

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G456	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2011
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--EL CAMIN	STREET ADDRESS, CITY, STATE, ZIP CODE 4912 EL CAMINO CT INDIANAPOLIS, IN46221
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W0000	<p>This visit was for the recertification and state licensure survey.</p> <p>Survey Dates: November 30 and December 2, 6 and 9, 2011</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>Facility Number: 000970 Aim Number: 100239760 Provider Number: 15G456</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 12/16/2011 by Dotty Walton, Medical Surveyor III.</p>	W0000		
W0368	<p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed for 1 of 3 sampled clients (#1) who received medications, to ensure client #1 received the medications (fish oil, stool softener, Clindamycin) per the current physician's orders.</p> <p>Findings include:</p>	W0368	<p>W368 483.460 (k) (1) Drug Administrations The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. 1.</p> <p>The Group Home has ensured that Client #1 has written prescriptions on file with Safe</p>	01/08/2012

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>The record of client #1 was reviewed on 12/6/11 at 11:21a.m. Client #1's 11/11 physician's orders indicated client #1 was to receive fish oil 2 times a day for nutritional health; stool softener one daily for bowel health; Clindamycin 2 times a day for facial acne. Review of client #1's 11/11 Medication Administration Records (MAR) indicated the fish oil, stool softener and Clindamycin were not given to client #1 on 11/9, 10, 11, 12, 13, 14, 15 and 16/11. The MAR indicated the medications were "ordered but yet to receive, awaiting delivery."</p> <p>Interview of staff #2 on 12/6/11 at 12:58p.m. indicated client #1's fish oil, stool softener and Clindamycin medications had been out of stock in the home. Staff #2 indicated there was an issue with getting the prescriptions and getting them filled. Staff #1 was interviewed on 12/9/11 at 11:05a.m. Staff #1 indicated the nurse should have been made aware of the need to get the medications refilled in a timely manner.</p> <p>9-3-6(a)</p>		<p>Dose Pharmacy for all medications that are currently administered. The Group Home Nurse will review all clients' charts, including nursing notes and medical order sheets to ensure all documentation is complete, appointments are current and all physician orders are followed- up on. The facility has contracted with Safe Dose Pharmacy to conduct quarterly reviews including the review of client medical record/drug regimens for abnormalities/recommendations. The Group Home nurse discussed the documentation error with the identified staff person to ensure this type of error would not occur again. 2. The Group Home Managers, Group Home Service Coordinator or Group Home Nurse will be the only staff allowed to complete physicians order sheets and MAR's for any new admissions to the group home. Any medication coming to the group home with a new admission that does not have a written prescription will be returned to the parent, legal guardian, or facility from which it came and will not be administered until a written prescription is obtained by the group home. The Residential Manager will notify the Group Home Nurse immediately and make her aware that a script is needed for a medication. The parents, legal guardians or</p>	

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			current residential facility of any new resident are notified prior to admission of the need to obtain hard scripts for all medications. A documented training was completed with all Group Home Residential Managers on completing physician's orders and Medication administration records, ensuring there are written prescriptions on file with Safe Dose Pharmacy and a proper pharmacy label is on the packaging and what to do if there is not a script or label. 3. Current Agencies Policies and Procedures regarding Medication Administration have been reviewed and revised to regulatory standards. The Group Home Nurse, in conjunction with Safe-Dose Pharmacy, will conduct quarterly medical record/medication reviews to ensure that all client medication and medical needs are addressed. The Residential Manager along with the Group Home Nurse will ensure that all medications administrated to the group home residents have a prescription on file with Safe Dose pharmacy and a proper pharmacy label is on the packaging. Any prescribed medication that does not have a written prescription on file with Safe Dose Pharmacy and a proper pharmacy label at the time of administration will not be given and will be reported to the Group Home Nurse and Group Home		

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W0436	<p>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 record review and interview, the facility failed for 1 of 3 sampled clients (#3) with adaptive equipment, to provide client #3 with training for the care (to prevent loss) of his retainer.</p> <p>Findings include:</p> <p>Record review for client #3 was done on</p>	W0436	<p>Administrator immediately. 4. The Group Home Manager will complete a documented review of the MAR for all residents in the home weekly and ensure that there a prescriptions for all medications administrated. The Group Home Nurse will review all client's charts, including nursing notes and medical administration sheets to ensure all documentation is complete, appointments are current and all physician orders are followed- up on. Medication passers will check each medication as administered to ensure that there is a proper pharmacy label is on the packaging. Per training, staff will notify the group home nurse and Group Home Administrator of any discrepancies immediately. 5. Date of systemic completion: January 8, 2012</p> <p>W436 – 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 communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client. 1. An addendum was written on</p>	01/08/2012	

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	<p>12/6/11 at 10:00a.m. Review of client #3's dental notes indicated a 8/22/11 dental exam which indicated client #3 had lost his retainer. An 8/29/11 note indicated client #3 had received a new retainer. A 10/3/11 note indicated client #3 had lost his retainer. A 10/28/11 note indicated client #3 had a new retainer. A 10/24/11 note indicated "if without retainer teeth can relapse." Client #3 had a 1/22/11 individual support plan (ISP). Client #3's ISP did not have documentation of a training program in place to address client #3's retainer training needs with not losing the retainer.</p> <p>Interview on 12/6/11 at 12:58p.m. of staff #2, indicated client #3 had lost several retainers. Staff #2 indicated client #3 currently did not have his retainer, and had lost it again. Staff #2 indicated client #3's teeth could spread back out if he did not wear his retainer. Staff #2 indicated client #3 did not have a training program in place to address the care of his retainer to prevent loss.</p> <p>9-3-7(a)</p>		<p>12/12/11 and added to client #3's Individual Support Plan to help train him on how to ensure he does not lose his retainer. Staff in the home will receive documented training on how to ensure client #3 learns how to properly care for his retainer and ensure he does not lose it. 2. An addendum will be added to every client's Individual Support Plan who wears a retainer or other devices and ensure that a formal training objective is in place regarding how to care for the devices and ensure they do not lose them. Staff will receive documented training on the appropriate way to monitor and document these objectives. 3. Goal tracking sheets will be developed and monitored by the Residential Manager regularly for each client to teach each client how to use and make informed choices about the care of their retainer or other devices. The Residential Manager will review goal books weekly to ensure that data is being recorded on a daily basis for each client. The QMRP will review data each month to determine if the client is meeting the criteria objective. Every client's Individual Support Plan will be reviewed regularly and updated at least annually. If there is a need for a formal self-help skill in the area of caring for their retainer or other device, it will be added to the client's Individual Support Plan. 4. Every client's</p>		

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			Individual Support Plan will be reviewed regularly and updated at least annually. If there is a need for a formal self-help skill in the area of caring for their retainer or other device, it will be added to the client's Individual Support Plan. The QMRP will monitor each Individual Support Plan regularly to identify potential client needs. The Residential Manager will review goal books weekly to ensure that data is being recorded on the use and care of devices for each client in the home. 5. Date of systemic completion: January 8, 2012		