

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G648		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/08/2013	
NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 108 ALTRA DR CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: April 1, 2, 5, and 8, 2013</p> <p>Facility Number: 001160 Provider Number: 15G648 AIM Number: 100240260</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 18, 2013 by Dotty Walton, Medical Surveyor III.</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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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to provide a diet plan describing diets that were in need to be altered.</p> <p>Findings include:</p> <p>During the observation period on 4/1/13 from 3:50 PM to 7:55 PM, Staff #4 was going through the cabinet trying to find the lid for the individual food processor. Staff #4 indicated it was needed for client #3. Staff #2, HM (Home Manager), indicated it was okay to cut the food up into small pieces since they could not find the lid. The evening meal was served at 6:25 PM and consisted of turkey burgers, green beans, 2 slices of bread, and lettuce salad. There was no diet plan available for staff to review.</p> <p>The record review for client #1 was conducted on 4/2/13 at 11:01 AM. The nutritional assessment dated 2/27/13 indicated client #1 was on a regular diet, NCS (No Concentrated Sweets with Portion Control). The Individual Support Plan dated 2/1/13 did not indicate the diet plan. The record did not include a dining</p>	W000240	A detailed meal plan has been provided to staff in each client's chart. A "Quick Reference" chart is available to staff in the medication administration area. All staff access this area at least twice per shift and will be prompted to follow existing plans available in client's charts. The documents will be monitored by the home manager and nurse and updated as changes are made to prescribed diets.	05/08/2013			

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	<p>plan.</p> <p>The record review for client #2 was conducted on 4/2/13 at 12:43 PM. The nutritional assessment dated 2/27/13 indicated client #2 was on a regular diet, NCS, NAS (No Added Salt) with portion control. The Individual Support Plan dated 8/1/12 indicated client #2 required assistance with cutting foods, spreading butter, and peeling fruit; due to visual impairment. The record did not include a dining plan.</p> <p>The record review for client #3 was conducted on 4/2/13 at 1:01 PM. The nutritional assessment dated 2/27/13 indicated client #3 was on a mechanical soft diet with ground meat, lactose free - cut sandwiches in 16 pieces, cut other foods into bite size pieces. The Individual Support Plan dated 11/1/12 indicated client #3 was on a "mechanically soft diet; monitor for signs for choking as [client #3] does not have any teeth." The record did not include a dining plan.</p> <p>Interview with staff #2, HM, on 4/2/13 at 8:00 AM indicated the staff could check the MAR (Medical Administration Record) for the current diet and the MAR was kept locked in the medicine room. Staff #2, HM, indicated</p>			

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	<p>they did not have a dining plan for staff to refer to for assistance in following the clients' individual plans.</p> <p>9-3-4(a)</p>			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure a hearing evaluation had been conducted since being admitted to the home.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 4/2/13 at 12:43 PM. The record indicated client #2 was admitted to the facility on 8/1/12 and had a complete physical examination on 8/8/12. The hearing area on the physical form was marked through and there was no indication the hearing had been evaluated/screened.</p> <p>Interview with staff #3, RN (Registered Nurse) on 4/2/13 at 3:00 PM indicated there was no record of the hearing evaluation being conducted.</p> <p>9-3-6(a)</p>	W000323	An appointment with the physician will be scheduled for this client. The hearing portion of the documentation will be returned to the physician for completion. All other clients charts will be reviewed by the nurse. Any incomplete documents will be scheduled with physician for completion. The nurse will insure that all annual physician visit documentation will be completed with required screening and assessments.	05/08/2013			

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W000330	<p>483.460(b)(2) PHYSICIAN PARTICIPATION IN THE IPP If appropriate, physicians must participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through written report to the interdisciplinary team. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to provide documentation the physician had participated in the review and update of their Individual Program Plans (IPP).</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 4/2/13 at 11:01 AM. The physician's orders included in the record for the past six months (October, November, December 2012, January, February, and March, 2013) had no physician signature included indicating the physician had reviewed the MAR. The record did not include any written report from the physician.</p> <p>The record review for client #2 was conducted on 4/2/13 at 12:43 PM. The physician's orders included in the record for the past six months (October, November December, 2012, January, February, and March, 2013) had no physician signature included indicating the physician had reviewed the MAR.</p>	W000330	QCS will no longer utilize the pharmacy to obtain physician signatures. The nurse will manually obtain physician signatures for all physician orders sheets on a quarterly basis for all clients.	05/08/2013			

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	<p>The record did not include any written report from the physician.</p> <p>The record review for client #3 was conducted on 4/2/13 at 1:01 PM. The physician's orders included in the record for the past six months (October, November, December, 2012, January, February, and March, 2013) had no physician signature included indicating the physician had reviewed the MAR. The record did not include any written report from the physician.</p> <p>Interview with staff #3, RN (Registered Nurse) on 4/2/13 at 3:30 PM indicated the physician reviewed the physician's orders electronically with the pharmacy and they had no documentation indicating review. Staff #3, RN, indicated the physician did not attend clients' interdisciplinary team meetings and did not provide a written report other than the annual physical examination.</p> <p>9-3-6(a)</p>						