

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G725	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/16/2012
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NAME OF PROVIDER OR SUPPLIER BETHESDA LUTHERAN COMMUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 370 FRANCISCAN DR VALPARAISO, IN 46385
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 5, 7, 8, 9 and 16, 2012</p> <p>Facility number: 004859 Provider number: 15G725 AIM number: 200809680</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/4/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 2 of 6 clients residing at the group home (clients #4 and #6).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 11/5/12 from 4:25 P.M. until 6:30 P.M.. At 5:10 P.M., Direct Support Professional (DSP) #5 handed client #4 a plastic children's caterpillar tambourine toy. DSP #5 then placed a plastic light up, musical children's drum and a bumble bee children's rattle on the table in front of client #6. DSP #5 prompted both clients to play with the toys.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 11/16/12 at 12:20 P.M.. The QMRP indicated clients #4 and #6 should be offered age appropriate activities.</p> <p>9-3-2(a)</p>	W0137	<p>Staff will be retrained on the importance of age appropriate activities and how it relates to dignity and respect. The Program Manager will inventory leisure time activity items belonging to Bethesda and remove any items that are not age appropriate. The Program Manager will inventory the individuals personal leisure time activities and discuss with their families more appropriate alternatives. The Monthly Observation Check List will be modified to also address the use of age appropriate activities. The Program Manager/QMRP will be responsible for doing at least a monthly observation and any concerns in this area will be addressed at the next monthly staff meeting.</p>	12/14/2012			

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6) to provide sufficient numbers of direct care staff to supervise and to implement Individual Support Plans (ISP) during formal/informal training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/5/12 from 6:15 A.M. until 8:35 A.M.. At 6:20 A.M., Direct Support Professional (DSP) #2 went into client #6' room and began getting her dressed while client #2 lay awake in his room and client #1 sat in her room awake. At 6:35 A.M., DSP #1 walked client #3 into the living room and entered client #5's room and began getting him dressed. At 6:40 A.M., client #3 walked outside the patio doors with no socks or shoes and no coat on. Client #3 remained outside for 10 minutes. At 7:10</p>	W0186	<p>Vacancies will be referred to the employment recruiter immediately so that staff can be recruited as soon as possible. Bethesda is in the process of recruiting staff using a variety of venues. Bethesda is also developing a new retention program. The home has a Master Schedule which was set up to meet the needs of the individuals supported. The Program Manager will be responsible for ensuring that all shifts on the Master Schedule are covered. All call offs or open shifts will be reported to the Program Manager immediately who will ensure that replacement staff is found to cover the shift. If staff cannot be found, the Program Manager or other management staff will work the shift. All changes will be made to the pay period schedule and the changes will be reviewed on a weekly basis by management to ensure that all shifts had been properly covered.</p>	12/16/2012			

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	<p>A.M., client #5 walked into the living room as DSP #1 entered client #4's room and began assisting her getting dressed. At 7:15 A.M., DSP #2 pushed client #6 to the dining table, where she sat. DSP #2 then entered into client #1's room to assist her with her grooming. During the entire observation period clients #3, #5 and #6 sat in the living room/kitchen area. Client #2 laid in his bed. Direct Support Professionals (DSP) #1 and #2 would occasionally walk through and visually check on clients #3, #5 and #6 but did not offer meaningful active treatment activities or implement client objectives. Client #3 was not given a communication board and not asked to make a choice of activity. During medication administration client #1 did not learn information about his medications. Client #5 did not exercise. Client #1 did correctly identify 2 different pictures depicting two different moods, did not identify 2 coins by name and was not requested to respond to questions. Client #2 did not identify 2 denominations of currency, did not participate in fitness activities and did not print his name. During mealtime, client #6 did not with hand over hand assistance grasp the spoon and steady it. During medication administration client #4 did not pop her medications into a bowl, did not exercise and did not assist in meal preparation.</p>			

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	<p>During the entire observation period there were two staff working.</p> <p>A review of client #1's records was conducted on 11/7/12 at 11:30 A.M.. A review of the client's 4/10/12 Individual Support Plan (ISP) indicated the following objectives which could have been implemented during the 11/5/12 morning observation period: "Will correctly identify 2 different pictures depicting two different moods...will identify 2 coins by name...upon request and visual cues will respond to the question 'What is this?'...will participate in fitness activities."</p> <p>A review of client #2's records was conducted on 11/7/12 at 12:15 P.M.. A review of the client's 4/10/12 ISP indicated the following objectives which could have been implemented during the 11/5/12 morning observation period: "Will identify 2 denominations (one dollar bill and 5 dollar bill)...will participate in fitness activities...will print his first name."</p> <p>A review of client #3's records was conducted on 11/7/12 at 12:40 P.M.. A review of the client's 3/23/12 ISP indicated the following objectives which could have been implemented during the 11/5/12 morning observation period:</p>						

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	<p>"Given a communication board will make a choice of activity or snack...When presented with a quarter and plastic token will correctly identify the quarter...."</p> <p>A review of client #4's records was conducted on 11/7/12 at 1:00 P.M.. A review of the client's 5/1/12 ISP indicated the following objectives which could have been implemented during the 11/5/12 morning observation period: "Will correctly pop her medications from the bubble pack into a small bowl or container...will participate in exercises...will participate in food preparation."</p> <p>A review of client #5's records was conducted on 11/7/12 at 1:20 P.M.. A review of the client's 5/1/12 ISP indicated the following objectives which could have been implemented during the 11/5/12 morning observation period: "Will engage in a leisure activity...will exercise."</p> <p>A review of client #6's records was conducted on 11/7/12 at 1:40 P.M.. A review of the client's 3/13/12 ISP indicated the following objectives which could have been implemented during the 11/5/12 morning observation period: "Given hand over hand assistance will grasp the spoon and steady it."</p>						

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	<p>The Area Director (AD) was interviewed on 11/16/12 at 12:10 P.M.. The AD indicated active treatment should be ongoing and training should be both formally and informally. She further indicated there should be enough staff present to carry out the training objectives.</p> <p>9-3-3(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, the facility failed to implement training objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/5/12 between 6:15 A.M. and 8:35 A.M.. Upon arriving at the group home clients #1 and #2 were in their bedrooms with no activity. From 6:15 A.M. until 7:30 A.M., client #3 walked around the kitchen with no activity and was not observed using a communication board. At 7:30 A.M., clients #1 and #3 entered the kitchen to eat their breakfast. From 7:45 A.M. until 8:30 A.M., clients #1 and #2 sat at the table with no activity and client #3 walked around the kitchen with no activity. Direct Support Professionals (DSP) #1 and #2 did not use a communication board to communicate with client #3 and were not observed to</p>	W0249	<p>Staff will be retrained on the importance of active treatment and the need to implement formal outcomes throughout the day as appropriate. Staff daily schedule has been put in place to address the break down of responsibilities so all needed tasks are completed. Window of Opportunity Schedules will be completed for each person, listing their objectives and time frames for addressing them, including objectives that should be addressed throughout the day. These schedules will be laminated so that staff can carry them around and document performance. The Program Manager/QMRP will be responsible for routine observations to ensure that training objectives are being addressed throughout the day. This will be documented on the Monthly Observation Form. Any problems noted will be addressed at the next monthly staff meeting.</p>	12/16/2012	

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	<p>ask client #1 "What is this?" or prompt her to identify two different pictures depicting two different moods during the entire observation. Client #2 did not exercise, did not identify a one dollar bill or a five dollar bill and did not print his first name.</p> <p>An evening observation at the group home was conducted on 11/5/12 between 4:25 P.M. and 6:30 P.M.. During the entire observation client #3 walked around the kitchen area with no activity. Client #3 did not utilize a communication board to choose activities of snacks. During the entire observation client #1 was in her bedroom with no activity. Client #1 was not asked by group home staff "What is this?" or prompted her to identify two different pictures depicting two different moods during the entire observation. Client #2 did not exercise, did not identify a one dollar bill or a five dollar bill and did not print his first name.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 11/7/12 at 11:30 A.M.. Review of client #1's ISP dated 4/10/12 indicated the following: "In order to increase social skills, [client #1] will correctly identify 2 different pictures depicting two different moods...In order to increase communication skills, upon request and</p>			

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	<p>visual cues, [client #1] will respond to the question "What is this?"</p> <p>A review of client #2's record was conducted at the facility's administrative office on 11/7/12 at 12:15 P.M.. Review of client #2's ISP dated 4/10/12 indicated the following: "In order to increase money management skills, [client #2] will identify denominations (one dollar bill; 5 dollar bill)...In order to increase personal health, [client #2] will participate in fitness activities...In order to increase personal skills, [client #2] will print his first name."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 11/7/12 at 12:40 P.M.. A review of client #3's record indicated he was nonverbal. Review of client #3's Individual Support Plan (ISP) dated 3/23/12 indicated the following: "In order to increase communication skills, given communication board and no more than 1 verbal prompt, [client #3] will make a choice of activity or snack."</p> <p>An interview with the Area Director (AD) was conducted on 11/16/12 at 12:20 P.M.. The AD indicated all clients living at the group home have active treatment objectives and further indicated all staff should implement clients' goals at all</p>			

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients and 1 additional client (clients #3 and #5), to promote the clients' dignity by not ensuring the clients were neatly groomed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/5/12 from 6:15 A.M. until 8:35 A.M.. During the entire observation, clients #3 and #5's hair was not cut and not combed.</p> <p>An evening observation was conducted at the group home on 11/5/12 from 4:25 P.M. until 6:30 P.M.. During the entire observation, clients #3 and #5's hair was not cut and not combed.</p> <p>An interview with the Area Director (AD) was conducted on 11/16/12 at 12:20 P.M.. The AD indicated the group home DSP staff are responsible for ensuring the clients get their hair cut and were groomed.</p> <p>9-3-5(a)</p>	W0268	<p>The two individuals listed in this deficiency (Clients #3 and #5) have had their hair cut. Staff will be retrained on making sure that the individuals supported are clean, well groomed and in age appropriate clothing. The QMRP will develop a calendar chart listing specific days for each person to have their hair cut. Staff will fax over the beauty shop/barber shop receipt when completed. (Two of the individuals in the home have their hair cut by a family member during regular visits.) Monthly Observation Check List has been modified to address hair cuts. During routine visits to the home or the day program and during monthly observations, the Program Manager/QMRP will document any concerns in this area on the Monthly Observation form. The Program Manager will then ensure that the concern is addressed ASAP not to exceed 24 hours.</p>	12/14/2012			

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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 for 2 of 3 sampled clients (clients #1 and #3) to provide annual vision and hearing evaluations.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 11/7/12 at 11:30 A.M. Client #1's record did not contain evidence of an annual vision evaluation. Client #1's record further indicated a most current vision evaluation dated 7/8/10 which indicated the following: "Notation dated 7/8/10-Eye Examination: Return in 6 months." Client #1's most current annual physical dated 2/25/12 did not indicate an assessment/evaluation of client #1's vision. The most current quarterly nursing assessment dated 12/31/11, 3/25/12, 6/17/12 and 9/17/12 did not indicate an assessment/evaluation of client #1's vision.</p> <p>A review of client #2's record was conducted on 11/7/12 at 12:25 P.M.. Client #2's record did not contain evidence of an annual hearing evaluation. Client #2's record further indicated a most</p>	W0323	<p>The Quarterly nursing assessment has been updated to include routine hearing and vision screenings by the nurse. Any changes noted, and the nurse will refer the individual for an audiological eval or eye exam as appropriate. The individuals will continue to be seen by their eye doctor and audiologist per policy or sooner if recommended by the physician and/or audiologist. Client #1 was seen by her eye doctor for follow up to the 7-8-10 appointment on 2/3/11. See attached documentation. The QMRP will be responsible for ensuring that this is done. Quarterly nursing assessment results are documented in the QMRP Monthly Progress Note. Concerns will be addressed at the Monthly Risk Management Meeting.</p>	12/14/2012			

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	<p>current hearing evaluation dated 8/4/10. Client #2's most current annual physical dated 2/7/12 did not indicate an assessment/evaluation of client #1's hearing. The most current quarterly nursing assessment dated 12/31/11, 3/25/12, 6/17/12 and 9/17/12 did not indicate an assessment/evaluation of client #2's hearing.</p> <p>The Area Director (AD) was interviewed on 11/16/12 at 12:20 P.M.. The AD indicated the vision evaluation/assessment dated 7/8/10 was the most current for client #1. The AD indicated client #1 did not return in six months for a vision evaluation/assessment as recommended by the optometrist. The AD further indicated there was no evidence of an annual evaluation of client #2's hearing.</p> <p>9-3-6(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G725		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/16/2012	
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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 11/5/12 from 6:15 A.M. until 8:35 A.M.. At 7:15 A.M., Direct Support Professional (DSP) #1 poured bowls of cereal while standing at the kitchen counter. DSP #1 then placed bread in the toaster, toasted the bread, put butter and jelly on each slice, placed the prepared toast on plates and cut the bread into pieces. Client #3 stood in the kitchen with no activity. Clients #4, #5 and #6 sat at the dining table with no activity. Clients #1 and #2 sat in their rooms with no activity. At 7:30 A.M., DSP #1 placed the prepared bowls of cereal and plates with the cut up prepared toast on the table in front of each client. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation and did not serve themselves.</p> <p>An evening observation was conducted at</p>	W0488	<p>Staff will be retrained in the importance of involving the individuals in mealtime preparation and in serving themselves. See Mealtime Activities forms. The QMRP will work individually with each staff to ensure that the DSP fully understands the expectations of involving the individuals in meal preparation and in serving themselves during meals. Each individual supported will have a formal meal preparation and formal serving goals. DSPs will be responsible for documenting the individuals' performance at least twice weekly. The QMRP will be responsible for reviewing the data on a twice weekly basis to ensure that follow up is ongoing. The Program Manager/QMRP will do at least two observations each week (morning and evening), varying days to ensure that staff are in compliance. Continued issues in this area will be addressed through corrective action.</p>	12/14/2012			

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	<p>the group home on 11/5/12 from 4:25 P.M. until 6:30 P.M.. From 4:15 P.M. until 6:00 P.M., client #6 was sitting at the dining table, client #3 was standing in the middle of the kitchen/dining area with no interaction/activity, client #5 was sitting in a recliner in the living area with no activity and client #1 was in her room with no interaction. During this time DSP #3 and #4 prepared the evening meal which consisted of baked chicken, rice and green peas. Clients #1, #3, #4, #5 and #6 did not assist in meal preparation.</p> <p>An interview with the Area Director (AD) was conducted at the facility's administrative office on 11/16/12 at 12:20 P.M.. The AD indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves.</p> <p>9-3-8(a)</p>			