

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
---	---

(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
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 30, 31, November 7, 8, 2012.</p> <p>Facility number: 000846 Provider number: 15G328 AIM number: 100243990</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/16/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(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			
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 for 1 of 3 sampled clients (client #3), the facility failed to implement her meal preparation goal as indicated in her ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Observations were completed in the group home on 10/31/12 from 12:00 PM until 12:28 PM. During the observation, client #3 watched TV in her room while staff #2 prepared a turkey sandwich. Staff #2 asked client #3 what she wanted on her sandwich and spread the condiment, portioned pretzels, placed fresh vegetables and a cookie on a plate and placed it on the table. Staff #2 then poured ice in a glass and obtained a soda for client #2 to drink.</p> <p>Client #3's record was reviewed on 10/31/12 at 11:20 AM. Client #3's 1/20/12 ISP included a goal to prepare</p>	W0249	<p>Program Manager/QDDP has spoken with staff to ensure that they are encouraging all clients to assist with meal preparations. This will also be discussed during the upcoming team meeting. Program Manager also reiterated the importance of goals implemented. Program Manager/QDPP will continue to encourage clients to assist in their meal and snack preparation to the best of their abilities. Staff will document in their contact notes when clients assist with snack and meal preparation and to what level they have assisted. Tangram's Program Manager/QDDP will be present in the home to conduct random checks on staff and clients during snack and meal times to ensure that clients are assisting to the best of their abilities. Program Manager/QDDP will address the issue one-on-one with any staff person who is not following proper protocol with regard to allowing client's to assist with snack and/or meal preparation to the best of their abilities.</p>	11/30/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>lunch weekly.</p> <p>The Program Manager was interviewed on 10/31/12 at 2:40 PM and indicated client #3 should have been prompted to assist in preparing her lunch.</p> <p>9-3-4(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(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			
W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3) to provide adequate nursing services to address and prevent pressures ulcers (client #1), failed to provide a system to weigh clients as indicated in physician's orders, and failed to ensure physicians orders and a medication label matched the medication administration record (MAR).</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the BDDS (Bureau of Developmental Disabilities Services) and reports of injury were reviewed on 10/31/12 at 10:28 AM and included the following:</p> <p>A report dated 5/29/12 indicated on 5/24/12 client #1 was found with a quarter sized pink areas in the middle of her back and left buttock. Client #1's physician was unavailable for an appointment until 5/29/12 at which time she was diagnosed with pressure sores. The report indicated client #1 had a history of pressure ulcers that have appeared in little time and progressed quickly. Upon assessment of the pink</p>	W0331	<p>1. SGL nurse has a High Risk Plan in place for skin breakdown for client #1, which includes information on both prevention and treatment of pressure sores. Staff monitors and records the skin assessments in the MARS/TARS. Program Manager/QDDP has discussed the importance of reminding this client to reposition. Staff will begin to chart those reminders, as well, to help prevent reoccurrences per the HRP after input from SGL nurse. Tangram's Program Manager/QDDP has created a Repositioning Chart for staff to initial every two hours to document the repositioning they do with the client. In addition to the staff person's initials, this Repositioning Chart includes spaces to document the new position of the client, if the client refused to reposition, if the client has any current skin issues and the location of those issues, and whether the Program Manager or RN has been notified. Staff conduct skin assessments daily and document this on the MARS/TARS. As directed in the High Risk Plan, staff inform the RN if they see a tear, redness or swelling. Staff also notify the RN if there is anything that looks out of her normal skin appearance. The High Risk Plan for skin</p>	12/07/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>area on 5/24/12, the nurse "provided proactive positioning instruction directing staff to reposition [client #1] frequently and to transition her in and out of her wheelchair." A plan to resolve included the purchase of an egg carton mattress, bed rest with staff checking her every 30 minutes and encouragement for client #1 to reposition herself and assist. "Staff will document in notes her repositioning during each shift and communicate regularly status of pressure sores to program manager and Tangram RN (registered nurse)." The report indicated client #1 moves on her own and staff will continue to encourage her to transition and reposition frequently.</p> <p>A report dated 9/24/12 indicated staff noted skin breakdown near the crease of client #1's posterior near her tailbone the size of a penny and another on the right buttocks area about the size of a quarter, "but not as deep" during a skin assessment, and was diagnosed with pressure ulcers by her physician. Client #1's physician ordered bed rest for the next three days. Plan to resolve included "Staff and PM (program manager) will continue to monitor [client #1] for improvement or deterioration, administer a PRN (as needed) already in place for breakdown, ensure bedrest, and notify the doctor, as requested, via the telephone the</p>		<p>breakdown includes information on what skin breakdown is, what it would look like, and what are the signs and symptoms, so that staff know when to notify the RN and the Program Manager/QDDP. The RN will then follow up with a visit to assess and then determine what intervention to do. Staff and RN also try to minimize the time client stays in her wheelchair. Client has PRN medications that are sometimes used, depending on the client's skin condition. The application of this medication is documented on the MARS/TARS. Staff are instructed to encourage client to reposition hourly when she is in her wheelchair. If client has an open area, the RN will attempt to assess client weekly and then decrease that based on how well her wound is healing. These assessments are documented in the nurse's notes in the client's chart. When the nurse cannot be there in person, she contacts staff or the Program Manager/QDDP to check on client's condition. Staff and RN also follow diet protocols to ensure client is eating the necessary proteins and is hydrating well, which is necessary for wound healing. The RN is in the home on a monthly basis to assess the client's conditions and also documents these regular visits.</p> <p>2. Because the clients' doctors' offices and the hospital in</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>morning of Friday, September 28th." Plan to resolve included "staff and PM will continue to monitor [client #1's] skin for improvement or deterioration, administer a PRN already in place for breakdown, ensure bed rest, and notify the doctor as requested...."</p> <p>Client #1's record was reviewed on 10/31/12 at 11:55 AM. Her October, 2012 physician's orders included skin assessment daily during bathing and topical medications to use daily and as needed to address skin integrity. Nursing notes included the following: on 7/12/12 "Assessment of wounds, all have healed well, occasional pain when seated too long according to client...", on 9/27/12 wound assessment indicated, "wound appears to be healing, not open," and no drainage was noted..."Staff will follow through with protocol,"...on 10/10/12 a note indicated the pressure ulcer was healing, and on 10/29/12 a note indicated the pressure ulcers had healed. An undated Health Risk Care Plan For Skin Breakdown/Pressure Sores indicated client #1 had a daily head to toe skin assessment during her shower. If an area is found the nurse will be notified and the area will be monitored by staff until healed. There were no instructions to staff to prevent pressure ulcer development. A physician's examination</p>		<p>Greenfield do not have the proper scale for our clients, Program Manager/QDDP has contacted Shares, the day programming site for the individuals in this home, and Shares has agreed to allow Tangram to utilize its scale in order to weigh those clients in wheelchairs. Tangram will ensure that clients who have orders to be weighed monthly will be weighed at the Shares facility. Tangram is also looking into pricing of scales for individuals in wheelchairs to determine the feasibility of purchasing our own scale for all of our clients to utilize. When clients in the home have an order to have their weight documented, staff document this information on the MARS/TARS in the home. How often this is documented depends on how many times per month it is ordered to obtain each client's weight. The Program Manager/QDDP and the RN will monitor the MARS/TARS to ensure that staff are weighing said clients at the Shares facility and documenting the weight on the MARS/TARS on a timely basis and in accordance with orders received. 3. Program Manager/QDDP has contacted the pharmacy regarding the discrepancy on medication label versus the MARS/TARS. Program Manager/QDDP will have the pharmacy send an updated MARS/TARS to the home to ensure that it matches</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(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			
	<p>dated 6/18/12 to recheck pressure ulcers indicated they had healed and included for Assessment/Plan; "2 have healed one on her back now. Will lift the restrictions and can sit or lie as desired. Turn or shift positions every 2 hours." Client #1's record failed to include evidence of repositioning every 2 hours.</p> <p>The PM was interviewed on 11/7/12 at 3:45 PM and indicated there was no further evidence of a protocol to prevent pressure ulcers or of evidence client #1 was repositioned every 2 hours. She indicated client #1 was assessed daily in shower for skin integrity issues, but the protocols for client #1 to be repositioned every 2 hours and for bed rest were in place to address pressure ulcers after they developed.</p> <p>2. Client #1's record was reviewed on 10/31/12 at 11:55 AM. Her October, 2012 physician's orders included "weight and record monthly." A nutritional assessment dated 1/18/12 indicated client #1 weighed 129 pounds in 11/11. A 4/20/12 nutritional assessment indicated recommend obtain weight, and on 7/20/12 Not current wt (weight) available. Recommend obtaining wt." A physician's examination dated 6/18/12 to recheck pressure ulcers indicated "unable to obtain weight." There was no evidence</p>		<p>the medication label and will work with staff to check the MARS/TARS from the pharmacy in the future to ensure that it matches all medications. On a monthly basis, when medications are received from the pharmacy, staff will check the MARS/TARS against the medication labels and the physicians' orders to ensure that all match. Additionally, Tangram's RN signs the physicians' orders to document her review. Tangram's Program Manager/QDDP will also initial the MARS/TARS after her review to ensure all documentation matches.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
---	---

(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
	<p>in the record of weights recorded for client #1 since November, 2011.</p> <p>Client #3's record was reviewed on 10/31/12 at 11:20 AM. Her October, 2012 physician's orders dated 10/31/12 indicated "weight and record monthly." A 9/19/12 nutritional assessment indicated an order to weigh monthly, "0 wt for past several months and 0 documentation that she refused wt." Interventions included recommend clarifying potassium restrictions. A nutritional assessment note dated 4/20/12 indicated a reduced potassium diet was added in 2/2012. There was no evidence in the record of a weight for client #3 since November, 2011.</p> <p>The PM was interviewed on 10/31/12 at 2:42 PM and indicated it had been difficult to find a way to weigh clients who used wheelchairs for mobility and the facility was still in the process of finding a way to weigh the clients.</p> <p>3. During the administration of medication on 10/31/12 at 7:05 AM, client #3 was given 2 tabs of Levetiraceta (seizures) 500 mg (milligrams) by staff #6. The label indicated she was to receive the medication in the evening.</p> <p>The MAR and physician's orders for</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>October, 2012 were reviewed on 10/31/12 at 7:30 AM and indicated she was to receive Levetiraceta 2 tabs at 7:00 AM and 9:00 PM. Physician's orders indicated she was to receive 2 tabs at 7:00 AM and 9:00 PM.</p> <p>Staff #6 was interviewed on 10/31/12 at 7:46 AM and indicated medication labels should match the MAR, and indicated the discrepancy on the label should be reported to the pharmacy. He indicated he had not previously noted the discrepancy between the label and the MAR.</p> <p>9-3-6(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
W0340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>Based on record review and interview, the facility nursing services failed for 1 of 3 sampled clients (client #2), and for 2 additional clients (clients #4 and #6) to implement training to administer medications per physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable incidents were reviewed on 10/31/12 at 10:28 AM and included the following medication errors:</p> <p>For client #2: a report dated 7/21/12 indicated client #2 grabbed another client's (client not identified) medication and took it after staff had dispensed client #2's medication and put it aside when client #2 didn't come for the medication within 10 minutes and staff then dispensed another client's medication. The report indicated staff were being re-trained on medication administration. A report dated 8/14/12 indicated client #2 did not take her medication prescribed for 5:00 PM (medication type not indicated).</p>	W0340	<p>The SGL nurse training for entire Greenbrook staff was in July 2012. Program Manager/QDPP reviewed proper medication administration during several team meetings and has also covered the six (6) rights to medication administration with staff after errors occurred. SGL nurse also provided the six (6) rights to medication administration with staff. SGL nurse provided one-on-one training during October for the staff with medication errors. One of the staff responsible for the medication errors has already attended new hire orientation Core A training for updated review. Program Manager/QDPP will ensure that other staff responsible for medication errors be re-trained in accordance with agency policies on medication administration. Additionally, a buddy checklist has been put into place where staff that did not pass medications overlooks MARS/TARS and bubble packs to review another staff person's administration to ensure administration is completed safely</p>	12/07/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>The report indicated there was miscommunication between staff causing the error, and a system to prevent errors was being implemented. A report dated 10/13/12 indicated staff had forgotten to bring client #2's noon medication Pentasa (bowel medication) during an all day outing. The report indicated the Program Manager (PM) had addressed the staff regarding the error to adhere to the policy and procedures of the facility. On 10/18/12 client #2 was not given Zyprexa (anti-psychotic), Lamotrigine (anticonvulsant), and Mirtazapine (antidepressant) at 9:00 PM on October 17th. Staff were retrained, and a training for all staff regarding medication administration by the nurse was being scheduled.</p> <p>For client #4: a report dated 2/18/12 indicated client #4's vitamin D was not delivered with the monthly medication delivery. A report dated 10/2/12 indicated client #4 was given 500 mg (milligrams) of Metformin (diabetes) instead of 1000 mg as ordered. The report indicated staff were contacted regarding the error and explained the importance of proper medication administration.</p> <p>For client #6: A report dated 12/7/11 indicated client #6 received another</p>		and per orders.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>client's medications (not identified). The medications included Lomotil (diarrhea) 5 mg, Lamotrigine 20 mg, Mitrazapine 30 mg, and Pentasa 250 mg. The report indicated the staff would be retrained on administration of administration. A report dated 12/30/11 indicated client #6 was given a PRN (as needed) of 1 mg Ativan for anxiety. The report indicated client #6 was to be given Ativan for panic attacks, not anxiety. A review of the controlled medication count sheet indicated there were 4 Lorazepam tablets missing, and were unaccounted for after interview of all staff working in the home.</p> <p>The Director of Compliance and Risk Management was interviewed on 10/30/12 at 12:10 PM and indicated staff had been retrained on the administration of medication and the nurse was going to complete further training to reduce medication errors at the group home. She indicated staff who had made errors in the administration of medication had not demonstrated competency in the training they had received.</p> <p>9-3-6(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2), and for 2 additional clients (clients #4 and #6) to administer medications per physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable incidents were reviewed on 10/31/12 at 10:28 AM and included the following medication errors:</p> <p>For client #2: a report dated 7/21/12 indicated client #2 grabbed another client's (client not identified) medication and took it after staff had dispensed client #2's medication and put it aside when client #2 didn't come for the medication within 10 minutes and staff then dispensed another client's medication. The report indicated staff were being re-trained on medication administration. A report dated 8/14/12 indicated client #2 did not take her medication prescribed for 5:00 PM (medication type not indicated). The report indicated there was miscommunication between staff causing the error, and a system to prevent errors was being implemented. A report dated</p>	W0368	<p>The SGL nurse training for entire Greenbrook staff was in July 2012. Program Manager/QDPP reviewed proper medication administration during several team meetings and has also covered the six (6) rights to medication administration with staff after errors occurred. SGL nurse also provided the six (6) rights to medication administration with staff. SGL nurse provided one-on-one training during October for the staff with medication errors. One of the staff responsible for the medication errors has already attended new hire orientation Core A training for updated review. Program Manager/QDPP will ensure that other staff responsible for medication errors be re-trained in accordance with agency policies on medication administration. Additionally, a buddy checklist has been put into place where staff that did not pass medications overlooks MARS/TARS and bubble packs to review another staff person's administration to ensure administration is completed safely and per orders.</p>	12/07/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
---	---

(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
	<p>10/13/12 indicated staff had forgotten to bring client #2's noon medication Pentasa (bowel medication) during an all day outing. The report indicated the Program Manager (PM) had addressed the staff regarding the error to adhere to the policy and procedures of the facility. On 10/18/12 client #2 was not given Zyprexa (anti-psychotic), Lamotrigine (anticonvulsant), and Mirtazapine (antidepressant) at 9:00 PM on October 17th. Staff were retrained, and a training for all staff regarding medication administration by the nurse was being scheduled.</p> <p>For client #4: a report dated 2/18/12 indicated client #4's vitamin D was not delivered with the monthly medication delivery. A report dated 10/2/12 indicated client #4 was given 500 mg (milligrams) of Metformin (diabetes) instead of 1000 mg as ordered. The report indicated staff were contacted regarding the error and explained the importance of proper medication administration.</p> <p>For client #6: A report dated 12/7/11 indicated client #6 received another client's medications (not identified). The medications included Lomotil (diarrhea) 5 mg, Lamotrigine 20 mg, Mirtazapine 30 mg, and Pentasa 250 mg. The report</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER TANGRAM INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140		
(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	
	<p>indicated the staff would be retrained on administration of administration. A report dated 12/30/11 indicated client #6 was given a PRN (as needed) of 1 mg Ativan for anxiety. The report indicated client #6 was to be given Ativan for panic attacks, not anxiety. A review of the controlled medication count sheet indicated there were 4 Lorazepam tablets missing, and were unaccounted for after interview of all staff working in the home.</p> <p>The Director of Compliance and Risk Management was interviewed on 10/30/12 at 12:10 PM and indicated staff had been retrained on the administration of medication and the nurse was going to complete further training to reduce medication errors at the group home.</p> <p>9-3-6(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(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			
W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation, record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure she wore her glasses as prescribed.</p> <p>Findings include:</p> <p>During the observation periods on 10/30/12 from 1:25 PM until 3:05 PM, from 4:45 PM until 5:46 PM, and on 10/31/12 from 6:38 AM until 8:09 AM, client #2 did not wear glasses and was not prompted to wear her glasses.</p> <p>Client #2's records were reviewed on 10/31/12 at 12:53 PM. A vision examination dated 7/12/12 indicated she had been prescribed new glasses.</p> <p>The Program Manager was interviewed on 10/31/12 at 2:51 PM. She indicated she thought client #2 was to wear her glasses for reading. She indicated staff #4 would check with the doctor to check.</p> <p>Staff #4 was interviewed on 10/31/12 at</p>	W0436	<p>All staff have been notified that this client's prescription was no longer for reading glasses but recommended for everyday use. Staff confirmed this with Doctor's office while surveyor was present. Staff has encouraged client and she has worn them each day since.</p> <p>Tangram's Program Manager/QDDP will ensure that staff are aware of any adaptive equipment and staff will be trained appropriately depending on that equipment. Program Manager/QDDP will document any trainings on a training record. Additionally, Program Manager/QDDP will document any new or changes to existing adaptive equipment in an email to staff to ensure that they receive the information in writing. Program Manager/QDDP holds monthly team meetings at the home. This information will also be discussed at these meetings, and Program Manager/QDDP will document any information discussed in the meeting in her meeting notes/minutes.</p>	11/30/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
---	---

(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
	<p>3:10 PM. She indicated she checked with client #2's eye doctor and indicated client #2 was to wear glasses full time.</p> <p>9-3-7(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(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			
W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on interview and record review for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) living in the group home, the facility failed to ensure evacuation drills were conducted every ninety (90) days for each shift of personnel.</p> <p>Findings include:</p> <p>The facility evacuation drills for clients #1, #2, #3, #4, #5 and #6 were reviewed on 10/31/12 at 11:15 AM and indicated the following:</p> <p>Evacuation drills for first shift personnel were completed on 10/27/11 at 8:00 AM and not again until 4/1/12 at 6:00 AM.</p> <p>There were no evacuation drills recorded for second shift personnel in January, February, March, April, May, June, July, August, 2012.</p> <p>The Program Manager indicated on 11/8/12 at 3:45 PM there were no additional evacuation drills to available to</p>	W0440	<p>Program Manager/QDPP has evacuation calendar posted in office to organize when drills are to be performed. Program Manager/QDPP monitors to ensure that each are being done. Drill forms are being completed as well as an evacuation assessment for staff to assess each drill and how it may need to be improved upon. These drills have been done as scheduled for the months of August, September, October, weather drill October, and November since these have been put into use.</p>	11/30/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
---	---

(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
	review. 9-3-7(a)			