

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G068	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/18/2013
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GASTON			STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W000000	<p>This visit was for the investigation of complaint #IN00137244 and complaint #IN00138052.</p> <p>Complaint #IN00137244: SUBSTANTIATED, Federal and State deficiency related to the allegation is cited at W331.</p> <p>Complaint #IN00138052: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W104, W247, W249, W268, and W436.</p> <p>Dates of survey: October 10, 11, 15, 16, 17, and 18, 2013.</p> <p>Facility number: 000614 Provider number: 15G068 AIM number: 100272120</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 11/1/13 by Ruth Shackelford, QIDP.</p>	W000000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. Hickory Creek at Gaston desires this Plan of Correction to be considered the facilities Allegation of Compliance.</p>		

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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W000104	<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 observation, record review, and interview, the governing body failed for 68 of 68 clients (clients A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE, FF, GG, HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, and AQ) to exercise operating direction over the facility to ensure the facility was odor free for 68 of 68 clients living in the facility, client B's overhead light was fully operational, to develop an admissions policy and procedure which included basic active treatment needs upon admission to the facility for clients B, C, and D, and to ensure client B had access to her meal tray in a reasonable time during meals.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. Both hallways where client bedrooms for clients A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE, FF,</p>	W000104	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:1. After investigation, it was determined that some clients remove their briefs and place them in the trash cans within their rooms. Increased efforts have been made to remove trash from the resident rooms frequently. The urine odor was detected and eliminated. The halls may have a slight urine odor after an incontinence episode but that odor dissapates after cleaning of the client. 2. Client "B" had a new light put in the room. After that Client B decided to change rooms so this was also accommodated. Client B is very happy with the new room and the lighting is good, according to Client "B." 3. Clients B, C and D have all had their individual program plans updated to include a continuous active treatment program. 4. Client B has received her meals timely. Client B's weight is stable with no evidence of weight loss indicated. HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND</p>	11/17/2013			

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	<p>GG, HH, II, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, and AQ resided had a strong urine odor.</p> <p>Interview on 10/15/13 at 11:55am, with Visitor #1 was completed. Visitor #1 stated "the facility always" smelled "this way" at this time of day.</p> <p>Interview on 10/15/13 at 2:00pm, with the facility's D.O.N. (Director of Nursing) was conducted. The D.O.N. stated clients who were "incontinent" of urine were being changed by the facility staff. The D.O.N. stated both hallways "could have" smelled of urine.</p> <p>2. On 10/15/13 at 1:12pm, client B lay in her bed working on a word search puzzle book. Client B's dim and partially burned out overhead light was on, and client B stated "Yes, it is hard to see" the letters in the puzzle book.</p> <p>Interview on 10/15/13 at 2:00pm, with the facility's D.O.N. was conducted. The D.O.N. indicated she was unaware client B's light was dim and partially burned out.</p> <p>3. On 10/15/13 at 4:12pm, the facility's 6/2004 "Admission of Resident" policy</p>		<p>WHAT CORRECTIVE ACTION WILL BE TAKEN:1. All clients could be affected. Resident rooms are cleaned thoroughly every day and if briefs are being placed in the resident room trash cans, they are being removed. Beds are being checked for cleanliness during rounds at least 2 X's per shift.. If a odor is detected, the source will be investigated and immediately eliminated. 2. All clients who read or do small work could be affected. Maintenance has done an initial evaluation of all lighting and bulbs that were found to be dim or burnt out have been replaced. The daily rounds tool will be updated to include a check on all lighting. This rounds tool is used at least 2 X's daily. If a lighting issue is found, the Maintenance Director will be notified and the problem corrected. The results will be discussed during the IDT meetings held daily. 3. All new clients could be affected. An addendum has been added to the Policy and Procedure for new admissions. This addendum addresses the goals for the major domains and will be completed upon admission. 4. All clients could be affected. The employees have been re-educated regarding the need to serve clients by tables and as they enter the dining room if their table has already been served.</p> <p>WHAT MEASURES WILL BE</p>		

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	<p>and procedure was reviewed. The admissions policy and procedure did not include each client's active treatment needs and did not provide a general plan of direction for new admissions to the facility. The admissions policy and procedure included nursing, housekeeping, and dietary directions for new admissions to the facility. The policy and procedure did not provide a direction for active treatment services from the date the client was admitted to the date of the developed ISP (Individual Support Plan) for new admissions to the facility.</p> <p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated she was not aware of a facility admissions policy and procedure which included active treatment services. QIDP #1 indicated the facility had thirty days (30 days) to prepare an active treatment plan for new admissions to the facility.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated the 6/2004 policy and procedure was the only policy and procedure she was aware of when clients were admitted to the facility. The D.O.N. stated she was "not sure" what was completed upon admission regarding</p>		<p>PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICES DOES NOT RECUR:1. Nursing staff and department heads are doing daily rounds of the rooms to assure all soiled linens and briefs are being removed timely. If an odors is detected it will be eliminated and the cause will be discussed during the IDT meeting in the mornings with a plan to correct formulated if the odor is not a temporary one. 2. The daily rounds tool will be updated to include a check on all lighting. This rounds tool is used every shift.. Any findings are discussed during the IDT meeting held daily. 3. An Addendum to the Admission Policy/Procedure has been implemented. When a new client is admitted, the goals for the major domains will be implemented upon admission. The Addendum addressed medications, lab values, toileting needs, transfer needs, any therapy needs, which classroom they will be in, as well as other pertinent items that will assure the clients needs are met in a timely manner, including active treatment. 4. The DON/designee is currently monitoring the service in the main dining room to assure compliance. She is training staff to recognize and adapt when a client comes late to a meal to</p>		

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	<p>active treatment services in the facility. The D.O.N. indicated the QIDPs (Qualified Intellectual Disabilities Professionals) completed the active treatment area of admissions. The D.O.N. indicated clients B, C, and D were new admissions to the facility on 10/3/2013.</p> <p>4. Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. At 11:28am, three clients had been served their meal trays in the main building's dining room by the facility staff. At 11:28am, facility staff #2 assisted client B who was sitting in her wheelchair to the dining room table and one of her tablemate had been served her meal tray and was consuming her food. From 11:28am until 12:25pm, client B was in the dining room watching other clients in the dining room and at her dining room table served their meal trays. From 11:28am until 12:25pm, client B asked five (5) different facility staff for her lunch tray. At 12:25pm, client B stated "Can I eat?" Facility staff #1 stated "Just a minute, they are making it." Client B observed other trays exiting the kitchen and served to other clients. Client B stated "I'm starving, I'm hungry." At 12:25pm, client B was served her meal tray by facility staff #2 and client B was the last client at her dining room table served lunch.</p>		<p>assure that their tray is delivered timely with no long wait time. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:1. The results of the rounds tool is discussed daily at the IDT meeting to assure any findings have been corrected. the rounds and content are also reviewed at the monthly QA committee meeting. 2. The rounds will be ongoing.3. The addendum has been added to the Policy and Procedure for admissions. The QMRP's will be responsible for implementing the new addendum. A checklist has been developed and will be discussed at the monthly QA meeting to assure compliance. 4. The DON will report any issues with service to the morning IDT meeting as well as to the monthly QA committee meeting. Once we have achieved 100% compliance then the monitoring of the main dining room will be decreased to 1 (one) time daily.</p>				

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	<p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated client B was on a regular diet and her meal tray was served by staff in the main dining room.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated client B should not have to wait an hour for her lunch tray in the main dining room. The D.O.N. indicated she did not think it took that long to serve client B her lunch tray.</p> <p>Client B's record was reviewed on 10/10/13 at 5:10pm, and on 10/15/13 at 2:00pm. Client B's 10/4/13 physician's orders indicated she was on a regular diet. Client B's 9/4/13 Diagnostic Evaluation indicated client B "may swallow food without chewing" and "requires assistance for all medical needs."</p> <p>This federal tag relates to complaint #IN00138052.</p> <p>3.1-13(r)</p>						

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W000247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (client B), the facility failed to encourage opportunities for choice and teach client B to give input to her bathing opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. From 11:28am until 1:50pm, client B asked different staff ten (10) separate times if she could have a bath. Each time the staff responded they would check on client B's bath schedule. At 1:00pm, client B sat in her wheel chair in the main lounge, bent over at the waist in her wheel chair, and her face turned red. At 1:00pm, client B asked facility staff #8 for a bath. Staff #8 responded "Yes, you get one this afternoon." Staff #8 asked "Are you working on a bowel movement?" Client B shook her head yes. Staff #8 left the lounge pushing client B's wheel chair back to client B's bedroom. At 1:12pm, client B was inside her bedroom, the room smelled of bowel movement, and client B was in bed. Client B stated "Sorry for the smell, I had</p>	W000247	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:1. Client B did receive a bath the evening of the incident. The bathing schedule was updated on 10/18/2013 to give Client B a shower daily as requested. However, Client B has since had a change of mind and only wants a shower every other day so the bathing schedule has been updated to reflect showers every other day. HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:1. All clients could be affected. A "Client Preference Form" has been developed to assist us in ensuring that client's wishes are honored. All clients have been asked about their preferences using this form and, if needed, the schedules have been updated to reflect their preferences. The "Client Preference Form" will be utilized for all new clients and updated for current clients as their preferences change. All staff were re-educated on client choice and were instructed to</p>	11/17/2013
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	<p>BM (Bowel Movement) all over me, and no bath yet." Client B indicated Staff #7 cleaned her (client B) up and changed client B's adult brief. Client B indicated she wanted a bath more than three times a week. Client B indicated she knew she smelled and needed a bath. At 1:40pm, Staff #7 and client B were interviewed. Staff #7 indicated client B had her bath schedule "added on the "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays on the evening shift. Staff #7 indicated she did not know who assigned client B's showers. Staff #7 and client B both indicated client B's bowel movement was a large amount of fecal matter which filled client B's adult brief and went up client B's back. At 1:40pm, client B indicated she was not asked when she wanted to bathe. Client B indicated she wanted to be bathed more than three times a week and stated "I need a bath when I smell."</p> <p>On 10/15/13 at 4:07pm, a review of the facility's undated "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays" on the evening shift indicated client B was assigned a shower time to be bathed three (3) times a week.</p> <p>Interview on 10/15/13 at 2:45pm, with</p>		<p>provide assistance for all requests made outside of the client's normal schedule. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:1. The "Client Preference Form" will be initiated upon admission for all new clients. All current clients will have their preferences updated during their annual ISP or as requested by the client or guardian at any time during the year. All disciplines will work together to assure changes are made according to what the client prefers. All staff were re-educated on client choice and were instructed to provide assistance for all requests made outside of the client's normal schedule. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:1. The QIDP's will use the Client Preference Form. Any changes will be reported to all other departments during the daily IDT meeting. The results of the forms will also be reported during the monthly QA committee meetings. All disciplines will work together to assure changes are made according to what the client prefers.</p>				

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	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated client B was a new admission to the facility and indicated each client's active treatment information used to develop their ISPs (Individual Support Plans) was not available on the unit where client B lived. QIDP #1 indicated client B was verbal and could assist in decisions regarding her care.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated she (the D.O.N.) had pulled client B's bathing schedule which was developed by the facility and she could not comment if client B was involved or who made the decision on when to bathe. The D.O.N. indicated client B could request to be bathed more often and staff should have bathed client B after an incontinence episode of bowel movement up her back.</p> <p>Client B's record was reviewed on 10/10/13 at 5:10pm, and on 10/15/13 at 2:00pm. Client B's record did not include information regarding bathing. Client B's 9/4/13 Diagnostic Evaluation indicated client B wore adult briefs and "requires assistance for all medical needs."</p> <p>This federal tag relates to complaint #IN00138052.</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 2 of 4 sampled clients (clients B and D), the facility failed to use informal opportunities to ensure clients B and D received active treatment services and interaction.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. At 12:25pm, client B was served a preset meal tray. Facility staff #7 cut client B's food a Salisbury steak into large pieces of meat. From 12:25pm until 12:35pm, client B put her face at the level of her plate on the dining room table and scooped food into her mouth without redirection by the facility staff.</p> <p>Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. From 11:28am until 1:50pm, client B asked different staff ten (10) separate times if she could have a bath. Each time the staff responded they would</p>	W000249	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE AFFECTED BY THE DEFICIENT PRACTICE: 1. Client B has a program for dining. The program includes holding her head at least 6 inches from the plate. Staff have been re-educated on Clinet B's program in an effort to keep Client B independent as well as assist her as needed. Client B did receive a bath on the evening of the incident. The bathing schedule was updated on 10/18/2013 to give Client B a shower daily as requested. However, Client B has since had a change of mind and only wants a shower every other day so the bathing schedule has been updated to reflect showers every other day. 2. Client D has an active treatment program. The staff have been re-educated regarding this program and it is being implemented. There is an addendum to the Policy and Procedure regarding admissions to assure that any new admissions have active treatment</p>	11/17/2013			

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	<p>check on client B's bath schedule. At 1:00pm, client B sat in her wheel chair in the main lounge, bent over at the waist in her wheel chair, and her face turned red. At 1:00pm, client B asked facility staff #8 for a bath. Staff #8 responded "Yes, you get one this afternoon." Staff #8 asked "Are you working on a bowel movement?" Client B shook her head yes. Staff #8 left the lounge pushing client B's wheel chair back to client B's bedroom. At 1:12pm, client B was inside her bedroom, the room smelled of bowel movement, and client B was in bed. Client B stated "Sorry for the smell, I had BM (Bowel Movement) all over me, and no bath yet." Client B indicated Staff #7 cleaned her (client B) up and changed client B's adult brief. Client B indicated she wanted a bath more than three times a week. Client B indicated she knew she smelled and needed a bath. At 1:40pm, Staff #7 and client B were interviewed. Staff #7 indicated client B had her bath schedule "added on the "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays on the evening shift. Staff #7 indicated she did not know who assigned client B's showers. Staff #7 and client B both indicated client B's bowel movement was a large amount of fecal matter which filled client B's adult brief and went up client B's back. At 1:40pm, client B</p>		<p>from the time of admission.HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:1. All clients who feed themselves could be affected. Clients have dining programs and staff have been re-educated on how to read and follow these programs. A "Client Preference Form" has been developed to assist us in ensuring that client's wishes are honored. All clients have been asked about their preferences using this form and, if needed, the schedules have been updated to reflect their preferences. The "Client Preference Form" will be utilized for all new clients and updated for current clients as their preferences change. 2. All clients could be affected. Active treatment will be provided as soon as a client is admitted to the facility. There is an addendum to the Policy & Procedure for Admissions with regard to the necessity to implement active treatment upon admission. This will be done for all new clients. All current clients have an active treatment program developed.WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT</p>		

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	<p>indicated she was not asked when she wanted to bathe. Client B indicated she wanted to be bathed more than three times a week and stated "I need a bath when I smell."</p> <p>On 10/15/13 at 4:07pm, a review of the facility's undated "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays" on the evening shift indicated client B was assigned a shower time to be bathed three (3) times a week.</p> <p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated client B was a new admission to the facility and indicated each client's active treatment information used to develop their ISPs (Individual Support Plans) was not available on the unit where client B lived. QIDP #1 indicated client B was verbal and could assist in decisions regarding her care.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated she (the D.O.N.) had pulled client B's bathing schedule which was developed by the facility and she could not comment if client B was involved or who made the decision on when to bathe. The D.O.N. indicated</p>		<p>RECUR:1. An Audit tool has been developed to assist in tracking compliance. This audit tool will be utilized on random meals and random clients - at least 2 clients per meal, to assure they are following the dining programs that are set up. This tool will be used at least 1 time daily for 30 days. If compliance is obtained 100% of the time, then it can be reduced to 3 X's weekly for the next 30 days. The QIDP's and /or other management staff will be present to assist in the dining program and to assure that the plans are being followed. The "Client Preference Form" will be initiated upon admission for all new clients. All current clients will have their preferences updated during their annual ISP or as requested by the client or guardian at any time during the year. All disciplines will work together to assure changes are made according to what the client prefers.2. The QIDP's are responsible for assuring that active treatment is being followed. They will be in the classrooms daily to assure we are in compliance. The QIDP's will also hold small group meetings throughout the next few months and will be training, teaching and modeling exactly what meaningful activities are for the clients in each program room. The results will be discussed at the morning IDT meeting. HOW THE</p>		

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	<p>client B could request to be bathed more often and staff should have bathed client B after an incontinence episode of bowel movement up her back.</p> <p>Client B's record was reviewed on 10/10/13 at 5:10pm, and on 10/15/13 at 2:00pm. Client B's record did not include information regarding bathing. Client B's 9/4/13 Diagnostic Evaluation indicated client B wore adult briefs and "requires assistance for all medical needs."</p> <p>2. Observations were conducted at the facility on 10/10/13 from 11:00am until 12:50pm, and on 10/15/13 from 11:28am until 1:50pm. During both observations periods client D did not have accessible active treatment plans for staff to use. On 10/15/13 from 11:28am until 1:50pm, client D was observed at the facility's main building. At 11:28am, client D sat in her wheel chair in the main building dining room with oxygen nasal cannula in her nose. Client D did not have activity or interaction. At 12:05pm, client D was served her preset meal tray without interaction from the facility staff. Client D took a staff who passed her wheelchair by their arm, made eye contact with that staff person, and made a drinking motion with her empty hand. The facility staff person mouthed the words "Do you want a drink?" Client D responded by a smile</p>		<p>CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The results of the audit tool for dining and the results of the client preference form will be discussed during the monthly QA committee meeting. This will be ongoing. The client preference form will be ongoing. 2. The QIDP's will update the active treatment during the annual ISP meetings. They will also discuss any issues during the morning IDT meeting as well as during the monthly QA committee meeting. The results of the small group meetings will be discussed during the monthly QA committee. This will be ongoing.</p>		

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	<p>and shook her head in a yes motion. From 12:05pm until 12:50pm, client D consumed her lunch meal. From 12:50pm until 1:40pm, client D sat in her wheelchair in the main building lounge without activity. At 1:40pm, a facility staff approached client D and asked her to identify the color "Yellow." Client D bent her head to make eye contact with the staff person, and pointed to the yellow colored picture the staff held. At 1:40pm, client D was assisted in her wheelchair back to her bedroom, transferred by two facility staff using a Hoyer Lift to client D's bed, and staff indicated client D was being changed.</p> <p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated clients B and D were new admissions to the facility and indicated the clients' active treatment information used to develop their individual ISPs (Individual Support Plans) were not available on the units where clients B and D lived and staff who worked with them did not have access to that information. QIDP #1 indicated the facility had thirty days (30 days) to prepare an active treatment plan for new admissions to the facility. QIDP #1 indicated the plans were with the QIDPs for each client.</p>						

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	<p>Client D's record was reviewed on 10/10/13 at 4:45pm and on 10/15/13 at 4:00pm. Client D's diagnoses included but were not limited to Cerebral Palsy, Hypothyroidism, Hypertension, Deaf from birth, and Seizure Disorder. Client D's record indicated she used sign language to communicate her needs/wants, required staff assistance for transfers, medical care, dining needs, daily living skills of bathing, dressing, toothbrushing, and toileting needs.</p> <p>This federal tag relates to complaint #IN00138052.</p> <p>3.1-32(a) 3.1-33(a)</p>						

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W000268	<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, record review, and interview, for 1 of 4 sampled clients (client B), the facility failed to encourage opportunities which promote growth, dignity, and independence, to choose when and how often to bathe, and to ensure client B's wheelchair did not have an odor.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. From 11:28am until 1:50pm, client B asked different staff ten (10) separate times if she could have a bath. Each time the staff responded they would check on client B's bath schedule. At 1:00pm, client B sat in her wheel chair in the main lounge, bent over at the waist in her wheel chair, and her face turned red. At 1:00pm, client B asked facility staff #8 for a bath. Staff #8 responded "Yes, you get one this afternoon." Staff #8 asked "Are you working on a bowel movement?" Client B shook her head yes. Staff #8 left the lounge pushing client B's wheel chair back to client B's bedroom. At 1:12pm, client B was inside her bedroom, the room smelled of bowel</p>	W000268	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:1. Client B did receive a bath. The bathing schedule was updated on 10/18/2013 to give Client B a shower daily as requested. However, Client B has since had a change of mind and only wants a shower every other day so the bathing schedule has been updated to reflect showers every other day. HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:1. All clients could be affected. A "Client Preference Form" has been developed to assist us in ensuring that client's wishes are honored. All clients have been asked about their preferences using this form and, if needed, the schedules have been updated to reflect their preferences. The "Client Preference Form" will be utilized for all new clients and updated for current clients as their preferences change. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES</p>	11/17/2013			

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	<p>movement, and client B was in bed. Client B stated "Sorry for the smell, I had BM (Bowel Movement) all over me, and no bath yet." Client B indicated Staff #7 cleaned her (client B) up and changed client B's adult brief. Client B indicated she wanted a bath more than three times a week. Client B indicated she knew she smelled and needed a bath. At 1:40pm, Staff #7 and client B were interviewed. Staff #7 stated client B had her bath schedule "added on the "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays on the evening shift. Staff #7 indicated she did not know who assigned client B's showers. Staff #7 and client B both indicated client B's bowel movement was large and filled client B's adult brief and went up client B's back. At 1:40pm, client B indicated she was unsure when her wheelchair was last cleaned. At 1:40pm, facility staff #7 indicated she was unaware when client B's wheel chair had been cleaned. Staff #7 indicated client B's wheel chair had an odor and could be smelled when a person stood near the wheel chair. At 1:40pm, client B indicated she was not asked when she wanted to bathe. Client B said she wanted to be bathed more than three times a week and stated "I need a bath when I smell."</p>		<p>YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:1. The "Client Preference Form" will be initiated upon admission for all new clients. All current clients will have their preferences updated during their annual ISP or as requested by the client or guardian at any time during the year. All disciplines will work together to assure changes are made according to what the client prefers.HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:1. The QIDP's will use the Client Preference Form. Any changes will be reported to all other departments during the daily IDT meeting. The results of the forms will also be reported during the monthly QA committee meetings. All disciplines will work together to assure changes are made according to what the client prefers.</p>		

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	<p>On 10/15/13 at 4:07pm, a review of the facility's undated "CNA (Certified Nursing Assistant) Schedule Main Building" for Monday, Wednesday, and Fridays" on the evening shift indicated client B was scheduled to be bathed.</p> <p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated client B was verbal and could assist in decisions regarding her care.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated she (the D.O.N.) had pulled client B's bathing schedule and she could not comment if client B was involved or made the decision on when to bathe. The D.O.N. indicated client B could request to be bathed more often and staff should have bathed client B after an incontinence episode of bowel movement up her back.</p> <p>This federal tag relates to complaint #IN00138052.</p> <p>3.1-3(t)</p>				

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>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 (client A), the facility nursing services failed to include within client A's Dialysis Plan client A's recurrent bacterial blood infections and coordinate antibiotic treatment.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 10/10/13 at 3:05pm. Client A's diagnoses included but were not limited to: Insulin Dependent Diabetes Mellitus, Congenital Kidney Disease, and End Stage Renal Disease. Client A's record indicated she attended Kidney Dialysis three (3) days a week at the Renal Center. Client A's record indicated the following three (3) hospitalization interventions and recommendations: Hospital Discharge Summary dated 9/1/2013 indicated "Reason for Admission: The patient was feeling poorly at dialysis and has a significant fever. She was taken to emergency room." Client A's record indicated she had "Gram Positive Staphylococcal" bacterial blood infection. Hospital Laboratories Discharge Summary dated 5/11/2013 indicated client A had "Gram Positive</p>	W000331	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE AFFECTED BY THE DEFICIENT PRACTICE:1.Client "A" now has a dialysis binder kept at the nurses station with all information regarding dialysis. An updated nursing care plan has also been developed addressing the communication to and from dialysis, monitoring for bacterial infection and vital signs. The IV site will be checked daily every shift. This is included on the TAR. HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Any dialysis client has the potential to be affected. If another client requires dialysis a care plan will be developed, the plan of care will be discussed with the dialysis center and a binder will be initiated with information regarding dialysis.WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: 1. An audit tool has been developed to assure compliance for checking the IV site as well as</p>	11/17/2013			

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	<p>Staphylococcal, Septicemia." The report indicated in 7/29/2013 client A had diagnosis of "Pneumonia" and recommended antibiotic treatment was to be completed at the Dialysis Center. Client A's Communication sheets between the facility and the dialysis center did not include the administering, effects, and/or results of client A's IV antibiotics. Client A's record did not have information regarding the administering, effects, and/or results of her IV antibiotic therapy at the dialysis center. Client A's 8/14/13 "Nursing Care Plan" indicated "...20. Dialysis access site risk for skin breakdown/infection (sic)..." Client A's care plan did not include communication to/from the dialysis center, toleration of her dialysis three days a week, vital signs, and monitoring client A for a bacterial blood infection.</p> <p>Interview on 10/15/13 at 4:12pm, with the facility's D.O.N. was conducted. The D.O.N. indicated client A's 8/14/13 "Nursing Care Plan" did not include communication to/from the dialysis center, toleration of her dialysis three days a week, vital signs, and monitoring client A for a bacterial blood infection. The D.O.N. stated client A had experienced "Gram Positive Staphylococcal" infection twice since 5/11/13. The D.O.N. indicated client A had the IV antibiotics</p>		<p>the dialysis binder. The audits will be done daily on each shift. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: 1. The DON or designee will be responsible for the audit tools. The results will be brought to the monthly QA committee meetings to assure continued compliance. The audit will be completed daily on each shift for 30 days. At that time,if 100% compliance, the audit will be reduced based on the consensus of the QA committee.</p>				

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	<p>administered at the dialysis center for a diagnosis of Pneumonia.</p> <p>This federal tag relates to complaint #IN00137244.</p> <p>3.1-17(a)</p>				

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W000436	<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 maintain and teach 1 of 4 sampled clients (client B) to use and make informed choices regarding their individual adaptive equipment of her right leg brace, seizure helmet, bed alarm, and prescribed eye glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 10/15/13 from 11:28am until 1:50pm. From 11:28am until 1:50pm, client B did not wear a seizure helmet, did not have her right leg brace buckled to her leg, did not have her prescribed eye glasses clean, and client B did not have a personal body alarm or bed alarm in place. At 11:28am, facility staff #2 assisted client B who was sitting in her wheelchair to the dining room table and her seizure helmet hung on the wheelchair handle on the back of the wheelchair. From 11:28am until 1:07pm, client B wore a right lower leg brace and the brace was not buckled to secure the brace to her</p>	W000436	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THESE RESIDENTS FOUND TO HAVE AFFECTED BY THE DEFICIENT PRACTICE:1. Client B's orders have been updated. Staff has been re-educated regarding encouraging Client B to wear the helmet, the leg brace as well as allowing staff to clean glasses. A care plan has been implemented to address her non-compliance</p> <p>HOW YOU WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Any client has the potential to be affected. Clients with adaptive devices and safety equipment have been identified. The equipment is placed on the C.N.A. care guide and the ISP. A monitoring tool is in place and will be completed each shift by nursing and daily by the dept. heads. Any resident who is non-compliant will be immediately encouraged by staff and educated as to why the equipment is needed.</p> <p>WHAT MEASURES WILL BE PUT INTO</p>	11/17/2013			

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	<p>leg. Throughout the observation period client B had her seizure helmet hung on the back of her wheelchair and it was not worn.</p> <p>On 10/15/13 from 11:28am until 12:35pm, client B wore glasses on the end of her nose and the glasses had a dried white crusty substance on each lens. At 12:35pm, client B asked the surveyor to clean her eye glasses and the crusty substance would not wipe off. At 12:35pm, client B called to a housekeeping staff person to clean her eye glasses. The housekeeping staff indicated the white crusty substance would not wipe off and took client B's glasses to obtain cleaning fluid to clean client B's glasses. A short time later the housekeeping staff returned with clean glasses. At 1:40pm, client B's wheel chair and bed did not have a bed alarm or body alarm.</p> <p>Interview on 10/15/13 at 2:45pm, with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted. QIDP #1 indicated client B was to have worn a seizure helmet because of seizure activity. QIDP #1 indicated client B wore prescribed eyeglasses, a lower leg brace, and used a wheelchair.</p> <p>Interview on 10/15/13 at 4:12pm, with the</p>		<p>PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The monitoring of adaptive devices will occur daily by nursing staff and facility department heads. If a client requires a new device the ISP, C.N.A. care guide and monitoring tool will be updated to reflect the clients needs. If the client is non-compliant a care plan will be initiated to reflect non-compliance. The system will also be implemented for any new admission. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E; WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: Results of the monitoring will be reviewed at the daily IDT meeting to assure clients needs are met and the safety of the client is reviewed. The system will also be reviewed at the monthly QA & A Meeting.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G068		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/18/2013	
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	<p>facility's D.O.N. was conducted. The D.O.N. indicated client B's medical care plans were on her (the D.O.N.) desk since before 10/10/13. The D.O.N. indicated client B wore a seizure helmet, prescribed eyeglasses, and a lower leg brace.</p> <p>Client B's record was reviewed on 10/10/13 at 5:10pm, and on 10/15/13 at 2:00pm. Client B's 10/4/13 physician's orders indicated she wore a seizure helmet "while awake," Leg brace right leg, eye glasses, and "If seizure lasts longer than 5 minutes call 9-1-1 or if she has three or more seizures in 1 hour." Client B's 9/4/13 Diagnostic Evaluation indicated client B needed a bed alarm, a mat to floor while in bed, a personal alarm to wheelchair.</p> <p>This federal tag relates to complaint #IN00138052.</p> <p>3.1-39(a)</p>						