

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 MOSCOW RD GREENSBURG, IN 47240
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: July 24, 25, 26, August 3 and 13, 2012</p> <p>Facility Number: 001023 Provider Number: 15G509 AIM Number: 100245150</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 8/17/12 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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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (client #1), nursing services failed to ensure the clients' weight loss was addressed and the wound the client had on their left buttocks was monitored.</p> <p>Findings include:</p> <p>1. The record review for client #1 was conducted on 7/25/12 at 1:20 PM. The monthly weight chart for 2012 indicated client #1's current weight was 52.6 pounds. The Individual Support Plan dated 10/21/11 indicated client #1's dietary concern/needs were "Needs to maintain her weight in the 90's. Requires Boost twice daily." The annual nursing assessment dated October, 2011 indicated in the significant medical history section the following: "due to body development weight is to remain in the 60's." The nutrition assessment dated 4/10/12 indicated client #1 was on a Regular diet, NAS (no added salt) - May have seconds and snacks. The nutrition assessment indicated client #1 weighed 53.6 pounds in April, 2012. The nutrition assessment indicated the ideal body weight for client #1 was 99 to 121 pounds. The nurse did have a Risk Care Plan dated 6/20/12 that</p>	W0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Staff have been inserviced on dining plan, including documenting nutritional intakes (Attachment A). · Documentation of wound size was in written Nursing notes (Attachment B). · Nursing Coordinator has been inserviced on documentation of client issues, including weight, wound measurement (Attachment C). <p>How we will identify others:</p> <p>Director of Health Services will review Nursing Coordinators documentation on any client with a wound to ensure that adequate and</p>	08/31/2012			

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	<p>identified the health risk issue "Body weight" Kyphosis/Scoliosis (due to body development weight must be maintained in the 60's). The record did not indicate the nurse had addressed the low body weight.</p> <p>Interview with staff #3 on 7/25/12 at 1:45 PM indicated client #1 was a very "picky" eater and did not like anything unless she could put ketchup on it. Staff #3 indicated client #1 was also a very slow eater and was most often the last one to finish a meal. Staff #3 indicated it was not unusual for client #1 to refuse what they were having for meals.</p> <p>Telephone interview with staff #2, Licensed Practical Nurse (LPN) on 8/3/12 at 8:30 AM indicated she had met with the dietitian and she was going to get a higher calorie supplement added to her diet. Staff #1, LPN, indicated it had not been started.</p> <p>2. The medical consultation for client #1 was reviewed on 7/25/12 at 1:25 PM. The medical consultations dated 3/7/12, 3/21/12, 4/4/12, and 4/25/12 all indicated the reason for the visit was for a follow up on wound on buttocks. There was nothing in the record indicating the size of the wound or how it was received.</p>		<p>appropriate measures are in place, including proper documentation, assessments and timely interventions. Clinical Supervisors will review daily documentation of any client with a wound to ensure that documentation is done daily, weights will be reviewed and any loss over 5lbs will be reported to Health Coordinator for review.</p> <p>Measures to be put in place: A weekly Nursing Coordinator checklist has been implemented (Attachment D) and Director of Health Services will be informed of any client with a wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and treatments. Clinical Supervisor will complete weekly checklist to ensure documentation is present daily on a client's wound, weight, if needed.</p>				

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	<p>Interview with staff #3, Home Manager (HM), on 7/25/12 at 2:00 PM indicated she did not know how the client had received the wound. Staff #3, HM, indicated client #1 had been going to the wound clinic for a wound on her leg that would not heal. Staff #3, HM, indicated the client did not have to return after the 4/25/12 visit because the wound on her leg and left buttock had healed.</p> <p>Telephone interview with staff #2, LPN, on 8/3/12 at 8:30 AM indicated client #1 had scratched her buttocks and it was a very small spot. Staff #2, LPN, indicated she went to the wound clinic because of the problem that had getting her leg to heal. Staff #2, LPN, indicated there was not documentation on size.</p> <p>9-3-6(a)</p>		<p>Monitoring of Corrective Action:</p> <p>Director of Health Services, Director of Supervised Group Living, and Quality Assurance will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, treatments for wounds, weight loss/gain are being performed per policy and procedure and per physician orders.</p> <p>Completion Date: 8-31-12</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 for 1 of 4 sampled clients (client #1), the facility failed to provide substitutes when she refused to eat what was served at dinner.</p> <p>Findings include:</p> <p>During the observation period on 7/24/12 from 3:50 PM to 6:15 PM the evening meal was served at 4:45 PM. The meal consisted of a hamburger on a bun, french fries, mixed salad, pudding and milk. Client #1 did get a hamburger on a bun (cut up), french fries and salad. Staff did get the ketchup and put some on client #1's plate. While everyone else was eating, client #1 was looking around. After some of the other clients were finished eating, client #1 did eat a few french fries dipped in ketchup. Client #1 refused to eat anything else but the french fries with ketchup. At 5:10 PM, staff #4 got client #1 a Boost supplement and prompted her to drink it and to drink her milk. Client #1 was still sitting at the table with the Boost and her milk at 5:42 PM. At 6:05 PM client #1 left the table after eating only part of the french fries and drinking 2/3's of her milk. Client #1</p>	W0460	<p>W460: Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Corrective action: · Staff have been inserviced on meal substitutions (Attachment E).</p> <p>How we will identify others: Clinical Supervisors will review Nutritional intakes to ensure that clients are being offered substitutions, as needed.</p> <p>Measures to be put in place: Health Coordinators will perform Mealtime observations (Attachment F) quarterly to ensure that substitutes are offered as needed.</p>	08/31/2012			

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	<p>was not offered anything else to eat.</p> <p>Interview with staff #4 on 7/24/22 at 6:10 PM indicated the only thing client #1 would eat was crackers and anything covered with ketchup. Staff #4 indicated it was not unusual for client #1 to refuse to eat her food.</p> <p>9-3-7(a)</p>		<p>Monitoring of Corrective Action:</p> <p>Director of Health Services will review quarterly Mealtime observations to ensure that substitutions are offered, as needed. Director of Supervised Group Living, and Quality Assurance will perform periodic service reviews to ensure that clients are being offered meal substitutions as needed.</p> <p>Completion Date: 8-31-2012</p>		