

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G467		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2012	
NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3538 JULIE LN INDIANAPOLIS, IN 46208			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey. This visit resulted in a full survey.</p> <p>Survey Dates: October 9, 10, 11, 12, 15, and 16, 2012.</p> <p>Facility Number: 000981 Provider Number: 15G467 AIM Number: 100249390</p> <p>Surveyor: Brenda Nunan, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/16/12 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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to met the Condition of Governing Body. The governing body failed to ensure the facility completed health assessments and monitored. The governing body failed to ensure the facility staff were trained to manage clients' health conditions and failed to ensure the facility's health care/nursing services met the clients' health needs for 4 of 4 sampled clients, (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 4 of 4 sampled clients (clients #1, #2, #3 and #4). The governing body failed to ensure the facility's health care services obtained clarity of treatment desired for abnormal lab results. The governing body failed to ensure the facility's health care services obtained clarification of medication orders, implemented physician orders timely, and obtained medical consultations when recommended. The governing body failed to ensure the facility's health care</p>	W0102	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The health assessments, lab orders and results, orders, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments are scheduled for completion.</p> <p>The nurse consultant met with the physician for Client #3 on 10/19/12 to clarify all orders and treatment for identified conditions. Physician has continued to affirm that his oversight and direction to Client # 3 related to hypercalcemia and hyperkalemia is adequate and thorough. He confirms that he is also monitoring her lab values, diet and nutritional needs, and will indicate to the nurse consultant with orders when he would find necessity to change treatment. Clarity of treatment for abnormal lab values is indicated by physician as being adequate in his follow up for ED reassessment and treatment. He also treated with reduction of medications related to condition and initiation of medication to reduce potassium level. The critical lab level indication was not due to lack of follow up or treatment by the facility, but rather a planned treatment option by the physician. ED assessment was indicated as critical by physician so treatment would be expedited at ED as well as a more accurate blood level that can be obtained in community based lab</p>	11/15/2012			

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	<p>services developed/implemented health risk plans when indicated. The governing body failed to ensure the facility's health care services consulted with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The governing body failed to ensure the facility's health care services trained staff in regards to signs/symptoms of health conditions to monitor and report. The governing body failed to ensure the facility's health care service completed routine health screenings and recommended physical therapy exercises. Please see W318.</p> <p>9-3-1(a)</p>		<p>settings due to handling procedures. He indicates he expects to continue treatment and coordinate his orders through St. Vincent New Hope nurse consultant. St. Vincent New Hope Medical Director also reviewed the issues presented with her treatment. He concurs that treatment by her primary care physician, internal medicine, is appropriate. He had no recommendation for change in treatment plan.</p> <p>Risk plans for Client #3 were reviewed and updated according to present conditions.</p> <p>Lab orders and abnormal lab protocol reviewed with nursing staff. Abnormal labs continue to be monitored by physician (client #3) per his request to continue current treatment plan.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility.</p> <p>All individuals were assessed for current High Risk Plans relative to their needs as well as corresponding training for all staff to those plans. A High Risk Plan training for all plans will be completed by Nov 15, 2012.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>The facility updated and will maintain its appointment schedule on a monthly basis.</p> <p>The nurse consultant will obtain online access to lab results to</p>		

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			<p>expedite the follow up process. Online lab access request completed 10/25/12 by Group Home Director. Procedures for monitoring lab values was reviewed with nursing team. Nursing staff will attend conference on Mastering Lab Values scheduled for 11/27/12. Criteria for High Risk plans will be reviewed with the nursing team for revisions and training purposes. All individuals were reviewed to contrast diagnosis with High Risk plans. All plans and training will be completed by Nov 15, 2012. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations, follow up, labs status, High Risk Plan status and training needs. Any further lack of follow up and scheduling will be addressed.</p>		

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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general policy and operating direction over the facility to ensure staff were trained to manage clients' health conditions and failed to ensure the facility's health care/nursing services met the clients' health needs for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>1. The governing body failed to meet the health care needs for 4 of 4 sampled clients (clients #1, #2, #3 and #4)). The governing body failed to ensure nursing services developed/implemented a schedule for monitoring laboratory tests and failed to ensure nursing services implemented a system to obtain/review lab values in a timely manner. The governing body failed to ensure nursing services obtained clarity of treatment desired for abnormal lab results. The governing body failed to ensure nursing services obtained clarification of medication orders, implemented physician orders timely, and failed to ensure nursing services obtained medical</p>	W0104	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The health assessments, orders, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments are scheduled for completion.</p> <p>The nurse consultant met with the physician for Client #3 on 10/19/12 to clarify all orders and treatment for identified conditions.</p> <p>All individuals were assessed for current High Risk Plans relative to their needs as well as corresponding training for all staff to those plans. A High Risk Plan training for all plans will be completed by Nov 15, 2012. Lab orders and abnormal lab protocol reviewed with nursing staff. Abnormal labs continue to be monitored by physician (client #3) per his request to continue current treatment plan.</p> <p>All staff will be retrained on Gtube site and procedures as indicated in High Risk Plan. High Risk Plan was current and indicated all necessary steps to staff. Staff were not retrained after infection to site. Current procedure had investigated incident and indicated no change to risk plan was indicated. Staff had been trained on HRP and had responded appropriately by notifying nurse when site infection developed. Staff will be retrained on current HRP and protocols when any event with</p>	11/15/2012

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	<p>consultations when recommended. The governing body failed to ensure nursing services developed/implemented health risk plans when indicated. The governing body failed to ensure nursing services consulted with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The governing body failed to ensure nursing services trained staff in regard to signs/symptoms of health conditions to monitor and report. The governing body failed to ensure nursing services obtained routine health screenings and recommended physical therapy exercises. Please see W318 and W331.</p> <p>2. The governing body failed to exercise operating direction to ensure the facility's nursing services trained staff to meet the health needs of clients #3, and #4. The governing body failed to exercise operating direction to ensure the facility's nursing services trained staff to recognize symptoms of cardiac disease, renal failure, hypercalcemia, hyperkalemia, and hyperglycemia. The governing body failed to exercise operating direction to ensure the facility's nursing services trained staff to monitor client #4's g-tube insertion site for symptoms of infection. Please see W342</p>		<p>gtube occurs whether change to plan is indicated or not. <i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i> The facility updated and will maintain its appointment schedule on a monthly basis. The nurse consultant will obtain online access to lab results to expedite the follow up process. Online lab access request completed 10/25/12 by Group Home Director. Criteria for High Risk plans will be reviewed with the nursing team for revisions and training purposes. All individuals were reviewed to contrast diagnosis with High Risk plans. All plans and training will be completed by Nov 15, 2012. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations, follow up, labs status, High Risk Plan status and training needs. Any further lack of follow up and scheduling will be addressed.</p>				

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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and record review, the facility failed to ensure data collection at the recommended frequency for 33 of 44 training programs reviewed for measurable skills improvement for 4 of 4 sampled clients (client #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/11/2012 at 4:18 p.m. An Individual Support Plan (ISP), dated 07/26/2012, indicated skills training should have been completed daily for mixing juice for supper. A review of data, indicated data was not collected on August 1, 2, 3, 14, 15, 19, 23, and 31, 2012. Data was not collected on September 4, 5, 7, 9, 13, 14, 15, 19, 21, 22, 24, 25, 26, 29, and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 3, 5, 2012.</p> <p>The ISP indicated a goal to pass a ball with staff daily. A review of data, indicated data was not collected on August 1, 2, 3, 4, 9, 10, 16, 24, 26, and 31, 2012. Data was not collected on</p>	W0252	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i> All staff were retrained on documentation expectations. All goals were reviewed with staff. It is the expectation of the governing body and leadership of the site that this practice will greatly improve to appropriate documentation standards or further disciplinary action will proceed. <i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i> Team Leader will review the documentation of the program data weekly, at minimum, to ensure completion. Team Leader will initial data sheets to indicate his review was completed. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> QDDP will review program data at</p>	11/15/2012			

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	<p>September 4, 5, 13, 14, 19, 21, 24, 25, 25, 29, and 30. Review of October data indicated data was not collected on October 1, 2, 3, and 5, 2012.</p> <p>The ISP indicated a goal to wash hands before dinner daily. A review of data, indicated data was not collected on August. 1, 2, 3, 4, 19, and 31, 2012 Data was not collected on September 4, 19, 21, 24, 25, 26, and 29, 2012. Review of October data indicated data was not collected on October 1, 2, 3, and 5, 2012.</p> <p>The ISP indicated a goal to rinse with mouthwash after brushing (teeth) daily. A review of data, indicated data was not collected on August 1, 2, 3, and 26, 2012. Data was not collected on September 5, 19, 25, 26,, and 29, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>The ISP indicated a goal to identify a dollar daily. A review of data, indicated data was not collected on August 1, 2, 3, 4, 5, 6, 7, 9, 10, 13, 19, 25, and 31, 2012. Data was not collected on September 4, 5, 7, 13, 14, 15, 19, 20, 21, 22, 24, 25, 26, 29, and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 3, 5, and 9, 2012.</p> <p>The ISP indicated a goal to take a</p>		minimum weekly to oversee Team Leader monitoring and improvement.				

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	<p>complete shower daily. A review of data, indicated data was not collected on August 1, 4, 10, 14, 15, 17, 20, 21, 22, 23, 24, 26, 27, 29, and 31, 2012. Data was not collected on September 4, 5, 6, 7, 14, 19, 21, 24, 25, 26, 28, 29, and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 3, and 5, 2012.</p> <p>The ISP indicated a goal to choose clothing daily. A review of data, indicated data was not collected on August 1, 4, 5, 6, 7, 8, 14, 15, 16, 18, 19, 22, and 23, 2012. Data was not collected on September 5, 7, 14, 19, 21, 25, 26, 27, and 29, 2012. Review of October data indicated data was not collected on October 4, 5, and 6, 2012.</p> <p>2. Client #2's record was reviewed on 10/11/2012 at 3:46 p.m. An ISP, dated 08/06/2012, indicated skills training should have been completed daily for taking a shower. A review of data, indicated data was not collected on August 18, 19, 22, 23, 24, 27, 28, 30, and 31, 2012. Data was not collected on September 28, 2012. Review of October data indicated data was not collected on October 5 and 9, 2012.</p> <p>The ISP indicated a goal to brush teeth before bedtime daily. A review of data,</p>						

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	<p>indicated data was not collected on August 1, 2, 3, 4, 5, 10, 15, 17, 19, 21, 22, 23, and 31, 2012. Data was not collected on September 3, 4, 5, 14, 17, 18, 21, 28, and 29, 2012. Review of October data indicated data was not collected on October 3 and 5, 2012</p> <p>The ISP indicated a goal for putting on deodorant daily. A review of data, indicated data was not collected on August 18, 19, 24, 27, and 30, 2012. Data was not collected on September 27, 28, and 31, 2012. Review of October data indicated data was not collected on October 9, 2012.</p> <p>The ISP indicated a goal for picking out a shirt daily. A review of data, indicated data was not collected on August 18, 19, 24, and 31, 2012. Data was not collected on September 1, 12, 13, 14, 27, and 30, 2012.</p> <p>The ISP indicated a goal for preparing a side dish 2-3 times weekly. A review of data, indicated data was not collected in August 2012. Data was not collected on September 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29, and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 3, 4, 5, 6, and 7, 2012</p>			

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	<p>The ISP indicated a goal for getting a bowl of yogurt to take medications daily. A review of data, indicated data was not collected on August. 17, 19, 23, and 31, 2012. Data was not collected on September 3, 4, 5, 13, 21, 28, and 31, 2012. Review of October data indicated data was not collected on October 1, 2, and 3, 2012.</p> <p>3. Client #3's record was reviewed on 10/10/2012 at 11:15 a.m. An ISP, dated 08/10/2012, indicated skills training should have been completed daily for pouring juice at dinner. A review of data, indicated data was not collected on August 21, 22, 24, 25, and 31, 2012. Data was not collected on September 3, 4, 5, 7, 8, 14, 15, 17, 18, 25, 26, 28, 29, and 30, 2012. review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated perform hamstring flexion exercise daily. A review of data, indicated data was not collected on August 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 17, 18, 19, 23, 25, and 26, 2012. Data was not collected on September 1, 2, 3, 4, 14, 16, 18, 22, 23, 25, 26, 27, 28, and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 5, 6, 7, and 8, 2012.</p>			

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	<p>An ISP goal indicated choosing a body spray daily. A review of data, indicated data was not collected on August 3, 4, 5, 12, 13, 14, 15, 16, 17, 23, 24, 25, and 31, 2012. Data was not collected on September 4, 5, 6, 7, 15, 16, 21, 22, 24, 25, 26, 28, 29, and 30, 2012. Review of October data indicated data was not collected on October 1, 5, 6, and 7, 2012.</p> <p>An ISP goal indicated pour canned food for dinner daily. A review of data, indicated data was not collected on August 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, and 30, 2012. Data was not collected on September 1, 2, 3, 4, 5, 7, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30, 2012. Review of October data indicated data was not collected on October 1 and 5, 2012.</p> <p>An ISP goal indicated client will use bathroom at bedtime daily. A review of data, indicated data was not collected on August 10, 14, 15, 20, 21, and 24, 2012. Data was not collected on September 3, 4, 5, 6, 14, 28, and 30, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated client will use oral rinse daily. A review of data, indicated</p>			

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	<p>data was not collected on August 3, 4, 10, 12, 13, 14, 15, 16, 17, and 31, 2012. Data was not collected on September 4, 5, 7, 16, 25, 26, 28, and 30, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated choosing weather appropriate clothing daily. A review of data, indicated data was not collected on August 4, 10, 20 and 31, 2012. Data was not collected on September 4, 5, 6, 7, 8, 14, 24, 25, 26, 28 and 30, 2012. Review of October data indicated data was not collected on October 1, 2, 3, 4, and 5, 2012</p> <p>An ISP goal indicated washing upper body daily. A review of data, indicated data was not collected on August 4, 10, 17, and 31, 2012. Data was not collected on September 3, 4, 5, 7, 14, 25, and 26, 2012.</p> <p>4. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. An ISP, dated 07/11/2012, indicated skills training should have been completed daily for identifying coins. A review of data, indicated data was not collected on September 4, 7, 8, 9, 14, 18, 25, 26, and 28, 2012. Data was not collected on October 5, 2012.</p>						

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	<p>An ISP goal indicated using wheelchair for mobility to dining table daily. Data was not collected on September 3, 4, 5, 7, 14, 25, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated identifying why she takes Devalproex (anti-seizure medication) daily. Data was not collected on September 3, 4, 5, 15, 21, 26, 27, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated brushing hair nightly. Data was not collected on September 3, 4, 5, 7, 14, 25, 26, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012</p> <p>An ISP goal indicated washing under arms daily. A review of data, indicated data was not collected on August 7, 8, 10, 11, 17, 20, 21, 22, 24, and 31, 2012. Data was not collected on September 3, 4, 5, 14, 21, and 28, 2012. The record did not indicate data collection for October 2012.</p> <p>An ISP goal indicated matching outfits daily. A review of data, indicated data was not collected on August 1, 15, 17, 23, 24, 25, 26, 27, 28, and 31, 2012. Data was not collected on September 12, 13,</p>						

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	<p>14, 17, 18, 19, 20, 21, and 28, 2012. Review of October data indicated data was not collected on October 4, 5, and 6, 2012.</p> <p>An ISP goal indicated applying deodorant daily. A review of data, indicated data was not collected on August 22, and 24, 2012. Data was not collected on September 7, 12, 13, 14, 25, 26, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated swabbing teeth daily. A review of data, indicated data was not collected on August 3, 7, 8, 13, 17, 20, 21, 22, 24, and 31, 2012. Data was not collected on September 3, 4, 5, 7, 14, 18, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated advising staff of need to toilet daily. A review of data, indicated data was not collected on August 7, 8, 18, 21, 22, 223, 25, and 31, 2012. Data was not collected on September 3, 4, 5, 7, 14, 25, 26, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated repeating sets of 10</p>						

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	<p>words daily. A review of data, indicated data was not collected on August 6, 7, 8, 9, 10, 11, 12, 21, 22, 23, 24, 25, and 31, 2012. Data was not collected on September 2, 3, 4, 5, 7, 14, 25, 26, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>An ISP goal indicated assisting with pouring formula into feed bag daily. A review of data, indicated data was not collected on August 5, 11, 17, 21, 22, 23, 24, 28, 29, and 31, 2012. Data was not collected on September 2, 3, 5, 7, 10, 11, 12, 13, 14, 17, 20, 21, 24, and 28, 2012. Review of October data indicated data was not collected on October 5, 2012.</p> <p>During an interview on 10/12/2012 at 11:45 a.m., the QDDP (Qualified Developmental Disabilities Professional) indicated the programs should have been implemented at the frequency listed on the program plan.</p> <p>9-3-4(a)</p>				

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W0318	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (clients #1, #2, #3, #4). The facility's health care services failed to ensure nursing services obtained clarity of treatment desired for abnormal laboratory test results. The facility's health care services failed to ensure nursing services sought clarification of medication orders, failed to implement physician orders timely, and failed to obtain medical consultations when recommended. The facility's health care services failed to ensure nursing services developed/implemented health risk plans when indicated. The facility's health care services failed to ensure nursing services consulted with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The facility's health care services failed to ensure nursing services trained staff in regards to signs/symptoms of health conditions to monitor and report. The facility's health care services failed to ensure nursing services completed routine health screenings and recommended physical therapy exercises.</p>	W0318	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. The health assessments, lab orders and results, orders, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments are scheduled for completion. The nurse consultant met with the physician for Client #3 on 10/19/12 to clarify all orders and treatment for identified conditions. Physician has continued to affirm that his oversight and direction to Client # 3 related to hypercalcemia and hyperkalemia is adequate and thorough. He confirms that he is also monitoring her lab values, diet and nutritional needs, and will indicate to the nurse consultant with orders when he would find necessity to change treatment. Clarity of treatment for abnormal lab values is indicated by physician as being adequate in his follow up for ED reassessment and treatment. He also treated with reduction of medications related to condition and initiation of medication to reduce potassium level. The critical lab level indication was not due to lack of follow up or treatment by the facility, but rather a planned treatment option by the</i></p>	11/15/2012			

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	<p>Findings include:</p> <p>1. The facility nursing services failed to meet the health care needs for 4 of 4 sampled clients (clients #1, #2, #3 and #4). The facility's nursing services failed to ensure a schedule for monitoring laboratory tests and failed to implement a system to obtain/review lab values in a timely manner. The facility's nursing services failed to obtain clarity of treatment desired for abnormal laboratory test results. The facility nursing services failed to seek clarification of medication orders, failed to implement physician orders timely, and failed to obtain medical consultations when recommended. The facility's nursing services failed to develop/implement health risk plans when indicated. The facility's nursing services failed to consult with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The facility's nursing services failed to train staff in regards to signs/symptoms of health conditions to monitor and report. The facility's nursing services failed to ensure completion of routine health screenings and recommended physical therapy exercises. Please see W331.</p> <p>9-3-6(a)</p>		<p>physician. ED assessment was indicated as critical by physician so treatment would be expedited at ED as well as a more accurate blood level that can be obtained in community based lab settings due to handling procedures. He indicates he expects to continue treatment and coordinate his orders through St. Vincent New Hope nurse consultant. St. Vincent New Hope Medical Director also reviewed the issues presented with her treatment. He concurs that treatment by her primary care physician, internal medicine, is appropriate. He had no recommendation for change in treatment plan. Risk plans for Client #3 were reviewed and updated according to present conditions. Lab orders and abnormal lab protocol reviewed with nursing staff. Abnormal labs continue to be monitored by physician (client #3) per his request to continue current treatment plan. <i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility. All individuals were assessed for current High Risk Plans relative to their needs as well as</p>		

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			<p>corresponding training for all staff to those plans. A High Risk Plan training for all plans will be completed by Nov 15, 2012. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i> The facility updated and will maintain its appointment schedule on a monthly basis. The nurse consultant will obtain online access to lab results to expedite the follow up process. Online lab access request completed 10/25/12 by Group Home Director. Procedures for monitoring lab values was reviewed with nursing team. Nursing staff will attend conference on Mastering Lab Values scheduled for 11/27/12. Criteria for High Risk plans will be reviewed with the nursing team for revisions and training purposes. All individuals were reviewed to contrast diagnosis with High Risk plans. All plans and training will be completed by Nov 15, 2012. All staff will be retrained on Gtube site and procedures as indicated in High Risk Plan. High Risk Plan was current and indicated all necessary steps to staff. Staff were not retrained after infection to site. Current procedure had investigated incident and indicated no change to risk plan was indicated. Staff had been trained on HRP and had responded appropriately by</p>		

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			notifying nurse when site infection developed. Staff will be retrained on current HRP and protocols when any event with gtube occurs whether change to plan is indicated or not. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations, follow up, labs status, High Risk Plan status and training needs. Any further lack of follow up and scheduling will be addressed.	

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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, the facility failed to ensure annual physical examinations that included a minimum of vision and hearing evaluation for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #1's record was reviewed on 10/11/2012 at 4:18 p.m. The record did not include a physical and vision exam. Client #2's record was reviewed on 10/11/12 at 3:46 p.m. The record indicated hearing screening had not been completed during the past year. The record indicated the last hearing evaluation was completed 9/16/2010 and was normal. Client #3's record was reviewed on 10/09/2012 at 11:15 a.m. The record indicated annual physical, hearing evaluation, and vision screening had not been completed during the past year. The record indicated a physical on 06/30/2011. The record indicated moderate hearing loss during a hearing 	W0323	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The health assessments, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments were scheduled for completion.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>The facility updated and will maintain its appointment schedule on a monthly basis.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations and follow up, labs status, High Risk Plan status and training needs. Any further lack of scheduling or</p>	11/15/2012			

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	<p>evaluation completed 04/07/2010. A vision screening, dated 02/11/2011, indicated, "...Referral recommended for cataracts...." The record did not indicate the cataracts were evaluated.</p> <p>4. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. The record indicated physical, hearing, and exams had not been completed during the past year. The record indicated a hearing evaluation was completed 03/04/2010. The record did not include a physical or vision exam.</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated annual physicals with vision and hearing screenings had not been completed during the past year for clients #1, #2, #3 and #4.</p> <p>9-3-6(a)</p>		organization to appointments will be addressed.		

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility nursing services failed to meet the health care needs for 4 of 4 sampled clients (clients #1, #2, #3 and #4)). The facility's nursing services failed to ensure a schedule for monitoring laboratory tests and failed to implement a system to obtain/review lab values in a timely manner. The facility's nursing services failed to obtain clarity of treatment desired for abnormal laboratory test results. The facility nursing services failed to seek clarification of medication orders, failed to implement physician orders timely, and failed to obtain medical consultations when recommended. The facility's nursing services failed to develop/implement health risk plans when indicated. The facility's nursing services failed to consult with the Primary Care Physician (PCP)/dietitian to determine if dietary changes were indicated for management of health conditions. The facility's nursing services failed to train staff in regards to signs/symptoms of health conditions to monitor and report. The facility's nursing services failed to ensure completion of routine health screenings and recommended physical therapy exercises.</p>	W0331	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Physician response to concerns at appointment on 10/19/12 indicated his expectation for treatment and monitoring. He indicates he will continue to monitor lab levels and order labs according to his discretion, he will continue to monitor blood sugar and glucose and alter her diet at his discretion when he sees an indication to do so. St. Vincent New Hope Medical Director also reviewed the case and confirmed that the primary care physician was more than qualified and adequate in his oversight and treatment to the conditions. All staff will be retrained on Gtube site and procedures as indicated in High Risk Plan. High Risk Plan was current and indicated all necessary steps to staff. Staff were not retrained after infection to site. Current procedure had investigated incident and indicated no change to risk plan was indicated. Staff had been trained on HRP and had responded appropriately by notifying nurse when site infection developed. Staff will be retrained on current HRP and protocols when any event with gtube occurs whether change to plan is</i></p>	11/15/2012			

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	<p>Findings include:</p> <p>1. Client #3's record was reviewed on 10/09/2012 at 11:15 a.m. The record indicated client #3 was admitted to the hospital on 6/1/12 with diagnoses of dehydration, mental status alteration, renal failure, acute or chronic, and hypercalcemia (high calcium level). A laboratory test, dated 06/01/2012, indicated a calcium level of 13.0 (normal is 8.4-10.4), BUN (Blood Urea Nitrogen, a test used to evaluate kidney function) was 49 (normal is 8-25), and creatinine (test to evaluate kidney function) was 3.8 (normal is 0.63-1.22).</p> <p>A physician's recapitulation, dated 06/01/2012-06/30/2012, indicated, "...Calcitrol (a form of vitamin D that is used to treat low levels of calcium) 0.5 mg daily...Os-Cal 500 + D (calcium supplement) daily...Vitamin D2 50,000 units daily...". The record indicated client #3 began each medication on 01/16/2009. The record did not indicate the facility nursing services clarified medical necessity for continuing each medication and did not indicate routine laboratory monitoring of calcium/vitamin D levels.</p> <p>A medical appointment form, dated 06/14/2012, indicated a physical therapy evaluation was ordered and labs (not specified) were collected. The record</p>		<p>indicated or not. <i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All individuals in facility were reviewed to compare diagnosis to risk plan needs. All staff will be retrained on all risk plans by Nov 15 2012. All individuals will have PT/OT needs reassessed for current recommendations. IDT will address all recommendations. All medication regimens are monitored by the primary care physician quarterly at minimum for continued recertification protocols. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i> All medication regimens will continue to be monitored monthly by nurse consultant, quarterly by physician and pharmacist. All individuals in facility will be reviewed by pharmacist related to risk of hypercalcemia and hyperkalemia for recommendation to regimen. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations and follow up, labs status, High Risk Plan status and training needs. Director and Wellness Committee will monitor all consultant</p>				

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	<p>indicated the test results were faxed to the facility on 10/11/2012 at 10:44 a.m. The lab report indicated, "...Please call [group home] and have them take her (client #3) to er (emergency room) d/t (due to elevated calcium and creatinine...." The report indicated client #3's calcium level was 12.6 (normal is 8.4-10.4), BUN was 38 (normal is 8-25), and Creatinine was 2.72 (normal is 0.63-1.22).</p> <p>An ER (Emergency Room) "Review of Symptoms," dated 06/15/2012, indicated the facility did not obtain a copy of the lab results prior to going to ER. The record indicated the ER physician contacted the doctor on-call for the PCP. The record indicated the on-call physician was unaware of the abnormal labs and indicated the last labs in the hospital system were collected 06/06/2012. The ER record indicated, "...caregiver here + (and) unable to report what is abn (abnormal) " The ER record indicated the client was discharged back to the facility without treatment.</p> <p>The record indicated labs were collected on 06/19/2012 and faxed to the facility on 10/11/2012 at 10:44 a.m. The record indicated abnormal labs included: glucose 158 (normal is 65-99), BUN 45, Creatinine 2.66, Calcium 12.3, GRF (glomerular filtration rate, a test to determine how well the kidneys are working) 17 (normal in greater than 60).</p>		<p>pharmacist recommendations. Wellness Committee is comprised of Medical Director, Dietary, Rehab Services, Pharmacy, Quality Assurance and Nurse Consultants.</p>				

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	<p>The laboratory report indicated, " ...direct admit (to hospital) " The record indicated client #3 went to the ER on 6/22/12.</p> <p>A hospital " PATIENT FACESHEET, " dated 6/22/12 indicated, " ...ADMITTING DIAGNOSIS: HYPERCALCEMIA " A "Discharge/Transfer" form, dated 6/23/2012, indicated, " ...Hypercalcemia, Acute renal failure, Chronic Kidney Dz (disease) ...Stop taking Calcium Carb Vit+D (Os-Cal 500 + D), Calcitrol, and Ergocaliferol (Vitamin D 2)!!... " The Medication Administration Record dated, June 2012, indicated the medications were not discontinued until 6/25/12.</p> <p>A medical appointment form, dated 07/12/2012, indicated, "...Follow up for hospital stay (06/01-/06-06/2012)...hypercalcemia 2' (secondary) to vit (vitamin) d toxicity...CKD (chronic kidney disease) -Cr (creatinine) was 2.1...Will check lab work to eval (evaluate) CKD/DM (diabetes mellitus)/Electrolyte abnormalities...."</p> <p>The record indicated labs were collected on 7/12/2012 and faxed to the facility on 10/11/2012 at 10:43 a.m. The laboratory report indicated glucose was elevated (186), BUN was elevated (30), creatinine was elevated (1.64), and GFR was low (30). The report indicated, "...cr</p>			

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	<p>(creatinine) and calcium better...."</p> <p>A hospital " PATIENT FACESHEET, " dated 8/14/2012, indicated client was admitted to the hospital with diagnoses of urinary tract infection (UTI), slurred speech, and an abnormal electrocardiogram (EKG). An EKG report, dated 8/14/2012, indicated, " ...High grade heart block ...Possible infarct (heart attack) cited on or before 14-Aug-2012 " A laboratory report, dated 08/14/2012, indicated BUN was 39, creatinine was 2.0, and GFR was 26. A hospital discharge record, dated 8/16/2012, indicated, " ...3rd degree heart block, UTI, seizure d/o (disorder), DM2 (diabetes mellitus type 2) " The record indicated labs were collected on 08/28/2012 and the report was faxed to the facility on 10/10/2012 at 9:40 a.m. The laboratory report indicated, " ...potassium critically high. needs (sic) to go to ER for treatment " The record indicated the potassium level was 6.2. The record indicated client #3 was taken to the ER on 08/29/2012. An ER discharge record, dated 08/29/2012, indicated, " ...Stop bactrim for uti. Use keflex instead. You have been given medicine to lower your potassium. Drink lots of fluids. Return if worse " The record indicated labs were collected on 10/06/2012 and results faxed to the</p>			

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	<p>facility on 10/10/2012 at 9:39 a.m..at the PCP office. The laboratory report, indicated, " ...potassium is still very high, needs to go to er to get lab repeated and treatment " The record indicated the potassium level was 5.6.</p> <p>A "PATIENT DISCHARGE DISPOSITION FORM," dated 10/10/2012, indicated diagnoses of renal insufficiency and hyperkalemia (high potassium level). The emergency treatment records indicated, "...Pt (patient) has no complaints of N/V (nausea/vomiting), no weakness, dizziness, palpitations (associated with irregular heart beats)..." The record indicated labs were collected and and EKG was completed. The record indicated the EKG was normal, potassium level was 5.6 and creatinine was 1.4. The record indicated, [PCP] OK (okay) w (with) out pt (patient) management of her renal insuff (insufficiency). Her EKG is (not) changed from prior...."</p> <p>Client #3's record indicated annual physical, hearing evaluation, vision screening, and dental exam had not been completed during the past year. The record indicated a physical on 06/30/2011. The record indicated moderate hearing loss during a hearing evaluation completed 04/07/2010. A vision screening, dated 02/11/2011, indicated, "...Referral recommended for</p>						

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	<p>cataracts...." The record did not indicate the cataracts were evaluated. The record indicated the last dental exam was completed 01/28/2011.</p> <p>Medical appointment forms, dated 07/12/2012 and 08/28/2012, indicated referrals for physical therapy evaluation. The record indicated the evaluation was not completed until 10/04/2012. A physical therapy evaluation, dated 10/04/2012 indicated, "...Recommended client get own w/c (wheelchair) and PT (physical therapy) 1-2 x (times)/week...."</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated the facility did not have a system to obtain/review lab values in a timely manner and had not consulted with the PCP to determine frequency of lab collections, signs/symptoms to monitor/report. LPN #1 indicated the facility did not seek treatment for abnormal labs timely due to not receiving copies of the laboratory tests results. LPN #1 indicated the facility did not address the number of calcium/vitamin D supplements client was taking and did not clarify with the PCP whether all medications were indicated. LPN #1 indicated risk plans had not been developed/implemented for renal failure, cardiac disease, diabetes, hyperkalemia, and hypercalcemia. LPN #1 indicated staff had not been trained in regards to signs/symptoms of renal</p>						

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	<p>failure, cardiac disease, hyperglycemia, hyperkalemia, and hypercalcemia to monitor and report. LPN #1 indicated the facility did not consult with the PCP/dietitian to determine if dietary changes were indicated for management of client #3's health conditions. LPN #1 indicated the facility did not obtain a nephrology consult for renal failure when recommended and did not promptly discontinue calcium/vitamin D supplements when ordered by the physician. LPN #1 indicated routine health screenings had not been completed during the past year and indicated the physical therapy evaluation was not implemented timely.</p> <p>2. Client #1's record was reviewed on 10/11/2012 at 4:18 p.m. The record did not include a physical and vision exam. An occupational therapy (OT) report, dated 1/27/2011, indicated, "...Recommend home exercise program...." The record did not indicate a description/schedule for specific exercises and did not indicate the OT exercises had been discontinued.</p> <p>The Individual Support Plan, dated 7/26/2012, indicated a PT/OT (physical therapy/occupational therapy) goal for passing a ball with staff 20/30 days per month.</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated physical</p>			

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	<p>and vision exams had not been completed during the past year and she did not know dates previous physical and vision exams were completed. LPN #1 indicated she did not obtain clarification of what OT exercises were recommended and did not know how what frequency/number of repetitions an exercise should have been completed to maintain/improve strength/endurance/mobility.</p> <p>During an interview on 10/10/2012 at 11:45 a.m., Qualified Developmental Disabilities Professional (QDDP) #1 indicated the ISP included a goal for PT. QDDP #1 stated, "She completed the previous exercise goal, so a new goal was added (to the ISP)." QDDP #1 indicated she was not aware of any recommendations for specific exercises and a frequency for completing the exercises to maintain/improve strength/endurance/mobility.</p> <p>3. Client #2's record was reviewed on 10/11/12 at 3:46 p.m. The record indicated hearing screening had not been completed during the past year. The record indicated the last hearing evaluation was completed 9/16/2010 and was normal.</p> <p>An OT evaluation, dated 04/11/2012, indicated, "...R (right) shoulder needs passive ROM (Range of Motion). Provide structure/cuing for simple daily activities...."</p>			

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	<p>An ISP, dated 08/16/2012, did not include a goal for OT exercises.</p> <p>During an interview on 10/10/2012 at 11:45 a.m., LPN #1 stated, "The exercises should be part of his (ISP) goals." She indicated she had not clarified the type/frequency of exercises recommended by OT.</p> <p>During an interview on 10/10/2012 at 11:45 a.m. QDDP #1 indicated the ISP did not include a goal for range of motion exercises.</p> <p>4. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. The record indicated physical, hearing, vision and dental exams had not been completed during the past year. The record indicated a hearing evaluation was completed 03/04/2010 and a dental exam was completed 09/15/2011. The record did not include a physical or vision exam.</p> <p>A physical therapy evaluation, dated 07/03/2011, indicated, " ...P.T. for LE strengthening and balance. Pt able to perform leg exercises and needs to do this at home...." The record indicated an undated diagram of exercises with 6 exercises to be completed at varied repetitions for each exercise 1-2 times daily.</p>						

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	<p>An ISP, dated 02/07/2012, indicated client #4 had a goal for bending to touch toes in a sitting position daily. The record did not indicate the 6 exercises recommended by PT were completed.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated client #4 received Calcium Citrate 950 mg twice daily, Calcium 600 mg twice daily and Ergocalcifer 8000 (vitamin D) twice daily per g-tube (feeding tube). The record did not indicate labs to monitor calcium/vitamin D levels and renal (kidney) functioning.</p> <p>A nursing consultation note, dated 05/18/2012, indicated "...Client sent to immediate care r/t (related to) drainage around g tube site. Cellulitis @ (at) g tube. N.O. (new order) Zithromax (antibiotic 200 mg (milligrams)/5 ml (milliliters), 10 ml daily X (times) 5 days..." The record did not indicate a system for monitoring and reporting issues related to the g-tube insertion site.</p> <p>A nursing consultation note, dated 06/14/2012, indicated, "...Client saw [PCP] today r/t g tube site. Cellulitis..."</p> <p>A "MEDICAL APPOINTMENT/NEW ORDER FORM," dated 07/13/2012, indicated, "...cellulitis g-tube (feeding</p>				

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	<p>tube) site...."</p> <p>A "MEDICAL APPOINTMENT/NEW ORDER FORM," dated 07/20/2012, indicated, "...G tube site infection...."</p> <p>A nursing consultation note, dated 09/22/2012, indicated, "...Staff was putting client to bed. During transfer staff noticed tube (g-tube) was out...Client was taken to ER. New tube was placed....:</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated physical, hearing, vision and dental exams were not completed during the past year. LPN #1 indicated there were not labs to monitor calcium/vitamin D and renal function. She indicated the PCP had not been consulted to clarify necessity of each medication and had not been consulted in regard to monitoring labs to ensure normal values/stable health. LPN 1 indicated staff had not been trained to monitor and report skin irritation/infection surrounding the g-tube insertion site and indicated there was no system for tracking skin condition around the g-tube site.</p> <p>During an interview on 10/10/2012 at 11:45 a.m., Qualified Developmental Disabilities Professional (QDDP) #1 indicated the ISP included a goal for PT.</p>				

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	QDDP #1 indicated only one exercise had been included in the ISP. 9-3-6(a)				

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W0342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on record review and interview, the facility failed to ensure nursing services trained staff to recognize, monitor and report symptoms of health conditions/illness for 2 of 4 sampled clients (clients #3 and #4).</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 10/09/2012 at 11:15 a.m. The record indicated client #3 was admitted to the hospital on 6/1/12 with diagnoses of dehydration, mental status alteration, renal failure, acute or chronic, and hypercalcemia (high calcium level). A laboratory test, dated 06/01/2012, indicated a calcium level of 13.0 (normal is 8.4-10.4), BUN (Blood Urea Nitrogen, a test used to evaluate kidney function) was 49 (normal is 8-25), and creatinine (test to evaluate kidney function) was 3.8 (normal is 0.63-1.22).</p> <p>A medical appointment form, dated 06/14/2012, indicated, "...Please call</p>	W0342	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The health assessments, lab orders and results, orders, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments are scheduled for completion.</p> <p>The nurse consultant met with the physician for Client #3 on 10/19/12 to clarify all orders and treatment for identified conditions. Physician has continued to affirm that his oversight and direction to Client # 3 related to hypercalcemia and hyperkalemia is adequate and thorough. He confirms that he is also monitoring her lab values, diet and nutritional needs, and will indicate to the nurse consultant with orders when he would find necessity to change treatment. Clarity of treatment for abnormal lab values is indicated by physician as being adequate in his follow up for ED reassessment and treatment. He also treated with reduction of medications related to condition and initiation of medication to reduce potassium level. The critical lab level indication was not due to lack of follow up or treatment by the facility, but rather a planned</p>	11/15/2012			

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	<p>[group home] and have them take her (client #3) to er (emergency room) d/t (due to) elevated calcium and creatinine...." The report indicated client #3's calcium level was 12.6 (normal is 8.4-10.4), BUN was 38 (normal is 8-25), and Creatinine was 2.72 (normal is 0.63-1.22).</p> <p>The record indicated labs were collected on 06/19/2012 and faxed to the facility on 10/11/2012 at 10:44 a.m. The record indicated abnormal labs included: glucose 158 (normal is 65-99), BUN 45, Creatinine 2.66, Calcium 12.3, GRF (glomerular filtration rate, a test to determine how well the kidneys are working) 17 (normal in greater than 60). The laboratory report indicated, " ...direct admit (to hospital) "</p> <p>The record indicated labs were collected on 7/12/2012 and faxed to the facility on 10/11/2012 at 10:43 a.m. The laboratory report indicated glucose was elevated (186), BUN was elevated (30), creatinine was elevated (1.64), and GFR was low (30). The report indicated, "...cr (creatinine) and calcium better...."</p> <p>A hospital " PATIENT FACESHEET, " dated 8/14/2012, indicated client was admitted to the hospital with diagnoses of urinary tract infection (UTI), slurred speech, and an abnormal electrocardiogram (EKG). An EKG report, dated 8/14/2012, indicated, "</p>		<p>treatment option by the physician. ED assessment was indicated as critical by physician so treatment would be expedited at ED as well as a more accurate blood level that can be obtained in community based lab settings due to handling procedures. He indicates he expects to continue treatment and coordinate his orders through St. Vincent New Hope nurse consultant. St. Vincent New Hope Medical Director also reviewed the issues presented with her treatment. He concurs that treatment by her primary care physician, internal medicine, is appropriate. He had no recommendation for change in treatment plan.</p> <p>Risk plans for Client #3 were reviewed and updated according to present conditions.</p> <p>Lab orders and abnormal lab protocol reviewed with nursing staff. Abnormal labs continue to be monitored by physician (client #3) per his request to continue current treatment plan.</p> <p>All staff will be retrained on Gtube site and procedures as indicated in High Risk Plan. High Risk Plan was current and indicated all necessary steps to staff. Staff were not retrained after infection to site. Current procedure had investigated incident and indicated no change to risk plan was indicated. Staff had been trained on HRP and had responded appropriately by notifying nurse when site infection developed. Staff will be retrained on current HRP and protocols when any event with gtube occurs whether change to plan is indicated or not.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p>		

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	<p>...High grade heart block ...Possible infarct (heart attack) cited on or before 14-Aug-2012 " A laboratory report, dated 08/14/2012, indicated BUN was 39, creatinine was 2.0, and GFR was 26. A hospital discharge record, dated 8/16/2012, indicated, " ...3rd degree heart block, UTI, seizure d/o (disorder), DM 2 (diabetes mellitus type 2) "</p> <p>The record indicated labs were collected on 08/28/2012 and the report was faxed to the facility on 10/10/2012 at 9:40 a.m. The laboratory report indicated, " ...potassium critically high. needs (sic) to go to ER for treatment " The record indicated the potassium level was 6.2. The record indicated client #3 was taken to the ER on 08/29/2012. An ER discharge record, dated 08/29/2012, indicated, " ...Stop bactrim for uti. Use keflex instead. You have been given medicine to lower your potassium. Drink lots of fluids. Return if worse "</p> <p>The record indicated labs were collected on 10/06/2012 and results faxed to the facility on 10/10/2012 at 9:39 a.m..at the PCP office. The laboratory report, indicated, " ...potassium is still very high, needs to go to er to get lab repeated and treatment " The record indicated the potassium level was 5.6.</p> <p>A "PATIENT DISCHARGE DISPOSITION FORM," dated</p>		<p>All individuals in facility were reviewed to compare diagnosis to risk plan needs. All staff will be retrained on all risk plans by Nov 15 2012.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>The facility updated and will maintain its appointment schedule on a monthly basis.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations and follow up, labs status, High Risk Plan status and training needs.</p>		

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	<p>10/10/2012, indicated diagnoses of renal insufficiency and hyperkalemia (high potassium level). The emergency treatment records indicated, "...Pt (patient) has no complaints of N/V (nausea/vomiting), no weakness, dizziness, palpitations (associated with irregular heart beats)..." The record indicated labs were collected and and EKG was completed. The record indicated the EKG was normal, potassium level was 5.6 and creatinine was 1.4. The record indicated, [PCP] OK (okay) w (with) out pt (patient) management of her renal insuff (insufficiency). Her EKG is (not) changed from prior...."</p> <p>2. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. A nursing consultation note, dated 05/18/2012, indicated "...Client sent to immediate care r/t (related to) drainage around g tube site. Cellulitis @ (at) g tube. N.O. (new order) Zithromax (antibiotic 200 mg (milligrams)/5 ml (milliliters), 10 ml daily X (times) 5 days..." The record did not indicate a system for monitoring and reporting issues related to the g-tube insertion site.</p> <p>A nursing consultation note, dated 06/14/2012, indicated, "...Client saw [PCP] today r/t g tube site. Cellulitis...."</p> <p>A "MEDICAL APPOINTMENT/NEW</p>			

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	<p>ORDER FORM," dated 07/13/2012, indicated, "...cellulitis g-tube (feeding tube) site..."</p> <p>A "MEDICAL APPOINTMENT/NEW ORDER FORM," dated 07/20/2012, indicated, "...G tube site infection...."</p> <p>A nursing consultation note, dated 09/22/2012, indicated, "..Staff was putting client to bed. During transfer staff noticed tube (g-tube) was out...Client was taken to ER. New tube was placed....:</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated staff had not been trained in regard to signs/symptoms of renal failure, cardiac disease, hyperglycemia, hyperkalemia, and hypercalcemia to monitor and report for client #3.</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN 1 indicated staff had not been trained to monitor and report skin irritation/infection surrounding client #4's g-tube insertion site and indicated there was no system for tracking skin condition around the g-tube site.</p> <p>9-3-6(a)</p>				

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W0352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed to ensure annual dental examinations for 2 of 4 sampled clients (clients #3 and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #3's record was reviewed on 10/09/2012 at 11:15 a.m. The record indicated a dental exam had not been completed during the past year. The record indicated the last dental exam was completed 01/28/2011. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. The record indicated a dental exam had not been completed during the past year. The record indicated a dental exam was completed 09/15/2011 During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated annual dental examinations had not been completed during the past year for clients #3 and #4. <p>9-3-6(a)</p>	W0352	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i> The health assessments, consultations for all affected individuals for this facility were audited by Director, Nurse Consultant and QDDP. All appointments were scheduled for completion. <i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i> The facility updated and will maintain its appointment schedule on a monthly basis. <i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director, QDDP and Nurse Consultant will meet weekly to review appointment schedule, consultations and follow up, labs status, High Risk Plan status and training needs.</p>	11/15/2012
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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to ensure medication were administered without error to 3 of 4 sampled clients (clients #1, #2 and #4) and 3 additional clients (clients #5, #6 and #7).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/11/2012 at 4:18 p.m. The Medication Administration Record (MAR), dated 10/01/2012-10/31/2012, indicated, "...BENZOTROPINE 0.5 MG (MILLIGRAMS) GIVE 1 TABLET BY MOUTH 3 TIMES DAILY..." The MAR indicated Benzotrpoine was not given at 12 p.m. on October 8, 9 and 10, 2012.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "...BENZOTROPINE 0.5 MG (MILLIGRAMS) GIVE 1 TABLET BY MOUTH 3 TIMES DAILY..."</p> <p>2. Client #2's record was reviewed on 10/11/2012 at 3:46 p.m. The MAR, dated 10/01/2012-10/31/2012, indicated, "DENTA 5000...USE THIN RIBBON & BRUSH TEETH 2 MINUTES, SPIT &</p>	W0368	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Client #1 record reviewed. All medications had been given as ordered. Staff did not accurately document during time that client participated in day program where medication was administered and recorded. All staff will be retrained on proper documentation of home medication record when individual is off campus/day program. All staff have been disciplined on completing and documenting treatments on each shift.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals have the potential to be affected by this practice. All individuals in this facility were assessed in the same manner as the identified affected individuals. All corrective action was applied to all individuals in the facility.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will increase medication administration record review to daily until documentation reaches expected standard. Team Leader will follow disciplinary action guidelines for any further med administration concerns.</p> <p><i>How the corrective action will be monitored to ensure the deficient</i></p>	11/15/2012			

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	<p>DON'T RINSE FOR DENTAL CARE...."</p> <p>The MAR indicated Denta 5000 (topical fluoride) was not applied/brushed in the a.m. on October 1, 2, 3, 4, 5, 6, 7, and 8 2012 and was not applied/brushed the p.m. on October 2, 3, 4, 5 and 7, 2012..</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "DENTA 5000...USE THIN RIBBON & BRUSH TEETH 2 MINUTES, SPIT & DON'T RINSE FOR DENTAL CARE...."</p> <p>3. Client #4's record was reviewed on 10/12/2012 at 9:40 a.m. The MAR, dated 10/01/2012-10/31/2012, indicated, "...MUPIROCIN OIN (ANTIBIOTIC OINTMENT) APPLY TWICE DAILY...RISAMINE OIN (SKIN PROTECTANT) APPLY TWICE DAILY TO TISSUE INSIDE G-TUBE INSERTION SITE...." The MAR indicated Mupirocin and Risamine were not applied in the a.m. on 10/8/2012.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "...MUPIROCIN OIN APPLY TWICE DAILY...RISAMINE OIN APPLY TWICE DAILY TO TISSUE INSIDE G-TUBE INSERTION SITE...."</p> <p>4. Client #5's record was reviewed on 10/10/2012 at 9:50 a.m. The MAR, dated</p>		<p><i>practice will not recur; what quality assurance program will be put into place.</i></p> <p>QDDP will review medication record weekly to monitor improvement and compliance.</p>				

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	<p>10/01/2012-10/31/2012, indicated, "...CETAPHIL APPLY ALL OVER BODY DAILY AFTER SHOWER...NIZORIL APPLY TO SKIN RASH ON FACE DAILY AFTER SHOWER..." The MAR indicated Cetaphil and Nizoril were not applied in the p.m. on October 2, 4 and 5, 2012.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "...CETAPHIL APPLY ALL OVER BODY DAILY AFTER SHOWER...NIZORIL APPLY TO SKIN RASH ON FACE DAILY AFTER SHOWER..."</p> <p>5. Client #6's record was reviewed on 10/10/2012 at 9:50 a.m. The MAR, dated 10/01/2012-10/31/2012, indicated, "...METROGEL...APPLY TOPICALLY TO FACE TWICE DAILY...." The MAR indicate the medication was not applied on 10/08/2012.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "...METROGEL...APPLY TOPICALLY TO FACE TWICE DAILY...."</p> <p>6. Client #7's record was reviewed on 10/10/2012 at 9:50 a.m., The MAR, dated 10/01/2012-10/31/2012, indicated, "...NIZORIL APPLY TOPICALLY TO</p>			

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	<p>FEET AS DIRECTED AM AND PM...."</p> <p>The MAR, indicated Nizoril was not applied in the a.m. on 10/08/2012.</p> <p>The physician's recapitulation, dated 10/01/2012-10/31/2012, indicated, "...NIZORIL APPLY TOPICALLY TO FEET AS DIRECTED AM AND PM...."</p> <p>During an interview on 10/12/2012 at 11:45 a.m., LPN #1 indicated the medications should have been given as directed by the physician's orders.</p> <p>9-3-6(a)</p>			
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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed to ensure day services utilized small eating utensils when recommended for 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>During observations on 10/12/2012 at 11:10 a.m., client #2 ate half of his vegetable stew with a regular spoon at a very fast pace.</p> <p>Day Service Staff (DSS) #1 retrieved a small coated spoon from the food preparation area after being asked if client #2 had any adaptive dining equipment. She gave client #2 the small spoon and removed the regular utensil from his place setting.</p> <p>Client #2's record was reviewed on 10/11/2012 at 3:46 p.m. The Individual Support Plan (ISP), dated 08/06/2012, indicated he was to use a "baby/toddler spoon" at meals (no reason given in the plan).</p>	W0436	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Day Services staff were retrained on Client #2 Dining Plan and adaptive equipment schedule. How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken. Dining Plans and Adaptive Equipment schedules for all other residents were reviewed with their respective day program services staff by 11/15/12. What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur Group Home Manager and Day Srvc manager will continue to monitor meal prep and dining areas, ensuring all dining plans are followed as written, at minimum this will be done monthly.</i></p>	11/15/2012			

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	<p>A dining plan, dated 5/22/2012, indicated client #2 was to use toddler utensils.</p> <p>During an interview on 10/12/2012 at 11:15 a.m., Day Service Staff (DSS) #1 indicated client #2 should have used a toddler spoon. DSS #1 stated, "[Client #2] eats too fast and takes big bites when he uses a regular spoon."</p> <p>During an interview on 10/12/2012 at 11:45 a.m., Qualified Developmental Disabilities Professional (QDDP) #1 indicated client #2 should have been provided the small spoon prior to being asked about his dining plan.</p> <p>9-3-7(a)</p>				

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 8 of 8 clients living in the group home (#1, #2, #3, 4, #5, #6, #7 and #8), the facility failed to ensure issues noted during evacuation drills were investigated.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 10/09/2012 at 3:10 p.m. A "FIREDRILL" report, dated 01/05/2012, indicated the drill was conducted at 7:30 a.m. The record indicated clients #5 and #8. The record indicated an evacuation start time of "10 minutes." The evacuation end time was not documented. A total evacuation time indicated "8 minutes." The record was reviewed by the Team Leader on 01/05/2012 and did not include an investigation of the time discrepancies listed on the report..</p> <p>A "FIREDRILL" report, dated 03/20/2012, indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in the drill conducted at 1:30 a.m. The record indicated an evacuation start time of 1:30 p.m. and an evacuation end time of 1:49 a.m. The report was signed by the Team Leader on 03/20/2012 and indicated,</p>	W0448	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p><i>QDDP will review evacuation procedures for that home. All staff will be trained on evacuation plan procedures.</i></p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken. Any noted concerns or refusals to participate will be addressed upon review of report.</i></p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p><i>IDT will review any evacuation concerns as they arise and address circumstances with training as indicated.</i></p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p><i>QDDP will review each fire drill monthly for specific concerns or support needs.</i></p>	11/15/2012			

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	<p>"...Some clients wanted to put clothes and shoes on. I explain (sic) to them we don't (sic) have time..." The record did not indicate a plan to train clients in the importance of rapid response times.</p> <p>A "FIREDRILL" report, dated 09/13/2012, indicated clients #1, #2, #3, #4, #5, #6 and #7 participated in the drill at 3 a.m. The record indicated client #8 refused to participate and indicated an evacuation start time of "10 minutes," evacuation end time of "10 minutes" and total evacuation time of "12 minutes." The Team Leader signed the report on 09/13/2012. The record did not indicate training for client #8 in regard to the importance of participating in fire drills.</p> <p>During an interview on 10/09/2012 at 3:20 p.m. the Qualified Developmental Disabilities Professional (QDDP) stated, "One of the clients in that home refuses to participate in the drill." The QDDP stated, "In a real fire, we would close the doors and let the fire department know what room she was in." The QDDP indicated there was not a training objective for client #8 to participate in emergency drills. The QDDP indicated the Team Leader should have addressed the discrepancy in documentation on evacuation reports.</p>						

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