

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/25/2012
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130		
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 23, 24 and 25, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000693 AIM Number: 100234510 Provider Number: 15G157</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 8/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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

TITLE

(X6) DATE

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

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W0124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure the client's guardians had been informed and consented to the addition of a behavior medication to her regimen.</p> <p>Findings include:</p> <p>Review of client #1's record on 7/24/12 at 8:40 AM indicated she had been prescribed lithium carbonate 300 mg. (antipsychotic) twice daily for behavior management on 8/24/11. The record review indicated the client's parents were her guardians and assisted her in decision making. The review indicated a behavior support program/BSP with accompanying Modification of Individual's Rights dated 2/16/12 for client #1.</p> <p>The record review indicated no evidence the client's guardians had been informed and had approved of the implementation of the lithium for behavior management.</p> <p>Interview with Qualified Developmental Disabilities Professional/QIDP #1 on</p>	W0124	<p><b>W124:</b> The facility must ensure the rights of all clients. Therefore, the facility must inform each client, parent (if client is a minor), or legal guardian, of the client's medical condition, developmental; and behavioral status, attendant risks of treatment, and the right to refuse treatment.</p> <p><b>Corrective Action: (Specific):</b> The Program Coordinator will be trained that the guardian or health care representative must be informed of the client's medications and approval must be received from the guardian or health care representative must provide approval for medication to be administered.</p> <p><b>How others will be identified (Systemic):</b> The Program Coordinator will ensure that IDT's are held when medications are prescribed and the guardian or health care representative will be informed of medications prescribed by the physician.</p> <p><b>Measures to be put in place:</b> The Program Coordinator will be</p>	08/24/2012			

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	7/24/12 at 10:30 AM indicated no evidence the guardians had been involved in the implementation of the behavior drug lithium for client #1.  9-3-2(a)		trained that the guardian or health care representative must be informed of the client's medications and approval must be received from the guardian or health care representative must provide approval for medication to be administered.  <b>Monitoring of corrective action:</b> The operations manager for supervised group living will review and monitor IDT's at visits to ensure the guardians and health care representatives are informed of any medications the client is prescribed.  Completion Date: 8/24/12		

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W0262	<p><b>483.440(f)(3)(i)</b> <b>PROGRAM MONITORING &amp; CHANGE</b> The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure the agency's specially constituted committee (Human Rights Committee/HRC) had reviewed and monitored client #1's behavior support plan.</p> <p>Findings include:</p> <p>Review of client #1's record on 7/24/12 at 8:40 AM indicated she had been prescribed lithium carbonate 300 mg. (antipsychotic) twice daily for behavior management on 8/24/11. The record review indicated a behavior support program/BSP with accompanying Modification of Individual's Rights dated 2/16/12 for client #1.</p> <p>The record review indicated no review or monitoring of client #1's lithium by the agency's HRC.</p> <p>Interview with Qualified Developmental Disabilities Professional/QDDP #1 on 7/24/12 at 10:30 AM indicated the former QDDP had not presented the change in</p>	W0262	<p><b>W262:</b> The committee should review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to the client protection and rights.</p> <p><b>Corrective Action: (Specific):</b> The Program Coordinator will be trained that any restrictive program which includes methods to monitor the client including addition of medications to current medication regimen will be approved by HRC.</p> <p><b>How others will be identified (Systemic):</b> The Program Coordinator will hold IDT's and obtain HRC approval for any restrictive programming including the addition of psychotropic medications to current medication regimens.</p> <p><b>Measures to be put in place:</b> The Program Coordinator will be trained that any restrictive program which includes methods to monitor the client including addition of medications to current medication regimen will be</p>	08/24/2012			

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	medication (addition of lithium to client #1's BSP) to the agency's HRC for their review.  9-3-4(a)		approved by the Human Rights Committee.  <b>Monitoring of corrective action:</b> The operations manager for supervised group living will review IDT's to ensure that all restrictive programming including addition of psychotropic medications to current medication regimens are approved by the human rights committee prior to implementation.  Completion Date: 8/24/12		

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients who used drugs for inappropriate behavior, (#1), the facility failed to ensure the use of the behavior drug was included in the client's plans.</p> <p>Findings include:</p> <p>Review of client #1's record on 7/24/12 at 8:40 AM indicated she had been prescribed lithium carbonate 300 mg. (antipsychotic) twice daily for behavior management on 8/24/11. The record review indicated a behavior support program/BSP with accompanying Modification of Individual's Rights dated 2/16/12 for client #1. The BSP had not been revised to include the use of the lithium carbonate nor had withdrawal criteria for the medication been included in the BSP.</p> <p>Interview with Qualified Developmental Disabilities Professional/QIDP #1 on 7/24/12 at 10:30 AM indicated the former QDDP did not revise client #1's BSP to include the use of the lithium carbonate</p>	W0312	<p><b>W312:</b> Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically toward the reduction of and eventual elimination of the behaviors for which the drugs are employed. <b>Corrective Action: (Specific):</b> The Program Coordinator will be trained to include the use of all psychotropic medications in the client's behavior support plan including a reduction plan for each medication. <b>How others will be identified (Systemic):</b> The Program Coordinator will review all behaviors modifications upon admission to ensure that the use of medications is clearly defined in the ISP/BSP. <b>Measures to be put in place:</b> The Program Coordinator will be trained to include the use of all psychotropic medications in the client's behavior support plan including a reduction plan for each medication. <b>Monitoring of corrective action:</b> The operations manager for supervised group living will periodically review all ISP/BSP's to ensure that all behavior</p>	08/24/2012			

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	nor had withdrawal criteria for the medication been included.  9-3-5(a)		modifications, medications and reduction plans are included within the BSP. Completion Date: 8/24/12		

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W0338	<p>483.460(c)(3)(v) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility's nurse failed to ensure client #1 was referred for special studies to ascertain the origin of her recurrent urinary tract infections.</p> <p>Findings include:</p> <p>During observations at the facility on 7/24/12 at 6:55 AM, client #1 received 500 mg. (milligrams) of ciprofloxacin (anti-infective medication) from staff #1. Review of client #1's record on 7/24/12 at 8:40 AM indicated she had been prescribed the ciprofloxacin on 7/23/12 for "chronic UTI (urinary tract infection)." The record review indicated a history of medications prescribed by the primary care physician for client #1's UTIs.</p> <p>7/23/12 Cipro (ciprofloxacin/anti-infective) 500 mg. twice daily/bid. 5/19/12 Bactrim DS/double strength tablets bid (anti-infective) 4/20/12 Flagyl (anti-infective,</p>	W0338	<p><b>W338:</b> Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p><b>Corrective Action: (Specific):</b> The program coordinator and nurse will be trained that clients who have recurring infections are referred to the appropriate specialist for follow up, diagnosis and treatment.</p> <p><b>How others will be identified (Systemic):</b> The nurse will conduct weekly visits and medical records reviews to ensure that all clients are referred to specialists as indicated based on health status.</p> <p><b>Measures to be put in place:</b> The program coordinator and nurse will be trained that clients who have recurring infections are referred to the appropriate specialist for follow up, diagnosis and treatment.</p> <p><b>Monitoring of corrective</b></p>	08/24/2012			

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	<p>antiprotozoal) 500 mg. bid and Cipro 500 mg. bid.</p> <p>3/23/12 Cipro 500 mg. once daily/QD</p> <p>2/24/12 Cipro 500 mg. bid</p> <p>1/19/12 Cipro 500 mg. bid</p> <p>1/11/12 Flagyl/metronidazole (anti-infective, antiprotozoal) (dosage unknown) three times daily/tid.</p> <p>The primary care physician's office visit report dated 1/11/12 indicated client #1 had been diagnosed with "C. Diff." (Clostridium Difficile). According to a 7/25/12 11:00 AM review of "The Merck Manual," Clostridia are anaerobic (without oxygen), spore-forming, bacilli which may be found in normal flora of the gastro intestinal/GI tracts of humans. C. difficile-induced diarrhea occurs due to "antibiotic-induced changes in the GI flora..."</p> <p>The client's record review indicated a laboratory test dated 12/19/11 which indicated client #1 was positive for the Clostridium difficile toxin and "appropriate contact isolation is recommended."</p> <p>The record review on 7/24/12 at 8:40 AM did not indicate any further diagnostic testing, special studies or referrals to consulting physicians other than the primary care physician/PCP for treatment of client #1's chronic UTIs.</p> <p>Interview with LPN #1 on 7/24/12 at 4:00</p>		<p><b>action:</b> The director of health services will periodically review medical records to ensure that all healthcare coordination has been completed and all clients have been seen by appropriate specialists according to health status.</p> <p>Completion Date: 8/24/12</p>				

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	<p>PM indicated client #1 had been diagnosed with C. Diff. after taking prescribed medications for chronic urinary tract infections. The interview indicated client #1 was taking medication for a UTI at the time of the survey. The interview indicated the client had not been referred by the PCP or facility nursing staff for further evaluations regarding her chronic UTIs.</p> <p>9-3-6(a)</p>			

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W0369	<p><b>483.460(k)(2)</b> <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 37 medications observed (client #1), the facility failed to ensure all prescribed medications were administered.</p> <p>Findings include:</p> <p>During observations at the facility on 7/24/12 at 6:55 AM until 7:12 AM, client #1 received her medications from staff #1 (Qualified Developmental Disabilities Professional designee/QDDPd). Client #1 was not given Provera 5 mg./milligrams (hormone replacement). Staff #3 checked the medications on 7/24/12 at 7:10 AM but did not discover the Provera had not been dispensed.</p> <p>Review of client #1's record and her 7/12 MAR/medication administration record on 7/24/12 at 8:40 AM indicated she had been prescribed the Provera by her gynecologist on 7/13/12 and she was to receive it daily at 7:00 AM.</p> <p>Interview with staff #1 and #3 on 7/24/12 at 9:45 AM indicated the Provera had not been given to client #1 according to the</p>	W0369	<p><b>W369:</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p><b>Corrective Action: (Specific):</b> The Qualified Developmental Disabilities Professional Designee/QDDPd will be trained on the medication administration policy and procedure to ensure that all medications are given as ordered by the physician.</p> <p><b>How others will be identified (Systemic):</b> All staff will be trained during new employee orientation on the medication administration policy and procedure to ensure that all medications are given as ordered by the physician.</p> <p><b>Measures to be put in place:</b> The Qualified Developmental Disabilities Professional Designee/QDDPd will be trained on the medication administration policy and procedure to ensure that all medications are given as ordered by the physician.</p> <p><b>Monitoring of corrective</b></p>	08/24/2012			

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	directions in the MAR.  9-3-6(a)		<b>action:</b> Periodic medication administration observations will be conducted by the nurse to ensure that medications are administered correctly.  Completion Date: 8/24/12		