

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G648	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2012
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NAME OF PROVIDER OR SUPPLIER  QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 ALTRA DR CLARKSVILLE, IN 47129
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 9, 10 and 11, 2012</p> <p>Facility Number: 001160 Provider Number: 15G648 AIM Number: 100240260</p> <p>Surveyor: Dotty Walton, Medical Surveyor III.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 5/16/12 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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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review and interview for 1 of 3 sampled, clients (client #3), the facility failed to ensure the client's falls/injuries were addressed and corrected.</p> <p>Findings include:</p> <p>On 5/09/12 at 3:45 PM, client #3 walked into the facility from the van on driveway, sidewalk and up steps leading to the backdoor of the dwelling. Staff #4 walked in front of client #3 and offered no guidance/assistance. Client #3 walked on the tips of his toes and did not appear aware of uneven surfaces.</p> <p>Review of facility incident reports on 5/09/12 at 12:45 PM indicated falls sustained by client #3 on 7/19/11 (fell in driveway of facility), 12/08/11 (fell on sidewalk/gravel getting soda at mini mart, one inch laceration above left eye), 12/02/11 (fell leaving day program building, bruises to right arm/leg), 3/16/12, fell in the facility's pantry and sustained 2 inch scratch to his right arm). The 12/08/11 fall was reported to the Bureau of Developmental Disabilities Services/BDDS on 12/09/11. The BDDS</p>	W0157	<p>The program documents regarding Falls Risk protocols have been re-stocked into the appropriate binders in the Day Options day program. Day Options staff will be retrained on Fall Risks protocols.</p> <p>Day Option Manager will review the binders monthly to ensure no further loss/misplacement of documents.</p>	06/10/2012			

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	<p>report indicated client #3's falls would be addressed by means of implementing a falls risk plan.</p> <p>Review of client #2's day program (facility owned/operated) record on 5/10/12 at 9:30 AM indicated no falls risk plan/methodology.</p> <p>Review of client #2's record which was kept in the facility and used by direct contact staff was reviewed on 5/10/12 at 12:40 PM. The review indicated no falls risk plan for direct contact staff to use/follow.</p> <p>Interview with day program staff #6 on 5/10/12 at 10:00 AM indicated no falls risk plan for client #3 in the day program book. Interview with staff #2 indicated client #3 had been falling at home and day program and he was supposed to have a falls plan in his book.</p> <p>Interview with RN (Registered Nurse) #3 on 5/10/12 at 3:30 PM indicated a falls risk plan for client #3 dated January 2012 that was contained in the client's medical record found in the facility's corporate office. There was no explanation regarding the lack of a plan in the books used by direct contact and day program staff.</p> <p>9-3-2(a)</p>			

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W0220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure the client's comprehensive functional assessment included speech/language development.</p> <p>Findings include:</p> <p>During observations at the facility on 5/09/12 from 3:45 PM until 6:00 PM and on 5/10/12 from 6:30 AM until 9:00 AM, client #2 went about his daily routine. Client #2 displayed unintelligible speech patterns. He would enter into others' personal space and take their hands/arms in an effort to make himself understood. The client did not use other means of communication (symbol book or pictures) to make his wants/needs known.</p> <p>Review of client #2's record on 5/10/12 at 12:40 PM indicated an Individual Habilitation Plan/IHP with accompanying Assessment, both dated January 2012. The record review indicated no speech/language assessment on which to build communication programming for client #2.</p>	W0220	The nursing staff will schedule a speech/language evaluation as soon as an appointment is available. The IDT will review documentation of all clients in this home to ensure that all assessment requirements are met. The IDT will reevaluate on an annual basis.	06/10/2012			

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	<p>Interview with RN #3 on 5/10/12 at 3:30 PM indicated no speech/language assessment for client #2.</p> <p>9-3-4(a)</p>				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview for 1 of 3 sampled, clients (client #3), the facility failed to ensure the client's falls risk plan was available to all staff.</p> <p>Findings include:</p> <p>On 5/09/12 at 3:45 PM, client #3 walked into the facility from the van on driveway, sidewalk and up steps leading to the backdoor of the dwelling. Staff #4 walked in front of client #3 and offered no guidance/assistance. Client #3 walked on the tips of his toes and did not appear to be aware of uneven surfaces.</p> <p>Review of facility incident reports on 5/09/12 at 12:45 PM indicated falls sustained by client #3 on 7/19/11 (fell in driveway of facility), 12/08/11 (fell on sidewalk/gravel getting soda at mini mart, one inch laceration above left eye), 12/02/11 (fell leaving day program building, bruises to right arm/leg), 3/16/12, fell in the facility's pantry and sustained 2 inch scratch to his right arm). Review of client #2's day program</p>	W0248	<p>The program documents regarding Falls Risk protocols have been re-stocked into the appropriate binders in the Day Options day program. Day Options staff will be retrained on Fall Risks protocols.</p> <p>Day Option Manager will review the binders monthly to ensure no further loss of documents.</p>	06/10/2012			

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	<p>(facility owned/operated) record on 5/10/12 at 9:30 AM indicated no falls risk plan/methodology. Review of client #2's record which was kept in the facility and used by direct contact staff was reviewed on 5/10/12 at 12:40 PM. The review indicated no falls risk plan for direct contact staff to use/follow.</p> <p>Interview with day program staff #6 on 5/10/12 at 10:00 AM indicated no falls risk plan for client #3 in the day program book. Interview with staff #2 indicated client #3 had been falling at home and day program and he should have a falls program in his book.</p> <p>Interview with RN #3 on 5/10/12 at 3:30 PM indicated a falls risk plan for client #3 dated January 2012 that was contained in the client's medical record found in the facility's corporate office.</p> <p>9-3-4(a)</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 on observation, record review and interview for 1 of 3 sampled clients (client #2), the facility failed to implement client #2's training objectives during formal and informal opportunities.</p> <p>Findings include:</p> <p>During observations at the facility on 5/09/12 from 3:45 PM until 6:00 PM client #2 exhibited the behaviors of invading staff and visitor's personal space and grabbed their arms/hands repeatedly. Staff did not effectively redirect client #2's behaviors.</p> <p>On 5/10/12 from 6:30 AM until 9:00 AM, client #2 went about his daily routine. Client #2 continued to invade the visitor's personal space and grabbed the visitor's hands/arm. staff did not consistently redirect him. While staff #5 was busy assisting with breakfast and staff #2 was texting, client #2 went to the restroom, left the door open, did not wash hands, and got a peer's hairbrush and brushed his hair in the cooking area. During the</p>	W0249	<p>All staff in this home will be retrained to follow the BSP and program goals for all clients in the home. The client in question requires constant redirection and has made much improvement but staff easily become complacent to the minor displays of this targeted behavior.</p> <p>The home manager will monitor daily/weekly progress with staff compliance.</p>	06/10/2012			

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	<p>breakfast meal, client #2 took large uncut bites of waffle and ate rapidly. Staff did not consistently monitor/redirect his eating.</p> <p>Review of client #2's record on 5/10/12 at 12:40 PM indicated an Individual Habilitation Plan/IHP dated January 2012. The record review indicated the client had a behavior plan to address of touching others inappropriately and a "safe dining skills" goal to have appropriate amounts of food on utensil, set utensil down after bites and take a drink after bites of food.</p> <p>Interview with staff #2 on 5/10/12 at 12:45 PM indicated client #2 should have been monitored in the restroom and his IHP goals should be reinforced.</p> <p>9-3-4(a)</p>			

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure the client's physical examination included visual and auditory functioning.</p> <p>Findings include:</p> <p>Review of client #2's record on 5/10/12 at 12:40 PM indicated a physical examination/PE by the physician dated 1/11/12. The record review indicated no auditory assessment or visual evaluation and the PE contained no information regarding client #2's auditory or visual functioning.</p> <p>Interview with RN #3 on 5/10/12 at 3:30 PM indicated no auditory or visual evaluations for client #2.</p> <p>9-3-6(a)</p>	W0323	The nursing staff will schedule a vision and hearing evaluation as soon as an appointment is available. The IDT will review documentation of all clients in this home to ensure that all assessment requirements are met. The IDT will reevaluate on an annual basis.	06/10/2012			

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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, record review and interview for 1 of 3 sampled clients (client #3), for 2 of 2 medications observed, the facility failed to ensure the client's medications were monitored by staff while they were unlocked and being readied for administration.</p> <p>Findings include:</p> <p>During observations at the facility's day program on 5/10/12 at 11:35 AM, staff #8 readied client #3's noon time medications. The medications (Lactaid 3300 milligrams, to treat lactose intolerance and 0.5 mg lorazepam, anti-anxiety) were in individual packaging within paper envelopes. Staff #8 left the envelopes beside client #3 as he walked across the room to get client #3's book containing his medication administration record. Staff opened the medication envelopes and placed the Lactaid in a medication cup. Staff #8 walked across the room to obtain water for client #3 leaving the medications unattended a second time. Clients #1, #2, and #6, and two peers from other facilities sat near client #3 while the medications were unattended.</p>	W0382	All staff in the Day Options program will be retrained in proper medication security procedures. The Day Option manager will monitor for staff compliance.	06/10/2012

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	<p>Interview with RN #3 on 5/10/12 at 3:30 PM indicated medications should be locked or with staff and not left unattended with clients.</p> <p>9-3-6(a)</p>			
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