

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/30/2013
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 30, October 1, 2, 4, 17 and 30, 2013.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000664 AIM Number: 100234310 Provider Number: 15G127</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 11/20/13 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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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.</p> <p>Based on record review and interview, for 6 of 20 facility investigations and reportable incidents (peer to peer sexual abuse and physical aggression) reviewed, affecting 3 of 4 sampled clients (#1, #2 and #4), the facility failed to implement policies and procedures which ensured all clients were free of neglect/abuse, failed to thoroughly investigate client to client abuse and failed to take corrective action to ensure no further episodes of neglect (failure to monitor a predatory client) occurred.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 9/30/13 at 2:00 PM and 10/01/13 at 3:00 PM. The reports indicated the following allegations of client to client sexual abuse:</p> <p>1. A BDDS report dated 5/6/13 indicated an incident report dated 5/5/13 at 8:22 AM. Client #1 alleged client #4 came into the bathroom he was cleaning and "got out his privates (sic) started to play with them and put them in his mouth." The investigation of the incident determined the "incident was falsely made" due to the "conflicting statements that [client #1] made to [House Manager #1] and [Former Quality Assurance staff]." The investigation indicated all staff and consumers present did not see client #4 go into the bathroom with client #1. Client #1 was alone and cleaning the bathroom in the back of the house beside client #4's bedroom. Staff did not have</p>	W000149	W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific) Client #1 and Client #4's assessments and current Behavior Support Plan will be reviewed and changes will be made as indicated. The residential manager and Quality Assurance will be in-serviced on the abuse/neglect/exploitation policy and procedure, reporting completion of investigations regarding allegation of client to client abuse. All staff will be in-serviced on ensuring that client #4 and client #2 are not unsupervised when they are in the same area and ensuring that client #4 and client #2 are not in each other's bedrooms. How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least five times weekly to ensure that staff is running all clients program plans as written, that client #2 and client #4 are not unsupervised when in the same area and that client #2 and client #4 are not in each other's bedrooms. The Program Manager will review incident reports and investigations weekly	11/29/2013			

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	<p>client #1 or #4 in view. Client #1 did not report the alleged incident until 11:55 PM on 5/5/13 to staff #5 because "he forgot." The report indicated chore assignments were not to be in the same area.</p> <p>2. A BDDS report dated 7/5/13 indicated client #1 reported he was in the facility's dining room alone doing a puzzle and client #4 came into the dining room and "touched his private area." Client #1 reported this alleged incident to staff on duty. No staff witnessed the alleged incident. The BDDS report indicated the House Manager, staff #1, would review the incident with the IDT (interdisciplinary team) to determine if changes needed to be made to the clients' ISPs (Individual Support Plans) or BSPs (Behavior Support Plans). A follow up report dated 7/17/13 indicated client #1 would do activities in the living room where he was more visible to staff. No investigation could be found of the 7/5/13 incident.</p> <p>3. A BDDS report dated 7/29/13 indicated an incident on 7/28/13 at 9:15 AM. Client #1 was outside the facility in the backyard. Client #1 reported to staff #4 client #4 came into the backyard and "unzipped [client #1's] pants and put [client #1's] privates into his (client #4's) mouth." The plan to resolve component of the BDDS report indicated client #1 would have one to one staffing until an investigation was completed. A follow-up report (date unknown) indicated the facility's human rights committee had met about the incident and agreed with the consulting psychiatrist that client #4's Paxil (antidepressant medication) should be increased "related to his inappropriate sexual behaviors." The report indicated "[Client #4] is not to be alone with [client #1] without staff supervision. A thorough investigation was completed which could not substantiate the allegation. [Client #1] is not to be outside or in the same room with [client #4]"</p>		<p>with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated. Measures to be put in place: Client #1 and Client #4's assessments and current Behavior Support Plan will be reviewed and changes will be made as indicated. The residential manager and Quality Assurance will be in-serviced on the abuse/neglect/exploitation policy and procedure, reporting completion of investigations regarding allegation of client to client abuse. All staff will be in-serviced on ensuring that client #4 and client #2 are not unsupervised when they are in the same area and ensuring that client #4 and client #2 are not in each other's bedrooms. Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least five times weekly to ensure that staff is running all clients program plans as written, that client #2 and client #4 are not unsupervised when in the same area and that client #2 and client #4 are not in each other's bedrooms. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated. Completion date: 11/29/13</p>				

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	<p>without being monitored."</p> <p>Interview with the house manager/HM staff #1 on 10/01/13 at 11:00 AM indicated client #4 was waiting outside for a church van to pick him up on 7/28/13. He was outside in front of the office area where staff #4 was working (the second staff had taken 2 clients to church) and was monitoring him. Client #1 was in the back yard picking up leaves. The HM indicated staff #4 did not have the backyard in view. While it was possible client #4 went to the backyard, staff #4 indicated there was not enough of a time lapse for the incident to have occurred. The interview with the HM indicated client #1 had been cleaning the bathroom beside client #4's bedroom when the alleged incident had occurred. Client #1 was never to clean in the area near client #4's bedroom; he cleaned the kitchen. The interview stated there had been a substantiated incident of sexual abuse by client #4 toward client #1 "years ago" at the facility. The clients slept on different floors of the house and client #4 had a single room. The 3 above encounters could not be substantiated but staff did not have visual supervision at the time of the alleged incidents.</p> <p>4. An investigation dated 7/22/13 indicated client #2 alleged staff #8 was teasing him and this was investigated and verbal abuse was confirmed.</p> <p>5. BDDS report of 5/6/13 indicated on 5/5/13 at 12:00 PM client #2 reported client #4 and he were arguing. Client #4 came in to client #2's bedroom (each client had a single room next to each other) and hit him on the head.</p> <p>6. On 8/29/13 at 4:00 PM, Clients #2 and #4 were in an argument and client #2 bit client #4 on his right thumb. The clients were in client #2's bedroom.</p>			

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	<p>The "Abuse/Neglect/Exploitation Policy and Procedure" revision date of 7/02/2012 component of the agency's Operational Policy and Procedure Manual was reviewed on October 01, 2013 at 2:30 PM. The review indicated the agency prohibited neglect and abuse of clients. Definitions were as follows:</p> <p>"Abuse--Physical Definition: 1. The act or failure to act, that results or could result in physical injury to an individual 2. Non-accidental injury inflicted by another person or persons."</p> <p>The definition of sexual abuse was as follows: "C Abuse--Sexual Definition: 1. The act or failure to act, that results or could result in emotional injury to an individual. 2. The act of insulting or profane language or gestures directed toward an individual that subject him or her to humiliation or degradation. 3. A non-consensual act of a sexual nature involving an individual. The act may be used for sexual gratification of the perpetrator or a third party. 4. Anyone who allows or encourages forced sexual activity."</p> <p>"E. Neglect--Emotional/Physical Definition: 1. Failure to provide goods and/or services necessary to the individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic needs such as food, shelter, clothing and to provide a safe environment."</p>			

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	<p>Interview with the Administrator on 10/1/2013 at 2:20 PM indicated it was the policy of the agency to report, investigate and implement corrective actions regarding incidents of clients' neglect and abuse. The interview indicated staff should be monitoring clients and client #2 should not be going into client #4's bedroom.</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 record review and interview, for 2 of 4 sampled clients (#1 and #4), the facility failed to thoroughly investigate alleged client to client sexual abuse.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 9/30/13 at 2:00 PM and 10/01/13 at 3:00 PM. The reports indicated the following allegation of client to client sexual abuse:</p> <p>A BDDS report dated 7/5/13 indicated client #1 reported he was in the facility's dining room alone doing a puzzle and client #4 came into the dining room and "touched his private area." Client #1 reported this alleged incident to staff on duty. No staff witnessed the alleged incident. The BDDS report indicated the House Manager, staff #1, would review the incident with the IDT (interdisciplinary team) to determine if changes needed to be made to the clients' ISPs (Individual Support Plans) or BSPs (Behavior Support Plans). A follow up report dated 7/17/13 indicated client #1 would do activities in the living room</p>	W000154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective Action: (Specific) QA and the Residential Manager will be in-serviced on abuse/neglect/exploitation policy as well as reporting all allegations of client to client abuse and the completion of thorough investigations in regards to allegations of client to client abuse. How others will be identified: (Systemic) The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated and that corrective measures are implemented and monitored for effectiveness.</p> <p>Measures to be put in place: QA and the Residential Manager will be in-serviced on abuse/neglect/exploitation policy as well as reporting all allegations of client to client abuse and the completion of thorough investigations in regards to allegations of client to client abuse. Monitoring of Corrective Action: The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client</p>	11/29/2013			

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	<p>where he was more visible to staff. No investigation could be found of the 7/5/13 incident.</p> <p>Interview was conducted with the house manager/HM staff #1 on 10/01/13 at 11:00 AM. The HM indicated client #1 had been cleaning the bathroom beside client #4's bedroom when the alleged incident had occurred. Client #1 was never to clean in the area near client #4's bedroom; he cleaned the kitchen. The interview stated there had been a substantiated incident of sexual abuse by client #4 toward client #1 "years ago" at the facility. The clients slept on different floors of the house and client #4 had a single room.</p> <p>Interview with Quality Assurance staff #9 on 10/01/13 at 3:00 PM indicated an investigation for the 7/5/13 incident of alleged peer to peer sexual aggression could not be found.</p> <p>9-3-2(a)</p>		<p>to client abuse have been reported and are thoroughly investigated and that corrective measures are implemented and monitored for effectiveness Completion date: 11/29/13</p>		

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed to ensure for 2 of 4 sampled clients (#1 and #4), to implement corrective measures (client supervision) to ensure further allegations of peer to peer sexual aggression did not happen.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 9/30/13 at 2:00 PM and 10/01/13 at 3:00 PM. The reports indicated the following allegations of client to client sexual abuse:</p> <p>1. A BDDS report dated 5/6/13 indicated an incident report dated 5/5/13 at 8:22 AM. Client #1 alleged client #4 came into the bathroom he was cleaning and "got out his privates (sic) started to play with them and put them in his mouth." The investigation of the incident determined the "incident was falsely made" due to the "conflicting statements that [client #1] made to [House Manager #1] and [Former Quality Assurance staff]." The investigation indicated all staff and consumers present did not see client #4 go into the bathroom with client #1. Client</p>	W000157	<p>W157: If the alleged violation is verified, appropriate corrective action must be taken. Corrective Action: Corrective Action: (Specific) Client #1 and Client #4's assessments and current Behavior Support Plan will be reviewed and changes will be made as indicated. The residential manager and Quality Assurance will be in-serviced on the abuse/neglect/exploitation policy and procedure, reporting completion of investigations regarding allegation of client to client abuse. All staff will be in-serviced on ensuring that client #4 and client #2 are not unsupervised when they are in the same area and ensuring that client #4 and client #2 are not in each other's bedrooms. How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least five times weekly to ensure that staff is running all clients program plans as written, that client #2 and client #4 are not unsupervised when in the same area and that client #2 and client #4 are not in each other's bedrooms. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client</p>	11/29/2013			

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	<p>#1 was alone and cleaning the bathroom in the back of the house beside client #4's bedroom. Staff did not have client #1 or #4 in view. Client #1 did not report the alleged incident until 11:55 PM on 5/5/13 to staff #5 because "he forgot." The report indicated chore assignments were not to be in the same area.</p> <p>2. A BDDS report dated 7/5/13 indicated client #1 reported he was in the facility's dining room alone doing a puzzle and client #4 came into the dining room and "touched his private area." Client #1 reported this alleged incident to staff on duty. No staff witnessed the alleged incident. The BDDS report indicated the House Manager, staff #1, would review the incident with the IDT (interdisciplinary team) to determine if changes needed to be made to the clients' ISPs (Individual Support Plans) or BSPs (Behavior Support Plans. A follow up report dated 7/17/13 indicated client #1 would do activities in the living room where he was more visible to staff.</p> <p>3. A BDDS report dated 7/29/13 indicated an incident on 7/28/13 at 9:15 AM. Client #1 was outside the facility in the backyard. Client #1 reported to staff #4 client #4 came into the backyard and "unzipped [client #1's] pants and put [client #1's] privates into his (client #4's)</p>		<p>abuse have been reported and are thoroughly investigated. Measures to be put in place: Client #1 and Client #4's assessments and current Behavior Support Plan will be reviewed and changes will be made as indicated. The residential manager and Quality Assurance will be in-serviced on the abuse/neglect/exploitation policy and procedure, reporting completion of investigations regarding allegation of client to client abuse. All staff will be in-serviced on ensuring that client #4 and client #2 are not unsupervised when they are in the same area and ensuring that client #4 and client #2 are not in each other's bedrooms. Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least five times weekly to ensure that staff is running all clients program plans as written, that client #2 and client #4 are not unsupervised when in the same area and that client #2 and client #4 are not in each other's bedrooms. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated. Completion date: 11/29/13</p>				

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	<p>mouth." The plan to resolve component of the BDDS report indicated client #1 would have one to one staffing until an investigation was completed. A follow-up report (date unknown) indicated the facility's human rights committee had met about the incident and agreed with the consulting psychiatrist that client #4's Paxil (antidepressant medication) should be increased "related to his inappropriate sexual behaviors." The report indicated "[Client #4] is not to be alone with [client #1] without staff supervision. A thorough investigation was completed which could not substantiate the allegation. [Client #1] is not to be outside or in the same room with [client #4] without being monitored."</p> <p>Interview with the house manager/HM staff #1 on 10/01/13 at 11:00 AM indicated client #4 was waiting outside for a church van to pick him up on 7/28/13. He was outside in front of the office area where staff #4 was working (the second staff had taken 2 clients to church) and was monitoring him. Client #1 was in the back yard picking up leaves. The HM indicated staff #4 did not have the backyard in view. While it was possible client #4 went to the backyard, staff #4 indicated there was not enough of a time lapse for the incident to have occurred. The interview with the HM</p>			

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	<p>indicated client #1 had been cleaning the bathroom beside client #4's bedroom when the alleged incident had occurred. Client #1 was never to clean in the area near client #4's bedroom; he cleaned the kitchen. The interview stated there had been a substantiated incident of sexual abuse by client #4 toward client #1 "years ago" at the facility. The clients slept on different floors of the house and client #4 had a single room. The 3 above encounters could not be substantiated but staff did not have visual supervision at the time of the alleged incidents.</p> <p>Interview with the Administrator on 10/1/2013 at 2:20 PM indicated it was the policy of the agency to report, investigate and implement corrective actions regarding incidents of clients neglect and abuse. The interview indicated staff should be monitoring clients.</p> <p>9-3-2(a)</p>			

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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150			
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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 record review and interview, for 1 of 4 sampled clients (#4), the facility failed to implement methodology for sexual aggression in client #4's program/behavior plans.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 9/30/13 at 2:00 PM and 10/01/13 at 3:00 PM. The reports indicated the following allegations of client to client sexual abuse:</p> <p>1. A BDDS report dated 5/6/13 indicated an incident report dated 5/5/13 at 8:22 AM. Client #1 alleged client #4 came into the bathroom he was cleaning and "got out his privates (sic) started to play with them and put them in his mouth." The investigation of the incident determined the "incident was falsely made" due to the "conflicting statements that [client #1] made to [House Manager #1] and [Former Quality Assurance staff]. The investigation indicated all staff and consumers present did not see client #4 go</p>	W000240	<p>W240: The individual program plan must describe relevant interventions to support the individual toward independence. Corrective Action: (Specific) The Behavior Support Plan of client #4 will be revised to include reactive and preventative strategies to address potential targeting of clients in unwanted sexual situations. How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least 5 times weekly to review behavior data and ensure that the behavior support plan is effective. The Program Manager will complete observations in the home at least weekly to review behavior data and ensure that the behavior support plan is effective in the prevention of targeting others in unwanted sexual situations. Measures to be put in place: The Behavior Support Plan of client #4 will be revised to include reactive and preventative strategies to address potential targeting of clients in unwanted sexual situations. Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least 5 times weekly to review behavior data and ensure that the behavior support plan is</p>	11/29/2013			

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	<p>into the bathroom with client #1. Client #1 was alone and cleaning the bathroom in the back of the house beside client #4's bedroom. Staff did not have client #1 or #4 in view.</p> <p>2. A BDDS report dated 7/5/13 indicated client #1 reported he was in the facility's dining room alone doing a puzzle and client #4 came into the dining room and "touched his private area." Client #1 reported this alleged incident to staff on duty. No staff witnessed the alleged incident. The BDDS report indicated the House Manager, staff #1, would review the incident with the IDT (interdisciplinary team) to determine if changes needed to be made to the clients' ISPs (Individual Support Plans) or BSPs (Behavior Support Plans).</p> <p>3. A BDDS report dated 7/29/13 indicated an incident on 7/28/13 at 9:15 AM. Client #1 was outside the facility in the backyard. Client #1 reported to staff #4 client #4 came into the backyard and "unzipped [client #1's] pants and put [client #1's] privates into his (client #4's) mouth." The plan to resolve component of the BDDS report indicated client #1 would have one to one staffing until an investigation was completed. A follow-up report (date unknown)</p>		<p>effective. The Program Manager will complete observations in the home at least weekly to review behavior data and ensure that the behavior support plan is effective in the prevention of targeting others in unwanted sexual situations. Completion date: 11/29/13</p>		

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	<p>indicated the facility's human rights committee had met about the incident and agreed with the consulting psychiatrist that client #4's Paxil (antidepressant medication) should be increased "related to his inappropriate sexual behaviors." The report indicated "[Client #4] is not to be alone with [client #1] without staff supervision.</p> <p>Client #4's record was reviewed on 10/01/13 at 10:00 AM. Review of client #4's 5/17/13 Behavior Action Plan/BAP indicated he had the targeted behavior of inappropriate sexual behavior, "attempting to touch or actually touching any male client's private area." The behavior was to be tracked and he received medications for the behavior. The BAP contained no guidance to staff on how to manage the client's behaviors. There were no methods addressing clients who may be targeted by client #4, no mention of how to monitor him client #4.</p> <p>Interview with the house manager/HM staff #1 on 10/01/13 at 11:00 AM indicated client #4 was waiting outside for a church van to pick him up on 7/28/13. He was outside in front of the office area where staff #4 was working (the second staff had taken 2 clients to church) and was monitoring him. Client #1 was in the back yard picking up leaves.</p>			

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	<p>The HM indicated staff #4 did not have the backyard in view. While it was possible client #4 went to the backyard, staff #4 indicated there was not enough of a time lapse for the incident to have occurred. The interview with the HM indicated client #1 had been cleaning the bathroom beside client #4's bedroom when the alleged incident had occurred. Client #1 was never to clean in the area near client #4's bedroom; he cleaned the kitchen. The interview stated there had been a substantiated incident of sexual abuse by client #4 toward client #1 "years ago" at the facility. The clients slept on different floors of the house and client #4 had a single room. The interview indicated no methods were included in the BAP to address client #4's targeting of clients in unwanted sexual situations.</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 facility's nursing services failed to ensure the client's skin integrity was monitored.</p> <p>Findings include:</p> <p>During observations at the facility on 10/1/13, client received medications from staff #2 at 7:05 AM. Staff #2 applied a cream to client #2's feet and an open area was found on client #2's left great toe. There were no directions/orders in the 11/13 MAR (Medication Administration record) to check the client's skin while the cream was applied to his feet.</p> <p>The Director of Health Services/LPN checked client #2's left great toe on 10/01/13 at 7:40 AM. The Director of Health Services also checked client #2's shoes. She observed there to be a seam in the shoe which may have caused the open area to the top of client #2's left great toe.</p> <p>Review of client #2's record on 10/01/13 at 8:15 AM indicated his diagnoses included, but were not limited to, hypertension, seasonal allergies, elevated cholesterol, history of MRSA infection</p>	W000331	<p>W331: The facility must provide clients with nursing services in accordance with their needs. Corrective Action: (Specific) The nurse and all staff will be in-serviced on the completion of body assessments at least weekly on client #2 to ensure that good skin integrity is maintained. How others will be identified: (Systemic) The Residential Manager and the Nurse will review documentation to ensure that weekly skin assessments were completed for client #2. Measures to be put in place: The nurse and all staff will be in-serviced on the completion of body assessments at least weekly on client #2 to ensure that good skin integrity is maintained. Monitoring of Corrective Action: The Residential Manager and the Nurse will review documentation to ensure that weekly skin assessments were completed for client #2. Completion date: 11/29/13</p>	11/29/2013			

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	<p>(methicillin resistant Streptococcus aureus) in April 2012, and insulin dependent diabetes mellitus (IDDM). The review indicated body assessments (of skin integrity/open areas) were to be completed at least weekly and documented on forms in his record. The review indicated the last form filled out for client #2 was dated 8/02/13 by the LPN. No body assessments were completed by facility staff after that time. There was no documentation of the open area to client #2's toe.</p> <p>Interview with staff #2 on 10/01/13 at 7:30 AM indicated facility staff were to do a skin assessment with client #2 weekly during his bath and document it on a form.</p> <p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 10/01/13 at 11:30 AM indicated the facility nurse was the last staff to document a skin integrity assessment (head to toe) with client #2 on 8/2/13 before she went on leave. The interview indicated the client's feet/lower extremities could be assessed daily when his foot cream was applied but this was not being done at the time of the survey.</p> <p>9-3-6(a)</p>						

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