

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G346	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2015
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 N NICHOLS AVE SALEM, IN 47167
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 24 and 25, 2015.</p> <p>Facility Number: 000862 AIM Number: 100385670 Provider Number: 15G346</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0249 Bldg. 00	<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 (#2 and #3), the facility failed to implement the clients' mealtime protocols effectively to prevent choking risk.</p>	W 0249	<p>W249</p> <p>Corrective Action: The group home manager held a meeting with all staff and retrained them on the correct procedure for mealtime protocols with all clients and the guidelines for implementing the dining</p>	07/25/2015

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>Findings include:</p> <p>Observations were conducted at the facility on 6/25/15 from 6:05 AM until 7:45 AM. Client #2 was observed to eat breakfast at a table with his peers. Staff #2 did not sit with clients. Staff #2 stood behind the kitchen island and client #2 was seated at the dining area table with his back to staff #2. Client #2 ate oatmeal cereal with a small spoon rapidly. He did not hesitate between bites or take sips of fluids between bites of food. Client #2 did not swallow before taking more food. Client #3 ate after the other clients were finished. He ate toast with jelly and oatmeal. Staff #3 sat with client #3 but not for the entire meal. Client #3 did not have staff sit beside him during the entire meal. Client #3 did not cut up his toast. He folded the toast slice over and consumed it sandwich style.</p> <p>Review of client #2's record was completed on 6/25/15 at 8:40 AM. The record contained a dining plan dated 1/16/14 by the facility's RN. The plan indicated client #2 was at risk for choking due to be edentulous and eating too fast. The plan indicated staff were to supervise him at meals and snacks. Client #2 was to eat slowly, use small utensils and swallow after each bite before taking additional bites of food. He was to take</p>		<p>plans including any choking risks procedures for clients' #2 and #3. To protect other clients all group home managers have been advised to retrain their staff on the correct procedures for implementing the dining plans, choking risks, and procedures for any other mealtime practices of their clients. Training records completed on this matter will be sent to the residential director for review by correction date.</p> <p>To prevent recurrence the group home manager will do scheduled daily observations of the staff during meal times for 30 days, to ensure that the dining plans and all mealtime protocols are being implemented by the staff. The manager will carry out unannounced visits during meal times thereafter. An annual staff meeting given by the home managers will be held to review all dining plans and mealtime protocols of the clients. The IDT team, which will include the facilities' nurse, will review and update all dining plans annually to ensure that they are in compliance with the needs of the clients. All new staff will be trained in orientation on the correct procedures for following the dining plans, choking risks, and the protocol for meal time with the clients.</p> <p>To safeguard that the dining plans are being implemented by the staff, the group home managers will do unannounced visits during</p>		

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	<p>small sips of fluids while eating. "Staff will sit next to [client #2] while he is eating and drinking. Staff may softly touch [client #2's] hand or arm and suggest (to) him to take small bites and finish chewing food that is in his mouth before taking another bite."</p> <p>Review of client #3's record was completed on 6/25/15 at 9:10 AM. The record contained a dining plan dated 5/18/14 by the facility's RN. The plan indicated client #3 was at risk for choking. The plan indicated staff were to supervise him at meals and snacks. Client #3 was to eat slowly, use small utensils and swallow after each bite of food. Client #3 was to chew one bite at a time before taking another bite of food. He was to take small sips of fluids between bites. "Staff will sit next to [client #3] while he is eating and drinking."</p> <p>Interview with staff #4 on 6/25/15 at 9:30 AM indicated staff should sit with clients #2 and #3 to ensure compliance with meal protocols due to their risk of choking.</p> <p>9-3-4(a)</p>		<p>mealtimes. These visits will include various days and times to ensure that all staff are carrying out the correct procedures. If any staff are found to be deficient in following the clients' dining plans and mealtime protocols, additional training will be given or disciplinary action may be given to that staff if warranted. Responsible parties will include the group home manager and IDT team.</p>		

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 2 additional clients (#5 and #6), the facility failed to ensure clients participated in meal preparation and family style dining according to their capabilities.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/25/15 from 6:05 AM until 7:45 AM of clients #1, #2, #3, #4, #5 and #6's breakfast. Staff #2 set the breakfast tables with place settings and utensils. Staff #2 poured apple juice and coffee for the clients.</p> <p>Staff #2 prepared hot oatmeal, placed it into serving bowls on the kitchen counter and added syrup for flavoring. Staff #2 prepared toast and spread jelly upon the slices and placed them on napkins on the kitchen counter. Staff #2 did not sit with clients. Staff #2 stood behind the kitchen</p>	W 0488	<p>W488 Corrective Action: The group home manager held a meeting with all staff on instruction and guidance with clients in a manner that is consistent with their developmental level. This training with staff included the correct procedures for training and direction with clients in the preparation and serving of meals. To protect other clients all group home managers have been directed to retrain their staff on the correct procedure of training and guidance with clients while doing meal preparation and the serving of meals. Training records on this material will be sent to the residential director for review by correction date. To prevent recurrence the group home managers will do an annual training with staff to cover the correct procedures on including instruction with the clients' during the meal preparations and the serving of the meals based on their developmental levels. All new staff will be trained in</p>	07/25/2015

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	<p>island as clients #1, #2, #5, and #6 helped themselves to the prepared oatmeal and toast and ate at the dining area table. Client #4 obtained dry cereal and made himself a bowl of cereal with milk and ate the prepared toast. Client #3 sat at a table alone and ate the prepared oatmeal, toast, coffee and apple juice. Clients did not participate in the preparation of the oatmeal and toast. Clients did not set the tables or pour juice or coffee.</p> <p>Interview with professional staff #1 and staff #4 on 6/25/15 at 9:30 AM indicated staff should involve clients in the meal preparation and setting of the dining room table. The interview indicated it was an expectation of the facility to offer training and guidance with clients in family style dining and meal preparation activities.</p> <p>9-3-8(a)</p>		<p>orientation on the correct procedures for instruction and guidance of the clients during meals. To ensure that the procedure to include training with the clients' are being implemented by the staff, the group home managers will do unannounced visits and observations during meal times. These observations will include various days and times to ensure that all staff are carrying out the correct procedures of having clients actively involved in mealtime preparation and the serving of meals, based on their developmental abilities. If any staff are not including the instruction with clients in the mealtime procedures, additional training will be given to that staff. Responsible party will include the group home manager.</p>		