

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2013	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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 an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 20, 21, 22 and 28, 2013</p> <p>Facility Number: 000948 Provider Number: 15G434 AIMS Number: 100244700</p> <p>Surveyor: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 8, 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 3 sample clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility's governing body failed to exercise general policy and operating direction over the facility:</p> <p>__ To ensure clients #1, #2 and #3 did not pay for their own hair cuts and/or dental cleaning.</p> <p>__ To to ensure the facility maintained a full and complete accounting of the clients' personal funds.</p> <p>__ To ensure all allegations of client to client abuse were investigated in regard to client #5 and to investigate an incident involving client #5 in a moving vehicle accident.</p> <p>__ To ensure a registered nurse was available for verbal or onsite consultation to the facility LPN (Licensed Practical Nursing) for 3 of 3 sample clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6).</p> <p>Findings include:</p> <p>1. Client #1's, #2's and #3's financial records were reviewed on 3/22/13 at 4:30 PM.</p> <p>__ Client #1's record indicated a receipt</p>	W000104	<p>Now and in the future, all dental care and haircuts for residents will be paid for by JRDS or insurance. Any funds paid by residents for dental services and/or haircuts have been reimbursed to their accounts.</p> <p>A Personal Funds ledger will be maintained for each resident of the group home to ensure</p>	04/25/2013			

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	<p>dated 10/9/12 for \$15 to (name of dental clinic) for client #1 to have his teeth cleaned.</p> <p>__ Client #2's record indicated a receipt dated 2/13/13 at (name of salon) for \$10 for client #2 to get his hair cut.</p> <p>__ Client #3's record indicated receipts dated 2/19/13 and 1/8/13 for \$10 each for client #3 to get his hair cut.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 4:45 PM indicated client #1 required extra cleanings to keep his teeth healthy. The QMRP indicated they take client #1 to a dental school in between his regular dental visits to have his teeth cleaned. The QMRP stated, "The extra cleanings is all that saved him from losing his teeth." The QMRP indicated they take the money out of client #1's account to pay for the cleanings. The QMRP indicated the facility normally pays for the clients' haircuts and was not sure why clients #2 and #3 paid for their own haircuts.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedures to ensure the facility maintained a full and complete accounting of the clients' personal funds.</p>		<p>that there's a full and complete accounting of residents' personal funds. The monthly ledgers serve as a record of financial transactions.</p> <p>Accompanying receipts will document residents' spending.</p> <p>Now and in the future, all allegations of client to client aggression and incidents with the potential of causing client harm will be investigated per the JRDS Individual Protection</p>				

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	<p>Please see W140.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedures to ensure all allegations of client to client abuse for client #5 were investigated and to investigate an incident involving a moving vehicle accident for client #5. Please see W149.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedures to ensure all allegations of client to client abuse for client #5 were thoroughly investigated and to ensure an incident involving client #5 in a motor vehicle accident was investigated. Please see W154.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedures to ensure a registered nurse was available for verbal or onsite consultation to the facility LPN (Licensed Practical Nursing) for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6) residing in the group home. Please see W346.</p>		<p>Policy.</p> <p>JRDS has a contract with a Registered Nurse to be available for verbal or onsite consultation.</p> <p>Home Manager, Residential Dept. Head,</p> <p>JRDS Fiscal Dept. are responsible.</p>				

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	9-3-1(a)			

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to maintain a system that assured a full and complete account of the clients' personal funds.</p> <p>Findings include:</p> <p>Client #1's, #2's and #3's financial records were reviewed at the day program with QMRP (Qualified Mental Retardation Professional) and the HM (House Manager) on 3/22/13 at 4:30 PM.</p> <p>__ Client #1's record indicated client #1 was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 16, 18, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>__ Client #2's record indicated client #2 was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 16, 18, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>__ Client #3's record indicated client #3</p>	W000140	<p>Now and in the future, each resident's funds will be recorded on his personal petty cash ledger. The Policy on Funds of Persons Served, Letter K, States that "a limit of \$52.00 can be accumulated over a one month period: Any personal spending money over \$52.00 should be brought to the JRDS Accounting Tech and he/she will deposit the money into the resident's checking account." A ledger, with receipts attached; dates of transactions, amounts of transactions, and balances will be kept for each resident's personal spending money. Letter L states that all personal spending money will be kept in a locked cabinet or safe. Home Manager and Accounting Tech responsible</p>	04/25/2013

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	<p>was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>An interview with the QMRP (Qualified Mental Retardation Professional) and the HM (House Manager) was conducted on 3/22/13 at 4:30 PM. The HM stated clients #1, #2 and #3 were given \$2.00 every other day for "pocket money" to use at the day program and/or to save back for something they wanted to buy. The HM indicated if the clients wanted to save their money, they would give it back to the staff and it would be placed in a separate envelope and locked in the filing cabinet in the office at the group home. The HM indicated money given back to the staff to place in the filing cabinet was not recorded on the cash on hand ledger and/or reported in the clients' financial records. The HM stated, "It doesn't happen that often. They usually don't have anything left at the end of the day." The HM indicated when the clients' cash on hand was reviewed with the surveyor on 3/22/13 at 1 PM, the review did not include the money in the filing cabinet the clients' had asked the staff to save back for them. The QMRP indicated the money being returned to the staff and/or asked to hold for the clients' "should be" entered</p>			

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	on the clients' financial ledgers.  9-3-2(a)			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2) and for 1 additional client (#5), the facility neglected to implement its written policy and procedures to ensure all allegations of client to client abuse were investigated in regard to client #5 and to investigate an incident involving client #5 in a moving vehicle accident.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 3/20/13 at 2 PM. The facility's BDDS (Bureau of Developmental Disabilities Services) report of 3/12/13 indicated on 3/11/13, while at the work center, client #5 hit another client on top of the head. The "Client Incident Report" of 3/11/13 indicated an investigation was conducted. The report indicated "I [the Department Head] spoke with [name of work center staff] at 3:30 PM on 3/11/13. She informed me of [client #5's name] aggression toward [name of client]. I suggested that work center staff be mindful of who goes into the men's bathroom together and to do surprise checks; as there are no male staff in the</p>	W000149	<p>Now and in the future, all allegations of client to client aggression and incidents with the potential of causing client harm</p> <p>will be investigated per the JRDS Individual Protection Policy. JRDS new staff and existing staff will be trained upon hire and retrained annually. Residential Department Head, Home Manager, QMRP and staff responsible.</p>	04/25/2013			

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	<p>work center and there could be covert behaviors that have (been behind) caused this. I [the Department Head] told her we would meet with mental health re (regarding) the behaviors [name of client] was exhibiting...." The facility record did not indicate client interviews, additional staff interviews and/or record reviews were conducted.</p> <p>The facility incident report of 5/3/12 indicated on 5/3/12 client #5 became angry with another client at the day program and "they started yelling at one another" and "spitting at one another." The other client cursed at client #5, calling client #5 names and client #5 "he was going to kill" the other client. The facility records did not indicate an investigation was conducted.</p> <p>Review of the facility's personnel records on 3/20/13 at 2:30 PM indicated an undated facility Vehicle Accident/Damage Report Form. The form indicated on 2/5/13 client #5 was in the facility vehicle when staff #5 backed into another vehicle. The facility records did not indicate an investigation was conducted. The record did not indicate if client #5 did or did not sustain any injuries due to the accident. Review of client #5's record on 3/21/13 at 3 PM did not indicate client #5 was in a vehicle</p>			

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	<p>accident.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM indicated the department head had conducted the investigation on 3/11/13. The QMRP indicated she was not able to produce evidence of staff and/or client interviews in regard to the investigation of the incident of 3/11/13. The QMRP stated, "To my knowledge" there was no investigation in regard to the incident of 5/3/12 and/or for the vehicle accident of 2/5/13.</p> <p>Review of the revised facility policy "Individual Protection Policy" of 5/12 on 3/20/13 at 1 PM indicated "JRDS [Jay-Randolph Developmental Services] personnel are required to preserve an individual's rights, dignity, health, and safety. As such JRDS prohibits the abuse, neglect, exploitation, mistreatment of an individual served or the violation of the individual's rights..." "Individuals served must not be subjected to abuse by anyone, including, but not limited to, JRDS staff, other consumers, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals." The policy indicated neglect to be "failure to provide adequate food, clothing, shelter, medicine, supervision, etc....The</p>			

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	<p>Program Head or designee will then complete an initial investigation documenting the findings. Within 5 days, the Program Head, or designee will then complete a follow-up investigation, documenting the findings and will submit this report to the Executive Director."</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 2 of 2 incidents of client to client abuse and 1 of 1 incident of a moving vehicle accident in regard to client #5, the facility failed to provide evidence of investigations and/or evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 3/20/13 at 2 PM.</p> <p>__The facility's BDDS (Bureau of Developmental Disabilities Services) report of 3/12/13 indicated on 3/11/13, while at the work center (agency operated day service program), client #5 hit another client on top of the head. The "Client Incident Report" of 3/11/13 indicated an investigation was conducted. The report indicated "I [the Department Head] spoke with [name of work center staff] at 3:30 PM on 3/11/13. She informed me of [client #5's name] aggression toward [name of client]. I suggested that work center staff be mindful of who goes into the men's bathroom together and to do surprise checks; as there are no male staff in the work center and there could be covert</p>	W000154	<p>Now and in the future, the attached form will be used to document the specifics of the investigation of incidents of client to client abuse and incidents with potential to cause client harm. Residential Department Head, Home Manager, QMRP and staff responsible.</p>	04/25/2013			

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	<p>behaviors that have (been behind) caused this. I [the Department Head] told her we would meet with mental health re (regarding the behaviors [name of client] was exhibiting..." The facility record did not indicate client interviews, additional staff interviews and/or record reviews were conducted. The investigative record did not indicate a thorough investigation was conducted in regard to the client to client abuse with client #5 while at the work center.</p> <p>__The facility incident report of 5/3/12 indicated on 5/3/12 client #5 became angry with another client at the day program and "they started yelling at one another" and "spitting at one another." The other client cursed at client #5, calling client #5 names and client #5 "he was going to kill" the other client. The facility records indicated no investigation was conducted.</p> <p>Review of the facility's personnel records on 3/20/13 at 2:30 PM indicated an undated facility "Vehicle Accident/Damage Report Form. The form indicated on 2//5/13 client #5 was in the facility vehicle when staff #5 backed into another vehicle. The facility records did not indicate an investigation was conducted. The record did not indicate if client #5 did or did not sustain any</p>						

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	<p>injuries due to the accident. Review of client #5's record on 3/21/13 at 3 PM did not indicate client #5 was in a vehicle accident.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM indicated the Department Head had conducted the investigation on 3/11/13. The QMRP indicated she was not able to produce evidence of staff and/or client interviews in regard to the investigation of the incident of 3/11/13. The QMRP stated, "To my knowledge there was no investigation" in regard to the incident on 5/3/12 and/or for the vehicle accident of 2/5/13.</p> <p>9-3-2(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2013	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the Interdisciplinary Team (IDT) conducted a financial assessment that included the amount of money the clients could carry independently.</p> <p>Findings include:</p> <p>Client #1's, #2's and #3's financial records were reviewed on 3/22/13 at 4:30 PM.</p> <p>__ Client #1's record indicated client #1 was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 16, 18, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>__ Client #2's record indicated client #2 was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 16, 18, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>__ Client #3's record indicated client #3</p>	W000210	<p>Now and in the future, the attached financial assessment will be completed (at least annually) to determine the amount of money each individual can independently manage. Group Home Manager and QMRP responsible.</p>	04/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>was given \$2.00 "pocket money" on January 2, 4, 7, 9, 10, 11, 14, 21, 23, 25, 28, 30, February 1, 4, 6, 8, 11, 13, 15, 18, 20, 22, 25, 27, March 1, 4, 6, 8, 11, 13, 15, 18 and 20, 2013.</p> <p>Client #1's record was reviewed on 3/22/13 at 11:30 AM. Client #1's ISP (Individual Support Plan) of 10/15/12 indicated client #1 had a goal to identify a quarter. Client #1's CFA (Comprehensive Functional Assessment) of 9/30/12 did not indicate an assessment of client #1's financial needs and/or an assessment of how much money client #1 could carry responsibly.</p> <p>Client #2's record was reviewed on 3/21/13 at 1 PM. Client #2's ISP of 10/17/12 indicated client #2 had a goal to save money each payday for a special purchase. Client #2's CFA of 9/30/12 did not indicate an assessment of client #1's financial needs and/or an assessment of how much money client #2 could carry responsibly.</p> <p>Client #3's record was reviewed on 3/21/13 at 2 PM. Client #3's ISP of 10/17/12 indicated client #3 had a goal to identify a quarter. Client #3's CFA of 9/30/12 did not indicate an assessment of client #1's financial needs and/or an assessment of how much money client #3</p>			

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394		
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	<p>could carry responsibly.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) and the HM (House Manager) on 3/22/13 at 4:30 PM stated clients #1, #2 and #3 were given \$2.00 every other day for "pocket money." The HM indicated she would sometimes check the clients wallets to see if they had any money left over from the previous day and if so, she would not give them the \$2.00. The QMRP indicated clients #1, #2 and #3 were not independent with their finances and needed assistance. The QMRP indicated the clients' CFAs did not include a financial assessment. The QMRP indicated the clients had not been assessed for the amount of money the clients could carry responsibly.</p> <p>9-3-4(a)</p>				

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 3 of 3 sample clients (#1, #2 and #3), the facility failed to assess the clients in regard to their communication skills and/or needs.</p> <p>Findings include:</p> <p>During observations on 3/20/13 at the group home between 3:30 PM and 6:30 PM and on 3/21/13 between 6 AM and 9 AM, client #1 spoke with a broken and pressured speech. Client #3 spoke with a whisper and was difficult to hear. Clients #1, #2 and #3 were difficult to understand, requiring the staff to interpret what the clients were saying. The staff did not prompt client #3 to speak louder.</p> <p>Client #1's record was reviewed on 3/22/13 at 11:30 AM. Client #1's CFA (Comprehensive Functional Assessment) of 9/30/12 indicated client #1 was able to make his needs and wants known. Client #1's ISP (Individual Support Plan) of 10/15/12 contained no information regarding functional speech/language skills.</p> <p>Client #2's record was reviewed on</p>	W000220	<p>Now and in the future, all clients will be assessed in regard to their communication skills and or needs, at least annually; or as needed and this annual date will be documented/recorded on the Monthly Nursing Notes. Home Manager and Health Care Coordinator responsible.</p>	04/25/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>3/21/13 at 1 PM. Client #2's CFA of 9/30/12 indicated client #2 did not maintain appropriate conversation due to his "delusions and hallucinations" and did not read or write. Client #2's ISP of 10/17/12 contained no information regarding functional speech/language skills.</p> <p>Client #3's record was reviewed on 3/21/13 at 2 PM. Client #3's CFA of 9/30/12 indicated client #3 did not express discomfort and/or pain and spoke "very softly, almost unheard" and at times could not be understood. The CFA indicated client #3 required verbal cues to communicate. Client #3's ISP of 10/17/12 contained no information regarding functional speech/language skills.</p> <p>Interview with the HM (House Manager) on 3/21/13 at 1 PM indicated she completed the clients' CFAs. The HM indicated client #1 was difficult to understand at times and client #3 was so soft spoken he was difficult to hear and the staff would have to communicate with him using their hands.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM stated clients #1, #2 and #3 had not had speech/language evaluations to evaluate their</p>			

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>communication needs "To my knowledge."</p> <p>Telephone interview with the LPN (Licensed Practical Nurse) on 3/26/13 at 9:30 AM stated "I don't think any of our clients have had speech/language evaluations to evaluate their communication needs."</p> <p>9-3-4(a)</p>			

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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W000315	<p><b>483.450(e)(4)(i)</b> <b>DRUG USAGE</b> Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff.</p> <p>Based on record review and interview, the facility failed to provide evidence of preventive screening for EPS (extrapyramidal side effects - a group of side effects associated with the use of anti-psychotic medications including, but not limited to, restlessness and involuntary muscle movements) for 2 of 2 sampled clients (#2 and #3) who received psychotropic medications.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/21/13 at 1 PM. Client #2's 2013 quarterly physician's orders indicated client #2 was taking Trazadone 25 mg (milligrams) and Zyprexa 20 mg a day for behavior modification. Client #2's record did not indicate client #2 was being screened for EPS.</p> <p>Client #3's record was reviewed on 3/21/13 at 2 PM. Client #3's 2013 quarterly physician's orders indicated client #3 was taking Luvox 150 mg, Seroquel 400 mg, and Geodon 60 mg twice a day for behavior modification. Client #3's record did not indicate client</p>	W000315	<p>Now and in the future, the facility staff will use the attached AIMS Test at least annually or as needed to monitor for EPS. If any EPS is noted a doctor will be contacted for observation of symptoms. Home Manager, QMRP and Health Care Coordinator responsible.</p>	04/25/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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(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
	<p>#3 was being screened for EPS.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM indicated clients #1 and #3 had not been screened for EPS. The QMRP stated, "I don't think it has ever been done. I know I have seen AIMS (Abnormal Involuntary Movement Scale) testing, but it has not been in recent years."</p> <p>9-3-6(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2013	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
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W000323	<p><b>483.460(a)(3)(i) PHYSICIAN SERVICES</b></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 2 of 3 sampled clients (#1 and #2), the facility failed to ensure the clients' vision was assessed annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/22/13 at 11:30 AM. Client #1's record indicated client #1's most recent vision evaluation was conducted 8/22/11 when the client received new eyeglasses. Client #1's annual History and Physical Examination of 1/10/13 did not indicate client #1's physician evaluated client #1's vision.</p> <p>Client #2's record was reviewed on 3/21/13 at 1 PM. Client #2's record indicated client #2's most recent vision evaluation was conducted 10/27/10. The evaluation indicated client #2 had "cataracts-moderate and trichiasis (eyelashes that grow back toward the eye and touching the cornea and/or conjunctiva)." Client #3's annual History and Physical Examination of 8/17/12 did not indicate client #2's physician evaluated client #2's vision.</p>	W000323	<p>Now and in the future, all annual physicals will include an evaluation of vision and hearing. The attached letter will accompany every individual physical to prompt the physician to address those areas. The Home Manager, residential staff and Health Care Coordinator will ensure all areas of the annual physical have been addressed.</p>	04/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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(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
	<p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM indicated client #1's most current visual evaluation was 8/22/11 and client #2's most current visual evaluation was 10/27/10. The QMRP indicated client #1's and #2's annual physical reports did not indicate the physician had examined client #1's and/or client #2's eyes when the clients had their annual physicals.</p> <p>9-3-6(a)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2013	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure nursing services assessed and monitored client #2's respiratory needs and failed to ensure nursing developed and implemented a health care/risk plan for client #2's medical needs in regard to the client's health issues of COPD (Congestive Obstructive Pulmonary Disease), Emphysema and Obstructive Sleep Apnea that included how the staff were to monitor and care for client #2 and the client's medical equipment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/20/13 between 3:30 PM and 6:30 PM and on 3/21/13 between 6 AM and 9 AM. A sign was displayed on the front and back doors of the home indicating "Oxygen in use." During both observation periods, client #2 did not use oxygen while ambulating. Client #2 did not appear to have any difficulty breathing while ambulating.</p> <p>During the 3/22/13 observation period at the day program between 10:30 AM and 11:30 AM, client #2 did not use oxygen</p>	W000331	<p>The Residential Healthcare Coordinator will visit each group home weekly, and as needed, to monitor the medical care of residents, and their medical equipment: she will make recommendations, as needed.</p> <p>Now and in the future, nursing services will assess and monitor client specific medical needs.</p>	04/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/28/2013	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
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	<p>while ambulating. Client #2 did not appear to have any difficulty breathing while ambulating.</p> <p>Client #2's record was reviewed on 3/21/13 at 1 PM. Client #2's record indicated diagnoses of, but not limited to, COPD (Congestive Obstructive Pulmonary Disease), Emphysema and Obstructive Sleep Apnea. Client #2's record indicated client #2 had a history of bronchitis and pneumonia.</p> <p>Client #2's Physician's Orders for 2012/2013 indicated client #2 had an order for oxygen at 2 liters per nasal cannula while ambulating and an order for oxygen at 2 liters per concentrator at bedside during sleeping hours. The orders indicated client #2 received Ipratropium Bromide and Pulmicort via a nebulizer 2 times a day for Emphysema and wheezing.</p> <p>Client #2's physician's Appointment Forms contained in the client's record indicated:          __ 7/26/12, "COPD stable.... See back in 3 months."          __ 10/30/12, "COPD stable.... See back in 3 months."          __ 12/28.12, "Runny nose and cough w/ [with] production of flem (sic)....          Diagnosis Bronchopneumonia."</p>		<p>The IDT will determine the need for necessary protocols to ensure all residents' medical needs are recognized and met.</p> <p>IDT, Residential Healthcare Coordinator responsible.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>__1/10/13, "Follow up on recovering from pneumonia. Pt [patient] better per care giver. Using oxygen at night and PRN [as needed] in daytime.... Lungs clear but slit [slight] wheeze on hard expiration. Occ [occasional] dry cough."</p> <p>__1/23/13, "Not feeling well. Cough w/ [with] production of flem (sic). Very tired. Shortness of breath. Watery eyes. Pt [patient] has been out in 12 degree weather. Recent pneumonia on 12/12.... Lungs diminished, clear, no ronchi, no wheeze...." "Diagnosis - Emphysema, cough, increased shortness of breath." The form indicated client #2 was to stay home from the workshop when weather was less than 15 degrees.</p> <p>__1/31/13, "Cough improved from last visit. Using Oxygen much of the time, has a portable tank.... Lungs quiet but clear, no wheeze.... COPD stable.... Continue with present meds and oxygen."</p> <p>__2/14/13, "Check on cough w/ [with] production of mucus.... Staff giving Robitussin which helps.... Lungs diminished but clear in all lobes. No wheeze." "Diagnosis - Cough, COPD...."</p> <p>Client #2's 2013 "Monthly/Quarterly Health Summary" notes from the facility LPN (Licensed Practical Nurse) indicated no nursing notes from the LPN for the months of February and March 2013. The notes for January 2013 indicated client</p>			

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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(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
	<p>#2's PO2 (oxygen saturation levels) were monitored twice a month by an RN (Registered Nurse) that worked for the company that delivered client #2's oxygen and not for the facility. Client #2's nursing assessments consisted of a log of client #2's visits to see his physician. Client #2's record did not indicate the LPN had assessed client #2's lungs and/or respiratory needs. The record did not indicate the LPN was monitoring and/or assessing client #2 for his medical needs in regard to his symptoms of COPD and Emphysema.</p> <p>Client #2's record did not indicate a health care plan and/or risk plan in regard to client #2's respiratory needs that addressed when the staff were to take client #2's PO2, how and when the client was to use his oxygen, how and when the staff were to monitor client #2's oxygen equipment, how and what the staff were to monitor, how the staff were to assist client #2 throughout the day, what was to be reported to the nurse and/or when it was to be reported. Client #2's record did not indicate a health care plan and/or risk plan in regard to client #2's sleep apnea to address how and when the staff were to monitor the client while sleeping.</p> <p>Interview with the HM (house manager) on 3/21/13 at 2 PM indicated client #2</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2013
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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>wore oxygen at night and during the day only when he needed it. The HM indicated client #2's PO2 was taken whenever the staff felt he was having a hard time breathing. When asked when do you call the nurse the HM indicated if the client was not feeling well the staff would call the client's physician for directions and then would let facility LPN know what the doctor's office had to say and/or would take the client to be seen by his physician. When asked how often the facility nurse came to the house to assess client #2, the HM indicated once a month.</p> <p>Telephone interview with the facility LPN on 3/26/13 at 10 AM indicated client #2 had a history of COPD, pneumonia and bronchitis. When asked how often she assessed client #2's lungs, PO2 and respiratory heath, the LPN stated "I go to the group home once a month to do their monthly assessments. I try to get over there more often, but it doesn't always happen." The LPN indicated if client #2 did not feel well, the HM would call the client's physician's office to get client #2 in to see his doctor. The LPN indicated the staff took client #2's PO2 whenever they thought client #2 was having problems breathing. The LPN stated client #2 was "doing better" and didn't have to wear his oxygen during the day if he didn't want to wear it but the client</p>			

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NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
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	<p>"always wears it at night, he has a concentrator." The LPN indicated the staff checked client #2's equipment but she did not know how often. The LPN stated, "I think they check it every night and I know they keep extra oxygen supply at the day program." The LPN indicated client #2 did not have a health care/risk plan in place in regard to client #2's COPD and Emphysema. The LPN stated, "We are working on that." When asked if the facility had a Registered Nurse available for oversight and consultation, the LPN stated "No, I have just always worked with the doctors."</p> <p>9-3-6(a)</p>			

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W000346	<p><b>483.460(d)(4) NURSING STAFF</b></p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure a registered nurse was available for verbal or onsite consultation to the facility LPN (Licensed Practical Nursing).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/20/13 between 3:30 PM and 6:30 PM and on 3/21/13 between 6 AM and 9 AM. A sign was displayed on the front and back doors of the home indicating "Oxygen in use." During both observation periods, client #2 did not use oxygen while ambulating. Client #2 did not appear to have any difficulty breathing while ambulating.</p> <p>During the 3/22/13 observation period at the day program between 10:30 AM and 11:30 AM, client #2 did not use oxygen while ambulating. Client #2 did not appear to have any difficulty breathing while ambulating.</p>	W000346	<p>Now and in the future, JRDS will have a formal arrangement with a contracted Registered Nurse to be available for verbal and/or onsite consultation to the LPN/Healthcare Coordinator.</p> <p>Residential Department Head, Healthcare Coordinator responsible.</p>	04/25/2013

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	<p>Client #2's record was reviewed on 3/21/13 at 1 PM. Client #2's record indicated a diagnoses of, but not limited to, COPD (Congestive Obstructive Pulmonary Disease), Emphysema and Obstructive Sleep Apnea. Client #2's record indicated client #2 had a history of bronchitis and pneumonia.</p> <p>Client #2's Physician's Orders for 2012/2013 indicated client #2 had an order for oxygen at 2 liters per nasal cannula while ambulating and an order for oxygen at 2 liters per concentrator at bedside during sleeping hours. The orders indicated client #2 received Ipratropium Bromide and Pulmicort via a nebulizer 2 times a day for Emphysema and wheezing.</p> <p>Client #2's physician's Appointment Forms indicated:            __7/26/12, "COPD stable.... See back in 3 months."            __10/30/12, "COPD stable.... See back in 3 months."            __12/28.12, "Runny nose and cough w/ [with] production of flem (sic).... Diagnosis Bronchopneumonia."            __1/10/13, "Follow up on recovering from pneumonia. Pt [patient] better per care giver. Using oxygen at night and PRN [as needed] in daytime.... Lungs</p>			

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	<p>clear but slit [slight] wheeze on hard expiration. Occ [occasional] dry cough." __1/23/13, "Not feeling well. Cough w/ [with] production of flem (sic). Very tired. Shortness of breath. Watery eyes. Pt [patient] has been out in 12 degree weather. Recent pneumonia on 12/12.... Lungs diminished, clear, no ronchi, no wheeze...." "Diagnosis - Emphysema, cough, increased shortness of breath." The form indicated client #2 was to stay home from the workshop when weather was less than 15 degrees. __1/31/13, "Cough improved from last visit. Using Oxygen much of the time, has a portable tank.... Lungs quiet but clear, no wheeze.... COPD stable.... Continue with present meds and oxygen." __2/14/13, "Check on cough w/ [with] production of mucus.... Staff giving Robitussin which helps.... Lungs diminished but clear in all lobes. No wheeze." "Diagnosis - Cough, COPD...."</p> <p>Client #2's 2013 "Monthly/Quarterly Health Summary" notes from the facility LPN (Licensed Practical Nurse) indicated no nursing notes from the LPN for the months of February and March 2013. The notes for January 2013 indicated client #2's PO2 (oxygen saturation levels) were monitored twice a month by an RN (Registered Nurse) that worked for the company that delivered client #2's oxygen</p>			

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	<p>and not for the facility. Client #2's nursing assessments consisted of a log of client #2's visits to see his physician. Client #2's record did not indicate the LPN had assessed client #2's lungs and/or respiratory needs. The record did not indicate the LPN was monitoring and/or assessing client #2 for his medical needs in regard to his symptoms of COPD and Emphysema.</p> <p>Client #2's record did not indicate a health care plan and/or risk plan in regard to client #2's respiratory needs that addressed when the staff were to take client #2's PO2, how and when the client was to use his oxygen, how and when the staff were to monitor client #2's oxygen equipment, how and what the staff were to monitor, how the staff were to assist client #2 throughout the day, what was to be reported to the nurse and/or when it was to be reported. Client #2's record did not indicate a health care plan and/or risk plan in regard to client #2's sleep apnea to address how and when the staff were to monitor the client while sleeping.</p> <p>Interview with the HM (house manager) on 3/21/13 at 2 PM indicated client #2 wore oxygen at night and during the day only when he needed it. The HM indicated client #2's PO2 was taken whenever the staff felt he was having a</p>						

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	<p>hard time breathing. When asked when do you call the nurse the HM indicated if the client was not feeling well the staff would call the client's physician for directions and then would let facility LPN know what the doctor's office had to say and/or would take the client to be seen by his physician. When asked how often the facility nurse came to the house to assess client #2, the HM indicated once a month.</p> <p>Telephone interview with the facility LPN on 3/26/13 at 10 AM indicated client #2 had a history of COPD, pneumonia and bronchitis. When asked how often she assessed client #2's lungs, PO2 and respiratory heath, the LPN stated "I go to the group home once a month to do their monthly assessments. I try to get over there more often, but it doesn't always happen." The LPN indicated if client #2 did not feel well, the HM would call the client's physician's office to get client #2 in to see his doctor. The LPN indicated the staff took client #2's PO2 whenever they thought client #2 was having problems breathing. The LPN stated client #2 was "doing better" and didn't have to wear his oxygen during the day if he didn't want to wear it but the client "always wears it at night, he has a concentrator." The LPN indicated the staff checked client #2's equipment but she did not know how often. The LPN</p>			

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	<p>stated, "I think they check it every night and I know they keep extra oxygen supply at the day program." The LPN indicated client #2 did not have a health care/risk plan in place in regard to client #2's COPD and Emphysema. The LPN stated, "We are working on that." When asked if the facility had a Registered Nurse available for oversight and consultation, the LPN stated "No, I have just always worked with the doctors."</p> <p>Telephone interview with the GHSD (Group Home Services Director) on 3/28/13 at 1:30 PM indicated the facility nursing staff consisted of an LPN. The GHSD indicated the facility did not employ an RN for verbal or onsite consultation for the LPN.</p> <p>9-3-6(a)</p>				

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review, the facility failed to ensure all medications were administered without error for 11 of 44 doses administered for clients #1, #2, #3, #4, #5 and #6.</p> <p>Findings include:</p> <p>During the 3/20/13 observation period at the group home between 3:30 PM and 6:30 PM, staff #1 gave client #4 Calcium (a dietary supplement) at 5 PM. Client #4 ate his evening meal between 5:35 PM and 6 PM.</p> <p>During the 3/21/13 observation period at the group home between 6 AM and 9 AM, the following was observed:          ___ Clients #2, #4, #5 and #6 had completed eating their breakfast meal by 6:10 AM. Client #3 did not eat during this observation because of being ill.          ___ At 6:10 AM, staff #1 gave client #5 a multivitamin. Review of client #5's multivitamin pill pack at 6:11 AM indicated client #5 was to take the multivitamin on an empty stomach, 1 hour before a meal or 2 - 3 hours after a</p>	W000369	<p>Now and in the future, drugs will be administered without error. Staff will be trained upon hire and retrained, at least annually or as needed. Staff were retrained on 4-22-13, on safe and accurate practices of medication administration. Labels have been cross referenced with the MAR for all special considerations. The Healthcare Coordinator will document all new</p>	04/25/2013			

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	<p>meal.</p> <p>__At 6:15 AM, staff #1 gave client #4 Prilosec (for heartburn and/or gastric reflux) and Levothyroxine (for hypothyroidism). Review of client #4's Prilosec and Levothyroxine pill packs indicated client #4 was to take Prilosec and Levothyroxine on an empty stomach and/or before a meal.</p> <p>__At 6:30 AM, staff #1 gave client #2 Prilosec. Review of client #2's Prilosec pill pack indicated client #2 was to take his Prilosec before a meal.</p> <p>__At 6:35 AM, staff #1 gave client #6 Prilosec. Review of client #6's Prilosec pill pack indicated client #6 was to take his Prilosec before a meal.</p> <p>__At 8:10 AM, staff #1 gave client #4 Toprol (for high blood pressure) and Meloxicam (for Rheumatoid arthritis). Review of client #4's Toprol and Meloxicam pill packs indicated client #4 was to take Toprol and Meloxicam with food and/or immediately after eating a meal.</p> <p>__At 8:20 AM, staff #1 gave client #2 Flomax (for benign prostatic hyperplasia). Review of client #2's Flomax pill pack indicated client #2 was to take Flomax 1/2 hour after eating a meal.</p> <p>__At 8:50 AM, staff #1 gave client #3 Geodon (an antipsychotic medication) 60 mg. Review of client #3's Geodon pill pack indicated client #3 was to take</p>		<p>medication's special considerations on the MAR and will be checked by staff as the new medication is entered into the client's drug regimen.</p> <p>Residential Healthcare Coordinator and group home staff responsible.</p>				

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	<p>Geodon with food.</p> <p>__Staff #1 was not observed to apply Clotrimazole 1% cream to client #1's buttocks.</p> <p>Client #1's, #2's, #3's, #4's #5's and #6's March 2013 Medication Administration Records (MARs) were reviewed on 3/21/13 at 9:30 AM.</p> <p>Client #1's MAR indicated client #1 was to have Clotrimazole 1% cream to his buttocks at 8 AM.</p> <p>Client #2's MAR indicated client #2 was to take Prilosec before a meal. Client #2's MAR did not indicate client #2 was to take Flomax 1/2 hour after eating a meal.</p> <p>Client #3's MAR indicated client #3 was to take Geodon with food.</p> <p>Client #4's MAR indicated client #4 was to take Calcium, Toprol and Meloxicam with food, Prilosec was to be taken before meals and Levothyroxine was to be taken on an empty stomach.</p> <p>Client #5's MAR indicated client #5's multivitamin could be taken with or without food.</p> <p>Client #6's MAR did not indicate client #6 was to take Prilosec before a meal.</p>			

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	<p>Telephone interview with the facility nurse on 3/26/13 at 10 AM indicated the staff were to give the medications as ordered by the physician and as indicated on the MAR. The facility nurse indicated the instructions from the pharmacist on the pill packs "should be" the same as the instructions on the MAR and the staff were to follow the directions on the pill packs and were to notify the facility nurse of any discrepancies.</p> <p>9-3-6(a)</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 9-3-1 Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This rule is not met as evidence by:</p> <p>Based on record review and interview, the facility failed to report client #1 had a surgical procedure under anesthesia to the BDDS (Bureau of Developmental Disabilities Services) in accordance with state law.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/22/13 at 11:30 AM. Client #1's hospital "Procedural Sedation Outpatient Discharge Instructions" of 1/14/13 indicated client #1 had a Colonoscopy with the removal of polyps under sedation on 1/14/13.</p>	W009999	<p>Now and in the future, when a surgical procedure's results reflect a need for medical follow up or hospitalization, BDDS will be notified no later than the first business day; followed by written summaries, as requested by the division. JRDS staff will follow the JRDS reporting policy. JRDS staff have been retrained on the JRDS reporting policy. Home Manager and Health Care Coordinator responsible.</p>	04/25/2013			

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	<p>The facility's records were reviewed on 3/20/13 at 2 PM. The facility's records indicated BDDS had not been notified of client #1's surgical procedure of 1/14/13.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 3/22/13 at 3 PM indicated all reports had been provided for review. The QMRP indicated the BDDS was to be notified whenever a client required an anesthesia and/or hospitalization.</p> <p>9-3-1(b)</p>			