

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2012
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NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: January 24, 25, 26, 31 February 1, 2012</p> <p>Provider Number: 15G523 Aims Number: 100245070 Facility Number: 001037</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 2/10/12 by Tim Shebel, 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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W0137	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, for 1 of 4 sampled clients (#3), the facility failed to ensure the rights of all clients, by ensuring client #3 had his own and proper fitting clothing.</p> <p>Findings include:</p> <p>An observation was done at the group home on 1/24/12 from 4:28p.m. to 6:17p.m. The following client clothing issue was identified: at 4:52p.m., client #3 was assisted out of his bed and to a wheel chair. When client #3 stood up his pants fell to his ankles. Staff #5 and #6 assisted client #3. Staff #5 pulled client #3's pants back up and they fell down again. Staff left the pants on client #3 and put him into a wheel chair and pushed him to the dining room table. Interview of staff #5 at 5:02p.m. indicated: the pants were too big; hadn't seen him in these pants before; they belonged to client #6.</p> <p>Staff #2 was interviewed on 1/26/12 at 2:44p.m. Staff #2 indicated client #3 had his own pants available that fit him and he should have worn his own clothing.</p> <p>9-3-2(a)</p>	W0137	Client #3 was wearing client #6's pants due to a mix-up with laundry. Community Living Coordinator has instructed staff to assure each consumers' clothing is clearly marked with their initials. In addition, CL Coordinator assisted Client #3 in purchasing new better-fitting pants (see receipt-Attachment #1). CL Coordinator will monitor consumers' clothing inventory routinely to assure that they have adequate, properly fitting clothing.	02/16/2012	

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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#2) to ensure client #2's individual support plan (ISP) had a training program in place to address the identified training need with client #2's response to others in his personal space.</p> <p>Findings include:</p> <p>Facility incident reports were reviewed on 1/25/12 at 7:50a.m. There were incident reports on 9/11/11, 11/21/11, 1/2/12 and on 1/6/12 that documented client #1 had been in client #2's personal space and resulted in client #2 being agitated and being kicked in the shin on 1/2/12 and 1/6/12.</p> <p>Record review for client #2 was done on 1/25/12 at 12:53p.m. Client #2's 2/26/11 ISP did not address any training with how client #2 could react to others in his personal space.</p> <p>Staff #2 was interviewed on 1/26/12 at 2:44p.m. Staff #2 indicated client #1 would at times get in client #2's personal space (had taken his hat on 1/6/12) and client #2 would become agitated with client #1. Staff #2 indicated client #2 did not have a training program in place to address how to react to others in his personal space.</p> <p>9-3-4(a)</p>	W0227	The QMRP has updated Client #2's Behavior Support Plan to include his appropriate response to others in his personal space (See Attachment #2). There will be a mechanism for tracking by staff and the QMRP will monitor the data monthly and along with the IDT will make revisions or changes, as necessary to address the situation.	02/23/2012	

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W0250	<p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1 had an individualized daily activity schedule.</p> <p>Findings include:</p> <p>An observation was done on 1/25/12 from 6:54a.m. to 1:58p.m., at the group home. Client #1 did not attend a day program had stayed at home. Client #1 spent time in his bedroom. Interview of staff #1 on 1/25/12 at 8:15a.m. indicated client #1 did not attend a day program due to past behaviors. Staff #1 indicated client #1 did not have a schedule for day programming at the group home and mostly did what he wanted to do during the day.</p> <p>Record review of client #1 was done on 1/25/12 at 10:18a.m. Client #1 did not have an individualized daily activity schedule for his in home day services.</p> <p>Staff #2 was interviewed on 1/26/12 at 2:44p.m. Staff #2 indicated client #1 currently received day programming at the group home due to client #1's behaviors. Staff #2 indicated client #1 did not have an individualized day service activity schedule to help guide staff with day programming options for client #1.</p> <p>9-3-4(a)</p>	W0250	<p>Client #1 had originally attended formal day program at RDDC in Washington with other consumers; however, he had a number of episodes of physical aggression toward others and upon his guardians' insistence, he was taken out of that program. There was an attempt to re-enter him into the program; however, it was unsuccessful and the IDT decided he would remain at the group home instead. The Team Leader of the home, along with input from the IDT and QMRP, has worked with Client #1 to develop a daily activity schedule with lots of choices for Client #1 to make. (See Attachment #3) In addition, another Day Program in the area has agreed to accept him into their program on a full-time basis beginning March 1, 2012. The QMRP and CL Coordinator will monitor daily home activity as well as progress in the formal program.</p>	02/17/2012			

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W0264	<p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview, the facility's Human Rights Committee (HRC) failed for 8 of 8 sampled clients (#1, #2, #3, #4, #5, #6, #7, #8) to review client rights interventions: the facility practice of the use cameras in common living areas.</p> <p>Findings include:</p> <p>An observation was done on 1/24/12 at the group home from 4:28p.m. to 6:17p.m. There were cameras mounted on walls in the common areas of the facility.</p> <p>Record review of the facility's HRC reviews from 1/1/11 to 1/26/12 was done on 1/26/12 at 1:42p.m. There was no documentation the HRC had reviewed the facility's practice of the use of cameras in the facility's common areas for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Staff #2 was interviewed on 1/26/12 at 2:44p.m. Staff #2 indicated the facility had not presented the clients rights issue (the use of cameras in common areas) to the facility HRC for review. 9-3-4(a)</p>	W0264	<p>The cameras that were installed in the home were for the primary purpose of monitoring staff work habits and whereabouts, not for Consumer observation purposes; therefore, we did not originally seek HRC Approval. The QMRP did talk with the Consumers and Guardians to make sure no one had any problem with the cameras and they did not. We have now also obtained HRC Approval for the use of the cameras for Clients #1, 2, 3, 4, 5, 6, 7, and 8. (See Attachment #4)The CL Coordinator will be responsible for monitoring the footage from the cameras and the QMRP will assure HRC approval for any similar types of monitoring in the future.</p>	02/03/2012			

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W0440	<p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 1/1/11 through 1/25/12.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 1/1/11 through 1/25/12 for clients #1, #2, #3, #4, #5, #6, #7 and #8 was completed on 1/25/12 at 9:48a.m. The documented night shift, sleep time, evacuation drills were documented on only 4/19/11.</p> <p>Interview of staff #1 on 1/25/12 at 10:10a.m. indicated the facility' last documented sleep time drill was 4/19/11. Staff #1 indicated scheduled night shift evacuation drills for 5/11, 8/11 and 12/11 had not been done or not documented.</p> <p>9-3-7(a)</p>			W0440	<p>The CL Coordinator began assigning specific shift staff to complete drills on certaing days/months/shifts at the first of the new year. She will monitor monthly to assure these are complete and accurate, and see that the drills are kept on file.</p>		02/02/2012