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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G553 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/26/2013 |
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| W000000 | <p>This visit was for a post certification revisit (PCR) to a PCR completed on 3/15/13 to the investigation of complaint #IN00122535 completed on 1/28/13.</p> <p>Complaint #IN00122535: Not Corrected.</p> <p>Dates of Survey: April 24, 25 and 26, 2013.</p> <p>Facility number: 001067 Provider number: 15G553 AIM number: 100245460</p> <p>Surveyors: Christine Colon, QIDP-TC Paula Chika, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/3/13 by Ruth Shackelford, QIDP.</p> | W000000 | there is no citation for this tag | |

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

TITLE

(X6) DATE

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

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| W000104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 2 of 2 sampled clients (clients A and B), the facility's governing body failed to exercise operating direction over the facility to provide oversight of the facility's nursing services to meet the needs of clients A and B in regard to monitoring each client's healthcare needs, assessing client A's skin breakdown, developing risk plans specific to meet the identified health care needs of clients A and B, to complete client A's skin assessments/body checks, and to document client A's repositioning. The facility's governing body failed to exercise operating direction over the facility's nursing services to ensure staff were trained to provide care/treatment of client A and B's healthcare needs.</p> <p>Findings include:</p> <p>Please refer to W192. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services trained the facility staff to use a foot boot as recommended by the physician to prevent skin breakdown, to ensure staff</p> | W000104 | Please refer to W192 and W331 | 08/08/2013 | |

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| | <p>were trained in regard to documentation of the client's daily notes and/or body repositioning checks, and to ensure facility staff were trained/retrained to report changes in clients' health status for 2 of 3 sampled clients (clients A and B).</p> <p>Please refer to W331. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services met client A's healthcare needs in regard to monitoring client A's health needs, assessing client A's skin breakdown, developing a risk plan specific to meet the health care needs of client A, ensuring the facility staff completed skin assessments/body checks, and repositioning charting for client A. The governing body failed to exercise general policy and operating direction over the facility's nursing services to ensure facility staff were trained to provide care/treatment of client A and B's healthcare needs.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> | | | |
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| W000122 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, for 3 of 3 sampled clients (clients A, B and C), the Condition of Participation of Client Protections was not met. The facility failed to ensure the rights of all clients by failing to implement their policy/procedure which prohibited client neglect for 2 of 2 sampled clients (clients A and B). The facility failed to provide adequate supervision, medical care and evaluations regarding clients A and B's medical conditions.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their neglect policy/procedure which prohibits client neglect for 2 of 2 sampled clients (clients A and B). The facility neglected to provide timely medical evaluation for client A after a change in her medical condition. The facility neglected to protect clients A and B from unknown injuries resulting in fractures, neglected to provide timely medical care/treatment for evaluation of injury and unknown medical problems. The facility neglected to prevent a pressure ulcer to client A's right foot which resulted in her hospitalization</p> | W000122 | Please refer W192 and W154 | 08/08/2013 |

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| | <p>for osteomyelitis (bone infection).</p> <p>Please refer to W154. The facility failed for 4 of 4 injuries of unknown origin, involving 3 of 3 sampled clients (clients A, B and C), to provide evidence thorough investigations were completed.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> | | | |

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| W000149 | 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. | W000149 | Client A is no longer served in this facility Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. Training included injury of unknown origin, client-to-client aggression, abuse, neglect and exploitation. This training improved adequacy of investigations, understanding of rules and intent, relationship to surveys and impact on client care through a thorough investigation. 38 of 42 investigators attended Department of Health Training. We videotaped the training for future use for new investigators to assure ongoing knowledge beyond the initial training. In addition all the service coordinators and nurses will receive this training by 7/26/13, so that they are more familiar with reporting and investigation | 08/08/2013 | |

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| | <p>Based on record review and interview, the facility neglected to implement its policy and procedure prohibiting client neglect by neglecting to protect 2 of 2 sampled clients (clients A and B) from unknown injuries resulting in a foot fracture and a hand fracture and neglected to provide timely medical care/treatment for evaluation of injury and medical problems.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>1.-A BDDS report dated 12/11/12 indicated: "When coming into the kitchen to put away her lunch bag after returning home from day services [client A] lost her balance and fell causing an abrasion to her right upper lip and a small cut on the inside of her lip. There were no obstacles or throw rugs to cause the fall. [Client A] does not have a history of falls and does not have a fall risk plan, this was an isolated incident."</p> | | requirements. | |
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| | <p>-A BDDS report dated 12/13/12 indicated: "Received a call from group home staff on (12/12/12) stating that [client A] was not feeling well. Appointment made to see her primary doctor on 12/14/12. Staff called this morning (12/13/12) stating that [client A] was not doing any better, that she was lethargic, weak, and vomited twice. Nurse instructed staff to transport her to the ER (Emergency Room) for evaluation and treatment. Plan to Resolve: Vitals were found to be in the low 80's." Incident Follow-Up Report: "[Client A] remains in the hospital and is being treated with IV (intravenous) antibiotics for pneumonia. No discharge plans at this time."</p> <p>-A BDDS report dated 2/26/13 indicated: "[Client A] had an appointment to see Dr (doctor) [name], a neurologist at [hospital name] due to physical change. Dr [name] admitted [client A] to perform a series of tests to determine a diagnosis. [Client A] remains in the hospital. [Client A] seems to be in fair condition."</p> <p>-A BDDS report dated 3/5/13 indicated: "The Service Coordinator (SC) called [hospital] where [client A] is being treated to get a status update. The nurse informed the Service Coordinator that</p> | | | |
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| | <p>[client A's] diagnosis was multiple right toe fracture to the 2nd, 3rd, and 4th toes. The nurse also informed me (SC) that [client A's] right foot has a mild fracture." Plan to Resolve: "[Client A] does remain in the hospital at this time. The nurse informed me for treatment that the doctor orders are to place a boot on [client A's] left leg and order her a mobilization device to utilize to walk and for the right foot to allow it to heal on its own. An investigation has been initiated for unknown origin."</p> <p>-A BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her last toe causing injury. Nursing staff was informed by Direct Support Staff to look at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to the hospital for treatment."</p> <p>The Investigation Fact Sheet Summary for the 3/5/13 incident and Conclusion dated 3/8/13 indicated: "All staff at Day Services (agency's own day program) & (sic) all staff at group home reports no</p> | | | |

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| | <p>abuse or aggression toward client. There has been no report at Day Services that injuries to client's (A's) foot were noticed, however, staff noticed signs but it was believed by staff that there were problems with her left side per Developmental Specialist who denies informing staff of issue. [Staff #1] noticed injuries to client's foot, reported the problem to Service Coordinator & completed incident report. The problem with the left foot & additional limping occurred after the client left home the morning of 2/25/13, but before she returned home from Day Service on 2/25/13."</p> <p>Conclusion: "It is my belief that [client A] sustained her injuries at Day Service on 2/25/13, however, the cause of the injuries CANNOT be determined. Staff failed to report signs of injury to Health & Safety Tech & management when consumer was demonstrating signs of pain by pointing to foot on 2/25/13."</p> <p>Recommendations: "Staff will be given training on recognizing signs of injury. The client pointed at foot and no one realized something was wrong. Client sits most of day at workshop."</p> <p>The Investigation dated 3/8/13 contained Interview Fact Sheets of statements taken of the staff who had worked with client A. The dated statements contained the following information:</p> | | | |

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| | <p>3/5/13: Day Service (DS) staff #2 wrote, "Most of February I noticed that [client A] was wetting herself at least 3 times throughout the day. [Client A] never use (sic) to do this. I was the main one changing her because she was most familiar with me. The last day I saw [client A] was when she went on her doctor's appointment...."</p> <p>3/6/13: DS staff #1 wrote, "Last time I saw [client A] was about a week & half (sic) ago. (I don't remember the exact date)...The only problem I noticed, was [client A] using the bathroom more on herself. Staff reported that to the Health & Safety Tech...."</p> <p>3/8/13: DS staff #1's addendum indicated, "1. Staff (unidentified) said that [client A] was using the bathroom on herself, but they told [name] the Health & Safety Tech. The staff that work with [client A] reported the peeing [urinating] on self to Health & Safety Tech. 2. The Health & Safety Tech noticed that she was not using her left side, and said that she is going to call the service coord[inator] and find out why she wasn't using the left side. No I did not tell a staff that something was going on with her left side. The Health & Safety Tech was the one that noticed [client A] not using left side...4. The staff will notify the Health</p> | | | |
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| | <p>& Safety Tech if there are changes in behavior, or any injuries...8. I don't know who told staff about her left side. 9. I oversee the group hab (habilitation), I have four rooms I go between all day, attend meetings, I am not in one room all day. I bounce between four different rooms. 10. It is my responsibility to make sure staff do what they are suppost (sic) to...."</p> <p>3/6/13: Heath & Safety Tech (HST) wrote, "Did not notice that [client A] was walking funny but was concern (sic) that she was urinating on herself, which is not [client A]...."</p> <p>3/8/13: HST Addendum indicated, "... [Service Coordinator] said she has an appointment to go to the doctor on Wednesday (2/26/13) and [staff #3] asked me if I had a script (order) from the doctor for a UTI (Urinary Tract Infection) and I said no but I was concern (sic). As for documenting or writing an incident report, I blame myself for not writing one. I just want (sic) to see if I can get the care done for her right away. No one told me that [client A] was pointing at her feet...."</p> <p>3/5/13: DS #4 wrote, "...last time I work (sic) with [client A] was Monday 2/25/13. Staff notice (sic) something was wrong with her. She didn't wanna walk or go to the bathroom. Staff ask (sic) supervisor</p> | | | |
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| | <p>what was going on, she said [DS staff #1] some one said that she (client A) wasn't using her left side. So when I work with her I'll put her and (sic) a wheelchair so we both wouldn't fall (sic). This has been going on I think for 2 weeks...Staff noticed something was going on with her because she kept using the bathroom on herself. Friday or Monday (2/22/13 or 2/25/13) [client A] was crying pointing (sic) her feet (sic) when I got over there I saw that she was wet and that her socks was to to (sic). I notice (sic) she was walking funny. [DS staff #1] said something was going on with her left side...[client A] gets drop (sic) and pick (sic) up by home staff..."</p> <p>3/6/13: Group Home (GH) staff #1 wrote, "...Monday morning (2/25/13) she (client A) left for workshop (day service), she was walking her normal unsteady gait and when I picked her up the staff at the workshop brought her out in a wheelchair and when I stood her up to walk to the van she was limping on her left foot. When she got back to the group home I assisted her into the house. I let her go to close the door and she attempted to walk and fell with the first step. I helped her up and sat her down in a chair and took (sic) off her coat and shoes. She sat and did not move until dinnertime when I stood her up and as soon as she stepped</p> | | | |
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| | <p>on her left foot she fell again. I helped her up to the dinner table so she could eat then I called the service coordinator to ask her if it had been reported that she fell at the workshop that morning and she said no. She (SC) told me to do an incident report about her falls and that she would check on it the next day with the workshop staff and that [client A] had an appointment the next day and she would have the doctor check her out. Also [client A] has fallen once prior to this back in November. When things happen at the workshop (day service) there is no communication between the group home and workshop as to what happens and what took place and what the end result is...During the week when she is at home she rarely has any accidents on herself except at night when she is asleep at night. Workshop staff says that she has an accident just about everyday on herself. When I picked her up at the workshop on Feb. 25, 2013 the staff that brought her out said that [client A] had an accident on herself and that she kept grabbing at her shoe. When I put her to bed Monday night (2/25/13) her left foot looked fine, but when we were at the hospital (2/26/13) and I was getting her undressed I noticed bruises on the bottom of her feet and had them do an x-ray and that's when they found it to be broken or fractured toes on her left foot. I honestly</p> | | | |

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| | <p>think that what ever happened it happened at the workshop. On Monday night (2/25/13) when I put her to bed I looked at her foot and it appeared to be fine but as I touched in certain places like the ball of her foot she would snatch her foot away from me." Further review indicated GH staff #1 failed to call the nurse on 2/25/13 to inform her of the falls, or client A's change in status, from when she saw her the morning of 2/25/13, to when she came home from day service on 2/25/13 in the PM.</p> <p>3/6/13: Service Coordinator written statement indicated, "...I contacted [HST]. [HST] informed me that she has not been informed from any staff that [client A] has fallen. She did state that when it's time for medication, [client A] refuses to walk so the staff gets (sic) a wheelchair and pushes her to take her medication...."</p> <p>3/7/13: SC Addendum indicated, "The 2/26/13 appointment was made due to physical issues. Wanted to get her checked out because she was having difficult (sic) using left hand & urinating on herself and refusing to do anything. On 2/25/113 Day Services wanted a UTI cup because she [client A] kept urinating on self at day service. [HST] was the person requesting the cup, but never did test because of doctor's appointment. There is no Incident Report stating this</p> | | | |

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| | <p>information."</p> <p>An Incident/Accident Report dated 2/25/13 with time documented at 4:50 PM and 7:45 PM written by GH staff #1 indicated, "Client was limping when I picked her up from the workshop and when we got to the group home, she was not putting any weight on her left foot and fell when she tried to twice yesterday evening." The form contained the questions, "What did you do about this Incident/Accident?" GH staff #1 wrote, "called the service coordinator and did an incident report." Further review indicated GH staff #1 did not contact the nurse to report the two falls or client A's inability to bear weight on her left foot.</p> <p>Client A's records were reviewed on 4/24/13 at 1:00 P.M. Client A's Individual Support Plan (ISP) dated 1/14/13 indicated she was at risk for falls and had a fall risk plan. The risk plan indicated, "...Contact the Nurse for further instructions even if unsure an injury has occurred...." Client A's record contained the following dated documents:</p> <p>2/7/13: Cumulative Medical Record indicated, "Received report from day services that [client A] urinated on herself a couple (sic) times yesterday. U/A (urine test) being done." The entry was signed</p> | | | |
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| | <p>by LPN #2 on her last day of employment. The next entry was dated 2/21/13 and indicated, "[Client A] refused neuro (neurology) follow-up appointment today. Rescheduled for 03/07/13."</p> <p>2/7/13: "Order from MD (Medical Doctor) for Urinalysis with C & S (Culture & Sensitivity) if indicated. Dx (diagnosis) UTI (Urinary Tract Infection)."</p> <p>2/12/13: Order from client A's MD indicated the lab results (UA) were, "Abnormal but not significant - Recommendations: Push p.o. (oral) fluids if not on any fluid restriction." Client A's record did not indicate the nurse reviewed this order or carried out this order. The record contained no documentation by a nurse related to this order.</p> <p>2/26/13: Cumulative Medical Record indicated, "Admitted to [hospital]."</p> <p>The Hospital Record contained the following documented information:</p> <p>12/13/12: "Pt (Patient) brought in from the [Agency name] group home for vomiting since Monday. States that patient has been weak and lethargic x 2 weeks, became worse this week, states patient has not been eating and has only</p> | | | |

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| | <p>been sleeping."</p> <p>12/13/12: "Zosyn and azithromycin (antibiotic) administered for aspiration pneumonia and pneumonia. Zosyn will also cover anaerobes and gram negatives in the setting of her small bowel obstruction."</p> <p>2/4/13: Assessment: OSA (Obstructive Sleep Apnea), Bronchial asthma, COPD (Chronic Obstructive Pulmonary Disease), Pulmonary Hypertension, Scoliosis, Excessive Sleepiness...Subjective: Patient presents with aide. She doesn't have her CPAP anymore according to nursing home...noncompliant...."</p> <p>2/26/13: "X-Ray - Foot/complete - Impression: Nondisplaced fractures involving the bases of the second, third and fourth metatarsals. There is mild impaction of the fracture fragments."</p> <p>2/27/13: History and Physical indicated, "This is a patient I saw yesterday in my office and sent to the emergency room because the patient's caregiver told me that she was having some problems getting up and walking. She was also feeling somewhat weak on the left side, so she was admitted for further evaluation...The patient was admitted for</p> | | | | | | |

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| | <p>further evaluation and now the patient was thought to have left ankle fracture on an x-ray of the ankle, which was a nondisplaced fracture involving the base of the second, third, and fourth metatarsals. There is mild impaction of the fracture fragment also. The patient is admitted for further evaluation...Impression: This is a ...patient who has several problems: 1. A left ankle fracture. 2. Left-sided weakness. It could be a stroke versus cervical degenerative joint disease related. Recommendation: My recommendation is to look at the MRI (Magnetic Resonance Imaging) of the brain and cervical spine, and then for the ankle fracture the patient is going to be seen by an orthopedic doctor."</p> <p>2/27/13: Podiatry Consult Note: "This is a [age] female with non displaced fractures of the left foot...The 2nd metatarsal appears to be impacted at the fracture site and it is non displaced. It is an unstable fracture but will do well conservatively if the patient is non weight bearing for 6-8 weeks."</p> <p>3/3/13 - PT Evaluation indicated client A was bed ridden and weight bearing status was non-weight bearing. The evaluation indicated follow-up PT was required and "Other Goal: To maintain functional</p> | | | |

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| | <p>ROM (Range of Motion of LEs (Lower Extremities). To assist in pt's (patient's) positioning to prevent pressure ulcers development...."</p> <p>3/4/13: Rehabilitation Evaluation/Preadmission Screening For Rehab Admission: "History of Present Illness: "...admitted on 2/26/13 for possible new CVA (Cerebrovascular Accident) (stroke). He referred the patient to the emergency room where she was evaluated, noted to have right fullness leg erythema (redness of the skin) with some swelling but had neuro exam was unremarkable. She had an x-ray of that right (sic) foot (left) area that demonstrated some multiple fracture of the metatarsals. She was however admitted for TIA (Transient Ischemic Attach) (loss of blood flow to a part of the brain) rule out CVA...Patient was referred to me for rehabilitation evaluation and further rehabilitation management because the patient was weak and not able to walk and not able to do activity of daily living...This patient does not meet rehab admission criteria. Discharge plan: home with family. The patient requires: Physical Therapy, Occupational Therapy and Speech Therapy...."</p> <p>3/5/13: "...Given instructions to [RN name] about donning and wearing time</p> | | | |
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| | <p>for walking boot to LLE. RN recommended to check left leg for any redness from walking boot to prevent pressure sores. RN verbalized understanding."</p> <p>3/6/13: Discharge Summary: "Admit date: 2/26/13. Admitting Diagnosis: Cellulitis. Discharge Diagnosis: Multiple L (left) metatarsal (toe) fractures. Treatment & Course in Hospital With Complications If Any: Pt (patient) was admitted and orthopedic consultation made, and recommendations carried out. Pt has done [not legible] and now has appropriate immobilization device to her left foot and will be dc (discharged) with home health PT/OT (Physical Therapy/Occupational Therapy) at home. Disposition: DC to group home. Discharged 3/6/13." Client A was discharged with a prescription order from the hospital ordering PT/OT therapy. The hospital faxed the group home instructions which indicated, "will need OT/PT for home. Staff to transport at 6:00 PM."</p> <p>3/6/13: Cumulative Medical Record indicated, "Discharged from [hospital]. Returned to group home."</p> <p>3/7/13: Cumulative Medical Record written by contract nurse indicated,</p> | | | |

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| | <p>"Writer arrived at group home to assess patient...Pain noted to bilat (bilateral) (both) feet...Boot applied to L (left). Assist with transfers by DSP (Direct Support Staff)...N.O. (New Order) for PT/OT Therapy."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Wound noted to left 5th toe 1 cm (centimeters) x 1.3 cm x 2 cm. Small amount of perous drainage noted, redness and tenderness noted to site. Orthopedic boot in place. M.D. (doctor) notified. Orders received to send to ER."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Sent to [Hospital name] admitted for wound."</p> <p>4/16/13: Radiology Exams: Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged on 4/17/13 to another hospital to begin antibiotic IV (intravenous) therapy for the osteomyelitis.</p> | | | | | | |

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| | <p>An interview with the LPN (Licensed Practical Nurse) was conducted on 4/24/13 at 4:30 PM. When asked if how often client A's foot was assessed, the LPN stated "I don't know." When asked how client A developed the noted sore on her foot, the LPN stated "I believe from her boot rubbing on her toe." When asked how long the sore had been on client A's foot, the LPN answered "I'm not sure." When asked how often client A wore her boot, the LPN stated "I told staff to put it on in the morning and take it off at night." When asked if staff were documenting body checks for client A, the LPN stated "No." When asked why client A was currently hospitalized, the LPN indicated client A had developed osteomyelitis from the sore on her toe. When asked about client A's pneumonia, the LPN stated "I don't know." When asked if client A was diagnosed with sleep apnea and if she used a C-Pap machine, the LPN stated "I don't know."</p> <p>2. -A BDDS report dated 9/1/12: "On Monday 8/27/12 staff noticed that [client B] was favoring her right hand. Staff checked her hand for any swelling or bruising, but there was none. Staff called the Community Services Nurse and was told to take her to the emergency room to have it checked. Service Coordinator</p> | | | |

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| | <p>notified her parents. [Client B] was taken to [Hospital name] were (sic) she was examined and x-rays were done. Doctor said that there was no break, but she did have arthritis. [Client B]'s hand was wrapped and she was released back to the group home. Community Services Nurse checked her hand on 8/28/12 and 8/29/12, for any swelling or bruising, nothing was seen, she noticed that [client B] was using her hand. On Saturday 9/1/12, [client B's mother name] picked [client B] up, she unwrapped her hand to look at it and noticed that her right hand was bruised and swollen. She took [client B] to the emergency room at [Hospital #2 name] were (sic) they discovered that her hand was broken." Further review of the report indicated: "Incident Follow-Up Report dated 2/22/13: Injury of Unknown Origin was determined when consumer went to the emergency room for favoring her right hand. Test results showed that hand was broken. Investigation initiated to find out origin of the injury."</p> <p>A review of client B's hospital medical record was conducted on 4/24/13 at 12:00 P.M.. Review of the hospital medical record indicated:</p> <p>"Radiology Results-Performed 8/27/12: Three views of the right wrist demonstrate a minimally displaced</p> | | | |
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| | <p>fracture in the mid shaft of the 5th metacarpal. The bones are diffusely osteopenic. No other fracture is demonstrated...Telephone report of these findings were (sic) given to [Doctor name] at the time of dictation on 8/28/12....Impression: Fracture of the right 5th metacarpal."</p> <p>A review of the facility's 02/15/12 Policy For Handling Cases of Neglect and Abuse was conducted on 4/24/13 at 1:30 P.M. and indicated, "The ARC Northwest Indiana prohibits all abuse, neglect and exploitation of our clients. Staff will immediately report any allegations of abuse, neglect or exploitation of our clients per agency reporting procedure. The ARC Northwest Indiana will meet current regulatory requirements for reporting all incidents. All allegations of abuse, neglect, humiliation or exploitation will be investigated per The ARC Northwest Indiana's investigation process while protecting the individual...Neglect - is defined as failure to consider and provide for the safety or care of the client and anticipate and remedy the placing of a client in a situation that poses a threat to his/her health and well-being. Examples include, but are not limited to depriving a client of food, drink, clothing, sleep, shelter, use of bathroom facilities, or medical care/treatment, seclusion by</p> | | | |

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| | <p>placing an individual alone in a room or other area from which exit is prevented; not providing adequate personal care, leaving clients unsupervised, etc...*all deaths that occur within ARC Bridges, Inc. (same as ARC Northwest Indiana) services will be treated as suspected abuse/neglect and investigations will be conducted...Internal investigation refers to a situation that can be successfully addressed within the department (Possible examples include a staff person accused of calling a client a name or an injury of unknown origin that can be traced to an incident documented on daily logs...Internal investigations should follow the same procedures with regards to paperwork and distribution. Because they are still reported to all the State agencies and are discussed with the Quality Systems Director or designee, there is no chance they can be ignored)...injuries of unknown origin are treated as an allegation of abuse or neglect."</p> <p>An interview with the Behavior Health Director was conducted on 4/24/13 at 2:25 P.M.. When asked if there were any investigations available for review, he stated "I'll check again but I don't think so." The BHD left the room and did not return. No written documentation was available for review to indicate</p> | | | |

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| | <p>investigations were conducted for client A and B's documented unknown injuries.</p> <p>An interview with the LPN (Licensed Practical Nurse) was conducted on 4/24/13 at 4:30 PM. When asked about client B's hand injury, the LPN indicated she did not know because she was not employed at the agency at that time.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> | | | |

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| W000154 | <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 4 of 4 injuries of unknown origin, involving 3 of 3 sampled clients (clients A, B and C), to provide evidence thorough investigations were completed.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated:</p> <p>1. -BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her last toe causing injury. Nursing staff was informed by Direct Support Staff to look at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to</p> | W000154 | <p>Client A is no longer served in this facility Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. Training included injury of unknown origin, Client-to-Client aggression, abuse, neglect and exploitation. Improved adequacy of investigations, understanding of rules and intent, relationship to surveys and impact on client care through a thorough investigation. 38 of 42 investigators attended Department of Health Training. We videotaped the training for future use for new investigators to assure ongoing knowledge beyond the initial training.</p> <p>In addition all the service coordinators and nurses will receive this training by 7/26/13, so that they are more familiar with</p> | 08/08/2013 | | | |

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| | <p>the hospital for treatment." No documentation was submitted for review to indicate an investigation was conducted in regards to the mentioned incident.</p> <p>A review of client A's hospital medical record was conducted on 4/25/13 at 8:30 A.M.. Review of client A's hospital medical record indicated:</p> <p>"Radiology Exams: 4/16/13 Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged to another hospital to begin 6 weeks of antibiotic IV (intravenous) therapy for the osteomyelitis.</p> <p>2.-Incident Date: 9/1/12...Date of Knowledge: 9/1/12...Submitted Date: 9/1/12: "On Monday 8/27/12 staff noticed that [client B] was favoring her right hand. Staff checked her hand for any swelling or bruising, but there was none. Staff called the Community Services Nurse and was told to take her to the emergency room to have it checked.</p> | | reporting and investigation requirements. | | | | |

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| | <p>Service Coordinator notified her parents. [Client B] was taken to [Hospital name] were (sic) she was examined and x-rays were done. Doctor said that there was no break, but she did have arthritis. [Client B]'s hand was wrapped and she was released back to the group home. Community Services Nurse checked her hand on 8/28/12 and 8/29/12, for any swelling or bruising, nothing was seen, she noticed that [client B] was not using her hand. On Saturday 9/1/12, [client B's mother name] picked [client B] up, she unwrapped her hand to look at it and noticed that her right hand was bruised and swollen. She took [client B] to the emergency room at [Hospital #2 name] were (sic) they discovered that her hand was broken." Further review of the report indicated: "Incident Follow-Up Report dated 2/22/13: Injury of Unknown Origin was determined when consumer went to the emergency room for favoring her right hand. Test results showed that hand was broken. Investigation initiated to find out origin of the injury." No documentation was submitted for review to indicate an investigation was conducted in regards to the mentioned incident.</p> <p>3. -Facility owned day program internal incident/accident report dated 6/25/12: "[Client C] came in with what appeared to be a burn on her right arm around the</p> | | | |

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| | <p>wrist area just above the wrist. What appeared to be a burn on the right arm (just above the wrist) (sic). I do not know what caused the mark on [client C]'s arm which appears to be a burn. She came into the Center this way." No documentation was submitted for review to indicate an investigation was conducted in regards to the mentioned incident.</p> <p>-Internal incident/accident report dated 12/10/12: "Client has a scrape or burn on her right arm. Asked her how she got it and she said she believe (sic) she did it at home over the weekend. When client is cooking or assisting she needs to be monitored closely by staff and/or her parents when she is at home." Further review of the report indicated the facility's nursing services reviewed the incident and completed Part B on 12/12/12 at 12:08 P.M.. No documentation was submitted for review to indicate an investigation was conducted in regard to the mentioned incident.</p> <p>An interview with the Behavior Health Director (BHD) was conducted on 4/24/13 at 2:45 P.M.. When asked if there was documentation available for review to indicate investigations were conducted in regard to the mentioned incidents, the BHD stated "I need to check, but I don't think there are any</p> | | | |

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| | <p>investigations." No documentation was submitted for review to indicate investigations were conducted in regards to the mentioned incidents.</p> <p>9-3-2(a)</p> | | | |

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| W000192 | 483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. | W000192 | Client A is no longer served in this facility. The agency has developed risk plan procedure which individualizes resident needs and includes requirements for timing and IDT participation in order that information changes when needs change and includes input and review by the team of professionals working with the resident whenever needs change. The agency has implemented a procedure for individual format to capture resident-specific treatment issues and concerns and utilize the specific information about the client to train new staff or when there is a change in resident condition or if neither occurs, will be completed annually. A new procedure has been developed for documentation of IDT meetings. A new electronic scheduling program is being implemented which will track staff training and will alert the scheduling manager to the individuals training needs before a staff can be scheduled | 08/08/2013 |

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| | <p>Based on record review and interview, the facility failed to train direct care staff on the use of a foot boot to prevent a pressure ulcer for 1 of 2 sampled clients (client A) and to ensure staff were trained on the use of client A's oxygen.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated:</p> <p>1. -A BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her last toe causing injury. Nursing staff was informed by Direct Support Staff to look at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to the hospital for treatment."</p> | | to work at a home. | | | | |

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| | <p>A review of client A's record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>3/4/13: Rehabilitation Evaluation/Preadmission Screening For Rehab Admission: "History of Present Illness: "...admitted on 2/26/13 for possible new CVA (Cerebrovascular Accident) (stroke). He referred the patient to the emergency room where she was evaluated, noted to have right fullness leg erythema (redness of the skin) with some swelling but had neuro exam was unremarkable. She had an x-ray of that right (sic) foot (left) area that demonstrated some multiple fracture of the metatarsals. She was however admitted for TIA (Transient Ischemic Attach) (loss of blood flow to a part of the brain) rule out CVA...Patient was referred to me for rehabilitation evaluation and further rehabilitation management because the patient was weak and not able to walk and not able to do activity of daily living...This patient does not meet rehab admission criteria. Discharge plan: home with family. The patient requires: Physical Therapy, Occupational Therapy and Speech Therapy...."</p> <p>3/5/13: "...Given instructions to [RN name] about donning and wearing time for walking boot to LLE. RN</p> | | | |

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| | <p>recommended to check left leg for any redness from walking boot to prevent pressure sores. RN verbalized understanding."</p> <p>3/6/13: Discharge Summary: "Admit date: 2/26/13. Admitting Diagnosis: Cellulitis. Discharge Diagnosis: Multiple L (left) metatarsal (toe) fractures. Treatment & Course in Hospital With Complications If Any: Pt (patient) was admitted and orthopedic consultation made, and recommendations carried out. Pt has done [not legible] and now has appropriate immobilization device to her left foot and will be dc (discharged) with home health PT/OT (Physical Therapy/Occupational Therapy) at home. Disposition: DC to group home. Discharged 3/6/13." Client A was discharged with a prescription order from the hospital ordering PT/OT therapy. The hospital faxed the group home instructions which indicated, "will need OT/PT for home. Staff to transport at 6:00 PM."</p> <p>3/6/13: Cumulative Medical Record indicated, "Discharged from [hospital]. Returned to group home."</p> <p>3/7/13: Cumulative Medical Record written by contract nurse indicated, "Writer arrived at group home to assess</p> | | | |

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| | <p>patient...Pain noted to bilat (bilateral) (both) feet...Boot applied to L (left). Assist with transfers by DSP (Direct Support Staff)...N.O. (New Order) for PT/OT Therapy."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Wound noted to left 5th toe 1 cm (centimeters) x 1.3 cm x 2 cm. Small amount of perous drainage noted, redness and tenderness noted to site. Orthopedic boot in place. M.D. (doctor) notified. Orders received to send to ER."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Sent to [Hospital name] admitted for wound."</p> <p>4/16/13: "Radiology Exams: Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged on 4/17/13 to another hospital to begin antibiotic IV (intravenous) therapy for the osteomyelitis.</p> | | | |

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| | <p>2. A review of the facility's records was conducted on 4/24/13 at 11:30 A.M.. Review of the facility's Internal Incident/Accident reports indicated the following:</p> <p>-Internal Incident/Accident report dated 3/12/13: "[Client A] came in with out her oxygen. Bus Driver staff (sic) staff at home said they did not know how to hook up her oxygen."</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 4/24/13 at 5:30 P.M.. DSP #1 indicated the discharging physician gave instructions for client A's foot boot to be taken off every 2 hours. DSP #1 stated the information was relayed to the facility's nursing staff. DSP #1 indicated when she returned from vacation the group home nurse gave staff directives to put the foot boot on client A in the morning and take it off in the evening.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 4/24/13 at 4:30 P.M.. The LPN stated "From my experience from working with others with the same type of boot, I called and informed the staff to put the boot on in the morning and to take it off in the evening." When asked if there was documentation available for review to</p> | | | |

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| | <p>indicate all staff at the group home had been trained on the use of client A's foot boot and how to prevent pressure ulcers, the LPN stated "No." When asked if there was documentation available for review to indicate staff had been trained on client A's oxygen use, the LPN stated "No." No documentation was submitted for review to indicate the group home staff received training on the use of client A's foot boot and how they were to prevent her from developing pressure ulcers and on the use of her oxygen.</p> <p>This deficiency was cited on 1/28/2013 and 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00122535.</p> <p>9-3-3(a)</p> | | | | |

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| NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 1921 54TH AVE W MERRILLVILLE, IN 46410 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G553 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 04/26/2013 |
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| W000210 | <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed to assess the medical needs of 1 of 2 sampled clients (client A) in regards to her diagnosis of aspiration pneumonia, 2. failed to assess the mobility needs of client A and the use of an orthopedic boot after the change of physical status and foot fractures for 1 of 2 sampled clients (client A) and 3. failed to assess client A's refusal to use her C-Pap machine and oxygen at bedtime.</p> <p>Findings include:</p> | W000210 | <p>Client A is no longer served in this facility The agency added a procedure for individual format to capture resident-specific treatment issues and concerns and utilize the specific information about the client to train new staff or when there is a change in resident condition or if neither occurs, will be completed annually. The agency has also developed a new position for staff to evaluate, research and secure what is needed then train all staff in use of adaptive equipment and procedures.</p> | 08/08/2013 | |

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| | <p>1. A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 12/13/12 indicated: "Received a call from group home staff on (12/12/12) stating that [client A] was not feeling well. Appointment made to see her primary doctor on 12/14/12. Staff called this morning (12/13/12) stating that [client A] was not doing any better, that she was lethargic, weak, and vomited twice. Nurse instructed staff to transport her to the ER (Emergency Room) for evaluation and treatment. Plan to Resolve: Vitals were found to be in the low 80's. Incident Follow-Up Report: [Client A] remains in the hospital and is being treated with IV (intravenous) antibiotics for pneumonia. No discharge plans at this time."</p> <p>A review of client A's hospital medical record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>12/13/12: "Pt (Patient) brought in from the [Agency name] group home for vomiting since Monday. States that patient has been weak and lethargic x 2</p> | | | | | | |

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| | <p>weeks, became worse this week, states patient has not been eating and has only been sleeping."</p> <p>12/13/12: "Zosyn and azithromycin (antibiotic) administered for aspiration pneumonia and pneumonia. Zosyn will also cover anaerobes and gram negatives in the setting of her small bowel obstruction."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 4/24/13 at 4:30 P.M.. When asked if client A had been assessed after her diagnosis of aspiration pneumonia, the LPN stated "I don't know." The LPN further indicated she was not employed with the facility on the mentioned dates.</p> <p>2. A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her</p> | | | |

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| | <p>last toe causing injury. Nursing staff was informed by Direct Support Staff to look at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to the hospital for treatment."</p> <p>A review of client A's record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Wound noted to left 5th toe 1 cm (centimeters) x 1.3 cm x 2 cm. Small amount of perous drainage noted, redness and tenderness noted to site. Orthopedic boot in place. M.D. (doctor) notified. Orders received to send to ER."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Sent to [Hospital name] admitted for wound."</p> <p>A review of client A's hospital medical record indicated:</p> <p>4/16/13: "Radiology Exams: Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first</p> | | | |

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| | <p>metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged on 4/17/13 to another hospital to begin antibiotic IV (intravenous) therapy for the osteomyelitis.</p> <p>An interview with the LPN was conducted on 4/24/13 at 4:30 P.M.. When asked if any assessments were completed to address client A's mobility needs and the use of the orthopedic boot, the LPN indicated she did not know if assessments were completed.</p> <p>3. A review of client A's hospital medical record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>2/4/13: "Assessment: OSA (Obstructive Sleep Apnea), Bronchial asthma, COPD (Chronic Obstructive Pulmonary Disease), Pulmonary Hypertension, Scoliosis, Excessive Sleepiness...Subjective: Patient presents with aide. She doesn't have her CPAP anymore according to nursing home...noncompliant...."</p> <p>Review of client A's program and medical record did not indicate client A's</p> | | | |

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| | <p>diagnosis of sleep apnea and the use of a C-Pap machine.</p> <p>An interview with the LPN was conducted on 4/24/13 at 4:30 P.M.. The LPN indicated she did not know client A was diagnosed with sleep apnea and further indicated she did not know the physician ordered the use of a C-Pap machine a bedtime.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 4/24/13 at 5:30 P.M.. When asked if client A used a C-Pap machine, DSP #1 stated "No, she refuses to use it and hasn't used it in a long time. She also doesn't use her oxygen at bedtime."</p> <p>This deficiency was cited on 01/28/2013 and 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00122535.</p> <p>9-3-4(a)</p> | | | | |

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| W000318 | <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the Condition of Participation of Health Care Services is not met as the facility's nursing services failed to assure 1 of 2 sampled clients (client A) received timely health care services for her pressure ulcer, aspiration pneumonia and sleep apnea.</p> <p>Findings include:</p> <p>1. Please refer to W192 as the facility's nursing services failed to train direct care staff on appropriate monitoring to prevent pressure ulcers for 1 of 2 sampled clients (client A).</p> <p>3. Please refer to W210 as the facility's nursing services failed to assess the medical needs of 1 of 2 sampled clients (client A) in regards to her 1. diagnosis of aspiration pneumonia, 2. failed to assess the mobility needs of client A and the use of an orthopedic boot after the change of physical status and foot fractures and 3. failed to assess client A's refusal to use her C-Pap machine and oxygen at bedtime.</p> | W000318 | Please refer to W 192, W 210, and W 331 Client A is no longer served in this facility | 08/08/2013 |

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| | <p>4. Please refer to W331 as the facility failed to provide adequate nursing services: 1. To assess and verify medical information received from the hospital for 2 of 2 sampled clients (clients A and B), 2. To provide staff training in regards to the use of a C-Pap machine, ordered continuous oxygen and the use of a orthopedic boot for 1 of 2 sampled clients (client A) without causing injury to the client, and 3. To ensure 1 of 2 sampled clients (client A)'s diagnosis of sleep apnea was documented within the client's medical record.</p> <p>This deficiency was cited on 01/28/2013 and 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00122535.</p> <p>9-3-6(a)</p> | | | |
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| W000331 | 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. | W000331 | Client A is no longer served in this facility. The facility has added a procedure for individual format to capture resident-specific treatment issues and concerns and utilize the specific information about the client to train new staff or when there is a change in resident condition or if neither occurs, will be completed annually. The facility has developed risk plan procedure which individualizes resident needs and includes requirements for timing and IDT participation in order that information changes when needs change and includes input and review by the team of professionals working with the resident whenever needs change. The facility has modified the skin integrity tracking sheets and the procedures to use and monitor the information gained from the tracking and increasing information from direct care staff to and from nurse. The facility has developed new procedures for tracking ongoing care needs (seizures, input and output of fluids, and skin integrity, etc.) Improved assessments and documentation for wound care, repositioning, skin care and | 08/08/2013 | |

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| | <p>Based on record review and interview, the facility failed to provide adequate nursing services: 1. To assess, verify medical information received from the hospital and provide staff training in regards to the use of an orthopedic boot without causing injury to the client for 1 of 2 sampled clients (client A), 2. To provide nursing assessments/monitoring of 1 of 2 sampled client's injury (client A) and 3. To ensure physician's orders are carried out and documented for the use of oxygen and a C-Pap machine for 1 of 2 sampled clients (client A).</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative</p> | | <p>resident medical condition.</p> <p>As new needs are identified the clients IDT will meet to revise their plan. Once revised direct care staff will be trained, with return demonstration, on this plan and the Service Coordinator will observe that staff are providing intervention/training and documenting appropriately several times per week (frequency will be dictated by the issue at hand). Once staff have shown proficiency in documentation and interventions, monitoring will fade to weekly and then biweekly.</p> | | |

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| | <p>office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 12/13/12 indicated: "Received a call from group home staff on (12/12/12) stating that [client A] was not feeling well. Appointment made to see her primary doctor on 12/14/12. Staff called this morning (12/13/12) stating that [client A] was not doing any better, that she was lethargic, weak, and vomited twice. Nurse instructed staff to transport her to the ER (Emergency Room) for evaluation and treatment. Plan to Resolve: Vitals were found to be in the low 80's. Incident Follow-Up Report: [Client A] remains in the hospital and is being treated with IV (intravenous) antibiotics for pneumonia. No discharge plans at this time."</p> <p>A review of client A's hospital medical record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>12/13/12: "Pt (Patient) brought in from the [Agency name] group home for vomiting since Monday. States that patient has been weak and lethargic x 2 weeks, became worse this week, states patient has not been eating and has only</p> | | | |

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| | <p>been sleeping."</p> <p>12/13/12: "Zosyn and azithromycin (antibiotic) administered for aspiration pneumonia and pneumonia. Zosyn will also cover anaerobes and gram negatives in the setting of her small bowel obstruction."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 4/24/13 at 4:30 P.M.. When asked if client A had been assessed after her diagnosis of aspiration pneumonia, the LPN stated "I don't know." The LPN further indicated she was not employed with the facility on the mentioned dates.</p> <p>2. A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> <p>-A BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her last toe causing injury. Nursing staff was informed by Direct Support Staff to look</p> | | | |
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| | <p>at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to the hospital for treatment."</p> <p>A review of client A's record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Wound noted to left 5th toe 1 cm (centimeters) x 1.3 cm x 2 cm. Small amount of perous drainage noted, redness and tenderness noted to site. Orthopedic boot in place. M.D. (doctor) notified. Orders received to send to ER."</p> <p>4/12/13: Cumulative Medical Record written by LPN indicated, "Sent to [Hospital name] admitted for wound."</p> <p>A review of client A's hospital medical record indicated:</p> <p>4/16/13: "Radiology Exams: Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been</p> | | | | | | |

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| | <p>accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged on 4/17/13 to another hospital to begin antibiotic IV (intravenous) therapy for the osteomyelitis.</p> <p>Review of client A's record did not have any hospital medical record information and did not contain any documentation by the facility's nursing services in regards to the hospital medical record.</p> <p>An interview with the LPN was conducted on 4/24/13 at 4:30 P.M.. When asked if any assessments were completed to address client A's mobility needs and the use of the orthopedic boot, the LPN indicated she did not know if assessments were completed. When asked how long client A had the pressure ulcer on her foot the LPN stated "I'm not sure." When asked if the IDT (Interdisciplinary Team) had met to discuss client A's current hospitalization for osteomyelitis, the LPN stated "I'm not sure."</p> <p>3. A review of client A's hospital medical record was conducted on 4/24/13 at 1:00 P.M.. Review of the record indicated:</p> <p>2/4/13: Assessment: OSA (Obstructive</p> | | | |

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| | <p>Sleep Apnea), Bronchial asthma, COPD (Chronic Obstructive Pulmonary Disease), Pulmonary Hypertension, Scoliosis, Excessive Sleepiness...Subjective: Patient presents with aide. She doesn't have her CPAP anymore according to nursing home...noncompliant...."</p> <p>Review of client A's program and medical record did not indicate client A's diagnosis of sleep apnea and the use of a C-Pap machine.</p> <p>An interview with the LPN was conducted on 4/24/13 at 4:30 P.M.. The LPN indicated she did not know client A was diagnosed with sleep apnea and further indicated she did not know the physician ordered the use of a C-Pap machine at bedtime.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 4/24/13 at 5:30 P.M.. When asked if client A used a C-Pap machine, DSP #1 stated "No, she refuses to use it and hasn't used it in a long time. She also doesn't use her oxygen at bedtime."</p> <p>This deficiency was cited on 01/28/2013 and 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> | | | | | | |

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| | <p>This federal tag relates to complaint #IN00122535.</p> <p>9-3-6(a)</p> | | | |

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| W009999 | <p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 4 of 4 reportable incidents for 2 of 2 sampled clients and 1 additional client (clients A, B and C), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/24/13 at 2:05 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following:</p> | W009999 | <p>Investigators, the Behavior Health Director, and the Quality Assurance Director were trained on the requirements of a thorough investigation and reporting requirements on 6/19/13. In the future investigators will have a better understanding of this requirement and the Behavior Health and Quality Assurance Director (whom review all investigations) will have the ability to review all investigations in light of the requirements. Training included injury of unknown origin, client-to-client aggression, abuse, neglect and exploitation. This training improved adequacy of investigations, understanding of rules and intent, relationship to surveys and impact on client care through a thorough investigation. 38 of 42 investigators attended Department of Health Training. We videotaped the training for future use for new investigators to assure ongoing knowledge beyond the initial training.</p> <p>In addition all the service coordinators and nurses will receive this training by 7/26/13, so that they are more familiar with reporting and investigation requirements.</p> | 08/08/2013 | | | |

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| | <p>1. -BDDS report dated 2/26/13...Date of Knowledge: 2/26/13...Submitted Date: 3/4/13 at 5:00 P.M.: "[Client A] had an appointment to see [Dr. name], a neurologist at [Hospital name] due to physical changes. Plan to Resolve: [Dr. name] admitted [client A] to perform a series of tests to determine a diagnosis. [Client A] remains in the hospital. [Client A] seems to be in fair condition." This incident was not reported within 24 hours to BDDS. No documentation was submitted for review to indicate follow-up reports were submitted in regard to this incident.</p> <p>-BDDS report dated 4/12/13...Date of Knowledge: 4/12/13...Submitted Date: 4/15/13 at 4:00 P.M.. "[Client A] has been wearing a boot on her left foot due to previous injuries. [Client A]'s boot apparently has been rubbing against her last toe causing injury. Nursing staff was informed by Direct Support Staff to look at [client A]'s left toe. Plan to Resolve: Nursing staff went to day service to assess [client A]'s left toe and concluded that she needed to seek further medical attention and the nurse informed staff to take her to the hospital for treatment." This incident was not reported within 24 hours to BDDS. No documentation was submitted for review to indicate follow up reports</p> | | | |

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| | <p>were submitted in regard to this incident.</p> <p>A review of client A's hospital medical record was conducted on 4/25/13 at 8:30 A.M.. Review of client A's hospital medical record indicated:</p> <p>"Radiology Exams: 4/16/13 Impression: Triple phase bone scan demonstrates findings compatible with osteomyelitis (infection of the bone) of the right great toe and possible septic arthritis at the first metatarsophalangeal joint...Assessment: Patient's condition is stable. Have been accepted in [Hospital #2 name]."</p> <p>Further review of the hospital medical record indicated client A was discharged to another hospital to begin antibiotic IV (intravenous) therapy for the osteomyelitis (infection of the bone).</p> <p>No documentation was submitted for review to indicate the facility submitted a follow up report to BDDS in regards to client A's health status.</p> <p>2. -Incident Date: 9/1/12...Date of Knowledge: 9/1/12...Submitted Date: 9/1/12: "On Monday 8/27/12 staff noticed that [client B] was favoring her right hand. Staff checked her hand for any swelling or bruising, but there was none. Staff called the Community</p> | | | |

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| | <p>Services Nurse and was told to take her to the emergency room to have it checked. Service Coordinator notified her parents. [Client B] was taken to [Hospital name] were (sic) she was examined and x-rays were done. Doctor said that there was no break, but she did have arthritis. [Client B]'s hand was wrapped and she was released back to the group home. Community Services Nurse checked her hand on 8/28/12 and 8/29/12, for any swelling or bruising, nothing was seen, she noticed that [client B] was using her hand. On Saturday 9/1/12, [client B's mother name] picked [client B] up, she unwrapped her hand to look at it and noticed that her right hand was bruised and swollen. She took [client B] to the emergency room at [Hospital #2 name] were (sic) they discovered that her hand was broken." Further review of the report indicated: "Incident Follow-Up Report dated 2/22/13: Injury of Unknown Origin was determined when consumer went to the emergency room for favoring her right hand. Test results showed that hand was broken. Investigation initiated to find out origin of the injury."</p> <p>3. -Facility owned day program internal incident/accident report dated 6/25/12: "[Client C] came in with what appeared to be a burn on her right arm around the wrist area just above the wrist. What</p> | | | |

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| | <p>appeared to be a burn on the right arm (just above the wrist.) (sic). I do not know what caused the mark on [client C]'s arm which appears to be a burn. She came into the Center this way." This incident was not reported to BDDS.</p> <p>-Internal incident/accident report dated 12/10/12: "[Client C] has a scrape or burn on her right arm. Asked her how she got it and she said she believe (sic) she did it at home over the weekend. When client is cooking or assisting she needs to be monitored closely by staff and/or her parents when she is at home. Further review of the report indicated the facility's nursing services reviewed the incident and completed Part B on 12/12/12 at 12:08 P.M.. This incident was not reported to BDDS.</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 4/24/13 at 7:00 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS...Incidents to be reported to BQIS include any event or occurrence characterized by risk or</p> | | | |

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| | <p>uncertainty resulting in of having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>- "An emergency intervention for the individual resulting from:</p> <p style="padding-left: 40px;">a. a physical symptom</p> <p style="padding-left: 40px;">b. a medical or psychiatric condition</p> <p style="padding-left: 40px;">c. any other event"</p> <p>- "An injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation."</p> <p>- "An injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment."</p> <p>- "A significant injury to an individual that includes but is not limited to...e. Lacerations which require more than basic first aid. f. any occurrence of skin breakdown related to decubitus ulcer, regardless of severity...Initial incident reporting to BQIS. Within 24 hours of initial discovery of a reportable incident, the reporting person shall file an incident initial report with BQIS using the DDRS approved electronic format...."</p> <p>An interview with the Service (SC) was conducted at the facility's administrative office on 4/24/13 at 2:25 P.M.. The SC indicated these incidents were not</p> | | | |

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| | <p>reported to BDDS timely. No further documentation was submitted for review to indicate BDDS/follow-up reports were submitted for the mentioned incidents.</p> <p>9-3-1(b)</p> | | | |