

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G468	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2015
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NAME OF PROVIDER OR SUPPLIER  BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5771 E SPEED RD MILLTOWN, IN 47145
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/7/15, 12/8/15 and 12/10/15.</p> <p>Facility Number: 000982 Provider Number: 15G468 AIMS Number: 100385530</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/16/15.</p>	W 0000		
W 0247  Bldg. 00	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation and interview for 2 additional clients (#5 and #6), the facility failed to ensure clients #5 and #6 were offered the opportunity to choose their individual preferred food during the evening meal.</p>	W 0247	W247 The group home manager held a training meeting with all staff. They were retrained on offering options to clients during meal times. A memo was sent from the residential director, to all managers, to retrain their staff and to safeguard that their clients	01/09/2016

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 group home on 12/7/15 from 4:50 PM through 6:15 PM. At 5:40 PM, client #6 stated to staff #1 "I don't want any tomatoes." Staff #1 replied to client #6 "That's okay. Just don't take any when the plate is passed." At 5:53 PM, clients #5 and #6 participated in the home's family style evening meal which consisted of baked ham, beans, greens, cornbread and sliced tomatoes. Clients #5 and #6 declined their servings of sliced tomatoes, greens and beans. At 5:59 PM, staff #1 encouraged clients #5 and #6 to eat their portions of beans, greens and tomatoes. Clients #5 and #6 refused to eat their portions of tomatoes, beans or greens. Clients #5 and #6 were not offered alternative food options.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated clients #5 and #6 should be offered a choice of preferred vegetables/food.</p> <p>9-3-4(a)</p>		<p>were being offered alternatives at meal times. All staff will sign off on the memo when retrained. The memos will be sent back to the director. The group home manager will observe at least one meal a day for 5 days per week until staff are consistent in implementation. The observation will then be at least once per week.</p>				

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W 0259  Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure clients #3 and #4's Independent Skills Assessment (ISA)/Comprehensive Functional Assessment (CFA) were reviewed annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Client #3's record was reviewed on 12/8/15 at 12:20 PM. Client #3's ISA/CFA dated 4/15/14 did not indicate documentation of annual review since 4/15/14.</li> <li>Client #4's record was reviewed on 12/8/15 at 10:15 AM. Client #4's ISA/CFA dated 4/10/14 did not indicate documentation of annual review since 4/10/14.</li> </ol> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated clients #3 and #4's ISA/CFA should be reviewed on an annual basis.</p> <p>9-3-4(a)</p>	W 0259	W259 The ISA/CFA on clients' #3 and #4 were reviewed by the QIDP and completed on 12/14/15. All other clients' ISA/CFA were checked by the QIDP for correct review dates and were updated. The ISA/CFA will be reviewed at the client's case conference by the QIDP and updated. The QIDP will notify the residential director of the update. The residential director will follow up with the QIDP annually to ensure that all ISA/CFAs are updated.	01/09/2016

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients with restrictive programs (#3), the facility's HRC (Human Rights Committee) failed to ensure client #3's tobacco rationing program was conducted with client #3's written informed consent.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/8/15 from 6:00 AM through 8:00 AM. At 6:00 AM, client #3 was sitting outside on the home's front porch smoking a cigarette. At 6:30 AM, client #3 requested a cigarette from staff #2. Staff #2 directed client #3 to wait for 15 minutes before he would receive his next cigarette.</p> <p>Staff #2 was interviewed on 12/8/15 at 6:30 AM. Staff #2 indicated client #3's cigarettes were rationed out at intervals.</p>	W 0263	W263 Client #3 signed off on the aversive behavioral plan consent form for the client's tobacco rationing program. All other clients' aversive behavioral plan informed consent files will be reviewed for clients' signatures and updated. The procedure for attaining signatures from clients', for aversive behavior plans, will be reviewed and revised. A new signature line, for the client, will be added to the consent forms. The IDT will ensure that there is a current client signature on the aversive behavioral plan form at the annual conference for the client.	01/09/2016			

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	<p>Day service staff #1 was interviewed on 12/8/15 at 8:45 AM. Day service staff #1 indicated the group home sent a daily ration of cigarettes for client #3. Day service staff #1 indicated client #3's cigarettes were kept locked in the medication administration room and provided at intervals throughout the day.</p> <p>Client #3's record was reviewed on 12/8/15 at 12:20 PM. Client #3's ISP (Individual Support Plan) dated 4/9/15 indicated client #3 was an emancipated adult. Client #3's HRC approval form dated 3/3/15 indicated the facility's HRC approved the following:</p> <p>-"[Client #3] also has an addiction to nicotine/cigarettes and does not have the funds to smoke as much as he would like. Staff have assisted [client #3] in purchasing a rolling machine, tubes and tobacco as well as rolling the cigarettes for him. [Client #3] is given one cigarette approximately every two hours throughout waking hours of the day. The times have been after breakfast at 7:30 AM, at 10:00 AM, after lunch, at 2:00 PM, at 4:00 PM, after dinner and at 8:00 PM. There are times when [client #3] will benefit from an additional cigarette when very upset and this is provided to him."</p>			

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W 0268 Bldg. 00	<p>Client #3's record did not indicate client #3's written informed consent to the tobacco rationing protocol approved by the facility's HRC on 3/3/15.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated client #3 was on a tobacco rationing protocol. HM #1 indicated the facility's HRC should ensure client #3's written informed consent regarding his tobacco rationing protocol.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 1 of 4 sampled clients (#3), the facility failed to promote client #3's dignity in regard to the client wearing the same clothing two days in a row.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/7/15 from 4:50 PM through 6:15 PM and on 12/8/15 from 6:00 AM through 8:00 AM. Client #3 was observed in the group home</p>	W 0268	<p>W268</p> <p>The manager retrained all staff on the resident's dignity. The QIDP will baseline a goal, for 30 days, for client #3 on changing his dirty clothes at the end of the day and putting clean clothes on for the next day. A permanent goal will be put in place based on the results from the baseline. A baseline goal will be put in place for any other client who has been observed to need assistance in the capability of when to change clothing.</p>	01/09/2016

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W 0436  Bldg. 00	<p>throughout the observation periods. Throughout both observation periods, client #3 wore a black printed t-shirt and jeans. Client #3 wore the same clothing for 2 separate days of observation.</p> <p>Observations were conducted at the day services program on 12/8/15 from 8:45 AM through 9:45 AM. Client #3 wore the same black printed t-shirt and jeans as he had worn on 12/7/15.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated client #3 should be encouraged to wear clean clothing each day.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 7 clients with adaptive equipment (#4), the facility failed to ensure client #4's wheelchair was in good</p>			W 0436	<p>Staff will implement goals to ensure that the clients are learning to change clothes daily. The QIDP will review the goals quarterly to monitor progress.</p> <p>The IDT will review these goals annually to track progress and the QIDP will revise the goals accordingly.</p> <p>W436 The manager will continue to work with Advantage Health to procure client #4's new wheelchair. The facility will furnish each client with any needed adaptive equipment and ensure</p>		01/09/2016

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	<p>repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/7/15 from 4:50 PM through 6:15 PM and 12/8/15 from 6:00 AM through 8:00 AM. Client #4 was observed throughout the observation period. Client #4 utilized a manual wheelchair for ambulation. Client #4's wheelchair was missing the arm padding on the right arm and the left arm padding was torn with pieces missing and attached to the chair with tape.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated the wheelchair client #4 was utilizing was a back up wheelchair. HM #1 indicated client #4's usual wheelchair was still drying after being cleaned. HM #1 indicated client #4's usual wheelchair was in need of replacement. HM #1 indicated the facility was in the process of replacing client #4's wheelchair.</p> <p>Client #4's record was reviewed on 12/8/15 at 10:15 AM. Client #4's Monthly Medical Summary dated 11/1/15 indicated, "[Client #4] had (his) wheelchair evaluated for repairs or replacement on 10/7/15 at [hospital] in [city]. [Client #4] is eligible for and will</p>		<p>that it is maintained. The IDT will review each clients needed adaptive devices at the annual conference, to safeguard that the client has the appropriate adaptations and that they are currently in good repair. The residential director will annually ensure that all adaptive devices are repaired, available to the client, and appropriate backup equipment is available.</p>		

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W 0473 Bldg. 00	<p>be receiving a new chair after he is body molded and paperwork is processed."</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's sausage and french toast breakfast was maintained at an appropriate temperature.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/8/15 from 6:00 AM through 8:00 AM. At 6:00 AM, client #4's plate was on the dining room table with portions of cut up sausage and french toast. Client #4 was in the shower. At 6:49 AM, client #4 finished dressing and came to the dining room table to eat. The prepared plate of food was on the dining room table from 6:00 AM through 6:49 AM without temperature control. At 6:50 AM, staff #1 placed client #4's food in the microwave prior to him eating.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated</p>	W 0473	W473 The group home manager held a meeting with all staff and retrained them on the correct temperatures and guidelines for serving foods. All group home managers have been sent a memo to retrain their staff on the correct temperature for serving foods. The memo will be signed by staff and will be sent back to the Residential Director. The home manager will do random monitoring of mealtimes, to make sure meals are served at appropriate temperatures. To ensure that the correct guidelines of serving temperatures of meals to the clients' are followed by staff, the group home manager will do additional training with any staff that does not follow the correct procedure.	01/09/2016

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W 0488 Bldg. 00	<p>client #4's sausage and french toast should be kept in the refrigerator until he was ready to eat the food. HM #1 indicated food should not be without temperature control for more than 15 to 20 minutes.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6 and #7), the facility failed to ensure staff provided training in meal preparation activities when formal and informal opportunities existed for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/7/15 from 4:50 PM through 6:15 PM. At 5:20 PM, staff #1 prepared client #4's portion of baked ham. Staff #1 cut up client #4's ham and placed it on his plate. At 5:45 PM, staff #1 poured servings of fruit flavored drink in clients #1, #3, #4, #5, #6 and #7's cups</p>	W 0488	<p>W488 All staff were retrained by the manager at the staff meeting, on the correct procedure on meal preparation training with clients. The Residential Director sent out a memo to all managers instructing them to retrain their staff on meal preparation training with clients. The memo will be signed by staff following the training and returned to the director. The manager will observe at least one meal each day for five days per week, until staff are consistent in the procedure. Then the observation will be reduced to at least once per week. Any staff not following the correct procedure will be given additional training.</p>	01/09/2016

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	<p>and placed the cups on the dining room table in front of each client's place setting. Staff #1 poured a cup of milk for client #2 and placed it on the table for him. Clients #1, #2, #3, #4, #5, #6 and #7 were not encouraged to serve themselves their own drinks. At 5:53 PM, staff #1 placed portions of greens, beans and sliced tomatoes on client #4's plate. Client #4 was not prompted or encouraged to assist serving himself portions of the evening meal.</p> <p>Observations were conducted at the group home on 12/8/15 from 6:00 AM through 8:00 AM. At 6:00 AM, client #4's plate was on the dining room table with portions of cut up sausage and french toast. Client #4 was in the shower and did not assist in serving his own portions of the morning meal. At 6:49 AM, client #4 finished dressing and came to the dining room table to eat. The prepared plate of food was on the dining room table from 6:00 AM through 6:49 AM.</p> <p>HM (Home Manager) #1 was interviewed on 12/8/15 at 2:35 PM. HM #1 indicated clients #1, #2, #3, #4, #5, #6 and #7 should be encouraged to assist with serving themselves their own drinks and portions of food. HM #1 indicated staff should use hand over hand assistance or</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	verbal coaching.  9-3-8(a)				