

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  05/08/2014
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NAME OF PROVIDER OR SUPPLIER  QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 ALTRA DR CLARKSVILLE, IN 47129
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 7 and 8, 2014.</p> <p>Facility Number: 001160 Provider Number: 15G648 AIM Number: 100240260</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/13/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000338	<p>483.460(c)(3)(v) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients, (#3), the facility's nursing services failed to ensure a referral for client's #3's hip pain associated with gait issues and arthritis</p>	W000338	4/29/14 6pm: Nursing Staff received a call from the home manager reporting staff observations regarding this client. The client was reported	06/07/2014

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>was completed.</p> <p>Findings include:</p> <p>During observations at the facility on 5/7/14 from 6:00 AM until 8:15 AM client #3 was observed going about her morning routine. Client #3 walked with an uneven gait, favoring her left hip (left hip appeared to be higher than her right.). Client #3 received medication at 6:15 AM, indomethacin 50 milligrams/mgs. (anti-inflammatory) and she stated it was for "hip pain."</p> <p>During observations at the facility on 5/7/14 from 4:10 PM until 7:00 PM client #3 arrived home at 4:20 PM. House manager staff #1 physically assisted client #3 to step up (one step) to the facility's front porch. Client #3 indicated her hip hurt.</p> <p>On 5/7/14 at 2:20 PM, the facility's reportable incidents (Bureau of Developmental Disabilities Services/BDDS) reports were reviewed. A BDDS report dated 5/22/13 indicated client #3 visited an urgent care center for "severe left hip pain." The left hip x-ray indicated a diagnosis of "severe arthritis." Client #3 was prescribed tramadol (pain) PRN (as needed) and indomethacin tid (three times daily). It</p>		<p>to have increased difficulty with ambulation, and complaining of increased pain and stiffness in left hip. Nursing staff told the home manager that an appointment with the client's PCP would be scheduled to solicit a specialist referral.</p> <p>4/30/14 9am: Nursing staff contacted the client's PCP for reevaluation regarding hip pain and ambulation difficulty. An appointment was scheduled for 5/16/14 at 2:20pm with the PCP. (The PCP had <u>denied referral</u> to a specialist regarding this issue previously due to client's condition improving at that time. Arthritic medications were reduced as well. June 2013) A referral is necessary to schedule Medicaid patients with specialists, as they refuse to see Medicaid patients or are very reluctant to take Medicaid patients and will only receive them via referral.</p> <p>5/16/14 2:20pm: The client was seen, as scheduled, for increased left hip pain,</p>				

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	<p>was recommended that she use a wheelchair PRN and at workshop.</p> <p>Review of client #3's record on 5/8/14 at 2:00 PM indicated the dosage of the indomethacin 50 mgs. had been decreased to twice daily for the hip pain by the primary care physician. The client's hip had not been x-rayed since 5/29/13 when she was diagnosed with osteoarthritis. The client had not been referred to an orthopedic or other type of specialist to ascertain if additional methods could be utilized to diagnose/treat her chronic left hip pain.</p> <p>Interview with RN #1 on 5/8/14 at 3:00 PM indicated client #3's primary care physician treated her for arthritis. The interview indicated client #3's left hip was higher than her right. The interview indicated no referrals had been done by the nurse for further treatment of client #3's lift hip pain although the group home staff had reported the pain was worsening.</p> <p>9-3-6(a)</p>		<p>stiffness, and increased difficulty ambulating. A left hip x-ray was performed in the office that showed severe chronic degenerative changes and remnants of avascular necrosis with chronic superolateral placement of femoral acetabular articulation. The PCP discontinued Indomethacin and started Diclofenac 50mg three times daily and Ultram 50mg three times daily as needed. The Client complained that her chair at the workshop was uncomfortable and the PCP has ordered a transport chair to be used at the workshop. At that time, the PCP <u>referred the client</u> to an orthopedic surgeon. The referral coordination department notified QCS nursing staff (5/21/14) of the scheduled appointment with the orthopedic surgeon, June 9th 2014.</p> <p>The QCS nursing staff had not scheduled an appointment with the specialist as of the date of ISDH survey (5/7 &amp; 8/14) due</p>		

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W009999	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment</p>	W009999	<p>to the bureaucratic process in which Medicaid specialist appointments must be obtained. The appointment was scheduled with the PCP for the purpose of referral solicitation as of ISDH survey but had not yet transpired. The specialist referral was obtained as a result of the scheduled appointment.</p> <p>QCS nursing staff will begin logging scheduled future appointments and their purpose in the medical chart for easy access and review. This correction will be completed by 5/22/14 and maintained by nursing staff.</p> <p>The QCS employee that has been temporarily assigned to the HR department has been retrained by the QCS administrator. A new referral form will be created in a forced choice format, providing a list of reference options. The new form will facilitate complete references rather than partial information collection in solely narrative format. The HR coordinator will monitor compliance of this correction. This correction will be</p>	06/07/2014

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	<p>practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 3 of 5 staff (staff #5, #7, and #9) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel records were reviewed on 5/07/14 at 3:00 P.M. Review of the personnel files for staff #5 indicated no references were obtained which met the above rule. Review of the personnel files for staff #7 indicated two references were obtained which met the</p>		completed no later than 6/7/14.	

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	<p>above rule instead of the required three. Review of the personnel files for staff #9 indicated two references were obtained which met the above rule instead of the required three.</p> <p>An interview with the Agency Operations Manager (OM) was conducted on 5/07/14 at 3:20 P.M. The OM indicated the facility's human resources staff tried to obtain the required three references but it was not easy to accomplish. The interview indicated the staff did not have the required three references prior to be working in the facility.</p> <p>9-3-2(c)(3)</p>			