

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G636		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/20/2012	
NAME OF PROVIDER OR SUPPLIER CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3202 S FELLOWS SOUTH BEND, IN 46614			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 11, 12, 13, 14, 19 and 20, 2012.</p> <p>Facility number: 001212 Provider number: 15G636 AIM number: 100240190</p> <p>Surveyors: Susan Reichert, Medical Surveyor III-Team Leader Amber Bloss, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on June 25, 2012 by Dotty Walton, 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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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on interview and record review for 2 of 4 sampled clients (client #2 and #3), the facility failed to assess the use of clothing protectors.</p> <p>Findings include:</p> <p>Clients #2 and #3 were observed at the group home on 6/11/12 from 4:55 PM until 7:00 PM. Clients #2 and #3 were observed to be wearing a cloth barrier fastened around their necks covering their clothing during leisure activities of puzzles and activities at the dining room table from 4:55 PM until dinner at 5:38 PM. Clients #2 and #3 were observed to continue to wear cloth barriers covering their clothing during dinner.</p> <p>Clients #2 and #3 were observed at the group home on 6/12/12 from 6:30 AM until 7:55 AM. During breakfast, Clients #2 and #3 wore clothing protectors.</p> <p>Client #2 and #3's records were reviewed on 6/12/12 at 3:30 PM. Neither Client #2 or #3 had assessments for the need and use of clothing protectors.</p>	W0214	<p>Comprehensive Functional Assessments are completed annually on all Corvilla residents. Clients #2 and #3 assessments were completed on August 8, 2011. However the assessment did not ask the question, "Does the resident require protection while eating"? Therefore an assessment has been developed to address this. This assessment did indicate that Clients#2 and #3 do need clothing protectors while eating but not when they are involved in leisure activities. The staff will be trained on when to use and/or not to use clothing protectors. The QMRP has visited the other Corvilla homes to determine if this concern is an issue andhas discovered it is not. To ensure this concern does not occur again, the QMRP will be responsible for reviewing and training the staff on the interpretation and implementation of the recommendations of the Comprehensive Functional Assessments and all other assessments. Also, to ensure this does not occur again the QMRP will be responsible for monitoring the home on a bi-weekly basis. Addendum: As stated above an Assessment has been developed to address all aspects of the</p>	07/20/2012			

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	The Qualified Mental Retardation Professional (QMRP) was interviewed on 6/14/12 at 3:45 PM. When asked whether Client #2 and #3 should have been wearing cloth barriers over their clothing during activities, the QMRP responded "No, they should not have been, maybe the staff were nervous." The QMRP said neither Client #2 or #3 had been assessed for use of clothing protectors and a program for their use was not contained within either of their Individual Support Plans (ISPs). 9-3-4(a)		Residents dining skills. Based on the results of the assessment, the IDT will determine if clothing protectors are necessary. This assessment will be completed annually along with the Comprehensive Functional Assessment. Based upon these 2 assessments, the IDT will determine appropriate goals for increasing dining skills and the need for clothing protectors. The QMRP be will be responsible for monitoring the use of clothing protectors and completing the 2 assessments on an annual basis. Completion Date: July 20, 2012		

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, interview and record review for 1 of 4 sampled clients (client #4), the facility failed to ensure the communication objective of his individual support plan (ISP) was implemented as written, and failed for 1 additional client (client #5) to implement her dining plan.</p> <p>Findings include:</p> <p>1. Client #4 was observed at the group home on 6/11/12 between 4:55 PM and 7:00 PM. During the observation, client #4 did not use a picture communication book and was not prompted by staff to use sign language during medication pass, dinner, or leisure activities.</p> <p>Client #4 was observed at the group home on 6/12/12 from 6:30 AM until 7:55 AM. During the observation, client #4 was not observed to use a picture communication book or be prompted by staff to use sign language during breakfast or clean up of breakfast.</p>	W0249	<p>To ensure Client #4 receives continuous active treatment the QMRP will re-train the staff on the implementation of Client #4's Communication goal/objectives. The QMRP has visited Corvilla's other homes and reviewed the other residents files and it appears that there are no other deficiencies of this nature. To ensure that this deficiency does not occur again in the future: the QMRP will be responsible for reviewing each client's goals on a monthly basis. The QMRP will also be responsible for monitoring the implementation of the goal(s)/ objectives by visiting the home(s) on a weekly basis.</p>	07/20/2012			

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	<p>Client #4's record was reviewed on 6/12/12 at 3:00 PM. Client #4's speech evaluation dated 4/01/03 indicated client #4 demonstrated the use of sign to communicate "hat, (which he uses to request going outside), work, home and yes during the evaluation. He demonstrated the use of these signs after request and/or modeling." The speech evaluation further recommended that client #4 "utilize a low-technology communication book with a limited number of familiar pictures placed." Client #4's ISP dated 2/9/12 indicated a communication goal with Objective #2 stating that Client #4 "will sign the following words work, eat, help, hurt, and swim appropriately given 0-4 physical and verbal prompts by 8/12." The communication goal indicated the objective should be run as needed and data should be collected one time per day.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 6/14/12 at 3:45 PM and when asked if (Client #4) should have been prompted to sign during the course of the evening, the QMRP responded Client #4 primarily uses his picture book for communication but also has a communication goal to use basic sign. When asked where Client #4's picture book is kept, the QMRP indicated since he used it on an informal basis she</p>			

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	<p>did not know where it might be at any particular time.</p> <p>2. Observations were completed at the group home on 6/12/12 from 6:37 AM until 8:00 AM. Client #5 coughed deeply with phlegm from three times to in excess of 8 times per episode more than two times before breakfast. At 6:51 AM, staff #10 indicated to staff #9 she was uncertain as to whether to call the nurse about client #5's cough or whether it was a normal cough in the morning for client #5. At 7:00 AM, client #5 was given two spoonfuls of nectar thick consistency beverage after coughing deeply two times with phlegm. Staff #10 then allowed the liquid to solidify to pudding consistency and spooned the liquid into client #5's mouth. Client #5 coughed 3 times at 7:05 AM, 3 times at 7:15 AM and 3 times at 7:20 AM while eating breakfast.</p> <p>Staff #10 indicated on 6/12/12 at 7:30 AM she would take client #5's temperature. At 7:31 AM staff #10 indicated client #5's temperature was 98 degrees and stated, "It's normal morning goo."</p> <p>Client #5's record was reviewed on 6/12/12 at 11:25 AM. A 4/26/12 Risk Management/ Dining Plan indicated client #5 was at risk for aspiration, choking and</p>				

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	<p>GERD (gastro esophageal reflux disease) and staff were to call the nurse if "coughing during meal."</p> <p>The group home nurse was interviewed on 6/12/12 at 2:55 PM. She indicated staff should have followed the dining protocol for client #5 and called the nurse when client #5 coughed during her meal.</p> <p>9-3-4(a)</p>				

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W0288	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client #1), the Individual Support Plan (ISP) failed to address the client's identified need for a clothing protector.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/11/12 from 4:55 PM until 7:00 PM. Client #1 wore a shirt protector during leisure activities and the evening meal.</p> <p>Observations were completed at the group home on 6/12/12 from 6:30 AM until 7:55 AM. During breakfast and while on the couch after breakfast, client #1 wore a shirt protector.</p> <p>Observations were completed at the day services on 6/12/12 from 10:20 AM until 10:48 AM. Client #1 was sitting at a table working on coloring sheets wearing a shirt protector.</p> <p>Client #1's record was reviewed on 6/12/12 at 2:30 PM. The Individual Support Plan (ISP) dated 1/27/12 did not</p>	W0288	To ensure Client #1's chewing behavior is managed appropriately; an assessment for the need of a clothing protector has been completed. Also, a goal/objective has been developed with input from her IDT. The QMRP will be responsible for training the staff to ensure appropriate implementation of this goal. To ensure that this deficiency has not occurred in any other Corvilla homes, the QMRP has reviewed all other client files and determined that it has not. To ensure that this deficiency does not occur again in the future the QMRP will be responsible for monitoring each resident file to ensure assessments are completed in a timely manner and an ISP is put in place when needed.	07/20/2012			

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	<p>address client #1's behavior of chewing her clothing or incorporate the use of clothing protectors in a plan.</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 6/14/12 at 3:45 PM and indicated client #1 had a history of chewing her shirt and pulling her shirt over her nose and mouth. She indicated the shirt protector was necessary for her safety. The QMRP indicated the ISP did not address the assessed need for client #1 to use a shirt protector.</p> <p>9-3-4(a)</p>				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 1 additional client (client #5), to provide her with the diet consistency as indicated in her plan.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/12/12 from 6:37 AM until 8:00 AM. Client #5 coughed deeply with phlegm from three times to in excess of 8 times per episode more than two times before breakfast. At 6:51 AM, staff #10 indicated to staff #9 she was uncertain as to whether to call the nurse about client #5's cough or whether it was a normal cough in the morning for client #5. At 7:00 AM, client #5 was given two spoonfuls of nectar thick consistency beverage after coughing deeply two times with phlegm. Staff #10 then allowed the liquid to solidify to pudding consistency and spooned the liquid into client #5's mouth. Client #5 coughed 3 times at 7:05 AM, 3 times at 7:15 AM and 3 times at 7:20 AM while eating breakfast.</p> <p>Staff #10 was interviewed on 6/12/12 at 7:04 AM. When asked about the</p>	W0460	<p>Client #5 will be provided with the diet consistency as indicated on her risk management plan. All Fellows staff will be trained by July 12, 2012 on giving thickened liquids in proper consistency. All Corvilla staff will be trained on following risk management plans for proper consistency. All new staff will be trained on following risk management plans for proper consistency in Medication Administration class when reviewing risk management plans for dining. The Agency nurse will monitor this weekly at home visits and home managers will monitor daily.</p>	07/20/2012			

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	<p>consistency of the beverage served to client #5, she indicated she had given her nectar thickened liquids, but her liquids were to be pudding thick and stated "I gave her a little sip because I can see she is desperate." Staff #10 indicated client #5's liquid consistency had recently changed from nectar thick to pudding thick consistency.</p> <p>Client #5's record was reviewed on 6/12/12 at 11:25 AM. A 4/26/12 Risk Management /Dining Plan indicated client #5 was to receive a pureed diet with pudding thick liquids.</p> <p>The group home nurse was interviewed on 6/12/12 at 2:55 PM. She indicated staff should not have given client #5 nectar thickened liquids during her meal.</p> <p>9-3-8(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, #4), the facility failed to encourage, teach, and include clients in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/11/12 from 4:50 PM until 7:00 PM. Staff #11 prepared and served the meal of macaroni, beef and tomato sauce, peas and fruit into bowls which were delivered by staff #10 to the dining area without prompting clients #1, #2, #3 or #4 to participate in the preparation of the food.</p> <p>Observations were completed at the group home on 6/12/12 from 6:37 AM until 8:00 AM. Staff #10 prepared and served the meal of oatmeal, toast and orange juice. Staff #10 scooped oatmeal into bowls and prepared toast in a toaster on the counter. Staff #10 then delivered the food to the dining area without prompting clients #1, #2, #3 or #4 to participate in the preparation of the food. After the meal staff #10 and #9 cleared the dishes, disposed of leftover food and wiped the</p>	W0488	<p>To ensure each resident participates in preparing and serving meals to their ability, a weekly chore list has been developed. This list spells out what job(s) clients #1, 2, 3 and 4 as well as their housemates are to do in the preparation of a meal or for clean up. The Managers will be trained on how to rotate the chores - the Managers will then train their staff on the list. The QMRP has visited the other Corvilla homes to determine if this deficiency is an issue in them and discovered that it is not. To ensure that a deficiency of this nature does not occur again; the QMRP will be responsible for monitoring the home(s) on a weekly basis assuring that the chore list is being implemented, adhered to and rotated.</p>	07/20/2012			

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	<p>table for clients #1, #2, and #3.</p> <p>Client #1's record was reviewed on 6/12/12 at 10:48 AM. Client #1's Comprehensive Functional Assessment (CFA) dated 8/3/11 indicated client #1 required assistance to scoop food from a jar, make a simple snack, mix ingredients with a spoon, make a sandwich, and toast bread. She required assistance to open and close containers, set the table, clear the table, wipe the table and rinse dirty dishes.</p> <p>Client #2's record was reviewed on 6/12/12 at 11:15 AM. Client #2's CFA dated 9/1/11 indicated with verbal instructions, she could make a sandwich, pack a bag lunch. She required assistance to scoop food from a jar, to make a simple snack, to mix ingredients with a spoon, and to toast bread. She required assistance to open and close containers, to set and clear the table, wipe the table, and to rinse food from dirty dishes.</p> <p>Client #3's record was reviewed on 6/12/12 at 12:07 PM. Client #3's CFA dated 8/8/12 indicated in the area of meal preparation client #3 could, with verbal instructionm scoop food from a jar, make a simple snack, mix ingredients with a spoon, make a sandwich, toast bread, make a bag lunch, open and close</p>			

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	<p>containers such as cereal boxes, jars and plastic ware, put food in the refrigerator as needed, load and unload the dishwasher, and mix a cold drink. She could, with assistance, mix a hot drink and use a can opener, wrap leftovers, stir foods while cooking, chop foods and place food in the correct serving dish.</p> <p>Client #4's record was reviewed on 6/12/12 at 2:00 PM. Client #4's CFA indicated he could, with verbal instructions, make a simple snack, clear dishes from the table, open and close cereal boxes and plastic ware, and put clean silverware away. He required assistance to scoop food from a jar, open and close jars or bottles, mix ingredients with a spoon, and toast bread in a toaster. He required assistance to set the table, wipe the table and rinse food off of dirty dishes.</p> <p>On 6/14/12 at 12:55 PM, an interview with the QMRP (Qualified Mental Retardation Professional) was completed. The QMRP indicated clients #1, #2, #3, #4 have the ability to participate in meal preparation with assistance. She stated, "We do have them participate as much as possible," and indicated clients should have participated in the preparation of their meals.</p>						

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