

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G377	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/27/2012
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NAME OF PROVIDER OR SUPPLIER CORVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 52549 MYRTLE ST SOUTH BEND, IN 46637
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 23, 24, 25, 26, and 27, 2012</p> <p>Facility number: 000891 Provider number: 15G377 AIM number: 100244320</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 8/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 5 of 5 clients (clients #1, #2, #3, #4, and #5) who lived in the group home.</p> <p>Findings include:</p> <p>On 7-23-12 from 3:20 p.m. until 5:10 p.m. an observation at the home of clients #1, #2, #3, #4, and #5 was conducted. The living room carpet had a snag in the kitchen doorway 1 inch wide by 14 inches long and 10 black quarter size stains. The fireplace screen/doors were covered in dust and rust. The blinds in clients #3 and #5's bedroom had five broken slats. The metal cabinet in the medication room had rust over the entire bottom which went onto the floor and a 3 feet area by 1 feet area of rust on the front door. The medication room ceiling had a 2 feet by 1 foot bubbled area in the paint with brownish yellow stains around the bubbled part. The desk in the medication room was rusted over the 4 legs and the base of the desk. The stove hood vent was rusted with black, brown, and orange residue on it. The stove back splash and</p>	W0104	<p>The agency is in the process of obtaining bids to replace the carpet in the kitchen door way, living room and any other areas needed. The fireplace screen/ doors will be replaced. The maintenance department will replace the stove hood and back splash. The metal cabinet in the medication room will be replaced along with the desk in the medicatiom room. The maintenance department is getting bids to replace the bubbled ceiling in the mecication area and will have work done as soon as possible. The maintenaance department will be responsible for fixing or replacing the metal slats in all Corvilla homes. Corvilla has a Monthly Preventative Form that the Managers fill out and turn into the office. The Residential Supervisor will be responsible for in-servicing the Managers so the identify all areas of the home that need attenention. Responsible Persons - Tom Flanagan - Maintenance Director Julie Lucky - Executive Director</p>	08/28/2012			

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	<p>plug ins were covered in a yellow, black and brown substance and the cabinet by the stove had a crack 6 inches long with a hole 3 inches wide by 2 inches long.</p> <p>On 7-24-12 at 10:30 a.m. an interview with the Qualified Mental Retardation Professional indicated the maintenance concerns needed to be addressed and there were no maintenance requisitions for review.</p> <p>9-3-1(a)</p>				

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2) to ensure the Specially Constituted Committee (SCC) reviewed and approved a medication used for depression.</p> <p>Findings include:</p> <p>On 7-24-12 at 9:15 a.m. a record review for client #2 was conducted. The Psychiatric Evaluation Appointment Worksheet dated 4-13-12 indicated client #2 had received Bupropion HCL XL 150 mg (milligrams).</p> <p>A behavioral concern form dated 12-1-11 indicated client #2 was admitted into the home on 11-1-11 with the diagnosis of depression and he received Bupropion to assist him with this condition. Client #2's physicians orders (PO) dated 6-1-12 indicated client #2's diagnosis included, but was not limited to, depression. The PO indicated client #2 was prescribed Bupropion HCL XL 150 mg (Wellbutrin).</p> <p>On 7-24-12 at 9:35 a.m. a record review</p>	W0262	<p>To ensure the Specially Constituted Committee review and approve a medication used for depression for Client #2, client #2 has recieved approval for the use of the behavior medication Bupropion for depression. The current Corvilla Policy regarding utilization of chemical restraints has been updated to include new residents on chemical restraints will have HRC and IDT approval on admission. All new residents on chemical restraint have been reviewed and have SCC approval. All future new residents admitted on chemical restraints will have SCC approval. The Agency Nurse has reviewed client files to ensure all residents on chemical restraints have SCC approval and is responsible for SCC approval in all future residents. Agency Nurse - Julie King QMRP Anedria Gibson</p>	08/28/2012

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	<p>of the facility's SCC minutes were reviewed. The SCC minutes dated 6-13-12, 3-14-12, and 12-13-11 did not contain SCC approval for the use of the behavior medication Bupropion for client #2.</p> <p>On 7-24-12 at 10:45 a.m. an interview with the facility nurse indicated there were no SCC approvals for client #2's depression medication Bupropion.</p> <p>9-3-4(a)</p>				

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #3) to promote his dignity by ensuring he had a clean/dry shirt and to ensure his food was not all pureed together.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 7-23-12 from 3:20 p.m. until 5:10 p.m. an observation was conducted at the home of client #3. At 3:30 p.m. client #3 was observed with saliva on his chin and 3 wet spots on his shirt. At 3:50 p.m. client #3 had saliva on his chin and a wet shirt. At 4:00 p.m. client #3 sat in his chair with his mouth open with saliva on his chin going down to his wet shirt then falling on his shorts as he stood up. At 4:35 p.m. client #3 watched television with saliva on his chin. At 5:00 p.m. client #3 ate his supper with his wet shirt on with a clothing protector on top of it. From 3:20 p.m. until 5:10 p.m. client #3 was not prompted to wipe his chin or change his shirt. On 7-23-12 from 3:20 until 5:10 p.m. an observation was conducted at the home of client #3. At 4:55 p.m. client #1 was 	W0268	<p>To ensure that the growth and development and independence is being prompted for Client #3: a goal will be developed to aid him in learning to care for his self when he needs to clean/wipe any part of his face. The QMRP will be responsible for re-training with the Managers to be able to recognize opportunities to teach and reinforce acquired skills.. They will also be retrained on how to encourage Client #3 to complete the task as independantly as possilbe. Once the Managers have been retrained - the will retrain their staff. To determine if this deficiency has ocured in Corvilla homes, the QMRP has spent time in the homes and found no similar deficiency. To ensure a deficiency of this time willll occur again the QMRP will be responsible for monitoring the homes (s) weekly and reviewing client files quarterly to make sure any related goals are followed. To promote dignity for client #3 pureed foods will be served separate as to the meat, vegetables, ect.All foods will be purred and served separately.All Myrtle staff will be trained by 8-12-12. All other home staff will also be inserved on 8-12-12Responsible Person(s)-</p>	08/28/2012			

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	<p>served one large bowl with both of his supper items, beef stroganoff and green beans, pureed in the bowl together. Clients #1, #2, #4, and #5 had separate serving dishes for their green beans and beef stroganoff.</p> <p>On 7-24-12 at 10:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #2 should have been offered a dry shirt and something to assist him to wipe off his mouth to promote his dignity.</p> <p>On 7-24-12 at 10:40 a.m. an interview with the facility nurse indicated client #2 should not have all his food items pureed together but they should be pureed separately and served separately.</p> <p>9-3-5(a)</p>		Agency Nurse and QMRP with weekly visits.		

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, for 1 of 2 sampled clients who used behavior controlling drugs (client #2), the client's Individualized Program Plan (ISP) failed to include the use of Bupropion (antidepressant).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7-24-12 at 9:15 a.m. The ISP date 12-1-11 did not include the use of the medication Bupropion. There was no Behavior Management Plan to review for client #2. The Psychiatric Evaluation Appointment Worksheet dated 4-13-12 indicated client #2 had received Bupropion HCL XL 150 mg (milligram).</p> <p>A behavioral concern form dated 12-1-11 indicated client #2 was admitted into the home on 11-1-11 with the diagnosis of depression and he received Bupropion to assist him with this condition. Client #2's physicians orders (PO) dated 6-1-12 indicated client #2's diagnosis included but was not limited to depression. The</p>	W0312	<p>TO ensure the medication used to control inappropriate behavior is an integral part of Client #2 individual program plans; behavioral guidelines have been developed and implemented with the approval of the IDT. The QMRP has also reviewed the files of other Corvilla clients receiving medication for behavior control for inappropriate behaviors and found no similar deficiencies. To ensure no other deficiency similar to this occurs in the future, the QMRP will be responsible for reviewing and monitoring the files of reviewing all residents receiving behavior control medication. Responsible Person - Anedria Gibson - QMRP</p>	08/28/2012			

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	<p>PO indicated client #2 was prescribed Bupropion HCL XL 150 mg (Wellbutrin).</p> <p>An interview on 7-24-12 at 10:30 a.m. with the Qualified Mental Retardation Professional (QMRP) indicated the Bupropion was not in client #2's program plan. The QMRP indicated client #2 had no signs of depression so there was no plan written.</p> <p>9-3-5(a)</p>				

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W0370	<p>483.460(k)(3) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.</p> <p>Based on record review and interview, for 1 of 1 facility safety instructors #12 (SI), the facility failed to implement a medication administration system that insured non licensed personnel received training to administer medications within 120 days of employment for 5 of 5 clients (clients #1, #2, #3, #4, and #5) who lived in the home.</p> <p>Findings include:</p> <p>A review of the facility's employee records was conducted at the facility's administrative office on 7-24-12 at 10:45 a.m. Review of SI #12's record indicated a hire date of 11/22/11. Further review of SI #12's employee record indicated no completion of Living in the Community Core B training.</p> <p>An interview with Human Resource staff #15 (HR) was conducted at the facility's administrative office on 7-24-12 at 11:00 a.m. HR #1 indicated SI #12 had not completed Med Core B training. HR #1 stated the SI's job was to "spring into action if anything would happen."</p> <p>An interview with the facility nurse was</p>	W0370	<p>Regardless if they pass medication, ALL Corvilla staff will be trained in Med Core A and Med Cor B. Responsible Person: Julie King - Agency Nurse Diana Dalhin - Human</p>	08/28/2012			

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	<p>conducted at the facility's administrative office on 7-24-12 at 11:05 a.m. The facility nurse indicated SI #12 had not taken med core B because he didn't pass medications.</p> <p>9-3-6(a)</p>			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>1. 9-3-6(a) Health Care Services (b) All personnel who administer medication to residents or observe residents self-administering medication shall have received and successfully completed training using materials approved by the council.</p> <p>This state rule was not met evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 of 2 staff reviewed (staff #12) who worked in the group home with clients #1, #2, #3, #4, and #5 had successfully completed The Living in the Community Medication Administration Core A and Core B curriculum.</p> <p>Findings include:</p> <p>Facility personnel records reviewed on 7-24-12 at 10:45 a.m. indicated staff #12 had taken the Core A medication administration class but had not taken Core B.</p>	W9999	<p>Although Corvilla currently has staff that do not drive Corvilla residents or vehicles, we will get BMV checks on ALL new staff. Resopnsible Person Diana Dahlin - Human Resources Manager The Agency nurse will be given the SDOH telephone number and will be trained on incident reporting regarding falls and will be responsible for informing SDOH by telephone the next business day and will follow up with written summaries as directed by the division. Responsible Person - Julie King Agency Nurse</p>	08/28/2012	

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	<p>An interview with Human Resource staff #15 (HR) was conducted at the facility's administrative office on 7-24-12 at 11:00 a.m. HR #1 indicated Safety Instructor (SI) #12 had not completed Med Core B training and his hire date was 11-22-11. HR #1 stated the SI's job was to "spring into action if anything would happen."</p> <p>An interview with the facility nurse was conducted on 7-24-12 at 11:05 a.m. The facility nurse indicated SI #12 had not taken med core B because he didn't pass medication. The facility nurse indicated the facility used The Living in the Community Medication Administration Core A and Core B curriculum.</p> <p>The Living in the Community: Medication Administration Manual (dated 2004) pages v-vi was reviewed on 7-25-12 at 8:30 p.m. and indicated the following in part, "Core A must be passed with a minimum of 85% before a staff member may administer medication or observe individuals self-administering medication...Core B must be passed with a minimum score of 85% within the first 120 days of employment for a staff member to continue to administer medications or observe individuals self-administering medications."</p>						

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9-3-6(b)	<p>2. 460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee 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. The provider shall obtain, as a minimum, a bureau of motor vehicles record a criminal history check a authorized in IC 5-2-5-5 , 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 was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 2 employee records reviewed (staff #12) to obtain a bureau of motor vehicles record.</p> <p>Findings include:</p> <p>Staff #12's employee records were reviewed on 7-24-12 at 10:45 a.m. A review of the records failed to show a bureau of motor vehicles record was obtained prior to employment.</p>			

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	<p>An interview with Human Resource staff #15 (HR) was conducted at the facility's administrative office on 7-24-12 at 11:00 a.m. HR #1 indicated SI #12 did not have a bureau of motor vehicles record on file because he worked 11:00 p.m. until 6:30 a.m. and there was another staff in the home on duty. HR #1 stated the SI's job was to "spring into action if anything would happen."</p> <p>3. 460 IAC 9-3-1(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>The state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2), to ensure his falls with injury were reported to the Bureau of Developmental Disability Services (BDDS) in accordance with State Law.</p> <p>Findings include:</p> <p>On 7-24-12 at 9:15 a.m. a record review for client #2 was conducted. The review indicated client #2 had falls with injury on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G377	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER CORVILLA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 52549 MYRTLE ST SOUTH BEND, IN 46637		
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	<p>the following dates:</p> <p>-On 11-1-11 client #2 bent down to pick up a bag and fell to the floor. The injury report dated 11-1-11 indicated client #2's right knee hurt and he had an abrasion over his knee cap.</p> <p>-An injury report dated 11-14-11 indicated client #2 fell getting into the shower and received a cut on his right thumb.</p> <p>-An injury report dated 12-27-11 indicated client #2 fell getting his robe out and hurt his big toe. Ice was applied to the toe.</p> <p>-An injury report dated 4-17-12 indicated client #2 fell from the toilet. Client #2 had an abrasion on the back of his left hand and a bruise on his right forearm.</p> <p>-An injury report dated 4-24-12 indicated client #2 fell from his bed. Client #2 had a bruise under his left buttock.</p> <p>On 7-24-12 at 10:30 a.m. an interview with the Qualified Mental Retardation Professional indicated she was unaware BDDS reports had to be filed for falls with injury and there were no BDDS reports to review for client #2's falls with injury.</p> <p>9-3-2(c)(3)</p>				

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