

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G189	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/03/2015
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NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 S COLLEGE ST ROCKVILLE, IN 47872
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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
W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: November 30, December 1, 2, 3, 2015</p> <p>Provider Number: 15G189 Aims Number: 100248840 Facility Number: 000721</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/14/15.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 1 of 4 incidents reviewed for allegations of abuse/neglect (client #1).</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 12/1/15 at 1:45p.m. A reportable incident report, dated 8/13/15, indicated a facility staff (#5) was</p>	W 0154	<p>On December 31, 2015 – During the Adult Division Management Meeting – The Director of Adult Services and Quality Assurance will review and train the adult management team on the following components of the C.A.R.S. Investigation Policy & Procedure (1) Incidents that require mandated investigations (2)Investigation procedure (3) Staff / Clients / Witnesses that are to be interviewed during the investigation process (4) Time</p>	12/31/2015

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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W 0325 Bldg. 00	<p>inpatient with client #1. Staff #5 was assisting clients off the facility van when client #1 refused to exit the van. The report indicated staff #5 pulled client #1 off the van by her legs. The report indicated staff #5 was terminated for this inappropriate client interaction. The facility's 8/13/15 investigation did not have documented interviews for all the staff involved and had no documented client interviews.</p> <p>Professional staff #1 was interviewed on 12/2/15 at 11:20a.m. Staff #1 indicated there were no other documented staff/client interviews for the 8/13/15 investigation. Staff #1 indicated the facility should have interviewed and documented all staff involved and clients for the 8/13/15 incident.</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(iii) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled</p>	W 0325	<p>frame of an investigation(5) Record keeping during the investigation process (6) Completing the investigation report Effective Immediately – the Director of Adult Services will review all incident reports. As deemed appropriate, the Director will assign one Management team member to initiate an investigation. The Director and investigator will review and discuss components of the investigation as mentioned above. The Director and investigator will also review and discuss which specific staff, clients and/or witnesses are to be interviewed for the investigation. If a staff person, client and/or witness is not able to be interviewed – the investigator will document the reasoning on the final investigation report. The Director of Adult Services will review all final investigation reports to verify the investigation and the final report has been completed appropriately as well as initiating any needed follow-ups as a result of the investigation.</p> <p>On December 10, 2015 – Client #2's Dilantin level (labs) were</p>	12/11/2015			

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	<p>clients (#2) to ensure client #2 received routine laboratory examinations as ordered by his physician.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 12/2/15 at 10:07a.m. Client #2's 8/26/15 physician's orders indicated the physician (Neurologist) recommended Dilantin levels (labs) to be done in 9/15. The Neurologist indicated he wanted to be called if the lab results were over 20. The most recent documented Dilantin labs were done on 6/15/15. There was no documentation of any Dilantin labs completed since the 8/26/15 physician order.</p> <p>Staff #2 (nurse) and staff #1 were interviewed on 12/2/15 at 11:20a.m. Staff #2 indicated the most recent documented Dilantin labs for client #2 were dated 6/15/15. Staff #1 indicated client #2 should have had labs done during 9/15 per the physician's orders.</p> <p>9-3-6(a)</p>		<p>completed. Lab results were was less than 20. Effective Immediately – C.A.R.S. Agency Nurse will continue to utilize and update a medical database to keep track of resident's exams and labs. Agency Nurse will work closely with the Senior Residential Manager and the Med Runner to ensure labs and exams are being scheduled and completed in a timely manner as ordered by the physician. Effective Immediately – Each quarter during Quality Assurance reviews, the QA will review each client's Medical File to review High Risk Plans, Physician's Orders, Vision-Hearing-Dental Exams, Pharmacy Reviews, Labs, etc. The QA will note in a formal report of any inconsistencies with the resident's Medical File. Inconsistencies may include but it not limited to: staff training sheets are not filed / TB test is outdated / Vision-Hearing-Dental exam is outdated /Labs are outdated / etc. Upon completion of the QA Review – this report will be sent to the appropriate IDT member – Director, Senior Residential Manager, QIDP, Agency Nurse and Med Runner so that any inconsistencies can be followed up on and taken care of immediately.</p>	