

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 8/31, 9/1, 9/2, 9/3, 9/4, 9/10, and 9/11/2015.</p> <p>Provider Number: 15G538 Facility Number: 001052 AIM Number: 100239830</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed by #09182 on 9/17/2015.</p>	W 0000		
W 0130  Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to encourage and teach personal privacy when opportunities existed for clients #1, #2, #3, #4, #5, and #6.</p>	W 0130	<p>W130: The facility currently has protocols and policies mandated specifically to ensure the protection of clients' rights. All new employees and supervisors are trained on the policy to ensure the client rights including privacy during treatment and personal care.</p> <p>The Program Director will</p>	10/11/2015

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>Findings include:</p> <p>On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #3 was dressed in shorts that sagged exposing her incontinence brief and her buttocks. No privacy was taught and/or encouraged.</p> <p>On 9/1/15 from 4:00pm until 4:20pm, on 9/1/15 from 4:45pm until 4:48pm, and on 9/2/15 from 6:40am until 7:25am, clients #1, #2, #3, #4, #5, and #6's medications were administered by GHS (Group Home Staff) #1 and GHS #4. The medication area was located in the laundry room hallway outside of client #2 and #6's shared bedroom. During the medication observation periods, clients #1, #2, #3, #4, #5, and #6 were assisted by the RM (Residential Manager), GHS #2, and GHS #3 to walk through the medication area while medications and treatments were administered to clients #1, #2, #3, #4, #5, and #6. No privacy was taught and/or encouraged by the group home staff.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated the group home staff should have taught and encouraged personal privacy during medication</p>		<p>train the staff and Program Coordinator on the agency client rights policy including the right to privacy. Additionally the training will include ensuring privacy during medication administration, ensuring undergarments plus private areas of the client body are not exposed to the view of others.</p> <p>The facility will ensure client rights protection in the future by training the clients informally to respect the privacy of others. The facility will continue to train all staff on client rights to ensure privacy.</p> <p>The Program Coordinator will be conducting twice weekly observations to ensure the staff are maintaining the privacy for the clients as needed.</p> <p>Responsible Staff: Program Director</p>		

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W 0149 Bldg. 00	<p>administration and for client #3's exposed brief and buttocks. The Nurse indicated each client should be provided with personal privacy and was not.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated no further information was available for review. The SD indicated the group home had male and female clients living there. The SD indicated clients #1, #2, #3, #4, #5, and #6 should have been redirected during formal and informal opportunities to teach and encourage personal privacy.</p> <p>9-3-2(a)</p> <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 observation, record review, and interview, for 3 of 3 sampled clients (clients #1, #2, and #3) and for 3 additional clients (clients #4, #5, and #6) who resided in the group home, the facility neglected to keep client medications (for clients #5 and #6) secured when not being administered in which client #4 consumed two (2) drinks of the</p>	W 0149	<p>W149: The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client, reporting, investigation and prevention of reoccurrence. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency and on the mandate to keep medication secure in the facility.</p> <p>The facility nurse will train the</p>	10/11/2015

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	<p>unsecured mixture and neglected to report and investigate in accordance with State Law client #1's open skin area caused from pressure.</p> <p>Findings include:</p> <p>1. On 9/1/15 from 4:00pm until 4:55pm, Group Home Staff (GHS) #1 assembled each client's medications and administered the medication. At 4:45pm, GHS #1 requested and assisted client #6 to come to the medication area. At 4:45pm, GHS #1 selected client #6's "Polyethylene Glycol 3350" for constipation, poured 17 grams using a clear measuring medication cup, and using hand over hand assistance with client #6, poured the mixture into an empty glass. At 4:45pm, GHS #1 took the mixture, carried it into the kitchen, and set the cup on the corner of the cabinet next to the exit hallway, and walked away from the medication. At 4:45pm, GHS #2 and client #1 were observed at the stove stirring items on the stove for supper. No interaction was observed between the staff and GHS #1. At 4:48pm, GHS #1 assisted client #5 to the medication area for his medications and client #6's unsecured medication remained on the kitchen counter top.</p> <p>At 4:48pm, GHS #1 selected client #5's</p>		<p>staff and Program Coordinator on the policy to keep medications secure and cleanliness required when administering medications including replacement of client medication if partially consumed by another individual. The nurse will develop and train the staff and Program Coordinator on client #1 skin integrity protocol, and documentation required. The nurse will schedule a wheelchair assessment for client # 1 and develop a positioning schedule based on the outcome of the assessment, then train staff. The Program Director will update client #1's Individual Support Plan and Risk Management Plan including new protocols. The Program Coordinator and Program Director will be trained on the abuse/neglect policy including documentation, reporting unknown origin injuries and investigation requirements.</p> <p>The Area Director will ensure that supervisors or the nurse observe in the home twice weekly to ensure that incidents are investigated and the medical needs of the clients are being ensured. The nurse will monitor client charts at least weekly to ensure the client medical needs of the clients are being carried out and charted including skin integrity.</p> <p>Person responsible: Area Director</p>	

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	<p>"Polyethylene Glycol 3350" for constipation, poured 17 grams into a clear measuring medication cup, and using hand over hand assistance with client #5, poured the mixture into a glass mixed the medication with ensure plus (a nutritional drink), and client #5 consumed the mixture. At 4:55pm, GHS #1 finished the medication administration, locked the medication closet, left client #5's "Polyethylene Glycol 3350" medication unsecured and sitting on top of the washer in the unsecured back hallway/medication area. At 4:55pm, GHS #1 walked away from client #5's unsecured medication. At 5:00pm, GHS #1 returned to the medication area, stated he "had left [client #5's] meds out" and unsecured, and locked client #5's medication into the medication closet.</p> <p>At 4:58pm, GHS #1 walked to the kitchen, located client #6's unsecured medication cup on the kitchen counter, and mixed the medication with an eight (8) ounce glass of Koolaid. GHS #1 stirred the mixture, then carried the mixture to the dining room table, set the mixture in front of a table setting on the table, and walked away. From 4:58pm until 5:12pm, clients #1, #2, #3, #4, #5, and #6 came and left the table and Group Home Staff #1, GHS #2, and the</p>			

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	<p>Residential Manager (RM) left the dining room table with client #6's medication mixture sitting unsecured on the table. At 5:00pm, client #4 was assisted by GHS #1 to the dining room table and sat at the end of the table next to client #6's table setting with the medication mixture. GHS #1 walked away from the dining room table and client #4 picked up client #6's medication mixture glass, drank from the glass, set the glass back onto the table, and client #4 had a red moist Koolaid ring around her mouth. At 5:05pm, client #4 picked up client #6's unsecured medication mixture again, the RM stood behind client #6's chair, client #6 walked to the dining room table, and no redirection was observed. The Surveyor asked the RM if client #4 was drinking client #6's Koolaid medication mixture, the RM took the glass from client #4's hand, and stated client #4 had taken a "sip" of the mixture. Client #4 had a second moist red colored ring around her lips. At 5:12pm, the RM left carrying client #6's mixture to the kitchen, returned with the mixture in a different glass, and indicated the RM had poured client #6's medication mixture into a different glass. The RM indicated client #6 consumed the same medication mixture from a different glass which client #4 had drank from twice. At 5:12pm, the RM indicated client #6's</p>			

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	<p>medication was not kept secured.</p> <p>On 9/3/15 at 10:30am, an interview with the agency's Registered Nurse (RN) was conducted. The RN indicated medications should be kept locked and secured when not being administered. The RN indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p> <p>On 9/3/15 at 10:30am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications should be kept secured when not being administered.</p> <p>2. On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair and no wheel chair leg rests/no leg supports were observed. She sat with her buttocks on top of a wheel chair pulmo pelvic</p>			
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	<p>support cushion (a wheel chair cushion with an elevated section for seat positioning), and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place; she slid down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs, none had leg supports, client #1's feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was</p>			

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	<p>"using three (3) different styled wheel chairs" which the RM had obtained. GHS #1 and the RM both indicated client #1's opened pressure area was not sized, shaped, color, smell, and/or the effectiveness of the treatment recorded. The RM indicated the staff recorded the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. The RM indicated she was not a licensed healthcare professional. The RM indicated client #1's open pressure skin area was not reported to BDDS (Bureau of Developmental Services) and was not investigated. The RM indicated the facility followed the BDDS reporting guidelines. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review. Client #1's seating position was not changed unless changed after incontinence and changing of wheel chairs.</p> <p>The facility's reportable incidents and investigations for the Bureau of Developmental Disabilities Services (BDDS) from 9/2014 through 8/31/15 were reviewed on 8/31/15 at 8:30 PM and did not include client #1's opened pressure skin area.</p>			

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	<p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin care protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had open pressure areas and/or skin integrity problems. Client #1's 9/2/15 "Impaired Skin Integrity Protocol" indicated client #1 had "chronic skin dryness, incontinence, and mobility impairment" which made client #1 at risk for skin integrity problems. Client #1's 9/2/15 protocol indicated the "goal is to prevent skin breakdown or promote healing if breakdown has occurred." Client #1's 8/2015 nursing quarterly assessment indicated "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(Client #1 on) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per</p>			

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	<p>HM was fine the rest of the day yesterday, overnight, and this am. No issues or concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw (between) buttocks; also SF open area on the inner side of each buttock below the one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, but no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have</p>			

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	<p>nursing protocols related to her open pressure areas on her buttocks available for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and was not sized, monitored for treatment, and/or descriptions of the area were available for review. The Nurse indicated she had not investigated how the area occurred and no BDDS report was available for review.</p> <p>On 9/4/15 at 10:30am, PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 provided a BDDS report for client #1. The 9/3/15 BDDS report for an incident on 8/24/15 at 11:30am indicated "Staff noticed that [client #1] had a quarter sized opening on her skin on her coccyx" and the agency nurse was notified. The report indicated "the nurse said that it is a pressure sore due to [client #1's] immobility." No investigation and no mobility assessment by a licensed medical professional were available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated the facility followed the BDDS reporting guidelines for reportable incidents and investigations. The SD indicated the</p>						

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	<p>facility did not report and/or investigate client #1's open skin pressure area.</p> <p>The facility's policy and procedures were reviewed on 8/31/15 at 1:45pm. The facility's 4/2011 Quality and Risk Management policy 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." The 4/2011 Quality and Risk Management Policy indicated failure to provide appropriate supervision, care or training was considered neglect. The 4/2011 Quality and Risk Management Policy indicated, "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. (1.) Investigation findings will be submitted to the AD (Area Director) for review and development of further recommendations as needed within 5 days of the incident."</p> <p>9-3-2(a)</p>			

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W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>Based on observation, record review, and interview for 1 of 1 unreported allegation of neglect (client #1), the facility failed to immediately report to the facility's administrator and to BDDS (Bureau of Developmental Disabilities Services) per 460 IAC 9-3-1(b)(5) and to Adult Protective Services (APS) per IC 12-10-3 for client #1's open skin pressure area.</p> <p>Findings include:</p> <p>On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair and no wheel chair leg rests/no leg supports were observed. She sat with her buttocks on top of a wheel chair pulmo pelvic support cushion (a wheel chair cushion with an elevated section for seat</p>	W 0153	<p>W153: The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. All new employees/supervisors are trained on the policy and the procedure for reporting unknown injury of the clients to the proper authorities within and outside the agency.</p> <p>The pressure sore of client #1 was identified by the nurse as such therefore not of an unknown origin. The staff have been trained on the procedure to document and report injuries of known and unknown origin by calling the supervisor immediately per BDDS reporting guidelines. The Program Director has been trained on the mandated procedures to report unknown injuries/ allegations of abuse to BDDS. The Program Coordinator has been trained to review the daily support records three times weekly to follow up on client injures as needed and alerting the program director or nurse as needed.</p> <p>In the future, the facility staff will follow the procedure to document all known and unknown injuries, additionally to notify appropriate supervisor with all</p>	10/11/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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	positioning), and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place; she slid down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs, none had leg supports, client #1's feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was "using three (3) different styled wheel chairs" which the RM had obtained.		injuries of unknown origin. The Program Director will follow BDDS guidelines for reporting the injury as needed. The Program Coordinator will monitor the client medical and documentation at least three times weekly to ensure that incidents that occur are reported in a timely manner in the future.  Responsible Staff: Area Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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	<p>GHS #1 and the RM both indicated client #1's opened pressure area was not sized, shaped, color, smell, and/or the effectiveness of the treatment recorded. The RM indicated the staff recorded the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. The RM indicated she was not a licensed healthcare professional. The RM indicated client #1's open pressure skin area was not reported to BDDS (Bureau of Developmental Disabilities Services) and was not investigated. The RM indicated the facility followed the BDDS reporting guidelines. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review. Client #1's seating position was not changed unless changed after incontinence and changing wheel chairs.</p> <p>The facility's reportable incidents and investigations for the Bureau of Developmental Disabilities Services (BDDS) from 9/2014 through 8/31/15 were reviewed on 8/31/15 at 8:30 PM and did not include client #1's opened pressure skin area.</p> <p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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	<p>protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's 9/2/15 "Impaired Skin Integrity Protocol" indicated client #1 had "chronic skin dryness, incontinence, and mobility impairment" which made client #1 at risk for skin integrity problems. Client #1's 9/2/15 protocol indicated the "goal is to prevent skin breakdown or promote healing if breakdown has occurred." Client #1's 8/2015 nursing quarterly assessment indicated "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(Client #1 on) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per HM was fine the rest of the day yesterday, overnight, and this am. No issues or</p>			

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	<p>concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw (between) buttocks; also SF open area on the inner side of each buttock below the one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have nursing protocols related to her open pressure areas on her buttocks available</p>			
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	<p>for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and was not sized, monitored for treatment, and/or descriptions of the area were available for review. The Nurse indicated she had not investigated how the area occurred.</p> <p>On 9/4/15 10:30am, PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 provided a BDDS report for client #1. The 9/3/15 BDDS report for an incident on 8/24/15 at 11:30am indicated "Staff noticed that [client #1] had a quarter sized opening on her skin on her coccyx" and the agency nurse was notified. The report indicated "the nurse said that it is a pressure sore due to [client #1's] immobility." No BDDS report and no mobility assessment by a licensed medical professional were available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated the facility followed the BDDS reporting guidelines for reportable incidents and investigations. The SD indicated the facility did not report client #1's open skin pressure area as an allegation of neglect to BDDS and APS.</p>			

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W 0154 Bldg. 00	<p>9-3-2(a)</p> <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 observation, record review, and interview for 1 of 1 unreported allegation of neglect (client #1), the facility failed to thoroughly investigate client #1's open skin pressure area.</p> <p>Findings include:</p> <p>On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair with no wheel chair leg rests/no leg supports observed. She sat with her buttocks on top of a wheel chair pulmo pelvic support cushion (a wheel chair cushion with an elevated section for seat positioning), and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place; she slid</p>	W 0154	<p>W154: The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. The procedures include completion of a thorough investigation of the origin of an injury. All new employees are trained on the policy and the procedure for reporting injury</p> <p>The Area Director has trained the Program Director on the requirement to investigate unknown origin injuries and document investigation.</p> <p>In the future, the facility will follow the protocol and the state regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin, plus completion and documentation of the investigation of said unknown origin injury. The Program Coordinator will monitor the client medical and documentation at least three times weekly to ensure that incidents that occur are reported in a timely manner in the future. Responsible Staff: Area Director</p>	10/11/2015

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	<p>down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs, none had leg supports, client #1's feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was "using three (3) different styled wheel chairs" which the RM had obtained. GHS #1 and the RM both indicated client #1's opened pressure area was not sized, shaped, color, smell, and/or the effectiveness of the treatment recorded. The RM indicated the staff</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947			
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	<p>recorded that the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. The RM indicated she was not a licensed healthcare professional. The RM indicated client #1's open pressure skin area was not investigated. No nursing protocols, no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review. Client #1's seating position was not changed unless changed after incontinence and changing wheel chairs.</p> <p>The facility's reportable incidents and investigations for the Bureau of Developmental Disabilities Services (BDDS) from 9/2014 through 8/31/15 were reviewed on 8/31/15 at 8:30 PM and did not include client #1's opened pressure skin area.</p> <p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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	<p>ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's 9/2/15 "Impaired Skin Integrity Protocol" indicated client #1 had "chronic skin dryness, incontinence, and mobility impairment" which made client #1 at risk for skin integrity problems. Client #1's 9/2/15 protocol indicated the "goal is to prevent skin breakdown or promote healing if breakdown has occurred." Client #1's 8/2015 nursing quarterly assessment indicated "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(On) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per HM was fine the rest of the day yesterday, overnight, and this am. No issues or concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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	<p>and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw (between) buttocks; also SF open area on the inner side of each buttock below the one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have nursing protocols related to her open pressure areas on her buttocks available for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and was not sized, monitored for treatment, and/or descriptions of the area were available for review. The Nurse indicated she had not investigated how the area occurred and</p>			

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W 0216  Bldg. 00	<p>no BDDS report was available for review.</p> <p>On 9/4/15 10:30am, PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 provided a BDDS report for client #1. The 9/3/15 BDDS report for an incident on 8/24/15 at 11:30am indicated "Staff noticed that [client #1] had a quarter sized opening on her skin on her coccyx" and the agency nurse was notified. The report indicated "the nurse said that it is a pressure sore due to [client #1's] immobility." No investigation and no mobility assessment by a licensed medical professional were available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated the facility followed the BDDS reporting guidelines for reportable incidents and investigations. The SD indicated the facility did not investigate client #1's open skin pressure area as an allegation of neglect.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include physical development and</p>						

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	<p>health.</p> <p>Based on observation, record review, and interview for 2 of 3 sampled clients (clients #1 and #2), the facility failed to complete mobility assessments for clients #1 and #2.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair and no wheel chair leg rests/no leg supports were observed. She sat with her buttocks on top of a wheel chair pulmo pelvic support cushion (a wheel chair cushion with an elevated section for seat positioning), and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place; she slid down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs and none had leg supports.</li> </ol>	W 0216	<p>W216</p> <p>The facility currently meets with the client interdisciplinary team 30 days after admission and at least annually to review assessment of the client progress and areas for potential needs. The facility nurse reviews the assessment to ensure the medical needs of the clients are met. The facility completes assessments on the adaptive equipment of clients at least annually or as required. The Program Director and nurse have scheduled the needed client mobility/posturing evaluations for clients 1 and 2 to assess mobility and equipment/ wheelchairs specific to each client. The Program Director will follow through to implement the recommendations resulting from the assessments upon completion, update the clients CFA and risk management plan as needed. The results will be shared with day program to ensure the client information is consistent in both forums. The nurse and Program Director have been trained to complete a monthly list of client appointments and assessments needed to ensure all clients receive the care required. In the future, the Program Director and the facility nurse will review what assessments are required for each person prior to the client annual review date and on-going</p>	10/11/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G538	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 E CR 75 N LOGANSPORT, IN 46947
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	<p>Client #1's feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was "using three (3) different styled wheel chairs" which the RM had obtained. GHS #1 and the RM both indicated client #1's opened pressure area was not sized, shaped, color, smell, and/or the effectiveness of the treatment recorded. The RM indicated the staff recorded that the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. The RM indicated she was not a</p>		<p>throughout the year. The Program Coordinator, nurse and Program Director will monthly review a list of client needed appointments, assessments, protocols needed for new diagnosis or treatments. Person Responsible: Area Director</p>	

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	<p>licensed healthcare professional. The RM indicated client #1's open pressure skin area was not addressed in her nursing protocols. No sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review. During the three observation periods client #1's position was not changed every hour. Client #1's seating position was not changed unless changed after incontinence or changing of wheel chairs.</p> <p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's record did not indicate assessments by experts in positioning or adaptive equipment use (Wheelchairs). Client #1's 9/2/15 "Impaired Skin Integrity Protocol" indicated client #1 had "chronic skin dryness, incontinence, and mobility impairment" which made client #1 at risk</p>			

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	<p>for skin integrity problems. Client #1's 9/2/15 protocol indicated the "goal is to prevent skin breakdown or promote healing if breakdown has occurred." Client #1's 8/2015 nursing quarterly assessment indicated an "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(On) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per HM was fine the rest of the day yesterday, overnight, and this am. No issues or concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw</p>			

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	<p>(between) buttocks; also SF open area on the inner side of each buttock below the one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have nursing protocols related to her open pressure areas on her buttocks available for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and was not sized, monitored for treatment, and/or descriptions of the area were not available for review. The Nurse indicated the staff were to change client #1's seating position every hour to relieve the pressure on client #1's buttocks and open skin pressure areas. The Nurse indicated she had not obtained professional assessments for positioning or adaptive equipment (Wheel Chairs). The Nurse indicated no mobility assessment was available for review.</p>			

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	<p>On 9/4/15 10:30am, PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 provided a BDDS report for client #1. The 9/3/15 BDDS report for an incident on 8/24/15 at 11:30am indicated "Staff noticed that [client #1] had a quarter sized opening on her skin on her coccyx" and the agency nurse was notified. The report indicated "the nurse said that it is a pressure sore due to [client #1's] immobility." No mobility assessment by a licensed medical professional was available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated no further information was available for review.</p> <p>2. On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #2 sat in a wheel chair without leg rests, no leg supports, and client #2 did not independently move the wheel chair.</p> <p>Client #2's record was reviewed on 11:00am. Client #2's 11/25/14 ISP and record did not include the use of a wheel chair. Client #2's record did not indicate a mobility assessment. Client #2's 12/2013 Occupational Therapy</p>			

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W 0240 Bldg. 00	<p>assessment and 12/20/13 Physical Therapy assessment did not include the use of a wheel chair for his mobility.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #2 did not have nursing protocols related to the use of a wheel chair and did not have a documented mobility assessment available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated no further information was available for review regarding client #2.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review, and interview for 2 of 3 sampled clients (clients #1 and #2), the facility failed to develop documented guidelines to support independence for clients #1 and #2 with mobility and positioning in their ISPs (Individual Support Plans).</p> <p>Findings include:</p>	W 0240	<p><b>W240:</b> The facility meets with the Interdisciplinary Team to determine the specific objectives necessary to meet the client's needs. The client goals and objectives are based on client and team input as well as comprehensive assessment results incorporated in the comprehensive functional assessment of the Individual Support Plan.</p> <p>The Program Director and</p>	10/11/2015

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	<p>1. On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair with no wheel chair leg rests/no leg supports observed. She sat with her buttocks on top of a wheel chair pulmo pelvic support cushion (a wheel chair cushion with an elevated section for seat positioning), and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place. She slid down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs and none had leg supports. Client #1's feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's</p>		<p>nurse have scheduled the needed client mobility/posturing evaluations for clients 1 and 2 to assess mobility and equipment/ wheelchairs specific to each client. The nurse has developed a skin integrity protocol for client 1. The Program Director will follow through to implement the recommendations resulting from the assessments upon completion, update the clients CFA and risk management plan as needed to include all medical protocols.</p> <p>In the future, the facility Program Director will complete the client ISP according to the abilities of the clients, based on assessments designed to increase the skill level in the area of client needs. The Area Director will review the next two CFAs completed by the Program Director to monitor.</p> <p>Responsible Person: Area Director</p>	

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	<p>bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was "using three (3) different styled wheel chairs" which the RM had obtained. GHS #1 and the RM both indicated client #1's opened pressure area was not sized, shaped, color, smell, and/or the effectiveness of the treatment recorded. The RM indicated the staff recorded that the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. The RM indicated she was not a licensed healthcare professional. No nursing protocols were available for review of client #1's limited mobility. During the three observation periods, client #1's position was not changed every hour. Client #1's seating position was not changed unless changed after incontinence and the changing of wheel</p>			

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	<p>chairs.</p> <p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's record did not include written descriptions for client #1's limited mobility. Client #1's record did not include the use of a wheel chair and/or a pulmo cushion for seating and mobility.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's 8/2015 nursing quarterly assessment indicated "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(On) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per HM was fine the rest of the day yesterday, overnight, and this am. No issues or</p>						

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	<p>concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw (between) buttocks; also SF open area on the inner side of each buttock below the one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have nursing protocols related to her open pressure areas on her buttocks available</p>			

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	<p>for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and was not sized, monitored for treatment, and/or descriptions of the area were not available for review.</p> <p>On 9/4/15 10:30am, PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) #2 provided a BDDS report for client #1. The 9/3/15 BDDS report for an incident on 8/24/15 at 11:30am indicated "Staff noticed that [client #1] had a quarter sized opening on her skin on her coccyx" and the agency nurse was notified. The report indicated "the nurse said that it is a pressure sore due to [client #1's] immobility." No mobility assessment by a licensed medical professional were available for review. No methodology or developed plan was available for review after the open pressure sore was noted on 8/24/15.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated no further information was available for review regarding client #1.</p> <p>2. On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am,</p>				

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W 0331 Bldg. 00	<p>client #2 sat in a wheel chair without leg rests, no leg supports, and client #2 did not independently move the wheel chair.</p> <p>Client #2's record was reviewed on 11:00am. Client #2's 11/25/14 ISP and record did not include the use of a wheel chair. Client #2's record did not indicate a mobility assessment. Client #2's 12/2013 Occupational Therapy assessment and 12/20/13 Physical Therapy assessment did not include the use of a wheel chair for his mobility.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #2 did not have nursing protocols related to the use of a wheel chair and did not have a documented mobility assessment available for review.</p> <p>On 9/11/15 at 1:30pm, an interview with the agency's Site Director (SD) was conducted. The SD indicated no further information was available for review regarding client #2.</p> <p>9-3-4(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 observation, record review, and interview, for 1 of 3 sampled clients (client #1), the facility's nursing staff failed to develop client specific medical protocols for client #1's open pressure area on her buttocks.</p> <p>Findings include:</p> <p>On 9/1/15 from 3:15pm until 5:35pm, on 9/1/15 from 8:55am until 10:25am, and on 9/2/15 from 5:40am until 8:35am, client #1 sat in three different wheel chairs without leg rests, no leg supports, had an open pressure area on her buttocks, and client #1 could not move the wheel chairs independently. On 9/1/15 from 8:55am until 10:25am, client #1 sat in a high backed wheel chair without leg rests/no leg supports observed. She sat with her buttocks on top of a wheel chair pulmo pelvic support cushion (a wheel chair cushion with an elevated section for seat positioning) and no wheel chair change of position was observed. From 8:55am until 10:25am, client #1 had a wire bread tie to hold her wheel chair safety belt in place. She slid down in her wheel chair seat and on top of the pulmo pelvic support, and no repositioning was observed. From 3:15pm until 5:35pm, client #1 was observed in three different wheel chairs and none had leg supports. Client #1's</p>	W 0331	<p>W331</p> <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 nurse has developed a skin integrity protocol for Client #1 for pressure sores. The nurse has been trained by the director of nursing on the need for a skin integrity protocol for clients with skin conditions. The staff and day program have been trained on the skin protocol for client #1.</p> <p>In the future the nurse will monitor client charts at least weekly to ensure the client medical needs are being carried out, determine a need for protocols and ensure medical charting is complete including documentation on skin integrity.</p> <p>Responsible Staff: Program Director</p>	10/11/2015

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	<p>feet did not touch the floor, and two of the three wheel chairs did not have head supports. At 4:15pm, GHS (Group Home Staff) #1 asked GHS #2 to "help apply Barrier (Medicated) Cream" to client #1's buttocks. At 4:15pm, GHS #1 and GHS #2 moved client #1's high backed wheel chair into client #1's bedroom and closed the door. At 4:15pm, GHS #1 stated client #1's open pressure sore on her buttocks was "a couple of inches." GHS #1 stated client #1's open pressure sore opened on 8/26/15 and the facility staff began applying a "barrier" cream to protect the area from client #1's body fluids because client #1 was incontinent of bowel and bladder. At 4:20pm, the Residential Manager (RM) stated client #1's open area was from pressure, the area was "open," and the area became open on 8/26/15. The RM stated client #1 was "using three (3) different styled wheel chairs" which the RM had obtained. GHS #1 and the RM both indicated client #1's opened pressure area was not sized. The area's shape, color, smell, and/or the effectiveness of the treatment was not recorded. The RM indicated the staff recorded the prescribed medicated cream was applied on client #1's MAR (Medication Administration Record) and the area of the body of the open pressure sore was located. No nursing protocols,</p>			

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	<p>no sizes, no descriptions, and no effectiveness of the treatments were recorded or available for review. Client #1's seating position was not changed unless changed after incontinence and with changing of wheel chairs.</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) from 9/2014 through 8/31/15 were reviewed on 8/31/15 at 8:30 PM and did not include client #1's opened pressure skin area.</p> <p>Client #1's record was reviewed on 9/2/15 at 10:05am and no nursing skin protocols were available for review. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had open pressure areas and/or skin integrity problems.</p> <p>Client #1's record was reviewed on 9/3/15 at 9:20am. Client #1's 1/17/15 ISP (Individual Support Plan) and 1/2015 Risk Plans did not identify client #1 had pressure areas and/or skin integrity problems. Client #1's 9/2/15 "Impaired Skin Integrity Protocol" indicated client #1 had "chronic skin dryness, incontinence, and mobility impairment" which made client #1 at risk for skin integrity problems. Client #1's 9/2/15 protocol indicated the "goal is to prevent</p>			

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	<p>skin breakdown or promote healing if breakdown has occurred." Client #1's 8/2015 nursing quarterly assessment indicated "Psoriasis tx's (treatments); 8/24/15 noted with 2 areas of skin breakdown on buttock, tx started, barrier oint. (ointment) 3x (three times) daily til (until) healed. Added dly (daily) skin assessment to MARS...(On) 8/11/15 1:45pm, per staff and HM (Home Manager) got a different w/c (wheel chair) and so far has been sitting up in it good and is preventing her from sitting with her head hanging back. Per HM was fine the rest of the day yesterday, overnight, and this am. No issues or concerns have been reported by the staff...8/24/15 1:46pm, per PD (Program Director/Qualified Intellectual Disabilities Professional), day program staff reported was noted with 2 open areas of skin on her buttocks...8/25/15 12:18pm...added nsg. (nursing) measure tx to MAR to do dly skin assessments and chart NN (Nursing Notes) on any areas being treated. Left staff instructions to change [client #1's] position every hour...8/25/15 at 1:30pm, assessed at the day program and has slid down in her w/c...assessed skin on buttocks, has a small SF (Superficial) open area at top of (intergluteal cleft) btw (between) buttocks; also SF open area on the inner side of each buttock below the</p>			

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W 0382 Bldg. 00	<p>one at the top. No drng (drainage); no s/s (signs/symptoms) of infection. Surrounding skin intact with no s/s of breakdown...." Client #1's record indicated she had open areas on her buttocks, received treatment, received medical follow up, and no other information for the sizes, effectiveness of treatment, and/or nursing protocols were available for review.</p> <p>On 9/3/15 at 10:30am, an interview was conducted with the agency nurse. The Nurse indicated client #1 did not have nursing protocols related to her open areas on her buttocks available for review until after the surveyor had requested the document on 9/2/15. The Nurse indicated client #1's open area was caused from pressure and not sized, monitored for treatment, and/or descriptions of the area were not available for review.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 3 additional clients (clients #4, #5, and #6) who resided in the group</p>	W 0382	W382 The facility has an established healthcare system that is overseen by the facility nurse. The facility trains	10/11/2015

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	<p>home, the facility failed to keep client #5 and #6's medications secured when not being administered and client #4 consumed two (2) drinks of the unsecured mixture.</p> <p>Findings include:</p> <p>On 9/1/15 from 4:00pm until 4:55pm, Group Home Staff (GHS) #1 assembled each client's medications and administered the medication. At 4:45pm, GHS #1 requested and assisted client #6 to come to the medication area. At 4:45pm, GHS #1 selected client #6's "Polyethylene Glycol 3350" for constipation, poured 17 grams using a clear measuring medication cup, and using hand over hand assistance with client #6, poured the mixture into an empty glass. At 4:45pm, GHS #1 took the mixture, carried it into the kitchen, and set the cup on the corner of the cabinet next to the exit hallway, and walked away from the medication. At 4:45pm, GHS #2 and client #1 were observed at the stove stirring items on the stove for supper. No interaction was observed between the staff and GHS #1. At 4:48pm, GHS #1 assisted client #5 to the medication area for his medications and client #6's unsecured medication remained on the kitchen counter top.</p>		<p>all employees to administer medication and adhere to the medical storage policies provided.</p> <p>The facility nurse has trained the staff on the format for passing, and secure storage of client medication. The training included locking up medication until time to administer and observing the client to ensure the client receives the medication as ordered.</p> <p>The Area Director will ensure the supervisors/nurse complete medication observations for 2 times a week for two months to ensure staff are implementing the medication regulations as trained. Responsible Staff: Area Director/Nurse</p>	

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	<p>At 4:48pm, GHS #1 selected client #5's "Polyethylene Glycol 3350" for constipation, poured 17 grams into a clear measuring medication cup, and using hand over hand assistance with client #5, poured the mixture into a glass mixed the medication with ensure plus (a nutritional drink), and client #5 consumed the mixture. At 4:55pm, GHS #1 finished the medication administration, locked the medication closet, left client #5's "Polyethylene Glycol 3350" medication unsecured and sitting on top of the washer in the unsecured back hallway/medication area. At 4:55pm, GHS #1 walked away from client #5's unsecured medication. At 5:00pm, GHS #1 returned to the medication area, stated he "had left [client #5's] meds out" and unsecured, and locked client #5's medication into the medication closet.</p> <p>At 4:58pm, GHS #1 walked to the kitchen, located client #6's unsecured medication cup on the kitchen counter, and mixed the medication with an eight (8) ounce glass of Koolaid. GHS #1 stirred the mixture, then carried the mixture to the dining room table, set the mixture in front of a table setting on the table, and walked away. From 4:58pm until 5:12pm, clients #1, #2, #3, #4, #5, and #6 came and left the table and Group</p>			

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	<p>Home Staff #1, GHS #2, and the Residential Manager/RM left the dining room table with client #6's medication mixture sitting unsecured on the table. At 5:00pm, client #4 was assisted by GHS #1 to the dining room table and sat at the end of the table next to client #6's table setting with the medication mixture. GHS #1 walked away from the dining room table and client #4 picked up client #6's medication mixture glass, drank from the glass, set the glass back onto the table, and client #4 had a red moist Koolaid ring around her mouth. At 5:05pm, client #4 picked up client #6's unsecured medication mixture again, the RM stood behind client #6's chair, client #6 walked to the dining room table, and no redirection was observed. The Surveyor asked the RM if client #4 was drinking client #6's Koolaid medication mixture, the RM took the glass from client #4's hand, and stated client #4 had taken a "sip" of the mixture. Client #4 had a second moist red colored ring around her lips. At 5:12pm, the RM left carrying client #6's mixture to the kitchen, returned with the mixture in a different glass, and indicated the RM had poured client #6's medication mixture into a different glass. The RM indicated client #6 consumed the same medication mixture from a different glass which client #4 had</p>			
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W 0454 Bldg. 00	<p>drank from twice. At 5:12pm, the RM indicated client #6's medication was not kept secured.</p> <p>On 9/3/15 at 10:30am, an interview with the agency Registered Nurse (RN) was conducted. The RN indicated medications should be kept locked and secured when not being administered. The RN indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p> <p>On 9/3/15 at 10:30am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medications should be kept secured when not being administered.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review, and interview, for 1 additional client (client #6), the facility failed to implement and teach sanitary methods during dining</p>	W 0454	<p><b>W454:</b> The facility trains all employees to provide a sanitary environment to avoid sources and transmission of infections. Staff will be retrained in the</p>	10/11/2015			

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	<p>opportunities for client #6's medication mixture.</p> <p>Findings include:</p> <p>On 9/1/15 from 4:00pm until 4:55pm, Group Home Staff (GHS) #1 assembled each client's medications and administered the medication. At 4:45pm, GHS #1 selected client #6's "Polyethylene Glycol 3350" for constipation, poured 17 grams into a clear measuring medication cup, and using hand over hand assistance with client #6, poured the mixture into an empty glass. At 4:58pm, GHS #1 walked to the kitchen, located client #6's unsecured medication cup on the kitchen counter, and mixed the medication with an eight (8) ounce glass of Koolaid. GHS #1 stirred the mixture, then carried the mixture to the dining room table, set the mixture in front of a table setting on the table, and walked away. From 4:58pm until 5:12pm, clients #1, #2, #3, #4, #5, and #6 came and left the table and Group Home Staff #1, GHS #2, and the Residential Manager/RM left the dining room table with client #6's medication mixture sitting unsecured on the table. At 5:00pm, client #4 was assisted by GHS #1 to the dining room table and sat at the end of the table next to client #6's table setting with the medication mixture.</p>		<p>area of infectious control to ensure a healthy sanitary environment for the clients. Staff will intervene so clients do not drink from the same glass.</p> <p>The Program Coordinator will ensure that all staff are implementing sanitary practices by monitoring mealtime activities with twice weekly supervisory observations in the home.</p> <p>Person Responsible: Program Director</p>	

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	<p>GHS #1 walked away from the dining room table and client #4 picked up client #6's medication mixture glass, drank from the glass, set the glass back onto the table, and client #4 had a red moist Koolaid ring around her mouth. At 5:05pm, client #4 picked up client #6's unsecured medication mixture again, the RM stood behind client #6's chair, client #6 walked to the dining room table, and no redirection was observed. The Surveyor asked the RM if client #4 was drinking client #6's Koolaid medication mixture, the RM took the glass from client #4's hand, and stated client #4 had taken a "sip" of the mixture. Client #4 had a second moist red colored ring around her lips. At 5:12pm, the RM left carrying client #6's mixture to the kitchen, returned with the mixture in a different glass, and indicated the RM had poured client #6's medication mixture into a different glass. The RM indicated client #6 consumed the same medication mixture from a different glass which client #4 had drank from twice.</p> <p>On 9/3/15 at 10:30am, an interview with the agency's Registered Nurse (RN) was conducted. The RN indicated client #6's medication mixture should have been remade and not administered from the same mixture client #4 had drank from. The RN indicated the facility followed</p>				

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	<p>"Living in the Community" Core A/Core B procedures for medication administration. The RN indicated the agency trained the staff to follow "Universal Precautions" for sanitation in Core A/Core B medication administration.</p> <p>On 9/3/15 at 10:30am, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included encouraging clients not to share drinks and using clean eating equipment.</p> <p>9-3-7(a)</p>						