

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G348	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2013
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NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 522 E NORTH ST PORTLAND, IN 47371
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 7, 8, 9, 10, 13, 15, and 16, 2013.</p> <p>Provider Number: 15G348 Facility Number: 000864 AIM Number: 100249170</p> <p>Surveyor: Susan Eakright, QIDP.</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/21/13 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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W000192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review, and interview, for 1 of 4 sample clients (client #2), the facility failed to ensure staff were trained to meet the client's health needs when the client expressed pain.</p> <p>Findings include:</p> <p>On 5/7/13 at 1:50pm, the facility's internal and reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed and indicated a fractured clavicle for client #2.</p> <p>-A 1/15/13 BDDS report, for an incident on 1/14/13 at 12:15pm, indicated client #2 was walking without his walker at the workshop, tripped on the leg of a chair, and fell to the floor on his right side. The report indicated client #2 complained of pain to his right shoulder. The report indicated after client #2 arrived to the group home from workshop client #2 continued to complain of pain in his right shoulder and client #2 was taken to his physician. The report indicated client #2's right shoulder was X-Rayed and the X-Ray results were "Oblique fracture involving the distal clavicle...new from</p>	W000192	<p>Now and in the future, when a client expresses that he/she has pain, or has a health need, it is to be taken seriously, and is to be considered and acted upon in a timely manner, and in accordance to the specific health concern. Staff have been trained and retrained, at least annually, and as needed, on effectively meeting an individual's health needs. A client's health is monitored routinely by the Healthcare Coordinator and the group home and Day Program staff. Staff were retrained on Med Administration and identifying pain by the LPN. The LPN trained on and implemented the pain judgment scale called the Wong-Baker Faces Pain Rating Scale. Staff will offer the pictures to each client and ask the client to identify how they are feeling. This training was completed on 6/3/13. This training was different from the original training by including the Wong-Baker Face pain scale. Staff will report all pain issues to the LPN immediately. Staff will during med pass and routinely throughout each day ask each client if he is "hurting" somewhere. Staff will act according to the client's response. The LPN will review</p>	06/03/2013	

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	<p>the prior exam (on) 1/25/12," and recommended to "wear sling as much as possible for comfort."</p> <p>On 5/8/13 at 6:08am, client #2 had his 6:00am medication administration completed with the Residential Manager (RM). At 6:08am, client #2 expressed to the RM his right shoulder was hurting and he wanted pain medication. The RM instructed client #2 that his 6:00am medication should be taken on an empty stomach and asked client #2 to wait for pain medication until his 7:00am medication administration. At 7:50am, client #2 had his 7:00am medication administration completed with the RM. At 7:50am, client #2 expressed to the RM his right shoulder continued to hurt and he wanted pain medication. The RM replied "OK" but no pain medication was administered. At 8:45am, client #2 was observed sitting at a table in the classroom at the workshop. At 8:45am, client #2 stated "Yes, still hurt and wanted medicine" for the pain. At 8:45am, the workshop supervisor overheard client #2's comment and notified the workshop nurse. At 9:36am, the RM was interviewed at the group home. At 9:36am, the RM indicated the workshop nurse had called the RM to notify the RM client #2 was given Tylenol for right shoulder pain at the workshop. When</p>		<p>each MAR for pain med usage. She will also ask each client if he is "hurting anywhere", act upon it accordingly and document in her notes.</p>				

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	<p>asked if client #2 should have to wait on pain medication, the RM stated "No."</p> <p>On 5/16/13 at 9:15am, an interview was completed with the agency Nurse. The Agency Nurse stated client #2 was an accurate reporter of his pain, client #2 had pain associated with his recent clavicle fracture and Arthritis, and client #2 had waited "too long" before the pain medication was administered.</p> <p>On 5/8/13 at 10:45am, client #2's record was reviewed. Client #2's 5/2/13 "Physician's Orders" indicated "Acetaminophen (Tylenol) 325mg (milligrams) 2 tabs every 4 hrs (hours) for pain" signed by client #2's physician. Client #2's 1/14/13 "Appointment Form" indicated client #2's physician x-rayed client #2's right shoulder and the result was "x-ray R (right) shoulder, Tylenol PRN (as needed)."</p> <p>9-3-3(a)</p>			

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W000224	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #1 and #3) and 2 additional clients (clients #5 and #7), the facility failed to accurately assess the skills of clients #1, #3, #5, and #7 operating the facility's lawn mower and handling gasoline on their Comprehensive Functional Assessments (CFAs).</p> <p>Finding include:</p> <p>On 5/7/13 from 3:10pm until 5:50pm, clients #1, #3, #5, and #7 were observed to independently take turns to exit/enter the group home to operate the facility's push gasoline powered lawn mower to mow the double lot of the yard surrounding the group home. The Residential Manager (RM), Group Home Staff (GHS) #1, GHS #2, and GHS #3 stayed inside throughout the observation. Three separate times during the observation period the RM exited the group home to walk to the outside yard where clients #1, #3, #5, and #7 had been mowing. At 3:50pm, the RM indicated clients #1, #3, #5, and #7 were</p>	W000224	<p>Now and in the future, the Comprehensive Functional Assessment will include operating a lawn mower and handling gasoline. All clients have been reassessed for this skill and the documentation is now on the Functional Assessment. These skills will be reassessed seasonally and/or as needed. Home Manager and QMRP are responsible.</p>	06/03/2013			

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	<p>independent with mowing the group home grass.</p> <p>On 5/8/13 at 11:25am, client #1's record was reviewed. Client #1's 7/2012 CFA and 7/24/12 ISP (Individual Support Plan) did not indicate specific use of a lawn mower and gasoline. Client #1's CFA indicated client #1 was independent with "...G. Psychomotor...Ability to use home, work tools." Client #1's CFA did not indicate specific use of a lawn mower and gasoline.</p> <p>On 5/8/13 at 10:00am, client #3's record was reviewed. Client #3's 7/2012 CFA and 7/2012 ISP did not indicate specific use of a lawn mower and gasoline. Client #3's CFA indicated client #3 was independent with "...G. Psychomotor...Ability to use home, work tools." Client #3's CFA did not indicate specific use of a lawn mower and gasoline.</p> <p>On 5/15/13 at 10:00am, client #5's 7/2012 CFA was reviewed and did not indicate specific use of a lawn mower and gasoline. Client #5's CFA indicated client #5 was independent with "...G. Psychomotor...Ability to use home, work tools."</p> <p>On 5/15/13 at 10:00am, client #7's 7/2012</p>			

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	<p>CFA was reviewed and did not indicate specific use of a lawn mower and gasoline. Client #7's CFA indicated client #7 was independent with "...G. Psychomotor...Ability to use home, work tools."</p> <p>On 5/16/13 at 9:15am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #1, #3, #5, and #7's CFAs did not specifically assess the clients' use of the facility's lawn mower and gasoline.</p> <p>9-3-4(a)</p>			

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W000391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 3 of 23 medications observed administered on 5/8/13 (client #2), the facility failed to ensure each medication was labeled.</p> <p>Findings include:</p> <p>On 5/8/13 at 7:50am, the facility's Residential Manager (RM) entered the medication room with client #2 and selected two bottles of eye drop medications with worn medication labels for "Brimonide Tart 0.2%, 1 drop right eye two times daily (for) Glaucoma (and) Dorzopamide Timolol (Cosopt), 1 drop right eye twice daily (for) Glaucoma." The RM administered each medication into client #2's right eye. The two medications had worn labels on each of the two eye drop medication bottles. The medication bottles directions for use and the medication names were not clearly visible to read. The RM indicated she would not be able to identify the medication or the instructions for reviewing the two bottles to compare them to client #2's MAR (Medication Administration Record). At 7:50am, the RM selected client #2's unlabeled inhaler</p>	W000391	<p>Now and in the future, all labels that are worn or illegible or missing, will be identified and replaced upon notice of need. Every time a med is administered, staff will take the opportunity for ensuring that labels are present, in good condition, legible and correct.</p> <p>Staff have been trained, and will be retrained at least annually re medication administration, as well as, what to look for with labeling. Healthcare Coordinator, DSP, and Home Manager are responsible.</p>	06/03/2013			

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	<p>from a plastic bin with client #2's name on it. At 7:50am, the RM administered 2 puffs of the unlabeled inhaler. At 7:50am, the RM indicated client #2's inhaler was not labeled.</p> <p>At 7:55am, client #2's 5/2013 MAR was reviewed and indicated "Brimonide Tart 0.2%, 1 drop right eye two times daily (for) Glaucoma (and) Dorzopamide Timolol (Cosopt), 1 drop right eye twice daily (for) Glaucoma." Client #2's 5/2013 MAR indicated "Qvar 80mcg Inhaler, Use two puffs two times daily (for) COPD (lung disease)."</p> <p>On 5/8/13 at 10:45am, client #2's record was reviewed. Client #2's 5/2/13 "Physician's Orders" indicated "Brimonide Tart 0.2%, 1 drop right eye two times daily (for) Glaucoma (and) Dorzopamide Timolol (Cosopt), 1 drop right eye twice daily (for) Glaucoma, and Qvar 80mcg Inhaler, Use two puffs two times daily (for) COPD (lung disease)."</p> <p>On 5/16/13 at 9:15am, an interview with the Agency Nurse was conducted. The Agency Nurse indicated client #2's medication should have a pharmacy label on it and/or should have something to identify it belonged to client #2 written on the bottle. The Agency Nurse indicated the agency followed Core A/Core B</p>				

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	<p>medication administration policy and procedure.</p> <p>On 5/16/13 at 9:15am, a review of the facility's 10/2012 "Medication Administration Policy" was conducted. The policy and procedure indicated medication should have a pharmacy label on the container.</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <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 observation, record review, and interview, for 1 of 4 sampled clients (client #3), the facility failed to teach and encourage client #3 to wear his prescribed eye glasses and his prescribed hearing aids.</p> <p>Findings include:</p> <p>On 5/7/13 from 3:10pm until 5:50pm, client #3 walked home from the workshop independently, mowed the outside grass independently at the group home, completed medication administration, dusted the inside woodwork, watched television, and assisted with the supper meal. Client #3 was not prompted or encouraged to wear his prescription eye glasses or his prescription hearing aids.</p> <p>On 5/8/13 from 5:55am until 8:20am, client #3 completed his personal hygiene including shaving, medication administration, assisted with breakfast, and left to walk independently to the workshop for work. Client #3 was not prompted or encouraged to wear his</p>	W000436	<p>Now and in the future, staff will be trained to teach and encourage clients to wear and use prescribed assistive devices. Formal goals to teach and encourage clients to use the devices will be in place for any client who requires the use of assistive devices. QMRP, DSP, Home Manager and Healthcare Coordinator.</p> <p>New goals have been developed to teach the client to wear his glasses/hearing aids (see attached). This will be monitored as a formal goal; documented by staff and reviewed monthly by the QMRP. All other clients in this home comply with wearing his/her assistive devices.</p>	06/03/2013	

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	<p>prescription eye glasses or his prescription hearing aids.</p> <p>On 5/8/13 at 10:00am, client #3's record was reviewed. Client #3's 7/2012 CFA and 7/2012 ISP indicated client #3 wore prescribed eye glasses and hearing aids. Client #3's 5/2013 "Physician's Order" and 5/2013 "Quarterly Health Summary" both indicated client #3 was visually impaired and should wear his prescribed eye glasses. Both documents indicated client #3 was hearing impaired and wore bilateral hearing aids. Client #3's ISP (Individual Support Plan) did not indicate a goal/objective for client #3 to wear his eye glasses or hearing aids.</p> <p>On 5/16/13 at 9:15am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional) and the Agency Nurse. The QIDP and Agency Nurse both indicated client #3 had recommendations to wear his prescribed eye glasses and hearing aid during formal and informal opportunities. The QIDP indicated client #3 walked daily independently to and from workshop by himself and he should have worn his glasses and hearing aid.</p> <p>9-3-7(a)</p>						