

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G457		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/28/2013	
NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - B ST				STREET ADDRESS, CITY, STATE, ZIP CODE 4412 S B ST RICHMOND, IN 47374			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: August 16, 19, 20, 23 and 28, 2013.</p> <p>Facility Number: 000971 Provider Number: 15G457 AIMS Number: 100244800</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/9/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure the confidentiality of the clients' medical information.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of the medication pass on 8/20/13 between 6 AM and 8 AM. During this time, staff #2 dispensed client #1's, #3's, #4's, #5's, #6's and #7's medications from their individual (PPMEs) Pharmacy Packaged Mediation Envelopes.</p> <p>___At 6:05 AM client #7 received Levothyroxine (for hypothyroidism).</p> <p>___At 6:58 AM client #4 received Diltiazem (for hypertension) and Tamsulosin (for urinary issues).</p> <p>___At 7:08 AM client #3 received Aspirin (for circulatory problems), Colace (stool softener), Paxil (for behavior modification), Metformin and Januvia (to control blood sugar), Metoprolol, Hydralazine and Clonidine (to control hypertension), and Levothyroxine.</p> <p>___At 7:15 AM client #6 received</p>	W000112	<p>In reference to the personal information on the client medication packets not being destroyed the correction is as follows. McSherr policy is that all clients records are kept confidential and all standard policies and procedures are in place. Destruction of medication packets via document shredders has been implemented and all staff have been trained to use this. In the event where a shredder isnot available the medication packets will be placed in a sealed envelope and returned to pharmacy for their destruction. Pharmacy services will be available weekly for the destruction of med packets. Monitoring System: Home management Team will observe a minimum of 2 med passes a month to ensure proper destruction of confidential information. Persons Responsible: Direct care Staff, Home Manager, Nurse, Contracted Pharmacy.</p>	09/16/2013	

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	<p>Amlodipine Besylate (for hypertension), Calcium, Colace, Prilos (for acid reflux), Theragran (a multi-vitamin), Lamotrigine and Levetiracetam (for seizures) and Metoprolol.</p> <p>__At 7:23 AM client #5 received Oxybutynin (for an overactive bladder), Digoxin (to regulate the heart rhythm), Pepcid (an antacid), a fiber laxative, Calcium, Colace, Haldol, Haloperidol and Latuda (antipsychotic medications).</p> <p>__At 7:29 AM client #1 received Vitamin D, Oxybutynin, Levetiracetam (for seizures) and Calcium.</p> <p>__At 7:35 AM client #7 received Lexapro and Zyprexa (for behavior modification), Loxapine (an antipsychotic), Colace, Tegretol (an anticonvulsant), Vitamin D, Reglan (for heartburn), Benazepril, Amlodipine and Atenolol (for hypertension) and Benztropine (for muscle spasms).</p> <p>After dispensing and giving each client their medications, staff #2 took an ink pen and scribbled through each client's name on the PPME and handed the empty packets to this surveyor. Client #1's, #3's, #4's, #5's, #6's and #7's names, medications, dosages and times were visible on each PPME.</p> <p>Interview with staff #2 on 8/20/13 at 7:45 AM indicated the staff were instructed to</p>			

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	<p>mark through the client's names on the PPMEs with an ink pen, tear the packets near the clients' names and then throw the PPMEs in the group home trash can. Staff #2 indicated even after marking through each client's name with an ink pen, the clients' names were still visible along with the name of the medication the client took, dosage and time.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/20/13 at 2 PM indicated the staff had been instructed to mark out the clients' names after administering each medication. The QIDP indicated the PPME were made of a type of cellophane/plastic material and a marker and/or an ink pen did not black out the clients' names completely. The QIDP stated, "Maybe we need to look into something else."</p> <p>9-3-1(a)</p>				

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 4 sample clients (#2, #3 and #4) and 2 additional clients (#5 and #8), the facility neglected to implement its policy and procedures to ensure all allegations of client to client abuse were thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/16/13 at 1:30 PM. The facility's BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 6/5/13 at 9:55 AM client #4 was sitting next to client #5 doing an activity. Client #5 told client #4 that he smelled bad and needed to go to the restroom. Client #5 then pushed client #4 and slapped him on his left arm several times.</p> <p>On 6/4/13 at 3:33 PM while standing in front of the facility van, client #5 smacked client #4 in the back and stated, "Hurry up and move your a-- and get in there."</p> <p>On 12/24/12 at 11:35 AM client #8 was at the workshop during the lunch break</p>	W000149	<p>All client to client abuse will be reported to the QIDP immediately by telephone. The # is in the home. The QIDP will report this to the House Manager/ Residential Director and will investigate all client to client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the home manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Compliance is achieved by the House Manager or designee checking the Incident folder daily where staff are to place the Incident Reports once completed. The Manager then determines who to notify next and proceeds with the investigation when necessary. ie. QIDP, Social Worker, Nurse. Any allegations of client to client abuse will be reviewed by the IDT monthly. The QIDP Will review the client behavioral data and daily notes at a minimum of 2 times per month to assure there are no incidents</p>	09/30/2013	

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	<p>when she kicked a peer in the ankle and leg. The peer became upset about this and kicked client #8 in the leg. The staff intervened and separated the clients.</p> <p>On 11/30/12 at 3:15 PM client #3 slapped client #2 in the face.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/20/13 at 2 PM indicated client to client abuse was only investigated if there was a significant injury and/or the incident was not closed out of BQIS (Bureau of Quality Improvement Services). The QIDP indicated the incidents of client to client abuse reported on 6/5/13, 6/4/13, 12/24/12 and 11/30/12 were not investigated.</p> <p>Review of the undated facility policy "Abuse, Neglect and Exploitation" on 8/16/13 at 2 PM indicated abuse to be defined as "Any act that constitutes a violation of the prostitution or criminal sexual conduct statutes, the non-therapeutic conduct that produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct that produces or could reasonably be expected to produce emotional distress...." The policy indicated client abuse/neglect and/or exploitation is reported to the SW (Social</p>		<p>that were overlooked and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT</p>				

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	<p>Worker) or designee. The SW or the designee reviews the report and conducts an initial investigation. Upon completion of the investigation, the SW "informs the Residential Director and/or the CEO (Chief Executive Officer) of the initial investigation results."</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 4 of 4 allegations of client to client abuse for clients #2, #3, #4, #5 and #8, the facility failed to provide evidence an investigation was conducted.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/16/13 at 2 PM. The facility's BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 6/5/13 at 9:55 AM client #4 was sitting next to client #5 doing an activity. Client #5 told client #4 that he smelled bad and needed to go to the restroom. Client #5 then pushed client #4 and slapped him on his left arm several times.</p> <p>On 6/4/13 at 3:33 PM while standing in front of the facility van, client #5 smacked client #4 in the back and stated, "Hurry up and move your a-- and get in there."</p> <p>On 12/24/12 at 11:35 AM client #8 was at the workshop during the lunch break when she kicked a peer in the ankle and leg. The peer became upset about this and</p>	W000154	<p>The House Manager will report all client to client abuse to the QIDP immediately by telephone. The # is in the home. The QIDP will report this to the Residential Director and will investigate all client to client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the Home Manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Monitoring System: Compliance is achieved by the House Manager or designee checking the Incident folder daily. The incident folder contains the Incident Reports completed by the Direct Care Staff which gives details of client to client abuse. The Manager then notifies the QIDP and investigation is started immediately. All investigations of client to client abuse will be reviewed by the IDT monthly. The QIDP will review the client behavioral data and daily notes a</p>	09/30/2013	

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	<p>kicked client #8 in the leg. The staff intervened and separated the clients.</p> <p>On 11/30/12 at 3:15 PM client #3 slapped client #2 in the face.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/20/13 at 2 PM indicated client to client abuse was only investigated if there was a significant injury and/or the incident was not closed out of BQIS (Bureau of Quality Improvement Services). The QIDP indicated the incidents of client to client abuse reported on 6/5/13, 6/4/13, 12/24/12 and 11/30/12 had not been investigated.</p> <p>9-3-2(a)</p>		<p>minimum of 2 times per month to assure there are no incidents that have been overlooked and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT</p>		

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to assess the clients' work interests and present and future employment options/goals.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/20/13 at 10 AM. Client #1's CFA (Comprehensive Functional Assessment) of 1/31/13 indicated a vocational assessment. The assessment did not indicate client #1 was assessed in regard to work interests and present and future employment options/goals.</p> <p>Client #2's record was reviewed on 8/20/13 at 9 AM. Client #2's CFA of 9/18/12 indicated a vocational assessment. The assessment did not indicate client #2 was assessed in regard to work interests and present and future employment options/goals.</p> <p>Client #3's record was reviewed on 8/20/13 at 1 PM. Client #3's CFA of 10/1/12 indicated a vocational assessment. The assessment did not indicate client #3 was assessed in regard to work interests and present and future</p>	W000225	<p>McSherr will assess each clients work interests, their present and future employment options and goals annually and then as needed quarterly as needs, status or skills change. The Day Services Provider completes the Vocational Skills Assessment and will provide a copy to McSherr to be kept in each clients file. Monitoring Systems: The IDT will review each clients Vocational skills, concerns and needs Quarterly. The QIDP will attain a copy of the Vocational Assessment from the Day Services provider after each clients annual. The Residential Coordinator or their designee will oversee the QIDP. Persons Responsible: QIDP, IDT * In reference to client's #1,2,3 and 4 all clients Vocational needs have been evaluated and as a result of this a client has met with Voc rehab in pursuit of community employment.</p>	09/30/2013			

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	<p>employment options/goals.</p> <p>Client #4's record was reviewed on 8/20/13 at 12 PM. Client #4's CFA of 4/17/13 indicated a vocational assessment. The assessment did not indicate client #4 was assessed in regard to work interests and present and future employment options/goals.</p> <p>During interview with client #1 on 8/19/13 at 3:45 PM and again on 8/23/13 at 11:05 AM, client #1 indicated she would like to get a job in the community.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/23/13 at 2 PM indicated clients #3 and #4 did not participate in any type of paid work program. The QIDP indicated clients #1 and #2 attended the workshop and were paid by the piece. The QIDP indicated client #1's, #2's, #3's and #4's CFA/Vocational assessment did not include the clients' work interests and present and future employment options/goals.</p> <p>9-3-4(a)</p>						

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W000228	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs and the planned sequence for dealing with those objectives. Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the clients' ISPs (Individual Support Plans) failed to develop a planned sequence of objectives for the clients to be able to meet their objectives in regard to their financial needs.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 8/20/13 at 1 PM. Client #3's CFA (Comprehensive Functional Assessment) of 10/1/12 indicated client #3 was unable to identify basic coin denominations. The assessment indicated client #3 "could not carry any money, he is unable to identify it." Client #3's ISP of 10/2/12 indicated client #3 had an objective once a week to go out to a restaurant and purchase a drink.</p> <p>Client #4's record was reviewed on 8/20/13 at 12 PM. Client #4's CFA 4/17/13 indicated client #4 required staff assistance to identify basic coin denominations. Client #4's ISP of 4/16/13 indicated client #4 had an objective once a week to go to a restaurant and purchase</p>	W000228	<p>QIDP has developed objectives for the client to be able to meet their financial needs and goals. Money Management sequential objectives were revised for client #3 and #4 starting at the basic level of coin identification. All clients have the potential to be affected however all client money management objectives have been revised. Monitoring Systems: All goals are reviewed annually by the QIDP and updated as necessary to meet the client needs. The program data is reviewed monthly by the QIDP and documented in each client's chart. The Residential Coordinator will oversee the QIDP and meet quarterly to review the objectives and needs for revisions. Persons responsible: Direct Care Staff, House Manager, QIDP, Residential Coordinator</p>	09/30/2013
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	<p>a drink.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/23/13 at 2 PM indicated clients #3 and #4 were not able to identify basic coins without staff assistance. The QIDP indicated clients #3 and #4 were not able to make change and/or to make a simple purchase independently because they were not able to identify and/or understand simple coin combinations. The QIDP stated, "I just thought it was better for them if they got the reward of the drink once a week instead of having them sit down and try to identify money."</p> <p>9-3-4(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the client's ISP (Individualized Support Plan) and/or Falls Risk Plan failed to address how the staff were to supervise, monitor and assist client #2 when ambulating inside the home and while at the workshop.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/19/13 between 3:15 PM and 5:30 PM and on 8/20/13 between 6 AM and 8 AM. During both observations client #2 ambulated with an unsteady gait and used a cane for support. During the evening observation, at 3:15 PM client #2 was sitting outside on the patio and smoking a cigarette. At 3:25 PM client #2 reentered the group home via the back door of the home. Client #2 was unassisted and not supervised by the staff when he came back in from the patio. During both observations the staff did not supervise and/or monitor client #2 while client #2 ambulated within the group home.</p> <p>Observations were conducted at the</p>	W000240	<p>Client #2's fall risk plan has been revised to include level of assistance during ambulation. Client #2 is currently receiving contact guard assist during waking hours. Staff monitoring and supervision has been added to Client #2's current ISP. Staff are to provide constant supervision, and every 15 minute monitoring during leisure time in bedroom. Staff have been retrained on the updated plans listed above. Monitoring System: House Manager will supervise daily when in the home DST's performance to ensure that the Contact Guard Assist is being implemented. The QIDP and Nurse will monitor a minimum of monthly during their unannounced home visits. Staff will be retrained and counseled as applicable. All clients have the potential to be affected by this deficiency but all Risk Plans have been reviewed and updated accordingly. The House manager will be supervised by the Residential Director and CEO. Persons Responsible: DST, House Manager, QIDP, RN, Residential Director, and CEO</p>	09/30/2013	

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	<p>workshop on 8/23/13 between 11 AM and 11:30 AM. Client #2 ambulated within his work area with his cane and without staff assistance and/or staff supervision.</p> <p>Client #2's record was reviewed on 8/20/13 at 9 AM.</p> <p>Client #2's A/I (Accident/Injury) reports indicated:</p> <p>__ On 8/11/13 at 9:30 AM at the group home, client #2 "went to turn around to shut the bathroom door, didn't move leg and fell down." The report indicated after client #2 showered, the staff reported client #2 had an area of "red bruising or lacerations (small red, non-raised) dots in a horizontal pattern on the middle of the client's right side of his back and about 3 inches by 1 inch wide."</p> <p>__ On 7/6/13 at 12:30 PM client #2 lost his balance while outside on the patio and fell. The report indicated no injuries.</p> <p>__ On 6/20/13 at 5:04 PM while client #2 was getting out of the shower, he slipped on a towel and fell into the dryer. The report indicated no injuries.</p> <p>__ On 6/17/13 at 3:50 PM client #2 was in the kitchen of the group home and "turned to look to the side and twisted, tripping over his own feet." The report indicated client #2 hit his buttocks.</p> <p>__ On 6/12/13 client #2 reported to the staff that he had tripped over a chair while at work and fell to the floor. The report</p>						

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	<p>indicated client #2's knees were dark red and discolored with 3 scratches on the left knee "approx 3 inches long and red with flesh showing in the center and the other 2 are approx the size of a dime."</p> <p>__ On 6/8/13 at 6:40 PM client #2 fell while walking in his bedroom. The report indicated client #2 "walked on brace without shoes on and fell on his buttocks."</p> <p>__ On 5/23/13 at 5:55 AM while getting dressed in his bedroom, client #2 lost his balance and fell. The report indicated client #2 may have bruising and swelling to his buttocks and lower legs.</p> <p>__ On 4/3/13 at 10:20 PM while going to the bathroom, client #2 fell in the hallway of the group home. The report indicated no injuries.</p> <p>__ On 4/3/13 at 1:35 AM client #2 got up to go to the bathroom and fell "on his bottom." The report indicated client #2 was ambulating without the assistance of his cane. The report indicated no injuries.</p> <p>__ On 3/24/13 at 1:18 AM client #2 fell in his bedroom. The report indicated client #2's "right leg gave out on him and fell to floor." The report indicated no injuries.</p> <p>__ 3/18/13 at 8:15 AM client #2 fell walking from the bathroom to his bedroom. The report indicated client #2 had a 1/2 inch scratch on his right elbow.</p> <p>__ On 3/9/13 at 11:10 PM client #2 was in the dining room of the group home and</p>				

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	<p>client #2 "stood up from chair and fell backwards on to his buttocks."</p> <p>Client #2's ISP (Individualized Support Plan) of 10/19/12 indicated client #2 had "Rt (right) sided weakness of upper and lower body. His rt wrist is contracted as well as his hand closed into a fist. He is able to open hand with physical use of the other hand and can straighten fingers and then they will contract closed immediately if not held open.... He has Rt lower extremity weakness as evidenced by external rotation of Rt leg. He has Rt foot drop and difficulty taking steps strong enough to give foot clearance especially in doorways or stepping into shower. He does have a quick pace at times and needs reminders to slow down...." The ISP indicated "He requires assistance with steps; if the handrail is not on the side of his left hand he will turn around and go down backwards. He can ambulate with a cane. He has an AFO (Ankle Foot Orthosis). He would not be able to step over objects in his path but would most likely go around. He sometimes needs reminders to slow down when ambulating. He has a history of falls. He does have a risk plan for falls. He will walk away and leave his cane hanging on a chair or up against a wall and needs reminders to use it. He requires staff assistance when exiting the house</p>			

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	<p>out the patio door due to positioning of door and rail. He will wait for staff to assist. He cannot have throw type rugs in his bedroom as they are an obstacle for his ambulation. He does require guidance/physical assist on community outings due to unsteady terrain/obstacles such as curbs. He is 2 clients to one staff on community outings."</p> <p>Client #2's quarterly physician's orders of 8/13/13 indicated client #2 had diagnoses of, but not limited to, Traumatic brain injury, Arthritis, Right hemiplegia (loss of motor function) and Seizure disorder. Client #2's orders indicated client #2 was to use the shower chair for safety and "May wear AFO at hs (bedtime) to prevent cramps.</p> <p>Client #2's Revised High Risk Falls Plan of 8/13 indicated client #2 had a history of falls both inside and outside the home and "Wears an AFO due to deformity and outward turning of foot/leg. Also foot drop on the right." The plan indicated:          ___ "Use of cane at all times. If found without it, the staff will retrieve."          ___ "When going out to smoke, Staff will be in front when he exits and be behind [client #2] when he is entering the house."          ___ "Standby assistance will be given when he [client #2] is getting on and off the transport van. Staff will hold/carry his</p>						

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	<p>lunch box."</p> <p>___ "Reminders to use handrails and walk at a slow safe pace. Also tell of obstacles such as steps or uneven terrain."</p> <p>___ "[Client #2] is to use a shower chair. Staff will remain in the bathroom to assist as needed. Staff will always be within arms reach while in the shower, support his elbow as needed when standing and stay until he has completed drying off and dressing completely. Staff will clean up water spills and keep clothes/towels off of floor."</p> <p>___ "Staff will be one on one with [client #2] when getting ready for bed."</p> <p>___ "Non skid mats in and out of shower."</p> <p>___ "Bells kept in reach for alerting staff at night when needing to go to Bathroom."</p> <p>___ "[Client #5] is not to walk without his shoes or slippers. He should always have AFO on. He is to sleep in AFO, any pain or problems should be reported to nurse."</p> <p>___ "Nonskid covering will be on bottom of AFO. Straps will be checked daily to make sure in good repair."</p> <p>Client #2's ISP and/or Falls Risk Plan did not indicate how the staff were to supervise, monitor and assist client #2 throughout the day inside of the group home and while at the workshop.</p> <p>Interview with staff #2 and #3 on 8/19/13 at 4:30 PM indicated client #2 did not</p>				

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	<p>require staff supervision and or assistance while ambulating within the group home. Staff #3 stated client #2 used a cane for support and "sometimes walks too fast and we have to tell him to slow down."</p> <p>Interview with the facility RN (Registered Nurse) on 8/20/13 at 2 PM indicated client #2's risk plan indicated client #2 should have staff supervision when going in and out of the home to smoke, when getting on and off the facility van, when going out into the community and while showering. The RN indicated client #2's risk plan did not indicate how the staff were to supervise, monitor and assist client #2 throughout his day inside the home and while at the workshop.</p> <p>9-3-4(a)</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 3 of 4 sampled clients (#1, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to provide the clients medication training.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of the medication pass on 8/20/13 between 6 AM and 8 AM. During this time, staff #2 dispensed client #1's, #3's, #4's, #5's, #6's and #7's medications from their individual (PPMEs) Pharmacy Packaged Medication Envelopes.</p> <p>__At 6:05 AM client #7 received Levothyroxine (for hypothyroidism).</p> <p>__At 6:58 AM client #4 received Diltiazem (for hypertension) and Tamsulosin (for urinary issues). Staff #2 did not prompt client #4 to mark out his name on the medication packet with a back marker.</p> <p>__At 7:08 AM client #3 received Aspirin (for circulatory problems), Colace (stool softener), Paxil (for behavior</p>	W000249	<p>McSherr provides each client with a continuous active treatment program which includes medication training. The morning staff involved will be retrained to implement all medication training objectives. A post test will be given said retraining to evaluate retention of information. The home manager will observe the involved staffs performance to be witness of correction. Monitoring system- Home Manager will observe 2 medication passes each month (am and pm). Observation checklist will be reviewed quarterly by IDT members. Persons Responsible-DST, Home Manager, QIDP, IDT</p>	09/27/2013			

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	<p>modification), Metformin and Januvia (to control blood sugar), Metoprolol, Hydralazine and Clonidine (to control hypertension), and Levothyroxine. The staff did not ask client #3 to identify the medication cup.</p> <p>__At 7:15 AM client #6 received Amlodipine Besylate (for hypertension), Calcium, Colace, Prilosec (for acid reflux), Theragran (a multi-vitamin), Lamotrigine and Levetiracetam (for seizures) and Metoprolol. Staff #2 did not prompt client #6 to identify his calcium and/or tell the staff why he takes it.</p> <p>__At 7:23 AM client #5 received Oxybutynin (for an overactive bladder), Digoxin (to regulate the heart rhythm), Pepcid (an antacid), a fiber laxative, Calcium, Colace, Haldol, Haloperidol and Latuda (antipsychotic medications). Staff #2 did not prompt client #5 to identify her Calcium.</p> <p>__At 7:29 AM client #1 received Vitamin D, Oxybutynin, Levetiracetam (for seizures) and Calcium. Staff #2 did not prompt client #1 to identify her Calcium.</p> <p>__At 7:35 AM client #7 received Lexapro and Zyprexa (for behavior modification), Loxapine (an antipsychotic), Colace, Tegretol (an anticonvulsant), Vitamin D, Reglan (for heartburn), Benazepril, Amlodipine and Atenolol (for hypertension) and Benzotropine (for muscle spasms). Staff #2 did not provide</p>				

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	<p>client #7 with any medication training.</p> <p>Staff #2 did not provide clients #1, #3, #4, #5, #6 and #7 any medication training during the morning medication pass.</p> <p>Review of the facility MAR (Medication Administration Record) for August 2013 on 8/20/13 at 8:30 AM indicated the following objectives:            __ Client #1 was to identify her medication taken to strengthen her bones.            __ Client #3 was to identify a medication cup.            __ Client #4 was to mark out his name on the medication packet with a back marker.            __ Client #5 was to identify her Calcium.            __ Client #6 was to identify his calcium and tell the staff why he took it.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/20/13 at 2 PM indicated the staff were to offer clients #1, #3, #4, #5, #6 and #7 medication training at every available opportunity and at every medication administration pass.</p> <p>9-3-4(a)</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 (#2), the nursing services failed to ensure the client's ISP (Individualized Support Plan) and/or Falls Risk Plan addressed how the staff were to supervise, monitor and assist client #2 when ambulating inside the home and while at the workshop and failed to ensure the staff followed client #2's Falls Risk Plan.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/19/13 between 3:15 PM and 5:30 PM and on 8/20/13 between 6 AM and 8 AM. During both observations client #2 ambulated with an unsteady gait and used a cane for support. During the evening observation, at 3:15 PM client #2 was sitting outside on the patio and smoking a cigarette. At 3:25 PM client #2 reentered the group home via the back door of the home. Client #2 was unassisted and not supervised by the staff when he came back in from the patio. During both observations the staff did not supervise and/or monitor client #2 while client #2 ambulated within the group home.</p>	W000331	<p>Client #2's fall risk plan has been revised to include level of assistance including inside the home. Client #2 is currently receiving contact guard assist during waking hours. Staff monitoring and supervision has been added to Client #2's current ISP. Staff to provide constant supervision, and every 15 minute monitoring during leisure time in bedroom. Staff have been retrained on the updated plans listed above. Monitoring System: House Manager will routinely supervise DST's performance to ensure that the Contact Guard Assist is being implemented. Staff will be retrained and counseled as applicable. The House manager will be supervised by the Residential Director and CEO. All clients have the potential to be affected by this deficient practice however upon review of the plans none were found. Persons Responsible: DST, House Manager, QIDP, RN. Residential Director and CEO</p>	09/30/2013			

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	<p>Observations were conducted at the workshop on 8/23/13 between 11 AM and 11:30 AM. Client #2 ambulated within his work area with his cane and without staff assistance and/or staff supervision.</p> <p>Client #2's record was reviewed on 8/20/13 at 9 AM.</p> <p>Client #2's A/I (Accident/Injury) reports indicated:</p> <p>__ On 8/11/13 at 9:30 AM at the group home, client #2 "went to turn around to shut the bathroom door, didn't move leg and fell down." The report indicated after client #2 showered, the staff reported client #2 had an area of "red bruising or lacerations (small red, non-raised) dots in a horizontal pattern on the middle of the client's right side of his back and about 3 inches by 1 inch wide."</p> <p>__ On 7/6/13 at 12:30 PM client #2 lost his balance while outside on the patio and fell. The report indicated no injuries.</p> <p>__ On 6/20/13 at 5:04 PM while client #2 was getting out of the shower, he slipped on a towel and fell into the dryer. The report indicated no injuries.</p> <p>__ On 6/17/13 at 3:50 PM client #2 was in the kitchen of the group home and "turned to look to the side and twisted, tripping over his own feet." The report indicated client #2 hit his buttocks.</p> <p>__ On 6/12/13 client #2 reported to the staff that he had tripped over a chair while</p>			

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	<p>at work and fell to the floor. The report indicated client #2's knees were dark red and discolored with 3 scratches on the left knee "approx 3 inches long and red with flesh showing in the center and the other 2 are approx the size of a dime."            ___ On 6/8/1356 at 6:40 PM client #2 fell while walking in his bedroom. The report indicated client #2 "walked on brace without shoes on and fell on his buttocks."            ___ On 5/23/13 at 5:55 AM while getting dressed in his bedroom, client #2 lost his balance and fell. The report indicated client #2 may have bruising and swelling to his buttocks and lower legs.            ___ On 4/3/13 at 10:20 PM while going to the bathroom, client #2 fell in the hallway of the group home. The report indicated no injuries.            ___ On 4/3/13 at 1:35 AM client #2 got up to go to the bathroom and fell "on his bottom." The report indicated client #2 was ambulating without the assistance of his cane. The report indicated no injuries.            ___ On 3/24/13 at 1:18 AM client #2 fell in his bedroom. The report indicated client #2's "right leg gave out on him and fell to floor." The report indicated no injuries.            ___ 3/18/13 at 8:15 AM client #2 fell walking from the bathroom to his bedroom. The report indicated client #2 had a 1/2 inch scratch on his right elbow.            ___ On 3/9/13 at 11:10 PM client #2 was in</p>			

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	<p>the dining room of the group home and client #2 "stood up from chair and fell backwards on to his buttocks."</p> <p>Client #2's Quarterly Nursing Physical Exams indicated: 9/24/12 "Had 2 falls without injury this quarter." 12/12/12 "2 falls without injury this quarter."</p> <p>Client #2's ISP (Individualized Support Plan) of 10/19/12 indicated client #2 had "Rt (right) sided weakness of upper and lower body. His rt wrist is contracted as well as his hand closed into a fist. He is able to open hand with physical use of the other hand and can straighten fingers and then they will contract closed immediately if not held open.... He has Rt lower extremity weakness as evidenced by external rotation of Rt leg. He has Rt foot drop and difficulty taking steps strong enough to give foot clearance especially in doorways or stepping into shower. He does have a quick pace at times and needs reminders to slow down...." The ISP indicated "He requires assistance with steps; if the handrail is not on the side of his left hand he will turn around and go down backwards. He can ambulate with a cane. He has an AFO (Ankle Foot Orthosis). He would not be able to step over objects in his path but</p>			

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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - B ST				STREET ADDRESS, CITY, STATE, ZIP CODE 4412 S B ST RICHMOND, IN 47374			
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	<p>would most likely go around. He sometimes needs reminders to slow down when ambulating. He has a history of falls. He does have a risk plan for falls. He will walk away and leave his cane hanging on a chair or up against a wall and needs reminders to use it. He requires staff assistance when exiting the house out the patio door due to positioning of door and rail. He will wait for staff to assist. He cannot have throw type rugs in his bedroom as they are an obstacle for his ambulation. He does require guidance/physical assist on community outings due to unsteady terrain/obstacles such as curbs. He is 2 clients to one staff on community outings."</p> <p>Client #2's quarterly physician's orders of 8/13/13 indicated client #2 had diagnoses of, but not limited to, Traumatic brain injury, Arthritis, Right hemiplegia (loss of motor function) and Seizure disorder. Client #2's orders indicated client #2 was to use the shower chair for safety and "May wear AFO at hs (bedtime) to prevent cramps.</p> <p>Client #2's Revised High Risk Falls Plan of 8/13 indicated client #2 had a history of falls both inside and outside the home and "Wears an AFO due to deformity and outward turning of foot/leg. Also foot drop on the right." The plan indicated:</p>						

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	<p>___ "Use of cane at all times. If found without it, the staff will retrieve."</p> <p>___ "When going out to smoke, Staff will be in front when he exits and be behind [client #2] when he is entering the house."</p> <p>___ "Standby assistance will be given when he [client #2] is getting on and off the transport van. Staff will hold/carry his lunch box."</p> <p>___ "Reminders to use handrails and walk at a slow safe pace. Also tell of obstacles such as steps or uneven terrain."</p> <p>___ "[Client #2] is to use a shower chair. Staff will remain in the bathroom to assist as needed. Staff will always be within arms reach while in the shower, support his elbow as needed when standing and stay until he has completed drying off and dressing completely. Staff will clean up water spills and keep clothes/towels off of floor."</p> <p>___ "Staff will be one on one with [client #2] when getting ready for bed."</p> <p>___ "Non skid mats in and out of shower."</p> <p>___ "Bells kept in reach for alerting staff at night when needing to go to Bathroom."</p> <p>___ "[Client #5] is not to walk without his shoes or slippers. He should always have AFO on. He is to sleep in AFO, any pain or problems should be reported to nurse."</p> <p>___ "Nonskid covering will be on bottom of AFO. Straps will be checked daily to make sure in good repair."</p>			

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	<p>Client #2's ISP and/or Falls Risk Plan did not indicate how the staff were to supervise, monitor and assist client #2 throughout the day inside of the group home and while at the workshop.</p> <p>Interview with staff #2 and #3 on 8/19/13 at 4:30 PM indicated client #2 did not require staff supervision and or assistance while ambulating within the group home. Staff #3 stated client #2 used a cane for support and "sometimes walks too fast and we have to tell him to slow down."</p> <p>Interview with the facility RN (Registered Nurse) on 8/20/13 at 2 PM indicated client #2's risk plan indicated client #2 should have staff supervision when going in and out of the home to smoke, when getting on and off the facility van, when going out into the community and while showering. The RN indicated client #2's risk plan did not indicate how the staff were to supervise, monitor and assist client #2 throughout his day inside the home and while at the workshop. The RN indicated the staff were to follow client #2's risk plan and were to walk behind client #2 when reentering the home after going outside to smoke.</p> <p>9-3-6(a)</p>				

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W000371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to develop medication objectives that provided medication training.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 8/20/13 at 9 AM. Client #2's 8/13/13 physician's orders indicated client #2 took Omeprazole 20 mg (milligrams) a day for reflux. Client #2's physician's orders indicated client #2 took the following PRN (as needed) medications: Milk of Magnesia for constipation, Bismatrol Suspension for an upset stomach and/or diarrhea, Diphenhydramine 20 mg for nasal congestion, Loratadine 10 mg for cold/allergy symptoms, Guaifenesin syrup for cough, MI Acid Suspension for indigestion and upset stomach and Acetaminophen 650 mg for pain or fever. Client #2's CFA (Comprehensive Functional Assessment) of 9/18/12 indicated client #2 did not "self medicate." Client #2's ISP of 10/19/12 indicated staff assisted client #2 with</p>	W000371	<p>The QIDP initiated a drug administration plan for Client #2 on Sept. 3, 2013. All Clients plans were reviewed to ensure that they have a medication administration objective that provides medication training. Monitoring system: In the future, the QIDP will ensure that all clients will have a medication administration IPP in place and it will be reported at the annual IHP. All IDT members will sign off on this. All goals are reviewed annually by the QIDP and updated as necessary to meet the client needs. The program data is reviewed monthly by the QIDP and documented in each client's chart. The Residential Coordinator will oversee the QIDP and meet quarterly to review the objectives and needs for revisions. Persons Responsible: QIDP, Residential Coordinator, and IDT</p>	09/30/2013	

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	<p>medication. Client #2's ISP indicated no training objectives to assist client #2 with taking and/or identifying her medications.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/20/13 at 2 PM indicated client #2 was not independent in taking medications and required staff assistance to identify and prepare his medications.</p> <p>Email from the QIDP on 8/27/13 at 11:55 AM indicated client #2's ISP did not include any training objectives to assist client #2 with taking and/or identifying his medications.</p> <p>9-3-6(a)</p>				