

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G531	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3107 HENSEL DR CARMEL, IN 46032
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: 9/22, 9/23, 9/28 and 10/9/15.</p> <p>Facility number: 001045 Provider number: 15G531 AIM number: 100244990</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 10/26/2015.</p>	W 0000		
W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#2), the facility failed to ensure facility staff were retrained in regard to placing the client's helmet on correctly.</p> <p>Findings include:</p> <p>During the 9/22/15 observation periods between 5:55 AM and 8:30 AM and 4:45</p>	W 0189	<p>A time has been scheduled for QIDP to train Day Placement supervisor on how to put Client #2 helmet on so that it fits properly on her head.</p> <p>QIDP and Program Nurse will receive retraining to include ensuring that all day program staff receive training an all consumers, including Client #2 adaptive equipment.</p>	11/08/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>PM to 6:45 PM, at the group home, client #2 wore a helmet which at times would cover the client's eyes. Client #2 would attempt to remove the helmet and/or push the front of her helmet up on her head until the strap underneath the client's chin was tight around the client's chin/neck area.</p> <p>During the 9/23/15 observation period between 9:30 AM and 10:35 AM, at the day program, client #2 wore a helmet. At 9:41 AM, client #2 pulled her helmet up on her head until the strap was tight underneath her chin. Day Program staff #1 prompted client #2 to put her helmet back down on her head. Interview with day program staff #1 on 9/23/15 at 10:31 AM stated "[Client #2] hates (the) helmet. It goes down too low on her head. She tries to take off all day." Day program staff #2 stated client #2's helmet covered the client's eyes and they (day program) staff had complained to the facility about how client #2's helmet fitted the client's head.</p> <p>Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 4/9/15 Individual Support Plan (ISP) indicated client #2 was a fall risk.</p> <p>Client #2's 8/4/15 Fall Protocol indicated "[Client #2] has a history of falls.</p>		<p>QIDP will complete observations a minimum of once monthly for 3 months to ensure day program staff are putting Client #2 helmet on so that it fits properly. Ongoing, after the 3 months, the QIDP will complete observations a minimum of quarterly to ensure that all day program staff are putting client #2 helmet on so that it fits properly.</p> <p>Responsible Party: QIDP, Program Nurse</p>	

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W 0249 Bldg. 00	<p>Requires use of Rolling Walker @ (at) all times...." Client #2's 8/4/15 protocol indicated "...[Client #2] to wear soft helmet @ all times during waking hours."</p> <p>Interview with nurse staff #1, by phone, and the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #2 had a history of falls with injuries. The QIDP indicated client #2 wore a helmet due to the client's falls which had resulted in injury. Nurse staff #1 and the QIDP stated client #2's helmet had "been adjusted. She went in for a fitting. It was shaved down." The QIDP and nurse staff #1 stated facility staff "should be certain it is centered on her head. Staff need to be trained on how to put the helmet on."</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 3 of 4 sampled clients (#2, #3 and #4), the facility failed to</p>	W 0249	All Direct Care staff will receive retraining on all consumers, program goals and the need to complete formal and informal	11/08/2015

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	<p>implement the clients' Individual Support Plan (ISP) objectives when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 9/22/15 observation period between 5:55 AM and 8:30 AM, at the group home, client #3 sat in the living room and/or stood in the kitchen area without redirection to participate in a more meaningful activity except to catch a ball. During the 9/22/15 observation period, client #3 did not speak and facility staff #2 and staff #3 did not encourage the client to verbally speak/communicate. During the 9/22/15 observation period, facility staff #2 did not encourage the client to wash his hands before eating his breakfast meal.</p> <p>Client #3's record was reviewed on 9/23/15 at 1:31 PM. Client #3's 7/28/15 ISP indicated the client had the following supports and/or objectives which facility staff did not implement when opportunities for training existed:</p> <ul style="list-style-type: none"> - "informally encourage exercise" - "Engage in casual conversation" - To say please and/or thank you when he is making a request. - To participate in a recreational/leisure activity of his choice. 		<p>training goals as indicated, especially at Medication administration, mealtimes and any other opportune times that arise. For the next four weeks, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are completing all consumers' formal Program goals as written to provide training towards independence. Ongoing, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of once weekly to ensure that all staff are completing all consumers formal Program goals as written to provide training towards independence. Responsible Staff: QIDP, Program Coordinator</p> <p>Addendum: <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of four times weekly to ensure that all staff are completing all consumers' formal Program goals as written to provide training towards independence</i> <i>Ongoing, the Program Coordinator and/or QIDP will complete Active Treatment observations a minimum of twice weekly to ensure that all staff are completing all consumers' formal</i></p>	

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	<p>-To choose a quarter out of a variety of coins.</p> <p>-To wash his upper arms and upper body.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/28//15 at 4:17 PM indicated facility staff should encourage client #3 to speak throughout the day. The QIDP indicated clients should be encouraged to wash their hands prior to eating and getting medications. The QIDP indicated the client's ISP objectives should be implemented throughout the day.</p> <p>2. During the 9/22/15 observation period between 5:55 AM and 8:30 AM, at the group home, staff #2 custodially prepared scrambled eggs in the oven, sat the dining room table, fixed client #4's plate, buttered the client's bread and poured the client's juice while client #4 sat in the office area and/or stayed in his bedroom. Facility staff did not involve client #4 with the breakfast meal preparation. During the 9/22/15 observation period, client #4 wore eyeglasses. Facility staff did not encourage the client to clean his eyeglasses when opportunities for training existed.</p> <p>Client #4's record was reviewed on 9/28/15 at 2:11 PM. Client #4's 5/18/15 ISP indicated client #4 had the following</p>		<p><i>Program goals as written to provide training towards independence.</i></p>				

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	<p>objectives:</p> <ul style="list-style-type: none"> -To clean his eyeglasses. -To participate in a recreational and/or leisure activity. -To prepare his lunch which facility staff did not implement when formal and/or informal training opportunities existed. <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/28//15 at 4:17 PM indicated facility staff should encourage clients to participate in all aspects of meal preparation. The QIDP indicated clients should be encouraged to wash their hands prior to eating meals and getting medications. The QIDP indicated the clients' ISP objectives should be implemented throughout the day.</p> <p>3. During the 9/22/15 observation period between 5:55 AM and 8:30 AM and the 4:45 PM to 6:45 PM observation period, at the group home, client #2 did not speak and/or facility staff did not encourage the client to speak. Specifically during the 9/22/15 AM observation period, facility staff placed a can of Ensure (nutritional supplement) at the table for client #2 to drink at her morning meal. Staff #2 custodially prepared the client's breakfast which consisted of cereal poured into a bowl</p>			
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	<p>with milk. Staff #2 did not puree the client's breakfast and/or place Thicket (agent to thicken liquids-nectar thick) in the client's Ensure/liquid as staff #2 poured the client's Ensure into the cup and placed a lid on the cup.</p> <p>Specifically during the 9/22/15 PM observation period, client #2's back of her shorts was wet when she came home from work. Facility staff #4 physically assisted the client to walk with her roller walker from the van to the house at 4:45 PM. Client #2 sat in the living room in a chair until it was time to eat dinner. Facility staff #4 assisted client #2 to walk to the dining room table to eat her dinner at 5:35 PM. Client #2 had not been toileted/changed as the back of the client's pants was still wet. At 6:05 PM, client #2 was assisted to walk from the dining room to the living room to her chair. Client #2 had not been toileted/changed. At 6:35 PM, staff #2 assisted client #2 to walk to the bathroom to be toileted/changed.</p> <p>Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 4/9/15 ISP indicated the client had objectives to be assisted to use the bathroom every 2 hours and to place her Depends (incontinence brief) into the trash can which facility staff did not implement</p>			

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W 0252 Bldg. 00	<p>when opportunities for training existed. Client #2's ISP indicated client #2 had an objective to state the choice of a drink at her meal. Client #2's ISP also indicated client #2's liquids were to be nectar thick which facility staff did not implement when formal and/or informal training opportunities existed.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#2), the facility failed to document hourly bed checks as recommended due to the client's seizures.</p> <p>Findings include:</p> <p>During the 9/22/15 observation periods between 5:55 AM and 8:30 AM and 4:45 PM to 6:45 PM, at the group home, client #2 utilized a roller walker when ambulating with staff. During the 9/22/15 observation periods, client #2 also wore a helmet.</p> <p>Client #2's record was reviewed on</p>	W 0252	<p>All direct care staff will receive retraining to include ensuring that Client #2 hourly bed checks due to a history of seizures are documented as directed and documentation is available for review.</p> <p>Program Coordinator and QIDP will receive retraining to include doing a minimum of weekly checks to ensure that staff are documenting Client #2 hourly bed checks.</p> <p>Program Coordinator and/or QIDP will complete documentation checks a minimum of 3 times weekly for 4 weeks to ensure that all staff are documenting Client #2 hourly bed checks. If documentation is not being done as directed Program Coordinator and/or QIDP will</p>	11/08/2015

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	<p>9/28/15 at 12:40 PM. Client #2's 4/9/15 Individual Support Plan (ISP) indicated client #2 was a fall risk.</p> <p>Client #2's 8/4/15 Fall Protocol indicated "[Client #2] has a history of falls. Requires use of Rolling Walker @ (at) all times...." Client #2's 8/4/15 protocol indicated client #2 was to have a padded rug/mat with an alarm beside her bed. The 9/22/15 protocol also indicated client #2 wore a helmet due to falls. The protocol indicated "...Alarm to be turned on whenever [client #2] is lying down in bed (either to nap or to sleep for the night). Staff to check on [client #2] every hour while in bed...." Client #2's record, medication Administration Record and/or current data sheets did not indicate the facility staff documented the hourly monitoring and/or checks of client #2.</p> <p>Interview with nursing staff #1, by phone, and the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #2 had a history of falls with injuries. The QIDP indicated facility staff were to check on the client hourly. The QIDP indicated the facility staff checked the client hourly but did not document their checks.</p> <p>9-3-4(a)</p>		<p>provide immediate feedback to staff to correct documentation errors.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete documentation checks a minimum of weekly to ensure that all staff are documenting Client #2 hourly bed checks. If documentation is not being done as directed Program Coordinator and/or QIDP will provide immediate feedback to staff to correct documentation errors.</p> <p>Responsible party: Program Coordinator and/or QIDP</p>		

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review for 1 of 4 clients (#2) with restrictive programs reviewed, the facility failed to ensure the client's guardian gave written informed consent for the client's restrictive program prior to implementation.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 1/5/15 Psychotropic Medication Review indicated client #2 received Seroquel 50 milligrams daily for "Anxiety NOS" (Not Otherwise Specified).</p> <p>Client #2's 4/9/15 Individual Support Plan (ISP) indicated client #2's parents were the client's guardians.</p> <p>Client #2's May 2015 Behavioral Support Plan (BSP) indicated client #2 demonstrated "Sleep Disturbance" and "refusing to use her walker." Client #2's BSP indicated an alarm was to be used to sound at night if client #2 attempted to get out of her bed. The client's BSP</p>			W 0263	<p>The QIDP will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The QIDP will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation.</p> <p>For the next 3 months, the QIDP will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met.</p>		11/08/2015

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	<p>indicated "...When staff hears the alarm sound, they should go in her room and remind her to use her walker if she is going to get up and walk somewhere. Because refusing to use her walker could result in serious bodily harm, this restriction is necessary...." Client #2's BSP indicated client #2 signed the May 2015 BSP on 7/17/15. The client's May 2015 BSP indicated the client's guardians were contacted by phone on 8/11/15 and gave verbal consent for the client's restrictive BSP/medication. The form indicated the facility did not obtain written informed consent for the client's restrictive program.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #2's parents were client #2's guardians. The QIDP indicated client #2's parents spent part of the year in Texas. The QIDP indicated she had called the client's guardians and the client's mother gave verbal consent for client #2's restrictive program. The QIDP indicated since the client's parents were elderly and did not stay near client #2 for half of the year, it was difficult to get the guardians to return signed documents.</p> <p>9-3-4(a)</p>		Responsible Party: QIDP, Area Director	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 3 of 4 sampled clients (#1, #2 and #3) and for 1 additional client (#7), the facility's nursing services failed to develop a risk plan for the clients' weight loss, failed to obtain/document medical evaluations to rule out medical reasons for the clients' weight loss, and failed to obtain documentation and/or failed to document the physician's concerns in regard to possible Dementia for a client. The facility's nursing services failed to ensure facility staff called the nurse in regard to issues with a client's G-Tube (Gastrostomy-feeding tube) stoma and to ensure the facility's nursing services documented her assessment of the client's G-Tube when in the group home. The facility's nursing services failed to develop a risk plan for a client's blood pressure, to periodically assess a client for possible side effects of their behavioral medications, and to ensure a client had a follow up audiological test as recommended.</p> <p>Findings include:</p> <p>1. During the 9/22/15 observation periods between 5:55 AM and 8:30 AN</p>	W 0331	<p>1. All direct care staff will receive retraining on Client #3 diet orders and how to appropriately prepare the diet including mixing ice cream with his Ensure and/or receiving oatmeal with brown sugar and whole milk.. Training will include ensuring that all consumers' diet orders are prepared as directed by the physician and/or dietician. Program nurse will receive retraining to include ensuring all staff are trained to accurately prepare food and drink according to the specified orders.</p> <p>For 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations a minimum of weekly to ensure that direct care staff are preparing all consumers food and beverages as</p>	11/08/2015			

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	and the 4:45 PM to 6:45 PM observation period, at the group home, client #3 was small in stature. Client #3 did not want to eat. Client #3 was given applesauce in a bowl at breakfast time which client #3 ate as the client had refused to eat the scrambled eggs and toast. During the 9/22/15 evening observation, client #3 was given his medication in applesauce. Client #3 spit out the medication onto client #3's pant leg and swallowed the applesauce. Staff #2 put on glove and picked up the pill client #3 spit out and placed it back into the applesauce. Staff #2 told client #3 if he took his medications they would go to a fast food restaurant to get a coke. During the 9/22/15 evening meal, client #3 refused to eat his dinner which consisted of meatloaf, broccoli and mashed potatoes. Facility staff prompted client #3 to eat several times. Client #3 refused to eat. Facility staff gave client #3 2 cans of ensure (nutritional supplement) which client #3 drank without difficulty and/or prompting. Facility staff also offered/gave the client pancakes with syrup to eat. Client #3 used his spoon to eat the syrup but would not eat the pancakes. At one point, facility staff prompted client #3 to take another bite of his pancakes. Client #3 complied but had a grimace on his face when the client tried to swallow the pancake. Client #3		<p>directed by their Physician and/or dietician.</p> <p>Program Nurse will consult with Client #3 Primary Care Physician to determine if a complete medical evaluation is needed for Client #3 to rule out dementia.</p> <p>Program Nurse will receive retraining to include ensuring that all concerns for medical issues are brought up to the consumers Primary Care Physicians to determine if further assessment or treatment is recommended.</p> <p>Client #3 ISP and Risk Plans have been updated to address Client #3 low weight and weight loss issues. QIDP and Program Nurse will receive retraining to include ensuring that all consumers recurrent medical needs are addressed in the consumers Individual Support Plans and Risk Management plans.</p> <p>The Area Director will review all ISPs for this QIDP for the next 2 months to ensure all consumers recurrent medical needs are being addressed in the consumers Individual Support Plans and Risk Management plans.</p> <p>2. Staff #2 has been retrained on</p>		

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	<p>kept pointing to another can of ensure. Staff #4 told client #3 he would have to eat his food to get more drink. Staff #1 reminded staff #4 client #3 could have more ensure if he wanted to, as the client was refusing to eat. During the above mentioned observation periods, client #3 did not receive ice cream mixed with his Ensure and/or receive oatmeal with brown sugar and whole milk at breakfast.</p> <p>Client #3's record was reviewed on 9/23/15 at 1:31 PM. Client #3's 6/11/15 physician's orders indicated client #3 received a regular diet "...encourage seconds, CIB (carnation instant breakfast) 3 x's (times) dly (daily) after meals as needed as nutritional supplement. Use 8 oz (ounces) whole milk 1 can Ensure Plus 4 x/dly."</p> <p>Client #3's 2/4/15 Group Home Nutrition Assessment indicated client #3's current weight was 85 pounds as of 12/14. The assessment indicated client #3's ideal body weight was 88 to 107 pounds. Client #3's nutritional assessment indicated client #3 received a "regular diet with 2nds (seconds) encouraged." The assessment indicated client #3's weight was "relatively stable 83-86# (pounds)."</p> <p>Client #3's 5/27/15 Group Home</p>		<p>the care of Client #7 G-Tube. Program Nurse and QIDP will receive retraining to include ensuring that all direct care staff receive training on Client #7 G-tube care.</p> <p>Program Coordinator, Program Nurse and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are caring for Client #7 G-tube properly.</p> <p>Ongoing, Program Coordinator, Program Nurses and/or QIDP will complete medication administration observations at least weekly to ensure that all staff are caring for Client #7 G-tube properly. Ongoing Program Nurse will work with Program Coordinator and QIDP to ensure that upon hire, all staff receive training on the proper care of Client #7 G-tube prior to working independently.</p> <p>3. Program nurse will schedule an appointment for Client #2 for a follow up audiological exam as recommended by her Audiologist.</p> <p>Program Nurse will receive retraining to include ensuring that all recommendations for follow up from any medical appointments are</p>		

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	<p>Quarterly Nutrition Assessment indicated client #3's weight was down and indicated the client was "underweight." The note indicated "...Per staff, resident picky at BKFT (breakfast) meal, has been drinking Ensure q (every) AM. (0 (zero) CIB @ (at) this time)." Client #3's 5/27/15 quarterly assessment indicated client #3's weight was at 81 pounds.</p> <p>Client #3's 8/31/15 quarterly nutrition assessment indicated client #3's weight was at 73.6 pounds. The assessment indicated "...Wt (weight) (down) 9.1% (percent) x 90d (days), 14.4 % x 1 year. Spoke w/ staff-concern for continued wt. loss. Started on Remeron (side effect (increase) appetite). Will monitor. Staff reports client will chew food and sometimes spit it out- Likely related to texture issues. Reports client does best with soft foods such as applesauce or pudding. Recommend super meal at breakfast (oatmeal, brown sugar, whole milk). Recommend to add 1/2 c (cup). ice cream to Ensure supplement BID (two times a day) to increase calories. Goal to prevent further weight loss and work toward > (more than) 80#."</p> <p>Client #3's Weight Record from 2014 to 2015 indicated the following:</p> <p>10/14 79 pounds</p>		<p>reviewed, scheduled and/or completed as needed as soon as possible after the medical appointment.</p> <p>Ongoing, the Program Nurse will review all consumers' medical appointment forms within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Program Coordinator and/or QIDP to ensure that appointments are scheduled, medications are ordered, etc.</p> <p>Program Nurse will complete an Abnormal Involuntary Movement Side Effects (AIMS) sheet for Client #2 for the use of the psychotropic medication of Seroquel.</p> <p>Program Nurse will receive retraining to include ensuring that AIMS forms are completed a minimum of quarterly for Client #2 for the use of Seroquel.</p> <p>Ongoing the Program Nurse will complete an Abnormal Involuntary Movement Side Effects (AIMS) sheet for Client #2 for the use of the psychotropic medication of Seroquel to ensure any side effects of the medication are being monitored and addressed as needed.</p>		

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	<p>11/14 82 pounds 12/14 83 pounds 1/15 81 pounds 2/15 80 pounds 3/15 81 pounds 4/15 84 pounds 5/15 78 pounds 6/15 75 pounds 7/15 72.6 pounds 8/15 73 pounds</p> <p>Client #3's Indiana Mentor/Medical Appointment Forms indicated the following (not all inclusive):</p> <p>-4/2/15 Client #3 saw his doctor due to having a sore throat for 4 days. The form indicated client #3 was negative for strep throat but a throat culture was obtained.</p> <p>-8/18/15 Client #3 saw his doctor for his annual physical and for "Not eating well." The appointment form indicated client #3 was started on Remeron to increase his appetite and to continue the client's Ensure drinks. The form also indicated client #3 was given 2 antibiotics for his ears.</p> <p>-8/31/15 Client #3 saw his doctor for "follow up check for weight." The note indicated "work on diet - offering different foods like yogurt, applesauce, yogurt drinks- increase hydration,</p>		<p>4. Client #1 Blood pressure protocol has been updated to include parameters of normal blood pressure readings and what staff are to do when Client #1 blood pressure is elevated and when to call facility nurse. All staff will receive retraining on Client #1 updated protocol.</p> <p>Program Nurse will receive retraining to include ensuring that all protocols are specified to the consumers' needs, include parameters for appropriate readings and specify what staff are to do and when to report to the program nurse if readings are elevated.</p> <p>Ongoing, the Program Nurse will monitor results of staff completing the protocol and make adjustments to the protocol as needed. Ongoing the Program Nurse will ensure that client specific protocols are developed for each client as needed to address their specific medical needs.</p> <p>Responsible Party: Program Nurse, Program Coordinator, QIDP</p>		

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	<p>smoothies, etc."</p> <p>-9/8/15 Client #3 saw his doctor for "Impacted cerumen" (ear wax) and a "Sore throat/Thrush."</p> <p>-9/17/15 Client #3 saw his doctor for a follow up appointment and for "checking eating & sleep patterns." The appointment form indicated "(increase) Remeron to 30 mg (milligrams) daily May give at Supper. May give additional Ensure daily. Call back next week to report progress to [name of doctor]." Client #3's above mentioned appointment forms and/or record did not indicate client #3 had problems with Dementia and/or had a complete medical evaluation to rule out other medical concerns of the client's losing weight.</p> <p>Client #3's 8/14/15 Risk Management Assessment and Plan indicated client #3 was underweight.</p> <p>Client #3's 7/28/15 Individual Support Plan (ISP) and/or Risk/Protocols indicated the facility's nursing services did not develop a risk plan for the client's low weight/weight loss.</p> <p>Interview with nurse #1, by phone and the QIDP on 9/28/15 at 4:17 PM indicated client #3 was losing weight.</p>						

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	<p>Nurse #1 indicated client #3 could have more than 4 cans of Ensure a day due to the client's low weight and weight loss. Nurse #1 stated client #3's doctor "was looking to increase Remeron." Nurse #1 indicated client #3 was demonstrating signs and symptoms of Dementia. Nurse stated "We have just seen signs since Spring." He is displaying signs of Dementia. No official diagnosis. Nurse #1 indicated client #3 did not have any problems with swallowing. Nurse #1 stated "It is more a texture problem. Doctor says no Dysphagia. He prefers drinks." Nurse #1 indicated client #3's doctor had not tested the client for any Dysphagia problems. Nurse #1 indicated client #3's doctor did not document the client's issues may reflect Dementia. Nurse #1 indicated she had not documented any signs and symptoms regarding client #3's demonstrating signs and symptoms of Dementia. Nurse #1 and the QIDP indicated client #3's ISP and/or risk plans did not address the client's low weight and/or weight loss. The QIDP and nurse staff #1 indicated client #3's 8/31/15 dietary recommendations had not been formally addressed.</p> <p>2. During the 9/22/15 observation period between 5:55 AM and 8:30 AM, and the 9/22/15 observation period between 4:45</p>			

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	<p>PM and 6:45 PM, at the group home, staff #2 administered client #7's medications. Client #7 wore a stomach binder (wrap around supportive fabric) and had a G-Tube (Gastrostomy-feeding tube). During both 9/22/15 observation periods, client #7's G-Tube stoma/opening (opening into body cavity for feeding tube) was dark red in color and had drainage coming from the stoma/open area. Staff #2 flushed the client's G-Tube with water, used an cotton swab/Q-Tip to clean the stoma/opening with Hydrogen Peroxide. Client #7's red area was covered with hair from the client's stomach. Staff #2 placed the cotton swab/Q-Tip on the hair around client #7's stoma/G-Tube opening to clean the stoma. Specifically, during the 9/22/15 observation period between 4:45 PM and 6:45 PM, when staff #2 removed the gauze dressing from around client #7's G-Tube stoma/opening, a brown substance/drainage was on the gauze dressing. Interview with staff #2 on 9/22/15 at 5:00 PM, when asked what was the drainage on the gauze, staff #2 stated "It is food." When asked why client #7's stoma/opening was red, staff #2 stated "It has always been red." Client #7 responded to staff #2 and stated "It's infected." Interview with client #7 on 9/22/15 at 5:00 PM stated "When it goes in (water being flushed) me it hurts, hurts</p>			

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	<p>so bad." Staff #2 did not respond and/or state he would contact the nurse. Staff #2 placed a clean gauze around client #7's stoma area and then placed the client's stomach binder around the client's G-Tube/stomach area.</p> <p>Client #7's record was reviewed on 9/28/15 at 2:53 PM. Client #7's 6/11/15 physician's order indicated the facility did not have an order to clean the client's G-Tube stoma/opening with Hydrogen Peroxide. Client #7's physician's orders indicated client #7 received a "...pureed diet if desired still receives 2 cans Ensure 4 times daily via G-Tube or orally of desired." Client #7's 6/11/15 physician's orders indicated "Clean around PEG (stomach feeding tube placed through abdominal wall) Tube w/ (with) soap & (and) water DLY (daily)."</p> <p>Client #7's 10/6/14 Barium Swallow Study indicated client #7 could return to eating (pureed) food versus using the client's Peg/G-Tube for the client's nutritional supplement/needs. The 10/6/14 barium swallow study indicated the client's feeding tube was to be used for nutritional supplement as needed.</p> <p>Client #7's 8/28/14 G-Tube Protocol indicated client #7 received G-Tube Bolus (periodic meals via G-J tube)</p>			

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	<p>feedings. The G-Tube protocol did not indicate the client was now on a pureed diet. The 8/28/14 G-Tube protocol also indicated facility staff were to watch for "...s/s (signs/symptoms) of infection around stoma." The 8/28/14 protocol indicated facility staff were to contact the nurse for the following problems with client #7's G-Tube (not all inclusive):</p> <p>"...-Creamy, bad smelling drainage from the stoma -Formula or stomach contents leaking around tube site -Red, sore or swollen tube site... -Person feels irritable (fussy, abdominal pain, cannot get comfortable)...."</p> <p>Client #7's 8/15 Health Care Coordination/Monthly Health Review note indicated "g-tube in place/secure et (and) intact. Receives 100% of daily caloric intake via g-tube bolus feedings." The 8/15 nurse's note indicated "Ensure- 2 cans via g-tube QID (four times a day) then flush with 100 ml (milliliter) of H2O (water)." Client #7's monthly nursing notes (5/15 to 9/28/15) indicated the facility's nurse did not document any assessment in regard to how client #7's stoma and/or G-tube opening looked.</p> <p>The facility's inservice training records</p>			

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	<p>were reviewed on 9/28/15 at 4:50 PM. The facility's 9/3/14 Inservice Training Report indicated facility staff were trained on client #7's G-Tube purpose, "How to check placement et (and) Residual (food/fluid in the stomach)- Call nurse if > (greater than) 100 ml (milliliters). Bolus feedings via G-tube, H2O (water) flushes via G-tube staff #2 was not trained in regard to the care of client #7's G-tube...Stoma Care..." The 9/3/14 inservice report indicated staff #2 had not been formally trained in regard to the care of client #7's G-Tube.</p> <p>Interview with nurse #1, by phone, the Area Director (AD) and the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #7 no longer received Bolus feedings but was on a pureed diet. Nurse #1 and the AD indicated the client's diet was changed in 2015. Nurse #1 indicated the client's doctor wanted to keep the client's G-tube in case it was needed when the client did not eat all of his food. Nurse #1 indicated client #7 had been eating and was glad to eat again. Nurse #1 stated if client #7 "consumed less than 50 percent of meals, we give him 2 cans of ensure." Nurse #1 indicated she had not changed client #7's G-Tube protocol to indicate client #7 received a pureed diet versus bolus feedings. Nurse #1</p>			

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	<p>indicated the 8/15 August nurse's monthly information about the client's G-tube and bolus feeds was a "cut and paste" and needed to be removed from the nurse notes. When asked if the nurse had been contacted in regard to the client's red stoma and drainage, nurse #1 stated "No." Nurse #1 indicated she should have been contacted. Nurse #1 indicated client #7 did not have an order for staff to clean the client's G-Tube stoma/opening with Hydrogen Peroxide. Nurse #1 stated client #7 cleaned his own G-Tube "when showering." Nurse #1 stated the client was to clean his G-Tube with "warm soapy water." The QIDP and nurse #1 indicated the nurse should have been called in regard to client #7's red stoma with drainage. When asked how often nurse #1 assessed client #7's G-Tube, nurse staff #1 stated "Every couple of weeks. I look at it." Nurse #1 stated she "fill up balloon intermittently." Nurse #1 indicated she would go by the group home to look at client #7's G-Tube. Nurse #1 indicated she did not always document her assessment of client #7's G-Tube.</p> <p>3. Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 4/10/15 Medical Appointment Form indicated she was seen for a hearing test. The form indicated "...Unable to perform normal</p>			

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	<p>hearing exam. Wax in left ear-use baby oil drops & return in 3 wks (weeks)- Will flush ears." Client #2's record and/or appointment forms indicated the facility's nurse did not ensure a follow up was completed as recommended by the Audiologist.</p> <p>Client #2's 6/11/15 physician's orders indicated client #2 received Seroquel 50 milligrams to be crushed in applesauce for the client's behavior.</p> <p>Client #2's 9/9/14 Abnormal Involuntary Movement Side Effects (AIMS) (used to monitor for signs/symptoms of medications) sheet indicated the facility's nurse last conducted an assessment of the client's side effects in regard to the usage of Seroquel 9/9/14. The facility's nurse failed to periodically monitor/conduct an AIMS sheet in regard to the use of client #2's psychotropic medication of Seroquel.</p> <p>Interview with nurse #1, by phone and the QIDP on 9/28/15 at 4:17 PM indicated client #2 received Seroquel for her behaviors. Nurse #1 indicated she had not completed any recent AIMS test in regard to side effects of the client's psychotropic/behavioral medication. Nurse #1 and the QIDP indicated client #1 did not have the follow-up to her</p>			

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	<p>Audiological appointment as recommended. The QIDP and the nurse indicated the group home had a new home manager and they were trying to assist the manager to set up recommended appointments and follows-ups which were not completed by the previous manager.</p> <p>4. Client #1's record was reviewed on 9/28/15 at 2:13 PM. Client #1's 6/11/15 physician's orders indicated client #1 received Atenolol 25 milligrams daily for Hypertension (high blood pressure).</p> <p>Client #1's 8/15Mmedication Administration Record indicated facility staff took client #1's blood pressure every Wednesday night at 7:00 PM. Client #1's blood pressure reading was 152 over 90 on 8/26/15. Client #1's record did not indicate the facility's nurse was notified of the client's blood pressure reading, and/or indicate the client's blood pressure was retaken.</p> <p>Client #1's 8/16/11 Hypertension Protocol indicated the facility's nurse did not specifically indicate what facility staff were to do when client #1's blood pressure was elevated and/or when to call and inform the facility's nurse.</p> <p>Interview with nurse #1 on 9/28/15 at</p>			

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3107 HENSEL DR CARMEL, IN 46032
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W 0342 Bldg. 00	<p>4:17 PM, by phone, stated client #1's Hypertension Protocol should include "parameters" of blood pressure readings and when to call the facility's nurse. Nurse #1 stated "I always recommend to recheck" the client's blood pressure when they get a high reading.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, interview and record review for 1 additional client (#7), the facility's nursing services failed to ensure all staff had been trained in regard to the care of the client's G-Tube (Gastrostomy-feeding tube)</p> <p>Findings include:</p> <p>During the 9/22/15 observation period between 5:55 AM and 8:30 AM, and the 9/22/15 observation period between 4:45 PM and 6:45 PM, at the group home,</p>	W 0342	Staff #2 has been retrained on the care of Client #7 G-Tube. Program Nurse and QIDP will receive retraining to include ensuring that all direct care staff receive training on Client #7 G-tube care. Program Coordinator, Program Nurse and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are caring for Client #7 G-tube properly. Ongoing, Program Coordinator, Program Nurses and/or QIDP will complete medication administration observations at least weekly to	11/08/2015

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	<p>staff #2 administered client #7's medications. Client #7 wore a stomach binder (wrap around supportive fabric)and had a G-Tube. During both 9/22/15 observation periods, client #7's G-Tube stoma/opening (opening into body cavity for feeding tube) was dark red in color and had drainage coming from the stoma/open area. Staff #2 flushed the client's G-Tube with water, used an cotton swab/Q-Tip to clean the stoma/opening with Hydrogen Peroxide. Client #7's red area was covered with hair from the client's stomach. Staff #2 placed the cotton swab/Q-Tip on the hair around client #7's stoma/G-Tube opening to clean the stoma. Specifically, during the 9/22/15 observation period between 4:45 PM and 6:45 PM, when staff #2 removed the gauze dressing from around client #7's G-Tube stoma/opening, a brown substance/drainage was on the gauze dressing. Interview with staff #2 on 9/22/15 at 5:00 PM, when asked what was the drainage on the gauze, staff #2 stated "It is food." When asked why client #7's stoma/opening was red, staff #2 stated "It has always been red." Client #7 responded to staff #2 and stated "It's infected." Interview with client #7 on 9/22/15 at 5:00 PM stated "When it goes in (water being flushed) me it hurts, hurts so bad." Staff #2 did not respond and/or state he would contact the nurse. Staff #2</p>		<p>ensure that all staff are caring for Client #7 G-tube properly. Ongoing Program Nurse will work with Program Coordinator and QIDP to ensure that upon hire, all staff receive training on the proper care of Client #7 G-tube prior to working independently. Responsible party: QIDP, Program Coordinator, Program Nurse Addendum: <i>For the next four weeks, the Program Coordinator, Program Nurse and/or QIDP will complete Medication administration observations a minimum of four times weekly to ensure that all staff are caring for Client #7 G-tube properly.</i> <i>Ongoing, the Program Coordinator, Program Nurse and/or QIDP will complete Medication administration observations a minimum of two times weekly to ensure that all staff are caring for Client #7 G-tube properly.</i></p>				

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	<p>placed a clean gauze around client #7's stoma area and then placed the client's stomach binder around the client's G-Tube/stomach area.</p> <p>Client #7's record was reviewed on 9/28/15 at 2:53 PM. Client #7's 6/11/15 physician's order indicated the facility did not have an order to clean the client's G-Tube stoma/opening with Hydrogen Peroxide. Client #7's physician's orders indicated client #7 received a "...pureed diet if desired still receives 2 cans Ensure 4 times daily via G-Tube or orally of desired." Client #7's 6/11/15 physician's orders indicated "Clean around PEG (stomach feeding tube placed through abdominal wall) Tube w/ (with) soap & (and) water DLY (daily)."</p> <p>Client #7's 10/6/14 Barium Swallow Study indicated client #7 could return to eating (pureed) food versus using the client's Peg/G-Tube for the client's nutritional supplement/needs. The 10/6/14 barium swallow study indicated the client's feeding tube was to be used for nutritional supplement as needed.</p> <p>Client #7's 8/28/14 G-Tube Protocol indicated facility staff were to watch for "...s/s (signs/symptoms) of infection around stoma." The 8/28/14 protocol facility staff were to contact the nurse for</p>			

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	<p>the following problems with client #7's G-Tube (not all inclusive):</p> <p>"...-Creamy, bad smelling drainage from the stoma -Formula or stomach contents leaking around tube site -Red, sore or swollen tube site... -Person feels irritable (fussy, abdominal pain, cannot get comfortable)...."</p> <p>The facility's inservice training records were reviewed on 9/28/15 at 4:50 PM. The facility's 9/3/14 Inservice Training Report indicated facility staff were trained on client #7's G-Tube purpose, "How to check placement et (and) Residual (food/fluid in stomach) - Call nurse if > (greater than) 100 ml (milliliters). Bolus feedings via G-tube, H2O (water) flushes via G-tube staff #2 was not trained in regard to the care of client #7's G-tube...Stoma Care...." The 9/3/14 inservice report indicated staff #2 had not been formally trained in regard to the care of client #7's G-Tube.</p> <p>Interview with nurse #1, by phone, the Area Director (AD) and the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #7 no longer received Bolus feedings but was on a pureed diet. Nurse #1 and the AD indicated the client's diet</p>			

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	<p>was changed in 2015. Nurse #1 indicated the client's doctor wanted to keep the client's G-tube in case it was needed when the client did not eat all of his food. Nurse #1 indicated client #7 did not have an order for staff to clean the client's G-Tube stoma/opening with Hydrogen Peroxide. Nurse #1 stated client #7 cleaned his own G-Tube "when showering." Nurse #1 stated the client was to clean his G-Tube with "warm soapy water." Nurse #1 indicated facility staff should have been trained in regard to the care of client #7's G-Tube. The QIDP indicated facility staff had been trained in regard to the care of the client's G-Tube. The QIDP and staff #1 indicated facility staff would need to be retrained in regard to the care of client #7's G-Tube.</p> <p>9-3-6(a)</p>				
W 0369 Bldg. 00	<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 for 1 of 10 medications administered, the facility failed to administer client #3's medication prior to meals without error.</p>	W 0369	All staff will receive retraining on all consumers medication orders including Client #3 Omeprazole needing to be given 30 minutes prior to dinner as directed by the physician.	11/08/2015	

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W 0454 Bldg. 00	<p>Findings include:</p> <p>During the 9/22/15 observation period between 4:45 PM and 6:45 PM, at the group home, staff #2 administered client #3's 5:00 PM Omeprazole DR (Delayed Release) medication 20 milligrams at 5:29 PM. Client #3 then went to the dining room table after he received his medications to eat his dinner.</p> <p>Client #3's record was reviewed on 9/23/15 at 1:31 PM. Client #3's 6/11/15 physician's orders indicated client #3 received Omeprazole DR 20 milligrams by mouth every evening 30 minutes before dinner."</p> <p>Interview with LPN #1 on 9/28/15 at 4:17, by phone, indicated client #3 should have received his Omeprazole 30 minutes prior to dinner as ordered.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 2 additional clients (#6 and #7), the facility failed to ensure facility staff washed their</p>	W 0454	<p>Program Coordinator and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are following all consumers medication orders as written.</p> <p>Ongoing, the Program Coordinator and/or QIDP will complete medication administration observations at least once per week to ensure that all staff are following all consumers medication orders as written.</p> <p>Responsible staff: Program Coordinator, QIDP</p> <p>All staff will receive retraining on handwashing protocol including wearing gloves when administering insulin, checking</p>	11/08/2015			

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	<p>hands and/or used gloves when administering insulin, checking residuals and/or flushing a G (Gastrostomy)-tube to prevent the spread of germs to clients.</p> <p>Findings include:</p> <p>During the 9/22/15 observation period between 5:55 AM and 8:30 AM, at the group home, staff #2 administered client #7's medications. At 7:18 AM, prior to the medication pass, client #7 was asked to use alcohol gel to clean client #7's hands. Staff #2 also cleaned his hands with alcohol gel prior to administering client #7's oral medications. Once staff #2 was done administering client #7's oral medications, staff #2 asked client #7 to raise up his shirt. Staff #2 did a residual check (check of fluid contents in stomach) by inserting a plastic syringe into client #7's G-Tube (Gastrostomy Tube-feeding tube). Staff #2 then flushed client #7's G-Tube with water and then took a cotton swab Q-Tip and dipped it into a small medication cup of Hydrogen Peroxide to clean around the opening of the client's G-Tube. Staff #2 did not wear any gloves and/or clean his hands with alcohol gel prior to and/or in between checking the client's residual, flushing the client's G-Tube, and/or cleaning the area around client #7's G-Tube stoma/opening. Client #7's</p>		<p>residuals and/or cleaning G-tubes to prevent the spread of germs. Program Coordinator and/or QIDP will complete medication administration observations at least twice per week for four weeks to ensure that all staff are following proper handwashing techniques when passing medications, administering insulin, checking residuals and/or cleaning G-tubes to prevent the spread of germs. Ongoing, the Program Coordinator and/or QIDP will complete medication administration observations at least weekly to ensure that all staff are following proper handwashing techniques when passing medications, administering insulin, checking residuals and/or cleaning G-tubes to prevent the spread of germs. Responsible staff: Program Coordinator, QIDP</p> <p>Addendum: <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Medication Administration observations a minimum of four times weekly to ensure that all staff are following proper handwashing techniques when passing medications, administering insulin, checking residuals and/or cleaning G-tubes to prevent the spread of germs. Ongoing, the Program Coordinator and/or QIDP will complete Medication Administration observations a minimum of two times weekly to ensure that all staff are</i></p>	

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W 0455 Bldg. 00	<p>G-Tube stoma/opening (opening in the abdominal cavity for a tube) was dark red in color with drainage.</p> <p>During the 9/22/15 observation period between 4:45 PM and 6:45 PM, at the group home, staff #2 administered client #6's sliding scale insulin (2 units) to the back of client #6's left upper arm. Staff #2 did not clean the back of client #2's arm prior to administering the client's Novolog insulin (Diabetes). Staff #2 did not wear gloves when administering/injecting the client's insulin into the back of client #6's arm.</p> <p>Interview with nurse staff #1 on 9/28/15 at 4:17 PM, by phone, indicated facility staff should wear gloves when administering insulin, checking residuals and/or cleaning G-Tubes to prevent the spread of germs.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure</p>	W 0455	<p><i>following proper handwashing techniques when passing medications, administering insulin, checking residuals and/or cleaning G-tubes to prevent the spread of germs.</i></p> <p>All direct care staff will receive retraining on infection control and universal precautions including encouraging clients to wash their hands and/or use hand sanitizer prior</p>	11/08/2015			

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W 0460 Bldg. 00	<p>clients washed their hands prior to meals to prevent the spread of germs.</p> <p>Findings include:</p> <p>During the 9/22/15 observation period between 5:55 AM and 8:30 AM at the group home, staff #2 did not encourage clients #1, #2, #3, #4, #5, #6, #7 and #8 to wash their hands prior to eating breakfast.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated facility staff should encourage clients #1, #2, #3, #4, #5, #6 #7 and #8 to wash their before and after meals, after toileting and before medication passes.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 4 sampled clients (#2), the facility failed to follow the client's prescribed pureed diet with nectar thick liquids.</p>			W 0460	<p>to mealtimes. Training will also include ensuring that staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals. Program Coordinator and/or QIDP will complete mealtime observations at least twice per week for four weeks to ensure that all staff are encouraging clients to wash their hands and/or use hand sanitizer prior to mealtimes as well as ensuring staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals.</p> <p>Ongoing, the Program Coordinator and/or QIDP will complete mealtime observations at least once per week to ensure that all staff are encouraging clients to wash their hands and/or use hand sanitizer prior to mealtimes as well as ensuring staff are washing their own hands or using hand sanitizer prior to assisting clients with their meals.</p> <p>Responsible Party: Program Coordinator, QIDP</p> <p>All direct care staff will receive retraining on Client #2 diet orders and how to appropriately prepare the diet. Training will include ensuring that all consumers' diet orders are prepared as directed</p>		11/08/2015

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	<p>Findings include:</p> <p>During the 9/22/15 observation period between 5:55 AM and 8:30 AM, at the group home, staff #3 poured cereal into a bowl and poured milk over the cereal for client #2's breakfast. Staff #3 opened the can of Ensure (nutritional supplement-chocolate) and poured it into a cup with a lid for client #2 to drink. Staff #3 did not thicken the client's drink. Staff #3 did not offer client #2 any milk to drink, other than what was poured into the client's cereal. Client #2 did not eat a pureed diet.</p> <p>Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 6/11/15 physician's orders indicated client #2 received a pureed diet with nectar thick liquids and should receive whole milk or chocolate milk at breakfast, lunch and dinner. Client #2's 6/11/15 order also indicated client #2 was to receive a can of Ensure Plus three times a day in addition to receiving whole and/or chocolate milk.</p> <p>Client #2's 2/4/15 Group Home Nutrition Assessment indicated client #2 had "Swallowing difficulty related to Dysphagia (difficulty swallowing) as evidenced by a need for mechanically altered textured diet. Current diet</p>		<p>by the physician and/or dietician. Program nurse will receive retraining to include ensuring all staff are trained to accurately prepare food and drink according to the specified orders. For 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician.</p> <p>Ongoing after the 4 weeks the Program Coordinator and/or QIDP will complete mealtime observations a minimum of weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician. Responsible party: QIDP, Program Coordinator</p> <p>Addendum: <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Mealtime observations a minimum of four times weekly to ensure that all staff are preparing all consumers food and beverages as directed by their Physician and/or dietician.</i></p> <p><i>Ongoing, the Program Coordinator and/or QIDP will complete Mealtime observations a minimum of twice weekly to ensure that all staff are preparing all consumers food and beverages as</i></p>				

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W 0488 Bldg. 00	<p>order-Purees (with) NTL (Nectar Thick Liquids)." The 2/4/15 assessment indicated the dietician wanted client #2 to receive Ensure Plus and/or Boost Plus for "Weight gain/Maintenance."</p> <p>Interview with nurse #1, by phone, and the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated client #2 should have received a pureed diet. Nurse #1 and the QIDP indicated cereal poured into a bowl with did not qualify as a pureed diet. Nurse #1 and the QIDP also indicated client #2 drinks/liquids should be pureed to nectar consistency due to the client's risk Dysphagia and risk for choking.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients participated in meal preparation tasks to the best of their abilities, to ensure clients participated in grocery shopping, and to ensure a client was encouraged to feed herself at the</p>	W 0488	<p><i>directed by their Physician and/or dietician.</i></p> <p>All Direct Support staff will receive retraining on ensuring that active treatment opportunities are being provided to clients, especially at mealtime, based on their developmental levels. Training will include ensuring that consumers are offered opportunities to assist with meal preparation and serve themselves their meals based on their developmental disability. The</p>	11/08/2015

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	<p>breakfast meal.</p> <p>Findings include:</p> <p>During the 9/22/15 observation period between 5:55 AM and 8:30 AM, at the group home, staff #2 custodially prepared scrambled eggs in the oven, made/buttered toast, sat the dining room table, and fixed clients #1, #2, #3. #4 #5, #6, #7 and #8's plates without involving the clients in the meal preparation and/or meal tasks as the clients sat in and/or near the living room area. Staff #2 poured cereal into bowls for clients #2 and client #6 and poured drinks (juice) into cups for clients #1, #4, #5 and #8. Facility staff #2 placed a can of Ensure (nutritional supplement) in front of clients #2, #3, #6 and #7's place settings without involving the clients to get and/or open their own can of Ensure. During the 9/22/15 meal observation, client #2 started feeding herself her cereal. Half way through the meal, staff #2 took client #2's spoon away from the client and started to feed the client the cereal.</p> <p>During the 9/22/15 observation period between 4:45 PM and 6:45 PM, at the group home, staff #4 had custodially prepared the meatloaf prior to clients #1, #2, #3, #4, #5, #6, #7 and #8's arrival home from the day program. Client #1</p>		<p>Program Coordinator, Program Nurse and/or QIDP will complete mealtime observations at least twice weekly for 4 weeks to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities. Ongoing after the 4 weeks the Program Coordinator, Program Nurse and/or QIDP will complete mealtime observations at least once weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities, Responsible Party: Program Coordinator, QIDP, Program Nurse Addendum: <i>For the next four weeks, the Program Coordinator and/or QIDP will complete Mealtime observations a minimum of four times weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities, Ongoing, the Program Coordinator and/or QIDP will complete Mealtime observations a minimum of twice weekly to ensure that consumers are being offered opportunities to assist with meal preparation and serving themselves meals based on their developmental abilities,</i></p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G531	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2015
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	<p>was able to wash the dishes and place them in the dishwasher after the 9/22/15 breakfast and dinner meals were completed.</p> <p>Client #2's record was reviewed on 9/28/15 at 12:40 PM. Client #2's 4/9/15 Individual Support Plan (ISP) indicated the client had an objective to state what she wanted to drink from a choice of drinks at meals. Client #2's 4/9/15 ISP did not indicate facility staff were needed to feed the client. Client #2's 4/9/15 ISP indicated client #2 was to receive a pureed diet as the client was a choking risk.</p> <p>Client #4's record was reviewed on 9/28/15 at 2:11 PM. Client #4's 5/18/15 ISP indicated client #4 had an objective to prepare his lunch for the day program.</p> <p>Interview with client 7 on 9/22/15 at 7:07 AM indicated facility staff did the grocery shopping. Client #7 indicated clients did not go with staff when the staff went grocery shopping.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 9/28/15 at 4:17 PM indicated clients should be involved in meal preparation as well as kitchen cleanup. The QIDP indicated clients should be allowed to</p>			

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	<p>serve themselves and pour their own drinks with hand over hand assistance. The QIDP indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 should be involved in all aspects of the meal preparation. The QIDP indicated the facility staff shopped for the groceries at the group home.</p> <p>9-3-8(a)</p>				