

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G383	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2015
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 HELMUTH AVE EVANSVILLE, IN 47714
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: December 14, 15, 16 and 17, 2015.</p> <p>Facility number: 000897 Provider number: 15G383 AIM number: 100235420</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/12/16.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy and operating direction over the facility to ensure the floors in the client bathrooms were maintained and</p>	W 0104	The bathroom flooring has been ordered and is scheduled to be replaced starting on January 27, 2016 by Meuth Carpets. The rubber molding where the wall meets the floor will also be replaced when the new flooring is installed. A commercial grade flooring will be laid to prevent	01/21/2016

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

TITLE

(X6) DATE

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

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	<p>kept in good repair.</p> <p>Findings include:</p> <p>During observation at the group home on 12/15/15 from 5:30 AM until 8:45 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were either sitting in the living room watching television or helping to set the dining room table in preparation for breakfast. The bathroom on the back side of the house had several places missing rubber molding where the walls meeting the floor exposed the drywall. There were also multiple holes in the linoleum flooring in the entrance way to the bathroom as well as in front of the toilet.</p> <p>During interview with the RM (Residential Manager) at 8:10 AM on 12/15/15, she stated "I constantly have to hammer the nails that keep pulling up back into the floor. I think they (management) are looking to replace the flooring with something more durable."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/15/15 at 9:30 AM. She stated "maintenance is supposed to be replacing both bathroom floors with something more versatile and stronger than the linoleum that is currently there now."</p>		<p>electric wheelchairs from digging holes in the flooring, and overall it will have an increased durability. The House Repairs Checklist will be completed by Group Home Managers monthly and it has been updated to include specific questions about the flooring in the group home. The Group Home Managers will be trained on completing this form monthly and specifically to document about any flooring needs. Systemically, the Residential Coordinators will monitor the House Repairs Checklist for needed repairs to ensure that the group home floors are maintained and kept in good repair.</p>	

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W 0331 Bldg. 00	<p>9-3-1(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility's nursing services failed to ensure a client's oxygen tubing did not pose a potential health and/or health hazard risk.</p> <p>Findings include:</p> <p>During observation at the group home between 2:30 PM and 6:00 PM on 12/14/15, clients #1, #2, #3, #4, #5, #6, #7 and #8 were either preparing the dinner table for the supper meal or watching television in the living room. Client #5 was in her wheelchair positioned in front of the television. She was receiving oxygen via nasal cannula which was connected to an oxygen concentrator located in her bedroom</p>	W 0331	<p>Client #5's room air concentrator will be moved to the living area when she is in the front of the house. It will be plugged in behind the loveseat and the extra tubing will be coiled on top of the room air concentrator to prevent others from tripping on it or from running over it in a wheelchair. This will also prevent the tubing from running from her bedroom to the main living area of the house. The group home staff will be trained on moving the room air concentrator up to the main living area of the house, where to plug it in, and how to coil the extra tubing on the concentrator to prevent a tripping hazard. The RCDS Nurses will be trained on identifying possible safety hazards that medical equipment could pose, similar to the tripping hazard that the tubing from the Air Room Concentrator created. Preventatively, routine observations will be done at least one time per week for four weeks</p>	01/21/2016

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	<p>approximately 40 feet from the client. The oxygen tubing was lying on the floor the entire distance between the client and the concentrator. Client #8 was observed operating his electric wheelchair and running over the tubing. Several staff were observed walking along side the tubing attempting to avoid stepping on it.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 12/15/15 at 8:45 AM indicated client #5 is on oxygen at 2 liters per minute continuously. She stated "when [client #5] goes to the day program, she takes a portable oxygen container with her as well as an extra for a back-up. Staff at the day program are trained to check the oxygen level in the portable containers twice while she is there."</p> <p>The RM (Residential Manager) was interviewed on 12/14/15 at 6:20 PM. When asked if she was aware of anyone tripping over [client #5's] oxygen tubing in the past, she stated "if anyone has nearly tripped over it, I know I have."</p> <p>9-3-6(a)</p>		<p>at the Helmuth Group Home by the Group Home manager and the Group Home Coordinator to ensure that staff are correctly placing the air room concentrator and the tubing when client #5 is in the main living area of the house. Following the four weeks, the group home coordinator will complete informal observations to ensure compliance.</p>		