

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2014
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: September 17, 18, 19, 22, 23 and 29, 2014.</p> <p>Facility Number: 000821 Provider Number: 15G302 AIMS Number: 100243750</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 was re-assessed by PT (Physical Therapy).</p> <p>Findings include:</p>	W000210	<p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Rd, Richmond, IN</p> <p>Date Survey Completed: 9/29/2014</p> <p>Provider Identification Number: 15G302</p> <p>Survey Event ID: JFF111</p> <p>Finding: W210– The facility</p>	10/20/2014

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>Observations were conducted at the group home on 9/17/14 between 4 PM and 6 PM and on 9/17/14 between 6 AM and 8 AM. During both observation periods client #1 required a wheelchair and staff assistance for mobility. Client #1 was able to self propel his wheelchair throughout parts of the group home but required staff assistance for all repositioning needs and all ADLS (Adult Daily Living Skills).</p> <p>Client #1's record was reviewed on 9/18/14 at 1 PM.</p> <p>__ Client #1's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) with Spasticity (increased muscle tone, or stiffness, which leads to uncontrolled, awkward movements) and Epilepsy (a brain disorder in which a person has repeated seizures over time).</p> <p>__ Client #1's IHP (Individual Habilitation Plan) dated 1/29/14 indicated client #1 was evaluated for a new wheelchair in August of 2013 to give him extra length in his seat due to having a tilted pelvis. The plan indicated client #1 was repositioned to different seated areas throughout the day. The plan indicated client #1 "is a thin alert young man. He requires transfer/pivot assistance when weight bearing.... He uses a</p>		<p>failed to ensure client #1 wasre-assessed by PT (PhysicalTherapy).</p> <p>Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice?</p> <ul style="list-style-type: none"> · Client#1 family physician will be contacted to obtain a referral for a PhysicalTherapy assessment to determine fine and gross motor skill needs. · Recommendationsof Physical Therapist will be implemented immediately <p>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Allconsumers with physical disabilities have the potential to be affected · HealthServices Coordinator will enter information re: physical disabilities intoMedical Module of Accel by January 1, 2015 to track internal assessment ofneeds and scheduled Physical Therapy assessments · McSherrpolicy will be updated to assure that Physical Therapy assessments forconsumers with physical disabilities are scheduled at least every two years. · IDTwill monitor monthly and review assessment needs and appointments at leastannually. <p>Whatmeasures will be put into</p>				

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	<p>hospital bed with side rails for safety and positioning. He also has overhead trapeze for positioning." __ Client #1's record indicated client #1 was last assessed by PT on 8/10/11. Client #1's record did not indicate an assessment of client #1's fine and gross motor skills since the assessment of 8/10/11.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 9/18/14 at 3 PM indicated client #1 had not been reassessed by PT since his evaluation on 8/10/11.</p> <p>9-3-4(a)</p>		<p>place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Monthly IDT meeting (with QIDP and Health Services Coordinator updates), will review assessment needs for all consumers with physical disabilities at least annually. ·Health Services Coordinator will enter information re: physical disabilities into Medical Module of Accel by January 1, 2015 to track internal assessment of needs and scheduled Physical Therapy assessments ·McSherr policy will be updated to assure that Physical Therapy assessments for consumers with physical disabilities are scheduled at least every two years. <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> ·House Manager will monitor through documentation of appointments at the house ·IDT will monitor assessment needs at monthly meeting and review at least annually ·QIDP, Social Services Coordinator, Health Services Coordinator, and Residential Administrator will monitor assessment needs through observation at the home, day program, and in the 				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sample clients (#4), the client's ISP (Individualized Support Plan) failed to include client #4's locking of client #4's razor and how the staff were to monitor client #4 while using a safety razor.</p> <p>Findings include:</p> <p>Interview with the SSD (Social Services Director) on 9/18/14 at 3 PM indicated client #4's safety razor was locked in the medication closet and client #4 had to ask the staff to use his razor because client #4 had a history of accidentally cutting himself while shaving.</p>	W000240	<p>community ·QIDP, Social Services Coordinator, Health Services Coordinator, House Manager, and Residential Administrator will monitor through appointment tracking in Accel</p> <p>What is the date by which the systemic changes will be completed? 10/20/2014</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p> <p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Rd, Richmond, IN Date Survey Completed: 9/29/2014 Provider Identification Number: 15G302 Survey Event ID: JFF111 Finding: W240- The client's ISP (Individualized Support Plan) failed to include client #4's locking of client #4's razor and how the staff were to monitor client #4 while using a safety razor.</p> <p>What corrective action(s) will be</p>	10/20/2014

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	<p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 9/18/14 at 3 PM indicated client #4 had an objective in his ISP to learn to how to use his razor safely. The QIDP indicated the ISP did not include the locking of the razor and/or how the staff were to monitor client #4 while using a razor.</p> <p>Client #4's record was reviewed on 9/18/14 at 4 PM. Client #4's ISP dated 7/2/14 indicated client #4 had an objective to shave himself with a safety razor with verbal cues from the staff. Client #4's ISP did not include the locking of the razor and/or how the staff were to monitor client #4 while using a safety razor.</p> <p>9-3-4(a)</p>		<p>accomplished for these residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Client#4's ISP will be updated to include the locking of the razor to prevent cuts and interactions the staff utilize to monitor client #4 while using his safety razor. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All consumers have the potential to be affected ·QIDP will review and revise existing plans as needed to describe interventions used ·QIDP will ensure plans include staff monitoring that supports resident's independence <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·House Managers will be trained to review plans for the consumers in his/her assigned house at least quarterly (March, June, September, and December), and as new plans are added/updated to ensure plans describe interventions used and that staff are monitoring in a way that supports consumer's independence. ·QIDP will discuss any issues raised by House Manager and make changes as 		

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W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a		<p>deemed necessary</p> <ul style="list-style-type: none"> · IDT (Residential Administrator, QIDP, Social Services Coordinator & Health Services Coordinator) will assure House Manager's quarterly review <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place? .</p> <ul style="list-style-type: none"> · House Manager will monitor through review of plans for their assigned consumers at least quarterly and as new plans are added/updated · QIDP will monitor through discussion of issues raised by House Manager review of plans · Social Services Coordinator will monitor through review in preparation for quarterly Human Rights Committee meetings · IDT will monitor through assurance of House Managers quarterly review of plans <p>What is the date by which the systemic changes will be completed? 10/20/2014</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p>		

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	<p>minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client's hearing was evaluated annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/18/14 at 1 PM. Client #1's physical evaluation of 7/14/14 did not indicate a hearing evaluation. Client #1's record indicated no hearing evaluation.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 9/18/14 at 3 PM stated client #1 had not had a hearing evaluation "to my knowledge."</p> <p>9-3-6(a)</p>	W000323	<p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Rd, Richmond, IN</p> <p>Date Survey Completed: 9/29/2014</p> <p>Provider Identification Number: 15G302</p> <p>Survey Event ID: JFF111</p> <p>Finding: W323– The facility failed to ensure the client #1's hearing was evaluated annually.</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Client #1's family physician will be contacted to schedule a hearing evaluation · Recommendations from hearing evaluation will be implemented immediately <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All consumers have the potential to be affected · Health Services Coordinator and House Managers will review all consumer records to assure that all consumers have had an annual hearing evaluation · Health Services Coordinator will enter information re: evaluations 	10/20/2014			

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			<p>into Medical Module of Accel by January 1, 2015 to track all evaluations including hearing evaluations</p> <ul style="list-style-type: none"> ·McSherr policy will be updated to reflect that hearing evaluations for consumers are tracked in Accel . ·IDT will monitor monthly through review of Accel notifications for evaluations due. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?)</p> <ul style="list-style-type: none"> ·Health Services Coordinator and House Managers will review all consumer records to assure that all consumers have had an annual hearing evaluation ·Health Services Coordinator will enter information re: evaluations into Medical Module of Accel by January 1, 2015 to track all evaluations including hearing evaluations ·McSherr policy will be updated to reflect that hearing evaluations for consumers are tracked in Accel . ·IDT will monitor monthly through review of Accel notifications for evaluations due. <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> ·House Manager will monitor 		

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#1) and 1 additional client (#8), the facility nursing services failed to develop and implement a specific repositioning plan	W000331	through review of consumer records ·HealthServices Coordinator will monitor through Accel notifications ·IDT(Residential Administrator, Health Services Coordinator, Social ServicesCoordinator, QIDP) will monitor monthly through review of evaluation trackingin Accel . ·QIDP, Social Services Coordinator, Health Services Coordinator, House Manager, andResidential Administrator will monitor to determine the need for a morefrequent evaluation through observation at the home, day program, and in thecommunity. If problems with hearing aresuspected/observed, an evaluation will be scheduled. What is the date by which the systemic changes will be completed? 10/20/2014 Respectfully Submitted, Rosemary Taylor, ResidentialAdministrator Name and Address of Provider: McSherr, Inc., 3101Backmeyer Rd, Richmond, IN Date Survey Completed: 9/29/2014 Provider Identification Number: 15G302	10/20/2014	

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	<p>for client #1, to monitor client #1's skin breakdown and to ensure client #8 followed an aseptic technique while testing her blood sugar and drawing up her insulin.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 9/17/14 between 4 PM and 6 PM and on 9/17/14 between 6 AM and 8 AM. During both observation periods client #1 required a wheelchair and staff assistance for mobility. Client #1 was able to self propel his wheelchair in parts of the group home but required staff assistance for all repositioning needs and all ADLS (Adult Daily Living Skills).</p> <p>Client #1's record was reviewed on 9/18/14 at 1 PM. Client #1's record indicated diagnoses of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) with Spasticity (increased muscle tone, or stiffness, which leads to uncontrolled, awkward movements) and Epilepsy (a brain disorder in which a person has repeated seizures over time).</p> <p>Client #1's IHP (Individual Habilitation Plan) dated 1/29/14 indicated client #1</p>		<p>SurveyEvent ID: JFF111</p> <p>Finding: W331– the facility nursing services failed to develop andimplement a specific repositioning plan forclient #1, to monitor client #1's skin breakdown and to ensure client #8followed an aseptic technique while testing her blood sugar and drawing up herinsulin.</p> <p>Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice?</p> <ul style="list-style-type: none"> ·HealthServices Coordinator (utilizing recommendations from Physician, PhysicalTherapist, etc.) will develop andimplement a specific repositioning plan for Client #1 to prevent skin breakdown ·Staffworking with Client #1 will be trained on the specific repositioning plan ·Documentationwill reflect staff monitoring/assistance with repositioning ·HealthServices Coordinator will implement an aseptic technique for Client #8 whiletesting her blood sugar and drawing up her insulin ·Staffworking with Client #8 will be trained on the aseptic technique for testingblood and drawing up insulin ·Client#8 will be trained on the aseptic technique for testing blood and drawing upinsulin 		

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	<p>was evaluated for a new wheelchair in August of 2013 to give him extra length in his seat due to having a tilted pelvis. The plan indicated client #1 was repositioned to different seated areas throughout the day. The plan indicated client #1 "is a thin alert young man. He requires transfer/pivot assistance when weight bearing.... He uses a hospital bed with side rails for safety and positioning. He also has overhead trapeze for positioning." The plan indicated as one of client #1's needs was repositioning every one to two hours.</p> <p>Client #1's updated 1/29/14 Pressure Relief Guidelines indicated "[Client #1] needs to be provided with pressure relief (repositioning) on a regular basis during his waking hours to ensure his skin integrity. This should be provided a minimum of every 2 hours. This pressure relief can be accomplished by repositioning him several times a day. Anytime that he is assisted from his wheelchair to any seated surface such as a toilet, shower chair, couch and even standing during his exercises this is being accomplished. Additionally, [client #1] can be allowed to relax on the living room floor by placing blanket/mat on the floor. [Name of physical therapist] indicated that [client #1] could be repositioned on his back but would</p>		<p>·Documentationwill reflect the use of the aseptic technique that has been implemented</p> <p>·HealthService Coordinator will develop High Risk Plans for Client #1 potential forskin breakdown and Client #8 potential for reaction/infection due to blooddraws/insulin administration</p> <p>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</p> <p>·Allconsumers/ in wheelchairs and those that are diabetic and/or insulin dependenthave the potential to be affected</p> <p>·HealthServices Coordinator and House Managers will review all consumer records toassure that all consumers in wheelchairs have a specific repositioning plan andthat staff are trained on those plans</p> <p>·HealthServices Coordinator and House Managers will review all consumer records toassure that all consumers who are diabetic and/or insulin dependent have anaseptic plan for blood draws and/or insulin draws</p> <p>·Allstaff working with diabetic and/or insulin dependent consumers will be trainedon the aseptic technique</p> <p>·Allconsumers that are diabetic and/or insulin dependent AND self-test/administerwill be trained on the aseptic technique</p>				

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	<p>benefit from being placed on his stomach briefly and encouraged to raise his head as a strengthening exercise." Client #1's record did not indicate a specific positioning plan throughout the day and/or the supports the staff were to utilize while in each of the various positions.</p> <p>Client #1's Physician's orders indicated: __8/14/14 Boudreaux Butt Paste (a Zinc Oxide ointment) twice daily till resolved then may use as needed. __9/4/14 D/C Boudreaux, start A and D ointment twice daily. Next appointment in one month.</p> <p>Client #1's Nursing notes indicated: __8/16/14 "Non ambulatory. Uses wheel chair. Able to stand with assist for short periods to transfer.... Excoriation on bil (bilateral) buttocks above coccyx." __8/26/14 "Consumer was seen by [name of NP (nurse practitioner)] for skin condition on bilateral buttocks. Order for Boudreaux's butt paste applied twice daily until healed then apply prn (as needed) started on 8/14/14. Areas on buttocks have not changed since starting topical treatment. This nurse will contact prescriber office to address condition." __9/4/14 "This writer attended appointment with [name of NP] for skin condition on buttocks. Area described by</p>		<ul style="list-style-type: none"> ·HealthServices Coordinator will develop High Risk plans for all consumers inwheelchairs (increased potential for skin breakdown) and consumers thatself-test/administer insulin (increased potential for reactions) ·Staffwill be trained on High Risk plans <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</p> <ul style="list-style-type: none"> ·HealthServices Coordinator and House Managers will review all consumer records toassure that all consumers in wheelchairs have a specific repositioning plan andthat staff are trained on those plans ·HealthServices Coordinator and House Managers will review all consumer records toassure that all consumers who are diabetic and/or insulin dependent have anaseptic plan for blood draws and/or insulin draws ·Allstaff working with diabetic and/or insulin dependent consumers will be trainedon the aseptic technique ·Allconsumers that are diabetic and/or insulin dependent AND self-test/administerwill be trained on the aseptic technique ·HealthServices Coordinator will develop High Risk plans for all consumers in wheelchairs(to decrease potential for skin 				

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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374
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	<p>NP as excoriation not due to pressure. Discontinuing Boudreaux's butt paste and will start Vitamin A and D ointment twice daily. Follow up appointment scheduled. NP will consider treating for eczema if A and D ointment not successful."</p> <p>Client #1's record indicated nursing failed to develop and implement a specific repositioning plan and to monitor client #1's buttocks for skin breakdown.</p> <p>During interview with the HM (Home Manager) on 9/18/14 at 1:30 PM, the HM stated client #1's breakdown on his buttocks was "more like a diaper rash." The RM stated "I just recently had the staff start doing weekly skin assessments." The RM stated, "We have thought about doing more frequent skin assessments. We (the staff) try to make sure he [client #1] is repositioned every couple of hours." The RM indicated the staff documented client #1's repositioning every two hours in the daily notes but did not always document the position the client was placed in throughout the day and/or the supports used to acquire good positioning when the client was repositioned. The HM indicated no specific positioning plan had been developed and/or implemented in regard to client #1's repositioning needs.</p>		<p>breakdown) and consumers that self-test/administer insulin (to decrease potential for reactions and infection)</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> · Health Services Coordinator and House Manager will monitor through review of consumer records, including High Risk Plans · Health Services Coordinator and House Manager will monitor through observation of self-test/administration for blood tests/insulin draws on an alternating monthly basis. HSC will observe in January, March, May, July, September, and November. HM will observe in February, April, June, August, October, and December · IDT (Residential Administrator, Health Services Coordinator, Social Services Coordinator, QIDP, and House Manager) will monitor by reviewing observation results monthly. · IDT (Residential Administrator, Health Services Coordinator, Social Services Coordinator, QIDP and House Manager) will monitor monthly through review of new High Risk Plans and updates. <p>What is the date by which the systemic changes will be</p>	

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	<p>Interview with the facility's RN on 9/18/14 at 2 PM indicated he assessed each client monthly and had gone with client #1 on his last visit to see the NP but did not assess and/or monitor client #1's skin on a more frequent basis. The RN indicated the staff were currently doing weekly skin assessments on client #1 and would report anything unusual to the HM and/or the RN. The RN stated client #1 still had "a rash" on his buttocks. The RN indicated no specific positioning plan had been developed and/or implemented in regard to client #1's repositioning needs.</p> <p>2. Observations were conducted at the group home on 9/17/14 between 4 PM and 6 PM. At 5:20 PM client #8 tested her blood sugar using a glucometer (a device for determining the approximate concentration of sugar in the blood). Client #8 did not use an alcohol wipe to clean her finger prior to pricking her finger with a needle to obtain the drop of blood needed to do the test. After client #8 pricked her finger, obtained a drop of blood and tested her blood sugar client #8 then opened an alcohol wipe and cleaned the blood from her finger.</p> <p>Observations were conducted at the group home on 9/17/14 between 6 AM</p>		<p>completed? 10/20/2014</p> <p>Respectfully Submitted, Rosemary Taylor, Residential Administrator</p>		

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	<p>and 8 AM.</p> <p>__At 6:15 AM client #8 tested her blood sugar using a glucometer. Client #8 did not use an alcohol wipe to clean her finger prior to pricking her finger with a needle to obtain the drop of blood needed to do the test. After client #8 pricked her finger, obtained a drop of blood and tested her blood sugar client #8 then opened an alcohol wipe and cleaned the blood from her finger.</p> <p>__At 7:25 AM client #8 gave herself her AM insulin of Lantus 32 units. Client #8 did not wipe the top of the insulin bottle with alcohol prior to sticking a needle into the bottle to withdraw the 32 units of insulin for her injection.</p> <p>Interview with the facility's RN on 9/18/14 at 2 PM indicated client #8 was able to give her own insulin and to test her own blood sugar with staff supervision. The RN indicated the staff were to ensure client #8 followed an aseptic/clean technique by ensuring client #8 washed her hands prior to testing her blood sugar and prior to giving herself insulin, wiped her finger with alcohol prior to pricking her finger to draw blood and wiped the top of the insulin bottle with an alcohol wipe prior to drawing up her insulin.</p> <p>9-3-6(a)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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