicated Client #2 "does use a seizure helmet to protect head."</p> <p>Record review indicated Client #2 had a "Seizure Protocol" dated 5/6/11 with a review date of 6/5/13 which indicated Client #2's "seizures are most often grand mal seizures. [Client #2] will fall &amp; (and) all extremities will shake or jerk. At times he will lose consciousness &amp; be inc (incontinent) of urine." Client #2's seizure protocol indicated Client #2 used a helmet and padded side rails as safety supports.</p> <p>On 1/13/15 at 1:18 PM during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she conducted the investigation when Client #2 was found on the floor. The QIDP indicated Client #2's side rails are used for safety during seizures. The QIDP indicated whether Client #2's side rails were up while he was in bed was not in the investigation.</p> <p>On 1/13/15 at 11:35 AM, the facility's policy dated April 2011 was reviewed. Review of the policy entitled "Quality</p>			

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	<p>and Risk Management" indicated: "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services....e. Failure to provide appropriate supervision, care or training. g. Failure to provide food and medical services as needed. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services."</p> <p>This deficiency was cited on 11/14/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate a fall for potential neglect in regards to use of bed rails for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>On 1/9/15 at 4:11 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 12/3/14 to 1/9/15 were reviewed. A BDDS report dated 12/17/14 indicated "...[Client #2] had been diagnosed with the flu and since then has stayed home to rest due to lethargy. The home manager stayed home with [Client #2] who had been asleep for most of the morning. She heard a noise coming from [Client #2]'s</p>	W000154	<p>The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse, including a comprehensive and thorough investigation. All new employees are trained on the policy and the procedure for reporting injury. The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin.</p> <p>The facility Area Director will train the Program Director on the abuse/neglect policy, as well as ensuring protocols and/or corrective measures are implemented to protect the individuals from recurrence and/or further injury. Additionally, the Program Director will be trained on ensuring complete and thorough investigations</p>	02/14/2015	

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	<p>room and went in to find [Client #2] on the floor. She checked him for injury but found none. However, [Client #2] would not get up off the floor and began signing signs that he associates with a doctor. [HM (house manager)] then called this writer for assistance and began monitoring [Client #2]'s vitals per fall protocol." The report indicated "this writer and the home manager were able to encourage [Client #2] to get up about 20 minutes later. [Client #2] was found very weak and could barely walk so he was put in a wheelchair. The decision was then made to take [Client #2] to the ER (emergency room) for his unusual behavior." The report indicated all tests completed came back within normal limits. The follow up report indicated Client #2 was diagnosed with "generalized weakness from the flu and is getting around much better with no issues."</p> <p>The investigation dated 12/20/14 indicated Client #2 "has the diagnoses of [Severe Intellectual Disabilities], autism and a seizure disorder." The investigation indicated Client #2 "has both a Seizure and Fall protocol in place. When [Client #2] has a seizure, he sometimes becomes very weak and lethargic." The factual findings of the investigation indicated "[HM (house manager) stated that [Client</p>		<p>including assessing the environment, staffing levels, adaptive equipment utilized, interviewing other individuals, notifying on-call nurse, and completing recommendations.</p> <p>In the future, the facility will follow the protocol and the state regulation for the supervisor to complete a BDDS report and investigation for instances including, but not limited to, injuries of unknown origin. The Program Director will ensure complete and thorough investigations take place for each instance and recommendations are implemented to prevent future recurrence of the incident. Investigations will be reviewed by the Area Director and/or the Quality Assurance Specialist to ensure completion, accuracy and thoroughness.</p> <p>Responsible Staff: Area Director</p>	

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	<p>#2] had been sleeping all day and that she had just given him his medications and he went back to sleep. She stated that she was in the dinning [sic] room and heard a noise. She went into [Client #2]'s room to find him on the floor. He began signing the words 'big pop' and counting to three which he typically associates with the doctor. She notified this writer who then notified the nurse and went to the home to see what was wrong." The investigation indicated Client #2 "was asked if he had had a seizure and at first he shook his head 'yes'. [Client #2] seemed slightly shook (sic) up similar to that as when he has a seizure. [Client #2]'s vitals were taken and arrangements were made to get him to the ER (emergency room) to be checked out since this was unusual behavior for [Client #2]." The investigation's "Environmental Assessment" indicated "[Client #2]'s room was accessed (sic) and no obstacles were found to be in the way that could have caused [Client #2] to fall. [Client #2] was found to be wearing his helmet during the fall."</p> <p>On 1/13/15 at 11:49 AM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, seizure disorder, autism, bone loss, and history of fracture.</p>						

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	<p>Record review indicated Client #2 had an ISP (Individual Support Plan) dated 6/4/14. Record review indicated Client #2 had a "Fall Protocol" dated 4/27/11 with a review date of 6/5/13. Client #2's fall protocol indicated "[Client #2] generally walks independently with a steady gait. If falls occur it is often with a seizure." The fall protocol indicated Client #2 "does use a seizure helmet to protect head."</p> <p>Record review indicated Client #2 had a "Seizure Protocol" dated 5/6/11 with a review date of 6/5/13 which indicated Client #2's "seizures are most often grand mal seizures. [Client #2] will fall &amp; (and) all extremities will shake or jerk. At times he will lose consciousness &amp; be inc (incontinent) of urine." Client #2's seizure protocol indicated Client #2 used a helmet and padded side rails as safety supports.</p> <p>On 1/13/15 at 1:18 PM during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she conducted the investigation when Client #2 was found on the floor. The QIDP indicated Client #2's side rails are used for safety during seizures. The QIDP indicated she did not investigate whether Client #2's side rails were up while he was in bed.</p>						

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W000157	<p>This deficiency was cited on 11/14/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to develop and/or implement sufficient corrective action to prevent recurrent falls for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>On 1/9/15 at 4:11 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 12/3/14 to 1/9/15 were reviewed. A BDDS report dated 12/3/14 indicated "[Client #2] has been recently diagnosed with heel spurs and occasionally experiences pain from them from time to time. [Client #2] was sitting at a table and went to get up but then lost his balance due to recent pain from the heel spurs, which in turn caused him to fall on his side. Staff assisted him up and began</p>	W000157	<p>The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse, including a comprehensive and thorough investigation. All new employees are trained on the policy and the procedure for reporting injury. The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin.</p> <p>The facility Area Director will train the Program Director on the abuse/neglect policy, as well as ensuring protocols and/or corrective measures are implemented to protect the individuals from recurrence and/or further injury. Additionally, the Program Director will be trained on ensuring complete and thorough investigations including assessing the environment, staffing levels, adaptive equipment utilized, interviewing other</p>	02/14/2015

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	<p>monitoring vitals per fall protocol. [Client #2] had no injury and was found to be fine." The report indicated "staff were advised to implement fall protocol as necessary. [Client #2] to obtain new shoes at a specialty shoe store to assist with his his heel spurs. [Client #2] is doing fine and there have been no further issues."</p> <p>Investigation findings dated 12/6/14 indicated "[Client #2] had just finished his lunch. [DSP (Direct Support Professional) #2] stated she was a few seats down and that he had a slight limp for most of the day especially when he would sit for a long period of time. [DSP #2] stated that it looked like [Client #2] attempted to get up and lost his balance and fell on his right side. Staff assisted him up and found no injury."</p> <p>A BDDS report dated 12/17/14 indicated "...[Client #2] had been diagnosed with the flu and since then has stayed home to rest due to lethargy. The home manager stayed home with [Client #2] who had been asleep for most of the morning. She heard a noise coming from [Client #2]'s room and went in to find [Client #2] on the floor. She checked him for injury but found none. However, [Client #2] would not get up off the floor and began signing signs that he associates with a doctor.</p>		<p>individuals, notifying on-call nurse, and completing recommendations.</p> <p>In the future, the facility will follow the protocol and the state regulation for the supervisor to complete a BDDS report and investigation for instance including, but not limited to, injuries of unknown origin. The Program Director will ensure complete and thorough investigations take place for each instance and recommendations are implemented to prevent future recurrence of the incident. Investigations will be reviewed by the Area Director and/or the Quality Assurance Specialist to ensure completion, accuracy and thoroughness.</p> <p>Responsible Staff: Area Director</p>				

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	<p>[HM (house manager)] then called this writer for assistance and began monitoring [Client #2]'s vitals per fall protocol." The report indicated "this writer and the home manager were able to encourage [Client #2] to get up about 20 minutes later. [Client #2] was found very weak and could barely walk so he was put in a wheelchair. The decision was then made to take [Client #2] to the ER (emergency room) for his unusual behavior." The report indicated all tests completed came back within normal limits. The follow up report indicated Client #2 was diagnosed with "generalized weakness from the flu and is getting around much better with no issues."</p> <p>The investigation dated 12/20/14 indicated Client #2 "has the diagnoses of [Severe Intellectual Disabilities], autism and a seizure disorder." The investigation indicated Client #2 "has both a Seizure and Fall protocol in place. When [Client #2] has a seizure, he sometimes becomes very weak and lethargic." The factual findings of the investigation indicated "[HM (house manager) stated that [Client #2] had been sleeping all day and that she had just given him his medications and he went back to sleep. She stated that she was in the dinning [sic] room and heard a noise. She went into [Client #2]'s room to</p>			

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	<p>find him on the floor. He began signing the words 'big pop' and counting to three which he typically associates with the doctor. She notified this writer who then notified the nurse and went to the home to see what was wrong." The investigation indicated Client #2 "was asked if he had had a seizure and at first he shook his head 'yes'. [Client #2] seemed slightly shook (sic) up similar to that as when he has a seizure. [Client #2]'s vitals were taken and arrangements were made to get him to the ER (emergency room) to be checked out since this was unusual behavior for [Client #2]." The investigation's "Environmental Assessment" indicated "[Client #2]'s room was accessed (sic) and no obstacles were found to be in the way that could have caused [Client #2] to fall. [Client #2] was found to be wearing his helmet during the fall."</p> <p>On 1/13/15 at 11:49 AM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, seizure disorder, autism, bone loss, and history of fracture. Client #2's "Nursing Progress Note" dated 12/2/14 at 8:02 AM indicated Client #2's "right foot has red area on right side and top of foot. Client is saying 'oww' and limping. When asked if there</p>			

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	<p>was a wound, and advised no. Instructed to wash with warm soap and water. Then apply ice 20 minutes on/off and give Tylenol (acetaminophen)." A nurses note dated 12/2/14 at 6:51 PM indicated "[Client #2] went to urgent care for evaluation of foot. Dr. says he has a heel spur and foot strain. He is to take Tylenol or ibuprofen, ice foot and wear firm sole shoes." A nurses note dated 12/3/14 at 11:43 AM indicated "...[Client #2] fell at Day Services. No apparent injuries. Writer drove to day services, assessed client. Moving all extremities well. Does appear to be limping. Has diagnosis of heel spur which can cause pain upon rising."</p> <p>Record review indicated Client #2 had an ISP (Individual Support Plan) dated 6/4/14. Record review indicated Client #2 had a "Fall Protocol" dated 4/27/11 with a review date of 6/5/13. Client #2's fall protocol indicated "[Client #2] generally walks independently with a steady gait. If falls occur it is often with a seizure." The fall protocol indicated Client #2 "does use a seizure helmet to protect head." Client #2's fall protocol did not indicate any fall interventions. Client #2's fall protocol did not indicate a diagnosis of heel spur or balance issues as a potential symptom of a heel spur.</p>						

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W000331	<p>On 1/13/15 at 1:18 PM during an interview, the facility RN (registered nurse) indicated Client #2's fall protocol had not been updated since it was reviewed on 6/5/13. The RN indicated Client #2's fall protocol should have been updated with his annual ISP (Individual Support Plan) on 6/4/14. The RN indicated no care plan was developed for the treatment or monitoring of Client #2's heel spur. The RN indicated Client #2's fall protocol should have been updated to include his recent diagnosis of heel spur. During the interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #2 has purchased new shoes.</p> <p>This deficiency was cited on 11/14/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</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.</p>			

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	<p>Based on record review and interview, the facility's nursing staff failed to update a client's fall protocol as necessary to prevent falls and failed to develop a care plan for the monitoring and care of a heel spur for 1 of 3 sampled clients (#2).</p> <p>Findings include:</p> <p>On 1/9/15 at 4:11 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 12/3/14 to 1/9/15 were reviewed. A BDDS report dated 12/3/14 indicated "[Client #2] has been recently diagnosed with heel spurs and occasionally experiences pain from them from time to time. [Client #2] was sitting at a table and went to get up but then lost his balance due to recent pain from the heel spurs, which in turn caused him to fall on his side. Staff assisted him up and began monitoring vitals per fall protocol. [Client #2] had no injury and was found to be fine." The report indicated "staff were advised to implement fall protocol as necessary. [Client #2] to obtain new shoes at a specialty shoe store to assist with his his heel spurs. [Client #2] is doing fine and there have been no further issues."</p> <p>Investigation findings dated 12/6/14</p>			W000331	<p>The facility has an established healthcare system that is overseen by the facility Nurse. Each client medical care plan is based on assessments, doctor's orders, diagnosis requiring protocol and the needs of the client.</p> <p>The facility Area Director will retrain the facility Nurse on the need to ensure care plans are developed for any instance that requires treatment or monitoring. Client #2 has a care plan for the treatment and monitoring of his heel spurs. Additionally, the facility Nurse will ensure all protocols, including fall protocols, are updated if and when a change in an individual's needs warrants it. Protocols will be reviewed annually and any time a health or safety concern requires the protocols to be updated.</p> <p>In the future, the facility will review each client's needs plus risk management plan and address with necessary protocols to ensure the client nursing services address all potential health issues. The Area Director will review the next three annual meetings to ensure the facility Nurse has updated all protocols, and that they include any new or updated medical or safety diagnoses or components.</p> <p>Responsible Staff: Area Director</p>		02/14/2015

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	<p>indicated "[Client #2] had just finished his lunch. [DSP (Direct Support Professional) #2] stated she was a few seats down and that he had a slight limp for most of the day especially when he would sit for a long period of time. [DSP #2] stated that it looked like [Client #2] attempted to get up and lost his balance and fell on his right side. Staff assisted him up and found no injury."</p> <p>A BDDS report dated 12/17/14 indicated "...[Client #2] had been diagnosed with the flu and since then has stayed home to rest due to lethargy. The home manager stayed home with [Client #2] who had been asleep for most of the morning. She heard a noise coming from [Client #2]'s room and went in to find [Client #2] on the floor. She checked him for injury but found none. However, [Client #2] would not get up off the floor and began signing signs that he associates with a doctor. [HM (house manager)] then called this writer for assistance and began monitoring [Client #2]'s vitals per fall protocol." The report indicated "this writer and the home manager were able to encourage [Client #2] to get up about 20 minutes later. [Client #2] was found very weak and could barely walk so he was put in a wheelchair. The decision was then made to take [Client #2] to the ER (emergency room) for his unusual</p>						

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	<p>behavior." The report indicated all tests completed came back within normal limits. The follow up report indicated Client #2 was diagnosed with "generalized weakness from the flu and is getting around much better with no issues."</p> <p>On 1/13/15 at 11:49 AM, record review indicated Client #2's diagnoses included, but were not limited to, severe intellectual disabilities, seizure disorder, autism, bone loss, and history of fracture. Client #2's "Nursing Progress Note" dated 12/2/14 at 8:02 AM indicated Client #2's "right foot has red area on right side and top of foot. Client is saying 'oww' and limping. When asked if there was a wound, and advised no. Instructed to wash with warm soap and water. Then apply ice 20 minutes on/off and give Tylenol (acetaminophen)." A nurses note dated 12/2/14 at 6:51 PM indicated "[Client #2] went to urgent care for evaluation of foot. Dr. says he has a heel spur and foot strain. He is to take Tylenol or ibuprofen, ice foot and wear firm sole shoes." A nurses note dated 12/3/14 at 11:43 AM indicated "...[Client #2] fell at Day Services. No apparent injuries. Writer drove to day services, assessed client. Moving all extremities well. Does appear to be limping. Has diagnosis of heel spur which can cause pain upon</p>				

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	<p>rising."</p> <p>Record review indicated Client #2 had an ISP (Individual Support Plan) dated 6/4/14. Record review indicated Client #2 had a "Fall Protocol" dated 4/27/11 with a review date of 6/5/13. Client #2's fall protocol indicated "[Client #2] generally walks independently with a steady gait. If falls occur it is often with a seizure." The fall protocol indicated Client #2 "does use a seizure helmet to protect head." Client #2's fall protocol does not indicate any fall interventions. Client #2's fall protocol did not indicate a diagnosis of heel spur or balance issues as a potential symptom of a heel spur.</p> <p>Record review indicated a "Medical Appointment Form" dated 12/2/14 which indicated Client #2's "right foot red, swollen and he is limping." The urgent care discharge summary dated 12/2/14 indicated Client #2 had "R (right) foot red and swollen x (times) 2 days." The summary indicated "primary encounter diagnosis" as "right foot strain."</p> <p>On 1/13/15 at 1:18 PM during an interview, the facility RN (registered nurse) indicated Client #2's fall protocol had not been updated since it was reviewed on 6/5/13. The RN indicated Client #2's fall protocol should have been</p>						

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	<p>updated with his annual ISP (Individual Support Plan) on 6/4/14. The RN indicated no care plan was developed for the treatment or monitoring of Client #2's heel spur. The RN indicated Client #2's fall protocol should have been updated to include his recent diagnosis of heel spur.</p> <p>This deficiency was cited on 11/14/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			