

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G325	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 MILL ST ANGOLA, IN 46703
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 27, 28, 29, 30, 2012.</p> <p>Facility number: 000843 Provider number: 15G325 AIM number: 100243790</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 was completed on 9/6/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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.</p> <p>Based on record review and interview, the facility failed for 2 of 2 sampled clients, (clients #1 and #2) 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 8/28/12 at 10:24 AM. A print out of client #1's medications included the use of psychotropic medications, medication to treat osteoporosis, high cholesterol, and constipation. 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.</p> <p>Client #2's record was reviewed on 8/28/12 at 10:30 AM. A print out of client #2's medications included the use of medication to treat constipation, muscle tightness, psoriasis and allergies. A typed statement at the top indicated "A drug regimen review for this patient has been</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>	09/14/2012			

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	<p>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.</p> <p>The Residential Director was interviewed on 8/29/12 at 2:35 PM. She indicated there was no other evidence of a review of client #1 and #2's medications by a pharmacist.</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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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 2 of 2 sampled clients (client #1 and #2), and 2 additional clients (clients #3 and #4), the facility failed to ensure medications were kept locked when staff left the medication area.</p> <p>Findings include:</p> <p>1. Observations were completed at the group home on 8/27/12 from 4:46 PM to 7:15 PM. During the administration of medication at 6:44 PM, staff #1 left client #4's medication unsecured on the kitchen table while she assisted client #1 in the restroom. Client #4 sat at the table with the unsecured medication, and clients #2, and #3 were in an adjacent room while the unsecured medication was on the table.</p> <p>Staff #1 was interviewed on 8/27/12 at 7:10 PM and when asked about the unlocked medications, stated, "It's always been done that way."</p> <p>2. Observations were completed at the group home on 8/28/12 from 6:43 AM until 8:30 AM. At 6:50 AM, client #1's</p>	W0382	<p>W 382 DRUG STORAGE AND RECORDKEEPING</p> <p>The Facility keeps all drugs and biologicals locked except when being prepared for administration. .</p> <p>System to Prevent Recurrence:</p> <p>There is an Agency wide policy which directs that drugs and medications are to be stored in locked boxes and safeguarded in secure locations when not in use. The QA Team reviewed this finding and asked the QMRP to interview DCS#1 and DSC#10. The QMRP reported that both staff persons seemed unaware of the need to secure and safeguard the medications boxes in the facility. After review, the QA Team determines that there was a failure by the staff in this</p>	09/14/2012			

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	<p>medications were unsecured on the table while staff 10 assisted client #1 in the bathroom. Client #2 sat at the table with the unsecured medications and clients #3 and #4 were in other areas of the home.</p> <p>Staff #10 was interviewed on 8/28/23 at 7:24 AM and indicated medications were to be locked. She indicated client #1 asked for assistance and she left the medication unsecured on the table.</p> <p>The Residential Director was interviewed on 8/29/12 at 2:35 PM and indicated clients' medication should be locked when not being administered.</p> <p>9-3-6(a)</p>		<p>facility to follow training guidelines established for the safeguarding and security of medications. Although this appears to be a problem isolated to this facility, to prevent the possibility of any confusion among other staff and thereby preventing the recurrence of this issue, all agency QMRP's and management staff were given training in techniques to observe staff throughout the agency while administering medications, and to re-emphasize with all staff the need to follow the training guidelines for ensuring medication lockboxes including all drugs and biological are kept secure.</p> <p>1. QMRP's are trained to observe staff throughout the agency while administering medications, and to re-emphasize with all staff the need to follow the training guidelines for ensuring medication lockboxes are kept secure.</p> <p>Responsible: CEO</p> <p>Completed: 09/04/2012</p>		

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			<p>2. The form, "Medication Errors and Drug Reactions" is revised to add a reminder to maintain drug and biological security at all times.</p> <p>Responsible: CEO</p> <p>Completed: 09/04/2012</p> <p>3. DCS#1 and #10 are re-trained in CORE A/Core B areas concerning the safeguarding of medication lockboxes and keys.</p> <p>Responsible: QMRP, RN</p> <p>Completed: 09/07/2012</p>		

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, for 2 of 2 sampled clients (clients #1 and #2), the facility failed to encourage, teach, and include clients in meal preparation, and for 1 additional client (client #4), failed to encourage independence in serving her meal.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 8/27/12 from 4:46 PM until 7:15 PM. During the evening meal, staff #1 served client #4 her pasta and salad and added salad dressing without encouraging client #4 to serve herself.</p> <p>Observations were completed at the group home on 8/28/12 from 6:43 AM until 8:30 AM. During the breakfast meal, staff #10 measured and poured cereal and milk for client #1, and toasted a bagel, spread margarine and jelly on bagels for clients #1 and #2, and placed it on the table in front of them without encouraging the clients to prepare or serve themselves menu items.</p> <p>Client #1's record was reviewed on</p>	W0488	<p>W488 483.480(D)(4) DINING AREAS AND SERVICE</p> <p>The Agency assures that each client eats in a manner consistent with his or her developmental level.</p> <p>System to Prevent Recurrence:</p> <p>The QA Team reviewed this citation and concluded that it also appeared to be an issue of staff training for Staff #1 and Staff# 10. There was a failure by staff to follow training guidelines established for the supervision of individuals preparing and cooking their own breakfasts or meals as independently as possible Since this appears to be a problem which may indicate a trend across the agency, the QMRP's were given training in techniques to observe staff throughout the</p>	09/14/2012

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	<p>8/28/12 at 10:42 AM. Client #1's Life Skills dated 11/17/11 indicated client #1 was able to complete familiar food tasks independently and was able to help with cooking, use safety precaution in handing hot food/utensils, measure ingredients, make simple desserts, use a mixer, coffee pot, follow recipe with with physical prompts and 1:1 supervision and training.</p> <p>Client #2's record was reviewed on 8/28/12 at 10:30 AM. Client #2's Life Skills dated 2012 (no month specified) indicated client #2 was able to complete familiar food tasks, use stove burners with verbal and gestural prompts and line of sight supervision and able to use safety precaution in handing hot food/utensils, measure and prepare foods in the microwave, baking, and frying with with physical prompts and 1:1 supervision and training.</p> <p>Client #4's record was reviewed on 8/28/12 at 11:15 AM. Client #4's Life Skills dated 1/24/12 indicated client #4 was able to complete familiar food tasks, wash lunch box, set table, help with cooking, measure ingredients, proper use of coffee pot, use safety precaution in handing hot food/utensils, use stove burners, and cook in the microwave with with physical prompts and 1:1 supervision and training. Client #4 was able to pick an</p>		<p>agency during morning meal preparation times, and to re-emphasize with all staff the need to follow the training guidelines for ensuring that Consumers are as independent as possible. There is the question whether the breakfast was prepared for the client as a convenience for the staff or if the staff genuinely did not understand her role in the meal preparation in the mornings. Since staff convenience may also be a possibility which causes other agency staff to do more for consumers in the mornings than needed, the QMRP's were given training in techniques to observe staff throughout the agency during morning meal preparation times, and to re-emphasize with all staff the need to follow the training guidelines for ensuring that each consumer eats and prepares breakfast or any meal in as independent manner as possible.</p> <p>1. QMRP's and management staff are trained to observe staff throughout the agency during morning meal preparation times, and to</p>				

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	ice pack in her lunch box independently. The QMRP (Qualified Mental Retardation Professional) was interviewed on 8/29/12 at 2:35 PM and indicated clients #1, #2, and #4 were capable of assisting with simple meal preparation and should have been encourage to participate in preparing their food to eat. 9-3-8(a)		re-emphasize with all staff the need to follow the training guidelines for ensuring that each consumer eats and prepares breakfast or any meal in as independent manner as possible. Responsible: CEO Completed: 09/04/2012 2. Staff #1and #10 are trained to allow and encourage each consumer to eat and prepare meals, and breakfast in particular, in as independent manner as possible. Responsible: QMRP Completed: 09/07/2012		