

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G228		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/30/2012	
NAME OF PROVIDER OR SUPPLIER COMMUNITY LIVING INC				STREET ADDRESS, CITY, STATE, ZIP CODE 413 W OAK ST BUTLER, IN 46721			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 29 and 30, 2012.</p> <p>Facility number: 000752 Provider number: 15G228 AIM number: 100234820</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 07, 2012 by Dotty Walton, 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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W0231	<p>483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>Based on record review and interview, the facility failed to ensure behavior objectives were written in measurable terms for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 8/30/12 at 11:20 AM. A 1/16/12 self direction program included objectives to "increase her completion of a chore list" for 3, 6, 9, and 12 months to address behaviors of distractibility, hyperactivity, and difficulty staying focused. The objectives did not define the criteria (the performance of identified behaviors/tasks to be achieved) for completion of the chore list to measure progress.</p> <p>The Residential Director and the Qualified Mental Retardation Professional (QMRP) were interviewed on 8/30/12 at 12:50 PM. The QMRP indicated there was no further clarification of the criteria to determine if client #3 was making progress on her objectives to reduce distractibility.</p>	W0231	<p>W 231 Individual Program Plan</p> <p>The objectives of the IPP are expressed in behavioral terms that provide measurable indices of performance.</p> <p>SYSTEM TO PREVENT RECURRENCE: The QA team reviewed this issue with the QMRP and determines that this incident does not represent a trend by the QMRP in writing behavioral objectives in non-measurable terms. This was an isolated incident but the Team feels that adding a reminder to state behavioral objectives in measurable terms to the form "New Self Direction Plan" will help avoid future recurrence by bringing it to the attention of the entire</p>	09/18/2012			

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	9-3-4(a)		<p>management team.</p> <p>1. The checklist, "New Self Direction Plan," is revised to include a reminder to state behavioral objectives in measurable terms.</p> <p>Completed: 09/12/2012</p> <p>Responsible: Residential Director</p> <p>2. The QMRP's and management Team are trained on the new checklist.</p> <p>Completed: 09/18/2012</p> <p>Responsible: CEO</p> <p>3. The behavioral objectives for Client#3 are written in objective terms which clarify criteria to observe and chart progress.</p> <p>Completed: 09/14/2012</p> <p>Responsible: QMRP</p>		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed to implement a weight control objective as written in the Individual Support Plan (ISP) for 1 additional client (client #4).</p> <p>Findings include:</p> <p>Observations were completed in the group home from 6:50 AM to 8:03 AM on 8/30/12. For breakfast, client #4 prepared 2 slices of toast with margarine with a tablespoon of sugar and cinnamon on each slice and drank 2 percent milk. Staff #10 did not encourage client #4 to put unsweetened jelly on her toast instead of a tablespoon of sugar, eat a bowl of cereal instead of a second piece of toast with sugar, or to drink juice or 1 percent milk instead of 2 percent milk.</p> <p>The posted menu for Tuesday breakfast (8/30/12), was reviewed on 8/30/12 at 7:55 AM. Menu items included 1 slice of toast, 3/4 cup cold cereal, 1/2 cup of juice, 1 tablespoon margarine, 1 tablespoon of</p>	W0249	<p>W 249 Program Implementation</p> <p>Each client receives a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the IPP.</p> <p>SYSTEM TO PREVENT RECURRENCE:</p> <p>The QA Team reviewed this issue and tried to determine the scope of the problem in this incident. Staff who were interviewed stated that they were used to working with Waiver clients who had more freedom of choice</p>	09/18/2012			

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	<p>simply fruit jelly, 8 oz of skim or 1 percent milk.</p> <p>Client #4's record was reviewed on 8/30/12 at 11:15 AM. A risk plan dated 4/18/12 indicated she was to exercise and take correct food portion sizes. An ISP goal dated 4/18/12 indicated client #4 "will lose weight by making healthy choices and staff support." The teaching technique indicated client #4 should take correct portion sizes and "If she is taking too much, prompt her to follow her recommended portion sizes. Give her verbal praise for following portion sizes. Remind her of the health benefits of good diet and exercise."</p> <p>The Qualified Mental Retardation Professional (QMRP) and Residential Director were interviewed on 8/30/12 at 12:50 PM. The QMRP indicated clients should be encouraged to eat correct portion sizes and make healthy choices at meals.</p> <p>9-3-4(a)</p>		<p>especially at breakfast. They felt that many of the clients in this home had developed eating patterns for breakfast which were pretty well set even though in the past staff had encouraged clients to follow menus listed. The QA Team feels that agency staff must understand a difference between waiver and group home clients is that group home clients are judged to be in need of continuous active treatment, and that active treatment needs to be ongoing for clients. In this case, it is not enough to simply let clients choose what they want to eat. There should be daily, gentle encouragement to try the items on the menu which are designed to provide a balanced, healthy diet. Preferences can be worked into the menus and staff should put effort into pointing out the advantages of eating the menu items daily. Since this issue may be an agency wide trend, QMRP's are trained to</p>		

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			<p>observe mealtimes and train staff to ensure that clients are encouraged to follow dietary guidelines taking correct portions and making healthy choices. Staff are trained to follow written objectives for weight loss.</p> <p>1. QMRP's and management staff are trained to observe mealtimes with the specific task of maintaining that staff continuously encourage clients to follow posted menus and to follow dietary guidelines taking correct portions and making healthy choices.</p> <p>Completed: 09/18/2012</p> <p>Responsible: CEO, Residential Director</p> <p>2. Facility staff are trained to continuously encourage clients to follow posted menus and to follow dietary guidelines taking correct</p>		

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			<p>portions and making healthy choices and are trained to follow written objectives for weight loss and healthy eating.</p> <p>Completed: 09/18/2012</p> <p>Responsible: QMRP</p>		

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W0362	<p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 3 of 3 sampled clients, (clients #1, #2 and #3), to provide evidence the pharmacist reviewed their medications on a quarterly basis.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/30/12 at 11:40 AM. A printout dated 8/1/12 of client #1's medications included the use of medication to treat seizures and calcium (supplement). A typed statement at the top of the printout indicated, "A drug regimen review for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #1's medications for potential side effects or drug interactions.</p> <p>Client #2's record was reviewed on 8/30/12 at 12:00 PM. A printout dated 8/1/12 of client #2's medications included the use of psychotropic medication, antiviral medication, and medication to treat excess stomach acid. A typed statement at the top of the printout</p>	W0362	<p>W 362</p> <p>A pharmacist with input from the IDT reviews the drug regimen of each client at least quarterly.</p> <p>System to prevent recurrence: The QA Team reviewed this issue and it was brought to the team's attention that the current procedure had been used since 2010; however, it is felt that the current system does not provide a clear trail for review. The pharmaceutical company contracted by the Agency has agreed to use the new form provided by the Agency for future drug regimen reviews. Working with the pharmacist, the IDT developed a form which reflects the scope of the review performed by the pharmacy provider. The</p>	09/18/2012			

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	<p>indicated, "A drug regimen review for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #2's medications for potential side effects or drug interactions.</p> <p>Client #3's record was reviewed on 8/30/12 at 11:20 AM. A printout dated 8/1/12 of client #3's medications included the use of medication to treat symptoms of ADHD (attention deficit hyperactivity disorder) and medication to regulate hormones. A typed statement at the top of the printout indicated, "A drug regimen review for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #3's medications for potential side effects or drug interactions.</p> <p>The Residential Director was interviewed on 8/30/12 at 12:50 PM. She indicated there was nothing signed or dated by a pharmacist to indicate a review of clients #1, #2 and #3's medications by a pharmacist for potential side effects or drug interactions.</p> <p>9-3-6(a)</p>		<p>use of this form will provide a clearer paper trail of reviews.</p> <p>1. A "Drug Regimen Review" is created to track reviews in a clear and consistent manner.</p> <p>Completed: 08/30/2012</p> <p>Responsible: CEO, IDT, Pharmacist</p> <p>2. The pharmacy provider is contacted and agrees to use the new form on a quarterly basis starting with the quarter which begins 09/01/2012.</p> <p>Completed: 08/31/2012</p> <p>Responsible: CEO</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based upon observation, record review and interview, the facility failed to encourage clients to eat a balanced meal and failed to provide meals based upon dietary assessments for 3 of 3 sampled clients (clients #1, #2, #3), and one additional client (client #4).</p> <p>Findings include:</p> <p>During the morning meal prepared by each client for themselves on 8/30/12 during observations from 6:50 AM to 8:03 AM, clients #1 and #4 prepared 2 slices of toast with margarine, a tablespoon of sugar and cinnamon on each slice. Client #1 had a glass of an orange drink and client #4 drank 2 percent milk. Client #2 failed to eat breakfast. Client #2 carried a baggy containing a 2 and 1/2 inch stack of processed potato chips, and a banana as she was leaving for day services, and indicated it was for her lunch. Staff #10 did not prompt clients #1 or #4 to eat additional items for breakfast, and did not prompt client #2 to eat breakfast or pack additional menu items for lunch.</p> <p>Clients #1 and #4 were interviewed on</p>	W0460	<p>W 460 FOOD AND NUTRITION SERVICES</p> <p>Each client receives a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>System to prevent recurrence: The QA Team investigated the findings under this tag and has determined that the issues involving encouraging clients to make healthy menus choices are in part related to the cited tag W 249 and are dealt with in that correction plan. The issue of using outdated menus is not the same, though. When interviewed, facility staff explained that old menus were present in the facility because the clients had reportedly liked</p>	09/28/2012			

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	<p>8/30/12 at 7:30 AM. When asked if the toast and drinks were the only items they would eat for breakfast, client #1 nodded her head (yes), and client #4 indicated there was no time to make additional menu items for breakfast.</p> <p>Client #2 was interviewed on 8/30/12 at 7:58 AM. She indicated she didn't like to eat breakfast.</p> <p>The posted menu for Tuesday's breakfast and lunch was reviewed on 8/30/12 at 7:55 AM. The menu posted included names of clients no longer living in the group home. There was no other evidence of menus for clients currently living in the group home. Menu items for breakfast included 1 slice of toast, 3/4 cup cold cereal, 1/2 cup of juice, 1 tablespoon margarine, 1 tablespoon of simply fruit jelly, 8 oz of skim or 1 percent milk. Menu items for lunch included "lite" bread, 2 slices of fat free bologna, 1 slice of fat free cheese, 1 serving pretzel sticks, and a banana. There was no evidence the menus posted in the group home had been revised to meet the prescribed dietary needs of the clients currently living in the group home.</p> <p>Staff #10 was interviewed on 8/30/12 at 8:01 AM. When asked about client #1 and #4's sugared toast, she stated client #4</p>		<p>items on the old menus better than the updated ones prepared by the dietician for this group of clients. Clients were allowed to pick old menus that they preferred instead of sending updates for the dietician to approve. This is not an accepted practice by the agency, and does not appear to happen beyond this facility and does not represent an agency trend. The team leader who is responsible for posting and following approved menus is trained to follow agency procedures regarding the use of approved menus and meals which are based on dietary assessments for the clients. All staff are trained to encourage clients to make healthy choices, and the menus are revised to meet the proscribed dietary needs and preferences of the clients currently living in the home.</p> <p>1. Menus are revised to meet the proscribed dietary</p>		

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	<p>was "pre-diabetic," and indicated she had prompted clients to serve themselves cereal prior to the surveyor's arrival.</p> <p>Client #1's record was reviewed on 8/30/12 at 11:40 AM. A dietary assessment dated 3/16/12 indicated a regular diet and "encourage healthy food choices at meals and snacks."</p> <p>Client #2's record was reviewed on 8/30/12 at 12:00 PM. A dietary assessment dated 3/5/12 indicated a regular diet. A 8/23/12 prescription from her doctor indicated "Low Fat diet, and oatmeal daily."</p> <p>Client #3's record was reviewed on 8/30/12 at 11:20 AM. A dietary assessment dated 3/5/12 indicated a regular diet, weight stable.</p> <p>Client #4's record was reviewed on 8/30/12 at 11:15 AM. A dietary assessment dated 3/5/12 indicated a regular diet-healthy menu. The assessment indicated client #4 had a body mass index (BMI) of 49-morbid obesity, had gained 30 pounds in the past year and "needs supervision for portion control and food choices to prevent continued weight gain."</p> <p>The QMRP was interviewed on 8/30/12 at</p>		<p>needs of the clients currently living in the home.</p> <p>Responsible: Dietician, Residential Director, QMRP</p> <p>Completed: 09/16/2012</p> <p>2. Staff are trained to use only dietician approved menus which are designed for the current group of clients present in the home.</p> <p>Responsible: QMRP, Residential Director</p> <p>Completed: 09/18/2012</p> <p>3. Facility staff are trained to continuously encourage clients to follow posted menus and to follow dietary guidelines taking correct portions and making healthy choices and are trained to follow written client objectives for weight loss and healthy eating.</p> <p>Completed: 09/18/2012</p>				

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	12:50 PM and indicated clients should be encouraged to eat a balanced diet and the menus were being updated for the group home. 9-3-8(a)		Responsible: QMRP 4. Menus revised to meet the proscribed dietary needs of the clients currently living in the home are in place and implemented by staff. Responsible: QMRP, Team Leader Completed: 09/28/2012		