

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G346	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2016
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 N NICHOLS AVE SALEM, IN 47167
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 14 and 15, 2016.</p> <p>Facility Number: 000862 AIM Number: 100385670 Provider Number: 15G346</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/23/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 3 additional clients (#5, #6 and #7), the facility's governing body failed to ensure the facility's environment was kept sanitary and in good repair. The facility's governing body failed to develop an</p>	W 0104	W104 Corrective action: The properties manager was notified and the carpet in the hallway will be removed and replaced. To protect and prevent recurrence: On a monthly basis, all managers of the homes will check their carpeting and flooring for any damage or other repairs needed.	07/15/2016

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>inclement weather policy.</p> <p>Findings include:</p> <p>Observations were conducted in the facility where clients #1, #2, #3, #4, #5, #6 and #7 lived on 6/14/16 from 3:10 PM until 5:30 PM and on 6/15/16 from 5:55 AM until 8:00 AM. The carpeting in the bedroom hallway was stained. Interview with staff #1 on 6/15/16 at 11:00 AM indicated the hallway carpeting had been professionally cleaned but the stains had not been removed.</p> <p>According to the local weather service (via radio on 6/14/16 at 5:40 PM), the temperature reached 91 degrees F (Fahrenheit) on 6/14/16. The heat index for 6/14/16 reached 93 degrees F. Staff #1 indicated on 6/14/16 at 3:10 PM, clients #1, #4 and #5 attended the facility owned day program.</p> <p>Interview with day program staff #2 was conducted on 6/15/16 at 1:00 PM. On 6/14/16 the day program clients, (#1, #4 and #5), had their noon meal as a cook out at a local park. The interview indicated the clients used a shelter house (non air conditioned).</p> <p>Client #1's record was reviewed on 6/15/16 at 9:39 AM. Client #1 was prescribed the Demeclocycline 300 mg. (milligrams) twice daily at 10:00 AM and</p>		<p>A manager's monthly maintenance checklist will now include checking carpets.</p> <p>Quality assurance: The monthly maintenance checklist will be sent to the residential director for review and the property manager will be notified by the director to schedule any repairs.</p> <p>Corrective action: A new hot weather policy was written. All staff at the home have now been trained on the new policy.</p> <p>Training records were sent to the director. The staff will implement the hot weather policy immediately with client #1 and all other clients at the home. To protect and prevent recurrence: All other managers, including the day programs, will train their staff on the new hot weather policy. Documentation on the training will be sent to the director. The policy will be implemented with all clients. All new staff will be trained during orientation, on the new policy. Quality assurance: Program Managers will monitor for heat advisories for all outdoor activities scheduled for clients and make alternate plans on excessively hot days.</p>		

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	<p>7:00 PM to treat his condition of hyponatremia (low blood sodium concentration) due to his diagnosis of syndrome of anti-diuretic hormone/SIADH. The record review also indicated client #1 was on a fluid restriction as part of the treatment for his condition.</p> <p>Interview with day program staff #2 on 6/15/16 at 1:10 PM indicated clients used the shelter house and staff did the cooking in the sun. The interview indicated staff brought large amounts of water and encouraged clients to drink and stay hydrated.</p> <p>Interview on 6/14/16 at 2:49 PM with RN #1 via phone text indicated the facility did not have an inclement weather policy/procedure in regards to hot weather or the heat index. Interview with the Administrator on 6/15/16 at 1:30 PM indicated the agency did not have a policy/procedure regarding clients and being out in hot, humid weather without air conditioning.</p> <p>9-3-1(a)</p>			

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4), and 3 additional clients (#5, #6 and #7), the facility failed to assure an accurate and complete accounting of the clients' personal cash on hand and bank accounts.</p> <p>Findings include:</p> <p>An audit was conducted on 6/14/16 at 2:10 PM with staff #1 of clients #1, #3, #4, #5, #6 and #7's cash on hand (cash kept at the facility for clients' personal use).</p> <p>Client #1's 6/2016 Financial Transaction Record/FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending nor was there a receipt of the spending client #1 did at SO.</p> <p>Client #3's 6/2016 FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending</p>	W 0140	<p>W140 Corrective action: Original receipts were not recovered. A list of expenditures was made by the staff who participated in the trip. Clients #1, #3, #4, #5, #6, #7 approved and signed the receipts after reviewing with staff the list of expenditures. To protect the other clients: A review of the Thera leave procedure will be completed with all staff by managers. An expense sheet will be added to the procedure. It will be placed in the Thera leave envelope, so that expenditures can be written down as they occur. To prevent recurrence: Staff will be trained on the added procedure of the expense sheet. Training records will be sent to director. Quality assurance: An audit will be completed by staff, upon the return of the client. The manager will check to ensure that the audit was done.</p>	07/15/2016

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	<p>nor was there a receipt of the spending client #3 did at SO.</p> <p>Client #4's 6/2016 FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending nor was there a receipt of the spending client #4 did at SO.</p> <p>Client #5's 6/2016 FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending nor was there a receipt of the spending client #5 did at SO.</p> <p>Client #6's 6/2016 FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending nor was there a receipt of the spending client #6 did at SO.</p> <p>Client #7's 6/2016 FTR indicated staff #2 had withdrawn \$50.00 cash from his cash on hand/COH account on 6/09/16 for Special Olympics/SO spending. The FTR did not reflect the amount of the spending nor was there a receipt of the spending client #7 did at SO.</p>			

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W 0368 Bldg. 00	<p>Interview with staff #1 on 6/14/16 at 2:30 PM indicated staff #2 should have accounted for the Special Olympics spending by retaining receipts and entering expenditures on the clients' Financial Transaction Records.</p> <p>9-3-2(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure medications were given according to the physician's orders without error.</p> <p>Findings include:</p> <p>Review of facility incident and BDDS/Bureau of Developmental Disabilities Services reports on 6/14/16 at 10:50 AM indicated the following medication error reports:</p> <p>A BDDS report dated 9/24/15 indicated staff forgot to give client #1</p>	W 0368	<p>W368 Corrective action: Staff will be retrained on medication passes. A timer will be used to notify staff of the time to give the medication for client #1. The residential director verified that the timer is being used by the day programs on 7/5/16. The pharmacy situation was resolved.</p> <p>To protect the other clients and prevent recurrence: If other clients' have special times for their medications to be given, the timer will be used to alert staff for that medication pass. Staff will be trained by the managers on the special times and the manager will monitor the use of the timer. Quality assurance: Medication errors will be monitored by the</p>	07/15/2016			

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	<p>Demeclocycline 300 milligrams/mg. at 10:00 AM.</p> <p>A BDDS report dated 10/13/15 indicated client #1 had not been given Demeclocycline 300 mg. at 10:00 AM on 10/12/15.</p> <p>A BDDS report dated 10/14/15 indicated client #1 had not been given Demeclocycline 300 mg. at 10:00 AM on 10/13/15.</p> <p>A BDDS report dated 2/05/16 indicated client #1 had not been given Demeclocycline 300 mg. at 10:00 AM on 2/05/16.</p> <p>Client #1's record was reviewed on 6/15/16 at 9:39 AM. Client #1 was prescribed the Demeclocycline 300 mg. twice daily at 10:00 AM and 7:00 PM to treat his condition of hyponatremia (low blood sodium concentration) due to his diagnosis of syndrome of anti-diuretic hormone/SIADH.</p> <p>Staff #1 was interviewed on 6/15/16 at 1:00 PM and indicated there had been an issue with the local pharmacy in keeping client #1 in refills of the Demeclocycline which had been rectified.</p> <p>9-3-6(a)</p>		<p>residential nurse and director. Retraining and disciplinary action will be implemented as necessary.</p>	

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W 0381 Bldg. 00	<p>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's medication was locked while being transported to day program.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/15/16 at 9:39 AM. Client #1 was prescribed the Demeclocycline 300 mg. (milligrams) twice daily at 10:00 AM and 7:00 PM to treat his condition of hyponatremia (low blood sodium concentration) due to his diagnosis of syndrome of anti-diuretic hormone/SIADH.</p> <p>Client #1 was observed to be taken to day program by staff #3 and #4 on 6/15/16 at 8:00 AM. Client #1's 10:00 AM medication, Demeclocycline 100 milligrams/mg. was in a labeled pharmacy bottle in a zippered pouch in the day program communication binder (unlocked).</p> <p>Interview with staff #1 on 6/15/16 at 8:00</p>	W 0381	<p>W381 Corrective action: A lockbox was purchased. Staff were trained on using the lockbox to transport medications. It is being used during the transport of client #1's medication to the day program. To protect other clients: All homes will purchase a lockbox. Staff will be trained by the manager on transporting the medications in the lockbox. To prevent recurrence: All new staff will be trained by the manager on transporting medications in the lockbox. Quality assurance: The residential manager will ensure that lockboxes are used when transporting medications out of the facility.</p>	07/15/2016

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	AM indicated there was no locking container to transport client's medications in for trips to the day program or other outings. 9-3-6(a)				