

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G259	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 512 W GREEN BUTLER, IN 46721
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(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: September 4, 5, 6, and 7, 2012.</p> <p>Facility number: 000779 Provider number: 15G259 AIM number: 100234960</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 9/10/12 by Tim Shebel, 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.

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W0362	<p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 3 of 3 sampled clients, (clients #1, #2 and #3) to provide evidence the pharmacist reviewed their medications on a quarterly basis.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/6/12 at 10:49 A.M.. Client #1's physician's order (PO) dated for 8/2012 indicated client #1 was prescribed medications including medications to treat depression, high blood pressure and hormone therapy. At the top of the PO included a typed statement,, "A drug regimen review for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #1's medications.</p> <p>Client #2's record was reviewed on 9/6/12 at 11:55 A.M.. Client #2's PO dated for 8/2012 indicated client #2 was prescribed medications including medications to treat constipation, incontinence and birth control. At the top of the PO included a typed statement,, "A drug regimen review</p>	W0362	<p>W 362 A pharmacist with input from the IDT reviews the drug regimen of each client at least quarterly. System to prevent recurrence: The QA Team reviewed this issue and it was brought to the team's attention that the current procedure had been used since 2010; however, it is felt that the current system does not provide a clear trail for review. The pharmaceutical company contracted by the Agency has agreed to use the new form provided by the Agency for future drug regimen reviews. Working with the pharmacist, the IDT developed a form which reflects the scope of the review performed by the pharmacy provider. The use of this form will provide a clearer paper trail of reviews. 1. A "Drug Regimen Review" is created to track reviews in a clear and consistent manner. Completed: 08/30/2012 Responsible: CEO, IDT, Pharmacist 2. The pharmacy provider is contacted and agrees to use the new form on a quarterly basis starting with the quarter which begins 09/01/2012. Completed: 08/31/2012 Responsible: CEO</p>	09/10/2012			

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	<p>for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #2's medications.</p> <p>Client #3's record was reviewed on on 9/6/12 at 12:31 P.M.. Client #3's PO dated for 8/2012 indicated client #3 was prescribed medications including medications to treat depression, dementia and pain management for Multiple Sclerosis. At the top of the PO included a typed statement,, "A drug regimen review for this patient has been performed by the pharmacist with no potential problems found unless noted." There was no further evidence of a signature or date to indicate a pharmacist's review of client #3's medications.</p> <p>The Residential Director (RD) was interviewed on 9/6/12 at 1:20 P.M.. The RD stated "The pharmacist will now be coming to the our office to review the client's records on a quarterly basis. This is scheduled to begin later in September." The RD indicated she was aware the pharmacist needed to review, sign and date each client's record at least quarterly.</p> <p>9-3-6(a)</p>				

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