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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G075 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>11/09/2012 |
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| W0000              | <p>This visit was for the investigation of complaint #IN00117762.</p> <p>Complaint #IN00117762:<br/>SUBSTANTIATED, Federal and State deficiencies related to the allegations are cited at W149, W153, W192 and W331.</p> <p>Dates of Survey: November 1, 2, 7, 8 and 9, 2012.</p> <p>Facility number: 000619<br/>Provider number: 15G075<br/>AIM number: 100233750</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.<br/>Quality Review completed 11/16/12 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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| W0149   | <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to follow their policy for the prevention of abuse and neglect for 1 of 4 sampled clients (client A), by neglecting to provide him with assistance with his colostomy bag while he attended the facility owned/operated workshop.</p> <p>Findings include:</p> <p>Facility records were reviewed on 11/1/12 at 1:50 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports from 4/20/12 until 11/1/12. The BDDS reports indicated:</p> <p>A BDDS report dated 10/5/12 for 10/4/12 at 5:00 P.M. indicated "...[name of workshop director] (PDGD), received notice from Group Home Director (RD) concerning the following: [Client A's] colostomy bag comes home almost everyday leaking and his clothes are all full of feces. The bus driver (city bus) stated that [client A] has been getting on the bus like that so it doesn't appear to be happening on the bus. [Client A's] assigned staff was suspended pending an investigation...."</p> | W0149   | <p><u>W149</u></p> <p>The facility has policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>A checklist has been implemented at Projects Drive Group (PDG) (the facility's owned/operated workshop) to ensure the client's colostomy bag is checked daily at 10am, 12noon and 2:45pm. The workshop supervisor is responsible to ensure the checklist is completed daily and for maintaining the checklist for auditing purposes.</p> <p>The Director of Projects Drive Group (PDG) (the facility's owned/operated workshop) will perform a random weekly check to ensure the colostomy bag is empty, clean, attached properly and that the checklist is completed for 3 months; then periodically.</p> <p>PDG staff will be retrained, by the nurse, on how to check, change and apply colostomy bag. The nurse will train all new staff ongoing.</p> <p>Nurse will revise client's risk plan to include a protocol of how his</p> | 12/09/2012   |  |   |  |

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|   | <p>A follow-up BDDS report dated 10/11/12 indicated "The abuse and neglect committee recommended: 1. A documenting procedure for checking [client A's] colostomy bag. 2. A communication log that travels back and forth from the group home and the workshop. 3. Group home staff receive training on how to report substandard client care. 4. [Name of Staff] Direct Support Professional (DSP) #1 to receive a written warning and probation. All recommendations are being implemented."</p> <p>Facility internal investigation documentation was reviewed on 11/8/12 at 12:45 P.M.. The Incident Investigation Summary dated 10/9/12 indicated the allegation of neglect was substantiated. "For the past two weeks (in particular), [client A] has been coming home with his colostomy bag leaking and his clothes covered in feces. In a conversation with the bus driver (who transports [client A] from the workshop to home), [Name of Group Home Supervisor] (GHS), discovered that he has been getting on the bus like that. It was then presumed that [client A's] direct staff (DSP #1) was to be at fault; however, it appears that there is no proper protocol put in place per [Name of DSP #1], [Name of DSP #2], [Name of workshop RN #1], [Name of</p> |   | <p>colostomy bag is best changed to meet his needs.</p> <p>Group home staff will be retrained, by the group home supervisor, on the requirement to report any observed or suspected instances of neglect, abuse or exploitation immediately. Group home supervisor is responsible to train any new staff. Group home staff also receives annual training on reporting procedures.</p> <p>Addition: QIDP will</p> <p>Person Responsible: PDG supervisor, Director of PDG, Agency RN and Residential Supervisor<br/>Completion Date: December 9, 2012</p> |  |  |   |  |

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|                    | <p>PDGD], and [client A]. Currently [client A] is to check his own bag and inform them when his bag is leaking (after the fact) so that it can be fixed and he can be cleaned up. DSP #1 stated that [client A] has not been approaching him with problems for 'two weeks', which is the same time period that [name of GHS] is reporting."</p> <p>A review of staff training records for DSP #1 was completed on 11/8/12 at 12:58 P.M. The training records indicated DSP #1 had been trained by the workshop RN #1 on "How to change ileostomy bag." The training was dated 4/12/12. Client A's risk plan training indicated ..."colostomy" on 2/21/12 by the PDGD his supervisor.</p> <p>A review of client A's record was conducted on 11/7/12 at 11:05 A.M.. Client A's Physician's Order Sheet (PO) dated for 8/2012 indicated "Check and change Ostomy Bag as needed. Three times daily PRN (as needed) for nursing measure check and change ostomy bag as needed every shift...." Client A's Risk Plan dated 2/21/12 indicated "...5. Interventions and monitoring see care instructions found in binder in bathroom, empty change bag as needed, skin care, report bleeding and watery stools, encourage fluids and follow diet, see doctors as scheduled." Client A's</p> |               |   |                      |

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|  | <p>Behavior Support Plan (BSP) dated 2/21/12 indicated "...needs total physical assistance with... dressing, fasteners,...toileting and grooming." Client A's record did not indicate how frequently his bag was to be checked/changed. Client A's record did not include a protocol of how client A's colostomy bag was best changed to meet his specific needs.</p> <p>An email from the GHS to the investigating staff dated 10/10/12 was reviewed on 11/8/12 at 2:00 P.M. The email indicated "When [client A] first got his bag, the nurses always took care of emptying it and changing it. I know [name of former facility RN #2] did anyway. I don't know what happened to that...I have ask (sic) the nurses if they would like us to show staff at work how to change it etc...they sais (sic) no. We ask [client A] if his bag is ok, and we usually check it usually hourly, he will tell us if it is full. He has a program teaching him to tell us if it is full or not. The staff at workshop need to ask him about his bag and check it, hourly or every 2 (two) hrs (hours). It really needs to be checked right after lunch and before he gets on the bus to come home. I guess on Monday when he got home someone had put tape all over it and you know we can't do that because it tears up his skin. I</p> |  |  |  |
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|                    | <p>think staff who work with [client A] need to be inserviced on this, and the nurses should do the training...."</p> <p>Client A was interviewed on 11/8/12 at 2:45 P.M.. Client A stated, "Yeah I'm doing good. My bag is better now, it was embarrassing on the bus. Staff here checked it, helped change it sometimes. [Name of RN #2] helped. It is ok right now, not loose or leaking." Client A indicated he knew to tell DSP #1 or other staff at workshop to help him if his bag got full or leaked.</p> <p>DSP #1 was interviewed on 11/8/12 at 3:02 P.M.. DSP #1 stated, "The nurse had trained me a long time ago. Now we check him at 10:00 A.M., 12:00 P.M. and 2:00 P.M.. I didn't know I was supposed to actually check. It was PRN (as needed) on his plan, now it is scheduled. The protocol was inadequate. [RN #2] and some of the nurses were changing it for him. If it was leaking he told us. [RN #1] trained me back in April on how to change it, but I have only changed it two times, once when I smelled him, and once when he told me he needed changed."</p> <p>An interview was conducted with group home staff (GHS) #1 on 11/7/12 at 4:38 P.M.. The GHS #1 stated, "It probably leaked about 4 (four) times in one week</p> |               |   |                      |

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|   | <p>and that was a big red flag something was wrong. Before that it was every other day or so. We have him lay on his bed when we change it, it sticks better. We (group home staff) were trained at the hospital when he first got it. It really should be checked before he gets on the bus. I check every couple of hours."</p> <p>An interview was conducted with the Nursing Supervisor (RNS) on 11/1/12 at 3:00 P.M.. The RNS stated, "Staff putting on the adhesive ring did not always put it on in the best way with the warm compress. The staff had not the best training. He (client A) needs to be leaning backwards due to the roundness of his belly. [Name of RN #3] has retrained everyone properly and on the best ways for it to adhere for [client A]."</p> <p>The facility Standard Operating Procedures / Abuse and Neglect Policy revision date 5/07 was reviewed on 11/1/12 at 11:42 A.M.. The policy indicated "A)...Abuse, neglect, exploitation, and mistreatment are expressly forbidden...Suspected instances of neglect, abuse, exploitation, client mistreatment or any infractions of this policy by staff must be reported to the Supervisor, Manager, or President immediately. This supervisor will then report the alleged violation(s) to the</p> |   |   |                      |   |

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|   | <p>client's legal representative if applicable and to any other person according to BDDS regulations when applicable. Employees must report suspected or observed instances of neglect, abuse, or exploitation...."</p> <p>The Residential Director (RD) was interviewed on 11/9/12 at 10:52 A.M.. The RD stated, "I didn't find anything giving specific times it was to be checked or how it was to be documented. I don't believe the staff at the group home knew what to do, the GHS was on vacation for a few days, and she reported it to me when she was made aware. No the group home staff did not follow policy for reporting, and the workshop staff did not follow policy for providing care as he (client A) needed."</p> <p>This Federal tag relates to complaint #IN00117762.</p> <p>9-3-2(a)</p> |   |   |                      |   |

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| W0153   | <p>483.420(d)(2)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.<br/>Based on record review and interview, the facility staff failed to immediately report an allegation of substandard care/neglect for 1 of 4 sampled clients (client A) which occurred at the facility owned/operated workshop, as indicated in 1 of 6 Bureau of Developmental Disabilities Services reports reviewed, to the administrator and to other officials in accordance with state law.</p> <p>Findings include:</p> <p>Facility records were reviewed on 11/1/12 at 1:50 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports from 4/20/12 until 11/1/12. The BDDS reports indicated:</p> <p>A BDDS report dated 10/5/12 for 10/4/12 at 5:00 P.M. indicated "...[name of workshop director] (PDGD), received notice from Group Home Director (RD) concerning the following: [Client A's] colostomy bag comes home almost everyday leaking and his clothes are all full of feces. The bus driver (city bus)</p> | W0153   | <p>W153</p> <p>Group home staff will be retrained, by the group home supervisor, on the requirement to report any observed or suspected instances of neglect, abuse or exploitation immediately. Group home supervisor is responsible to train any new staff. Group home staff also receives annual training on reporting procedures.</p> <p>Person Responsible: Residential Supervisor<br/>Completion Date: December 9, 2012</p> | 12/09/2012   |  |   |  |

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|                    | <p>stated that [client A] has been getting on the bus like that so it doesn't appear to be happening on the bus. [Client A's] assigned staff was suspended pending an investigation...."</p> <p>A follow-up BDDS report dated 10/11/12 indicated "The abuse and neglect committee recommended: 1. A documenting procedure for checking [client A's] colostomy bag. 2. A communication log that travels back and forth from the group home and the workshop. 3. Group home staff receive training on how to report substandard client care. 4. [Name of Staff] Direct Support Professional (DSP) #1 to receive a written warning and probation. All recommendations are being implemented."</p> <p>Facility internal investigation documentation was reviewed on 11/8/12 at 12:45 P.M.. The Incident Investigation Summary dated 10/9/12 indicated the allegation of neglect was substantiated. "For the past two weeks (in particular), [client A] has been coming home with his colostomy bag leaking and his clothes covered in feces. In a conversation with the bus driver (who transports [client A] from the workshop to home), [Name of Group Home Supervisor] (GHS), discovered that he has been getting on the</p> |               |   |                      |

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|                    | <p>bus like that. It was then presumed that [client A's] direct staff (DSP #1) was to be at fault; however, it appears that there is no proper protocol put in place per [Name of DSP #1], [Name of DSP #2], [Name of workshop RN #1], [Name of PDGD], and [client A]. Currently [client A] is to check his own bag and inform them when his bag is leaking (after the fact) so that it can be fixed and he can be cleaned up. DSP #1 stated that [client A] has not been approaching him with problems for 'two weeks', which is the same time period that [name of GHS] is reporting."</p> <p>An interview was conducted with group home staff (GHS) #1 on 11/7/12 at 4:38 P.M.. The GHS #1 stated, "It probably leaked about 4 (four) times in one week and that was a big red flag something was wrong. Before that it was every other day or so...."</p> <p>The Residential Director (RD) was interviewed on 11/9/12 at 10:52 A.M.. The RD stated, "I didn't find anything giving specific times it was to be checked or how it was to be documented. I don't believe the staff at the group home knew what to do, the GHS was on vacation for a few days, and she reported it to me when she was made aware. No the group home staff did not follow policy for</p> |               |   |                      |

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|   | <p>reporting, and the workshop staff did not follow policy for providing care as he (client A) needed."</p> <p>This Federal tag relates to complaint #IN00117762.</p> <p>9-3-2(a)</p> |   |   |                      |   |

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| W0192   | <p>483.430(e)(2)<br/>STAFF TRAINING PROGRAM<br/>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on record review and interview, the facility failed to ensure the staff at the facility owned/operated workshop were sufficiently trained to assist 1 of 4 sampled clients (client A) with his health needs.</p> <p>Findings include:</p> <p>Facility records were reviewed on 11/1/12 at 1:50 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports from 4/20/12 until 11/1/12. The BDDS reports indicated:</p> <p>A BDDS report dated 10/5/12 for 10/4/12 at 5:00 P.M. indicated "...[name of workshop director] (PDGD), received notice from Group Home Director (RD) concerning the following: [Client A's] colostomy bag comes home almost everyday leaking and his clothes are all full of feces. The bus driver (city bus) stated that [client A] has been getting on the bus like that so it doesn't appear to be happening on the bus. [Client A's] assigned staff was suspended pending an investigation...."</p> | W0192   | <p><u>W192</u></p> <p>A checklist has been implemented at PDG to ensure the client's colostomy bag is checked daily at 10am, 12noon and 2:45pm. The workshop supervisor is responsible to ensure the checklist is completed daily and for maintaining the checklist for auditing purposes.</p> <p>PDG staff will be retrained, by the nurse, on how to check, change and apply colostomy bag. The nurse will train all new staff ongoing.</p> <p>Person Responsible: PDG supervisor and Agency nurse<br/>Completion Date: December 9, 2012</p> | 12/09/2012           |   |

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|                    | <p>A follow-up BDDS report dated 10/11/12 indicated "The abuse and neglect committee recommended: 1. A documenting procedure for checking [client A's] colostomy bag. 2. A communication log that travels back and forth from the group home and the workshop. 3. Group home staff receive training on how to report substandard client care. 4. [Name of Staff] Direct Support Professional (DSP) #1 to receive a written warning and probation. All recommendations are being implemented."</p> <p>Facility internal investigation documentation was reviewed on 11/8/12 at 12:45 P.M.. The Incident Investigation Summary dated 10/9/12 indicated the allegation of neglect was substantiated. "For the past two weeks (in particular), [client A] has been coming home with his colostomy bag leaking and his clothes covered in feces. In a conversation with the bus driver (who transports [client A] from the workshop to home), [Name of Group Home Supervisor] (GHS), discovered that he has been getting on the bus like that. It was then presumed that [client A's] direct staff (DSP #1) was to be at fault; however, it appears that there is no proper protocol put in place per [Name of DSP #1], [Name of DSP #2], [Name of workshop RN #1], [Name of</p> |               |   |                      |

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|                    | <p>PDGD], and [client A]. Currently [client A] is to check his own bag and inform them when his bag is leaking (after the fact) so that it can be fixed and he can be cleaned up. DSP #1 stated that [client A] has not been approaching him with problems for 'two weeks', which is the same time period that [name of GHS] is reporting."</p> <p>A review of staff training records for DSP #1 was completed on 11/8/12 at 12:58 P.M. Staff training records indicated DSP #1 had been trained by the workshop RN #1 on "How to change ileostomy bag." The training was dated 4/12/12. Client A's risk plan training indicated ..."colostomy" on 2/21/12 by the PDGD his supervisor.</p> <p>A review of client A's record was conducted on 11/7/12 at 11:05 A.M.. Client A's Physician's Order Sheet (PO) dated for 8/2012 indicated "Check and change Ostomy Bag as needed. Three times daily PRN (as needed) for nursing measure check and change ostomy bag as needed every shift..." Client A's Risk Plan dated 2/21/12 indicated "...5. Interventions and monitoring see care instructions found in binder in bathroom, empty change bag as needed, skin care, report bleeding and watery stools, encourage fluids and follow diet, see doctors as scheduled." Client A's</p> |               |   |                      |

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|  | <p>Behavior Support Plan (BSP) dated 2/21/12 indicated "...needs total physical assistance with... dressing, fasteners,...toileting and grooming." Client A's record did not indicate how frequently his bag was to be checked/changed. Client A's record did not include a protocol of how client A's colostomy bag was best changed to meet his specific needs.</p> <p>An email from the GHS to the investigating staff dated 10/10/12 was reviewed on 11/8/12 at 2:00 P.M. The email indicated "When [client A] first got his bag, the nurses always took care of emptying it and changing it. I know [name of former facility RN #2] did anyway. I don't know what happened to that...I have ask (sic) the nurses if they would like us to show staff at work how to change it etc...they sais (sic) no. We ask [client A] if his bag is ok, and we usually check it usually hourly, he will tell us if it is full. He has a program teaching him to tell us if it is full or not. The staff at workshop need to ask him about his bag and check it, hourly or every 2 (two) hrs (hours). It really needs to be checked right after lunch and before he gets on the bus to come home. I guess on Monday when he got home someone had put tape all over it and you know we can't do that because it tears up his skin. I</p> |  |  |  |
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|                    | <p>think staff who work with [client A] need to be inserviced on this, and the nurses should do the training...."</p> <p>DSP #1 was interviewed on 11/8/12 at 3:02 P.M.. DSP #1 stated, "The Nurse had trained me. Now we check him at 10:00 A.M., 12:00 P.M. and 2:00 P.M.. I didn't know I was supposed to actually check. It was PRN (as needed) on his plan, now it is scheduled. The protocol was inadequate. [RN #2] and some of the nurses were changing it for him. If it was leaking he told us. [RN #1] trained me back in April on how to change it, but I have only changed it two times, once when I smelled him, and once when he told me he needed changed."</p> <p>An interview was conducted with group home staff (GHS) #1 on 11/7/12 at 4:38 P.M.. The GHS #1 stated, "We have him lay on his bed when we change it, it sticks better. We (group home staff) were trained at the hospital when he first got it."</p> <p>An interview was conducted with the Nursing Supervisor (RNS) on 11/1/12 at 3:00 P.M.. The RNS stated, "Staff putting on the adhesive ring did not always put it on in the best way with the warm compress. The staff had not the best training. He (client A) needs to be leaning</p> |               |   |                      |

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|   | <p>backwards due to the roundness of his belly. [Name of RN #3] has retrained everyone properly and on the best ways for it to adhere for [client A]."</p> <p>This Federal tag relates to complaint #IN00117762.</p> <p>9-3-3(a)</p> |   |   |                      |   |

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| W0331   | <p>483.460(c)<br/>NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility nursing staff failed to ensure 1 of 4 sampled clients (client A) had a client specific check/change protocol in place to assist staff and client A to maintain his colostomy bag and skin integrity.</p> <p>Findings include:</p> <p>Facility records were reviewed on 11/1/12 at 1:50 P.M. including the Bureau of Developmental Disabilities Services (BDDS) reports from 4/20/12 until 11/1/12. The BDDS reports indicated:</p> <p>A BDDS report dated 10/5/12 for 10/4/12 at 5:00 P.M. indicated "...[name of workshop director] (PDGD), received notice from Group Home Director (RD) concerning the following: [Client A's] colostomy bag comes home almost everyday leaking and his clothes are all full of feces. The bus driver (city bus) stated that [client A] has been getting on the bus like that so it doesn't appear to be happening on the bus. [Client A's] assigned staff was suspended pending an investigation...."</p> <p>A follow-up BDDS report dated 10/11/12 indicated "The abuse and neglect</p> | W0331   | <p><u>W331</u></p> <p>Nursing supervisor will retrain all nurses regarding their roles with training staff on specific medical procedures/needs for clients and all new nurses ongoing.</p> <p>PDG staff will be retrained, by the nurse, on how to check, change and apply colostomy bag. The nurse will train all new staff ongoing.</p> <p>Nurse will revise client's risk plan to include a protocol of how his colostomy bag is best changed to meet his needs.</p> <p>A checklist has been implemented at PDG to ensure the client's colostomy bag is checked daily at 10am, 12noon and 2:45pm. The workshop supervisor is responsible to ensure the checklist is completed daily and for maintaining the checklist for auditing purposes.</p> <p>Person Responsible: Nursing supervisor, Agency nurse and PDG supervisor<br/>Completion Date: December 9, 2012</p> | 12/09/2012   |  |   |  |

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|                    | <p>committee recommended: 1. A documenting procedure for checking [client A's] colostomy bag. 2. A communication log that travels back and forth from the group home and the workshop. 3. Group home staff receive training on how to report substandard client care. 4. [Name of Staff] Direct Support Professional (DSP) #1 to receive a written warning and probation. All recommendations are being implemented."</p> <p>Facility internal investigation documentation was reviewed on 11/8/12 at 12:45 P.M.. The Incident Investigation Summary dated 10/9/12 indicated the allegation of neglect was substantiated. "For the past two weeks (in particular), [client A] has been coming home with his colostomy bag leaking and his clothes covered in feces. In a conversation with the bus driver (who transports [client A] from the workshop to home), [Name of Group Home Supervisor] (GHS), discovered that he has been getting on the bus like that. It was then presumed that [client A's] direct staff (DSP #1) was to be at fault; however, it appears that there is no proper protocol put in place per [Name of DSP #1], [Name of DSP #2], [Name of workshop RN #1], [Name of PDGD], and [client A]. Currently [client A] is to check his own bag and inform</p> |               |   |                      |

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|                    | <p>them when his bag is leaking (after the fact) so that it can be fixed and he can be cleaned up. DSP #1 stated that [client A] has not been approaching him with problems for 'two weeks', which is the same time period that [name of GHS] is reporting."</p> <p>A review of client A's record was conducted on 11/7/12 at 11:05 A.M.. Client A's Physician's Order Sheet (PO) dated for 8/2012 indicated "Check and change Ostomy Bag as needed. Three times daily PRN (as needed) for nursing measure check and change ostomy bag as needed every shift...." Client A's Risk Plan dated 2/21/12 indicated "...5. Interventions and monitoring see care instructions found in binder in bathroom, empty change bag as needed, skin care, report bleeding and watery stools, encourage fluids and follow diet, see doctors as scheduled." Client A's Behavior Support Plan (BSP) dated 2/21/12 indicated "...needs total physical assistance with... dressing, fasteners,...toileting and grooming." Client A's record did not indicate how frequently his bag was to be checked/changed. Client A's record did not include a protocol of how client A's colostomy bag was best changed to meet his specific needs.</p> |               |   |                      |

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|                    | <p>An email from the GHS to the investigating staff dated 10/10/12 was reviewed on 11/8/12 at 2:00 P.M. The email indicated "When [client A] first got his bag, the nurses always took care of emptying it and changing it. I know [name of former facility RN #2] did anyway. I don't know what happened to that...I have ask (sic) the nurses if they would like us to show staff at work how to change it etc...they sais (sic) no. We ask [client A] if his bag is ok, and we usually check it usually hourly, he will tell us if it is full. He has a program teaching him to tell us if it is full or not. The staff at workshop need to ask him about his bag and check it, hourly or every 2 (two) hrs (hours). It really needs to be checked right after lunch and before he gets on the bus to come home. I guess on Monday when he got home someone had put tape all over it and you know we can't do that because it tears up his skin. I think staff who work with [client A] need to be inserviced on this, and the nurses should do the training...."</p> <p>Client A was interviewed on 11/8/12 at 2:45 P.M.. Client A stated, "Yeah I'm doing good. My bag is better now, it was embarrassing on the bus. Staff here checked it, helped change it sometimes. [Name of RN #2] helped. It is ok right now, not loose or leaking." Client A</p> |               |   |                      |

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|                    | <p>indicated he knew to tell DSP #1 or other staff at workshop to help him if his bag got full or leaked.</p> <p>DSP #1 was interviewed on 11/8/12 at 3:02 P.M.. DSP #1 stated, "The Nurse had trained me. Now we check him at 10:00 A.M., 12:00 P.M. and 2:00 P.M.. I didn't know I was supposed to actually check. It was PRN (as needed) on his plan, now it is scheduled. The protocol was inadequate. [RN #2] and some of the nurses were changing it for him. If it was leaking he told us. [RN #1] trained me back in April on how to change it, but I have only changed it two times, once when I smelled him, and once when he told me he needed changed."</p> <p>An interview was conducted with group home staff (GHS) #1 on 11/7/12 at 4:38 P.M.. The GHS #1 stated, "We have him lay on his bed when we change it, it sticks better. We (group home staff) were trained at the hospital when he first got it."</p> <p>The Residential Director (RD) was interviewed on 11/9/12 at 10:52 A.M.. The RD stated, "I didn't find anything giving specific times it was to be checked or how it was to be documented."</p> <p>An interview was conducted with the</p> |               |   |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G075 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>11/09/2012 |
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|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>EASTER SEALS ARC OF NORTHEAST | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4422 LAKE AVE<br>FORT WAYNE, IN 46815 |
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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>Nursing Supervisor (RNS) on 11/1/12 at 3:00 P.M.. The RNS stated, "Staff putting on the adhesive ring did not always put it on in the best way with the warm compress. The staff had not the best training. He (client A) needs to be leaning backwards due to the roundness of his belly. [Name of RN #3] has retrained everyone properly and on the best ways for it to adhere for [client A]."</p> <p>This Federal tag relates to complaint #IN00117762.</p> <p>9-3-6(a)</p> |               |   |                      |