

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/20/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: October 6, 7, 8, 9 and 20, 2015.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/5/15.</p>	W 0000		
W 0264  Bldg. 00	<p>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes</p>			

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>need to be addressed.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #2) and 1 additional client (#5), the facility failed to obtain HRC (Human Rights Committee) approval for the restriction of locked sharps.</p> <p>Findings include:</p> <p>During observation at the Group Home between 4:30 PM and 6:30 PM on 10/7/15, the knives were retrieved by staff prior to the dinner meal from a locked pantry closet in the kitchen. Clients #1, #2, #3, #4, #5 and #6 were seated at the dinner table. Client #7 was on an one on one outing with staff.</p> <p>1) During record review for client #1 on 10/7/15 at 2:40 PM, a facility form entitled "Modification of Individual's Rights" dated 2/16/15 did not indicate client #1's access to sharps should be restricted. No HRC approval was indicated for the sharps restriction.</p> <p>2) During record review for client #2 on 10/8/15 at 10:38 AM, a facility form entitled "Modification of Individual's Rights" dated 11/11/14 did not indicate client #2's access to sharps should be restricted. No HRC approval was indicated for the sharps restriction.</p>	W 0264	<p><b>W264:</b> The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, restraints, time out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds and any other areas that the committee believes need to be addressed.</p> <p><b>Corrective Action: (Specific):</b> The QIDP will be in-serviced on obtaining HRC approval for all individuals that require a rights restriction as part of their plan. HRC approval will be obtained for clients #1, 2 and 5 in regard to the restriction of locked sharps.</p> <p><b>How others will be identified: (Systemic):</b> All other individuals' plans will be reviewed to ensure that all restrictions are listed in their current plans and HRC approval has been obtained for all restrictions. Any changes will be made as necessary. The Program Manger will review individual's plans at least monthly with the QIDP to ensure that all restrictions are written in each individuals plan as indicated and HRC approval is obtained as needed.</p>	11/20/2015			

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	<p>3) During record review for client #5 on 10/8/15 at 2:20 PM, a facility form entitled "Modification of Individual's Rights" dated 2/7/15 did not indicate client #5's access to sharps should be restricted. No HRC approval was indicated for the sharps restriction.</p> <p>Interview with the RM (residential manager) was conducted on 10/9/15 at 9:36 AM. She stated the sharps are locked up because of "Self-Injurious Behaviors of some of the clients. All the clients should have a sharps restriction indicated in their current ISP (Individual Support Plans)."</p> <p>9-3-4(a)</p>				<p><b>Measures to be put in place:</b> The QIDP will be in-serviced on obtaining HRC approval for all individuals that require a rights restriction as part of their plan. HRC approval will be obtained for clients #1, 2 and 5 in regard to the restriction of locked sharps.</p> <p><b>Monitoring of Corrective Action:</b> All other individuals' plans will be reviewed to ensure that all restrictions are listed in their current plans and HRC approval has been obtained for all restrictions. Any changes will be made as necessary. The Program Manger will review individual's plans at least monthly with the QIDP to ensure that all restrictions are written in each individuals plan as indicated and HRC approval is obtained as needed.</p> <p><b>Completion date: 11/20/15</b></p>		

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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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility's nursing services failed to schedule a 3 month follow up appointment with the client's neurologist. The facility's nursing services also failed to schedule a diagnostic test as ordered by the physician.</p> <p>Findings include:</p> <p>During client #1's record review on 10/7/15 at 2:40 PM, a form entitled "Doctor's Orders and Progress Notes" indicated:</p> <p>__ Client #1 was seen by her neurologist on 4/22/15 for increased pain of bilateral lower extremities.</p> <p>__ Decrease foot pain by increasing Gabapentin (Medication used to treat neuropathy).</p> <p>__ Reschedule L-Spine (Lumbar spine) MRI (Magnetic Resonance Imaging).</p> <p>__ Schedule follow up in 3 months.</p> <p>Interview with the Group Home Nurse on 10/7/15 at 3:45 PM indicated the MRI and the follow up appointment had not</p>	W 0331	<p><b>W331:</b> The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>Corrective Action: (Specific):</b> An appointment will be scheduled for client #1 to have MRI completed and a follow up appointment as ordered. The nurse will be in-serviced on ensuring that all client medical appointments and testing ordered are completed timely or according to orders from the physician.</p> <p><b>How others will be identified: (Systemic)</b> All clients in the home will have a review of their medical file to ensure that all appointments and testing ordered has been completed. The Residential Manager will be in the home at least five times weekly to ensure that all medical appointments and testing ordered are completed timely. The nurse will visit the home at least weekly to follow up on medical appointments and ordered testing to ensure their completion.</p>	11/20/2015			

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	<p>been completed. She stated "We need to get that order placed right away, as well as the follow up appointment."</p> <p>9-3-6(a)</p>		<p><b>Measures to be put in place: ):</b> An appointment will be scheduled for client #1 to have MRI completed and a follow up appointment as ordered. The nurse will be in-serviced on ensuring that all client medical appointments and testing ordered are completed timely or according to orders from the physician</p> <p><b>Monitoring of Corrective Action:</b> All clients in the home will have a review of their medical file to ensure that all appointments and testing ordered has been completed. The Residential Manager will be in the home at least five times weekly to ensure that all medical appointments and testing ordered are completed timely. The nurse will visit the home at least weekly to follow up on medical appointments and ordered testing to ensure their completion.</p> <p><b>Completion date: 11/20/15</b></p>		

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W 0336 Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the facility's nursing services failed to provide a head to toe assessment of the clients at least quarterly.</p> <p>Findings include:</p> <p>1) Record review for client #2 was completed on 10/8/15 at 10:03 AM. Client #2's medical record indicated quarterly nursing assessments were completed for the third quarter (July, August, September) of 2014, first quarter (January, February, March) of 2015 and second quarter (April, May, June) of 2015. There was no quarterly nursing assessment completed for the fourth quarter (October, November, December) of 2014.</p> <p>2) Record review for client #3 was completed on 10/8/15 at 11:13 AM.</p>	W 0336	<p><b>W336:</b> Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p><b>Corrective Action: (Specific):</b> The nurse will be in-serviced on the reviewing each client's health status at least quarterly or more frequent depending on client need.</p> <p><b>How others will be identified: (Systemic)</b> The nurse manager will complete a review of all client records to ensure that each client has had health status assessed at least quarterly or more frequent depending on client need. The nurse manager will visit the home at least monthly to review all client records to ensure that each client has an assessment of</p>	11/20/2015

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	<p>Client #3's medical record indicated quarterly nursing assessments were completed for the third quarter (July, August, September) of 2014, first quarter (January, February, March) of 2-15 and second quarter (April, May, June) of 2015. There was no quarterly nursing assessment completed for the fourth quarter (October, November, December) of 2014.</p> <p>Interview with the Group Home LPN (Licensed Practical Nurse) on 10/9/15 at 3:45 PM indicated there were no quarterly nursing assessments completed on clients #2 and #3 during the fourth quarter of 2014. She stated "well, that was before I started working for [Name of Company]. I'm sure if they had been done, it would have been in the charts."</p> <p>9-3-6(a)</p>		<p>each client's health status at least quarterly or more frequent depending on client need. The QIDP will visit the home at least weekly to review all client records to ensure that each client has an assessment of each client's health status at least quarterly or more frequent depending on client need.</p> <p><b>Measures to be put in place:</b> Nursing assessment was completed for the fourth quarterly for client#2 and 3. Nursing is to provide assessment quarterly. QIDP will in service nurse on quarterly assessments schedule. QIDP will request nursing assessment upon quarterly review. If nurse doesn't meet deadline QIDP will notify program Manager.</p> <p><b>Monitoring of Corrective Action:</b> The nurse manager will complete a review of all client records to ensure that each client has had health status assessed at least quarterly or more frequent depending on client need. The nurse manager will visit the home at least monthly to review all client records to ensure that each client has an assessment of each client's health status at least quarterly or more frequent depending on client need. The QIDP will visit the home at least weekly to review all client records to ensure that each client has</p>		



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	<p>State Findings</p> <p>460 IAC 9-3-1(a)</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division (15. A fall resulting in injury, regardless of the severity of the injury.).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to report all falls with injury to the BDDS (Bureau of Developmental Disabilities Services).</p> <p>Findings include:</p> <p>The facility's reportable and internal incident reports were reviewed on 10/7/15 at 2:24 PM.</p> <p>The internal incident report of 8/20/15 indicated:            ___At 2:13 PM client #1 was walking out to the van outside of [name of Day Program]            ___Client #1 misstepped and fell to the ground.</p>		<p>shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division (15. A fall resulting in injury, regardless of the severity of the injury.)</p> <p><b>Corrective Action: (Specific):</b> QA will be in-serviced on submitting BDDS reports in accordance with BDDS reporting guidelines for all falls resulting in injury regardless of the severity of the injury.</p> <p><b>How others will be identified: (Systemic):</b> The Program manager will meet with QA weekly to review incident reports and ensure that BDDS reports are filed for clients in accordance with BDDS reporting guidelines.</p> <p><b>Measures to be put in place: Corrective Action: (Specific):</b> QA will be in-serviced on submitting BDDS reports in accordance with BDDS reporting guidelines for all falls resulting in injury regardless of the severity of the injury.</p> <p><b>Monitoring of Corrective Action:</b> The Program manager will meet with QA weekly to review incident reports and ensure that BDDS reports are</p>	

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	<p><u>  </u> Called nurse, called home manager. Client #1 skinned left knee area when she fell. <u>  </u> Administered first aid - put bandaid on knee.</p> <p>The internal incident report of 9/1/15 indicated: <u>  </u> At 8 AM client #1 fell on concrete while walking to the van <u>  </u> Nurse was notified - scratch to left knee below the knee <u>  </u> Administered Triple Antibiotic ointment and have pain reliever.</p> <p>The facility BDDS reports indicated no falls with injury for client #1.</p> <p>E-mail interview with the clinical supervisor on 10/8/15 at 2:13 PM indicated "the falls were not reported. They were superficial wounds that only required in-home first aid as a precautionary measure."</p> <p>9-3-1(b)</p>		<p>filed for clients in accordance with BDDS reporting guidelines.</p> <p><b>Completion date: 11/20/15</b></p>	