

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2012
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NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SRV INC	STREET ADDRESS, CITY, STATE, ZIP CODE 442 VINE ST CLINTON, IN 47842
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: July 16, 17, 18, and 19, 2012.</p> <p>Facility number: 000714 Provider number: 15G181 AIMS number: 100234680</p> <p>Surveyor: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Reveiw was completed on 7/20/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility failed to ensure its Human Rights Committee (HRC) deliberated and discussed plans that included restrictive interventions prior to approving the use of the medication for 1 of 3 sampled clients reviewed for restrictive program plans (client #2).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 07/17/2012 at 11:00 a.m. Hospital discharge orders, dated 06/07/2012, indicated, "...Clonazepam (hypnotic) 1 mg (milligram) bedtime PO (by mouth), Cymbalta (antidepressant) 60 mg QAM (every morning) daily PO...Risperdal (antipsychotic) 1 mg 3 X daily PO..."</p> <p>There was no documentation to indicate the HRC discussed and approved use of these medications.</p> <p>A "Physician's Orders and Progress Note," dated 07/09/2012, indicated, "...Continue clonazepam 1 mg at night and you may use clonazepam 1 mg extra a</p>	W0262	<p>Currently CARS has a Human Rights Committee Policy & Procedure in place. This policy & procedure will be revised by 8/3/2012 to include...When the use of restrictive interventions with an individual and/or other human rights issues for an individual arise between HRC meetings - CARS will seek verbal approval from HRC members. The Director of Adult Services and/or Designee will complete conference calls so that HRC members will have the opportunity to have group discussions about risks versus benefits of medications, restrictive intervention and /or other human rights issues. This updated policy and procedure will prevent HRC members from being telephoned individually.</p>	08/03/2012			

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	<p>day if needed for severe agitation...."</p> <p>There was no documentation to indicate the HRC discussed and approved use of the medication.</p> <p>During an interview on 07/17/2012 at 11:45 a.m., Administrative staff #1 indicated HRC members were contacted via telephone individually for verbal approval of the medications. He indicated the committee did not meet or have group discussion of the risks versus benefits of the medication. Administrative staff #1 indicated the hospital discharge medication orders had been implemented. He indicated the extra dose of clonazepam had not been implemented.</p> <p>9-3-4(a)</p>				

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W0315	<p>483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff.</p> <p>Based on record review and interview, the facility failed to ensure clients receiving antipsychotic medications were monitored for extra pyramidal side effects (a group of side effects associated with antipsychotic medications including, but not limited to, restlessness and involuntary muscle movements) for 3 of 3 sampled clients (clients #1, #2, and #3).</p> <p>Finding include:</p> <p>Client #1's record was reviewed on 07/17/2012 at 12:10 p.m. The physician's "Recertification Form,," dated 05/09/2012, and identified by the facility nurse as current, indicated client #1 was taking Seroquel (antipsychotic) 200 mg (milligrams) in the morning and 600 mg at bedtime. The record did not indicate quarterly screening for extra pyramidal side effects was completed during the past year.</p> <p>Client #2's record was reviewed on 07/17/2012 at 07/17/2012 at 11 a.m. The physician's "Recertification Form,," dated 05/09/2012, and identified by the facility nurse as current, indicated client #2 was</p>	W0315	CARS currently has a form called Tardive Dyskinesia Symptoms AIMS (Abnormal Involuntary Movement Scale) - Examination Procedure. This form was completed on residents of the Clinton House on 7/24/2012 and 7/31/2012 by the Agency Nurse with the exception of client JR due to his admittance into Hamilton Center. The AIMS form will be completed on client JR upon his return to the Clinton House. From this point on - the AIMS form will be completed by the Agency Nurse on a quarterly basis for all appropriate CARS group home residents to screen for extra pyramidal side effects related to the use of antipsychotic medications.	08/03/2012			

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	<p>taking Risperdal (antipsychotic) 1 mg three times a day and Clonazepam (hypnotic) 1 mg twice a day. The record did not indicate quarterly screening for client #2 for extra pyramidal sided effects had been completed since 09/28/2011.</p> <p>Client #3's record was reviewed on 07/17/2012 at 10:30 a.m. The physician's "Recertification Form," dated 05/09/2012, and identified by the facility nurse as current, indicated client #3 was taking Abilify (antipsychotic) 5 mg daily. The record did not indicate quarterly screening for client #2 for extra pyramidal sided effects had been completed since 09/28/2011.</p> <p>During an interview on 07/18/2012 at 1:40 p.m., the facility RN indicated she was unable to locate documentation to indicate the clients were screened quarterly for extra pyramidal side effects related to use of antipsychotic medications.</p> <p>9-3-6(a)</p>				

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W0473	<p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p> <p>Based on observation and interview, the facility failed to ensure food was served at an appropriate temperature, within 15 minutes of removing the food from the stovetop or oven for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5, and #6).</p> <p>Findings include:</p> <p>During observations on 07/16/2012 at 5:35 p.m., Direct Support Professional (DSP) #4 removed a pan of cooked broccoli from the stovetop and placed the food item in a bowl. Client #3 added soft cheese spread to the broccoli and covered the food with a piece of paper towel. The food was stored on the kitchen counter while other food items were prepared. At 5:40 p.m., DSP #4 removed a baking sheet of french fries from the oven and placed the baking sheet on the kitchen counter. She covered the french fries with aluminum foil. DSP #4 removed carrots from the stovetop and placed the pan on the kitchen counter at 5:50 p.m. Client #3 dumped the carrots from the pan into a bowl and placed the bowl on the counter. DSP #4 covered both vegetables with aluminum foil. All food</p>	W0473	<p>On 8/2/2012 - during CARS monthly Residential In-service - all residential staff will be trained on serving food at appropriate temperatures / serving food promptly within 15 minutes of removal from temperature control devices / appropriately re-heating food. The CARS Residential In-Service Schedule also consists of Food Safety / Food Temperatures that will be presented again in October 2012</p>	08/03/2012			

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	<p>items were placed on the dining table at 6:10 p.m. No food items were re-heated prior to serving.</p> <p>During an interview on 07/16/2012 at 6:40 p.m., DSP #4 stated, "Food normally doesn't sit out that long. I probably should have warmed it."</p> <p>During an interview on 07/17/2012 at 12:45 p.m., the Qualified Developmental Disabilities Professional (QDDP) stated, "The food should have been served immediately or re-heated before serving."</p> <p>9-3-8(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to encourage clients to participate in dining procedures to the extent they were capable for 2 of 3 sampled clients (client #2 and #3).</p> <p>Findings include:</p> <p>During observations on 07/16/2012 at at 5:35 p.m., Direct Support Professional (DSP) #4 removed a pan of cooked broccoli from the stovetop and placed the food item in a bowl. Client #3 added soft cheese spread to the broccoli and covered the food with a piece of paper towel. DSP #4 pulled a baking dish with a ham out of the oven and used a meat thermometer to check the meat temperature. At 5:40 p.m., DSP #4 removed a baking sheet of french fries from the oven and placed the baking sheet on the kitchen counter. She covered the french fries with aluminum foil. The DSP returned the ham to the oven and stated, "It needs to cook longer." DSP #4 removed carrots from the stovetop and placed the pan on the kitchen counter at 5:50 p.m. Client #3 was assisting with meal preparation. He was not encouraged to remove items from the oven or</p>	W0488	On 8/2/2012 - during CARS monthly Residential In-service - all residential staff will be trained on assuring each resident eats in a manner consistent with his/her developmental level which may include but not limited to: use of utensils, meal preparation, socialization during meals, family style dining and ordering food in restaurants. The CARS Residential In-Service Schedule also consists of Family Style Dining that will be presented again in October 2012.	08/03/2012			

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	<p>stovetop.</p> <p>During observations on 07/17/2012 at 6:40 a.m., DSP #5 removed a piece of toast from client #2's plate and added margarine to the toast. Client #2 was not encouraged to add the margarine to the toast.</p> <p>During an interview on 07/17/2012 at 12:45 p.m. The Qualified Developmental Disabilities Professional (QDDP) indicated client #3 was capable of removing items from the stovetop and oven. She indicated client #2 was capable of adding margarine to his toast. The QDDP indicated each client should have been encouraged to complete the tasks.</p> <p>9-3-8(a)</p>						