

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G468	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2011
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5771 E SPEED RD MILLTOWN, IN47145
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 11, 12, 13, 14 and 17, 2011</p> <p>Facility Number: 000982 Provider Number: 15G468 AIM Number: 100385530</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/9/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0417	<p>The facility must provide each client with a separate bed of proper size and height for the convenience of the client.</p> <p>Based on observation, and interview for 1 of 7 clients living in the home (client #6), the facility failed to provide a bed.</p> <p>Findings include:</p>	W0417	<p>A doctor's order was obtained to purchase a bed capable of elevation. This bed will immediately be placed in Client 6's room.</p> <p>To protect other clients: The clients' sleep schedules were assessed to ensure no other</p>	11/21/2011

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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W0454	<p>During the observation period on 10/11/11 from 4:25 PM to 6:55 PM, client #6 was observed in his bedroom at 6:05 PM sitting in a recliner. The room had one bed, one recliner and two dressers. Client #6 indicated client #4 was his roommate. Client #6 indicated client #4 had a new bed and he slept in the recliner. Client #6 indicated he got to pick out the recliner and he got one that was comfortable to sleep on.</p> <p>Interview with staff #1 on 10/11/11 at 6:20 PM indicated client #6 had requested a recliner to sleep on and he did go to the furniture store to pick out the one he wanted. Staff #1 indicated client #6 had sleep apnea and would not sleep flat.</p> <p>9-3-7(a)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview for 1 of 7 clients (client #6), the facility failed to ensure the recliner he slept on provided a clean and sanitary place to sleep.</p> <p>Findings include:</p> <p>During the observation period on 10/11/11 from 4:25 PM to 6:55 PM, client</p>	W0454	<p>client has sleep problems related to their beds. The staff will train with the home manager about the importance of having beds available for each client to sleep in. Client 6 will also be trained about the importance of sleeping in a bed.</p> <p>To prevent recurrence: The manager, staff, and client 6 will be prompted monthly – or as needed – on the importance of sleeping in a bed. In the event the staff allows the resident to sleep in a recliner, the staff and resident will be trained again on the importance of sleeping in a bed.</p> <p>Quality Assurance: The home manager will routinely assess whether the client is sleeping in his bed.</p> <p>Responsible part: Group home manager.</p> <p>The client's recliner has been cleaned and he has been provided with clean sheets. To protect other clients: Other clients' bed sheets were assessed for proper hygiene procedures. Staff has trained with the home manager on the importance of regularly washing sheets and cleaning mattresses as necessary. Additionally, the</p>	11/21/2011	

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W0460	<p>#6 was observed in his bedroom at 6:05 PM sitting in a recliner. Client #6 indicated that he slept in the recliner because he could not lay flat to sleep because of sleep apnea. Client #6 indicated he did not sleep with anything to help with the sleep apnea, but he could not lay flat. Client #6 indicated he had a comforter that he slept under. Client #6 indicated he did not use a sheet or anything over the chair to help keep it clean.</p> <p>Interview with staff #1, Home Manager (HM), indicated client #6 had slept in the recliner since he moved into the home. Staff #1 indicated he refused to sleep in a bed because he stated he had sleep apnea. Staff #1 indicated client #6 slept wrapped in a big comforter in the chair. Staff #1, HM, indicated they had not cleaned the recliner.</p> <p>9-3-7(a)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 7 of 7 clients living in the home (clients #1, #2, #3, #4, #5, #6 and</p>	W0460	<p>clients have a weekly laundry day and staff will ensure that all clients wash their sheets during this time.</p> <p>To prevent recurrence: The manager will prompt staff to clean all clients' sheets on a weekly basis. In the event they are not washed as scheduled, the group home manager will prompt staff to wash them immediately and re-train on the importance of regularly washing sheets. Quality Assurance: The group home manager will ensure all clients' sheets are cleaned weekly. Responsible party: Group home staff and manager.</p> <p>The Blue River Services staff was provided with a list of appropriate meal substitutions and underwent</p>	11/21/2011			

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	<p>#7), the facility failed to provide a well balanced meal as recommended by the dietitian and failed to provide a diabetic menu for client #6.</p> <p>Findings include:</p> <p>During the observation period on 10/11/11 from 4:25 PM to 6:55 PM, the evening meal was served at 5:28 PM to clients #1, #2, #3, #4, #5, #6 and #7. The meal consisted of 2 pieces of fish (3 oz. each), two slices of bread, french fries (there was no guidance on a serving size), pasta with cream sauce (there was no guidance on a serving size), two cookies, milk and tea. Each client got an additional piece of fish and seconds of french fries and pasta. The menu posted on the refrigerator was undated (reviewed on 10/11/11 at 5:28 PM) and indicated the evening meal was to consist of 3 ounces of meatloaf, 3/4 cup green beans, 1/2 cup of mashed potatoes, 1 slice of bread, 8 oz. of milk and tea. The meal served did not follow the recommended serving size and the correct substitutions. Client #6 had 4 slices of bread, 3 pieces of fish, 2 large servings of potatoes and two large servings of the pasta.</p> <p>The record review for client #6 was conducted 10/13/11 at 1:22 PM. The record indicated client #6 was diabetic</p>		<p>training with the company dietician on meal substitutions. These items will be filed and available to them for future reference.</p> <p>To protect other clients: The clients' menus have been reviewed to assess any specific dietary requirements for each client. The dietician has created a separate menu for client 1. The staff has trained with the dietician about what constitutes an appropriate substitution and how to modify meals so that are appropriate for diabetics.</p> <p>To prevent recurrence: When staff undergoes their initial training, meal substitutions will be discussed. Staff will ensure that meal substitutions come from the substitution list provided by the dietician. The group home manager and outside staff (e.g., residential director, social workers, QMRP) will observe meals monthly. In the event an inappropriate substitution or diabetic meal is served, the group home manager will re-train the staff on appropriate meals and diabetic menus.</p> <p>Quality Assurance: The dietician will review each of the client's menus annually to ensure that there are no deficiencies.</p> <p>Responsible party: Dietician and group home manager.</p>		

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	<p>and received Metformin for the diabetes. The dietitian had recommended his diet to be NCS (no concentrated sweets) with portion control. Client #6 did not have a dining plan to assist staff in knowing foods to be avoided.</p> <p>Interview with staff #4 on 10/11/11 at 6:10 PM indicated the clients had been having a lot of hamburger lately and they decided to substitute. Staff #4 indicated they didn't have any special diets except client #2 was supposed to have his food cut up.</p> <p>Interview with staff #2 on 10/12/11 at 2:30 PM indicated the clients had selected what they wanted to substitute. Staff #2 indicated the substitutes used were not good choices. Staff #2 indicated client #6's diabetes was well controlled and the only guidance they had for his diet was NCS.</p> <p>9-3-8(a)</p>				