

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G351	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2013
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 556 S CR 550 W CONNERSVILLE, IN 47331
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: January 17, 18 and 30, 2013</p> <p>Facility Number: 000867 Provider Number: 15G351 AIMS Number: 100244190</p> <p>Surveyor: Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/5/13 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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W0122	<p><b>483.420</b> <b>CLIENT PROTECTIONS</b> The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (#1). The facility failed to implement its written policies and procedures: to ensure client #1's safety and medical needs due to excessive fluid consumption while on home visits, to ensure client #1's legally appointed representative was notified of client #1's medical emergencies and to ensure all injuries of unknown origin were immediately reported to the administrator and investigated.</p> <p>Findings include:</p> <p>1. The facility neglected to notify client #1's HCR (Health Care Representative)/mother of a medical emergency requiring client #1 to be taken to the ER (Emergency Room) following a home visit due to excessive fluid consumption while on the home visit. Please see W148.</p> <p>2. The facility failed to address client #1's excessive fluid consumption behaviors when on home visits, to ensure client #1's legally appointed representative was notified of client #1's medical</p>	W0122	Residential CRF will continue to ensure that client protection requirements are met. The family will be given written instructions prior to home visits on the client's medical /dietary needs to ensure that they are fully informed to prevent any safety or medical issues during the visit. If there is a medical issue, the family will be notified of this issue as soon as possible following any emergency treatment. The QMRP, House staff, and Nurse will be inserviced on following the company's policy on reporting injuries of unknown origin to the administrator and investigated. Staff Responsible: Regional Manager, QMRP, Nurse	03/01/2013	

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	<p>emergencies and to ensure all injuries of unknown origin were immediately reported to the administrator and investigated. Please see W149.</p> <p>3. The facility failed to ensure the staff immediately reported client #1's injury of unknown origin to the administrator. Please see W153.</p> <p>4. The facility failed to ensure client #1's injuries of unknown origin were investigated. Please see W154.</p> <p>9-3-2(a)</p>			

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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on interview and record review for 1 of 3 sampled clients (#1), the facility neglected to notify client #1's legally appointed representative of a medical emergency requiring client #1 to be taken to the ER (Emergency Room) following a home visit due to excessive fluid consumption.</p> <p>Findings include:</p> <p>The facility's records and reportable incidents were reviewed on 1/17/13 at 1 PM. An incident report of 12/30/12 at 4 PM indicated client #1 had gained 20 pounds in a week on a home visit because her fluids were not restricted while at home and "she was breathing hard." A BDDS (Bureau of Developmental Disabilities Services) report dated 12/30/12 at 4 PM indicated client #1 was taken to the hospital because she was "more out of breath than usual." The report indicated client #1's blood sodium levels were low. The client was released to return to the group home with "restricted fluids." A follow up BDDS</p>	W0148	Any injuries of unknown origin will be documented and an investigation will be completed within 5 days. Results of the investigation will be reported to the administrator. The administrator will also be notified that an investigation is taking place. The QMRP, House staff and Nurse will be inserviced on following the companies policy of reporting injuries of unknown origin to the administrator and investigated. Staff Responsible: Regional Manager, QMRP, Nurse	03/01/2013	

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	<p>report dated 1/7/13 indicated the client was out of breath due to excess fluids. The facility records did not indicate client #1's legally appointed representative had been notified of client #1's medical emergency of 12/30/12.</p> <p>Client #1's record was reviewed on 1/18/13 at 2 PM. Client #1's record indicated client #1's mother served as client #1's legally appointed representative. Client #1's record did not indicate the facility had notified client #1's legally appointed representative of client #1's medical emergency on 12/30/12.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated client #1's legally appointed representative had not been notified of the ER visit of 12/30/12 after returning to the group home from a home visit.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 1 of 3 sampled clients (#1), the facility neglected to implement its policy and procedures to prevent neglect in regards to client #1's excessive fluid consumption when on home visits, to ensure client #1's legally appointed representative was notified of client #1's medical emergencies and to ensure all injuries of unknown origin were immediately reported to the administrator and investigated.</p> <p>Findings include:</p> <p>1. The facility's records and reportable incidents were reviewed on 1/17/13 at 1 PM.            ___An incident report of 12/30/12 at 4 PM indicated client #1 had gained 20 pounds in a week on a home visit because her fluids were not restricted while at home and "she was breathing hard."            ___A BDDS (Bureau of Developmental Disabilities Services) report dated 12/30/12 at 4 PM indicated client #1 was taken to the hospital because she was "more out of breath than usual." The report indicated client #1's blood sodium levels were low. The client was released</p>	W0149	Residential CRF will continue to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Thwe family will be given written instructions prior to home visits on Clie# 1's medical/dietary needs to ensure that they are fully informed in order to prevent any safety or medical issues during the visit. If there is a medical issue the family will be notified of this issue as soon as possible following any emergency treatment. Any injuries of unknown origin will be investigated. Staff will be re trained on the procedures to be followed in dealing with any issues regarding suspected mistreatment, neglect or abuse. Staff Responsible: Regional Manager, QMRP, Nurse	03/01/2013			

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	<p>to return to the group home with "restricted fluids." A follow up BDDS report dated 1/7/13 indicated the client was out of breath due to excess fluids.</p> <p>Client #1's record was reviewed on 1/18/13 at 2 PM.</p> <p>__Client #1's Visitation Release Form of 4/5/12 to 4/8/12 indicated client #1 went home on a visit with her family. The form indicated the client weighed 140 pounds upon leaving the group home and 159 pounds upon returning, a 19 pound weight gain within 4 days. The form indicated special instructions given to the family member by the staff were to have client #1 drink Gatorade.</p> <p>__Client #1's nursing note of 4/12/12 indicated client #1 had gone on a home visit and upon return the client was "noted to have swelling in legs and bags under eyes." The note indicated the client's doctor was notified and advised to have client #1 "rest at home and keep legs elevated."</p> <p>__Client #1's nursing note of 4/13/12 indicated as a "result of labs done yesterday MD has ordered pt (patient) to take Lasix (a medication to help eliminate excess fluid in the body)."</p> <p>__Client #1's Visitation Release Form of 11/20/12 to 11/25/12 indicated client #1 went home on a visit with her family. The form indicated the client weighed 133 pounds upon leaving the group home and 143 pounds upon returning, a 10 pound weight gain. The form indicated special instructions given to</p>			

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	<p>the family member by the staff were to have client #1 drink Gatorade, water and small coffee. The form indicated client #1 was to use "diapers" at night.</p> <p>__Client #1's Visitation Release Form of 12/23/12 indicated client #1 went home on a visit with her family. The form indicated the client weighed 132 pounds upon leaving on the home visit. The form indicated special instructions given to the family member by the staff were "Have (client #1) walk-during day, kept (sic) feet up if possible - Diet pop - plenty of water not much after 6 PM."</p> <p>__Client #1's nursing note on 12/30/12 indicated client #1 had returned home from the holiday and the staff called "stating that pt (patient) weighed 132 (pounds) on leaving for visit and 152 (pounds) on return. Pt is known for retaining fluids Staff stated pt's legs were very large." The note indicated the client was taken to the ER (Emergency Room) and was given medications to reduce the excess fluids in client #1's body.</p> <p>__Client #1's Progress and General Comments of 3/22/12 indicated client #1 requires close supervision due to her obsession with vending machines and wanting pop.</p> <p>__Client #1's BSP (Behavior Support Plan) of 3/22/12 indicated client #1 had targeted behaviors of "resistance - refusing to follow routine [usually too busy soliciting money for pop]....she likes pop." The BSP indicated client #1 also would "constantly" cry for money or pop. The BSP indicated when client #1 was seeking money and/or soda, the</p>			

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	<p>staff was to offer her a pop at the end of the activity if necessary. "It is important to find something other than soda that is motivating her. There is a limit to how much pop she should drink per day and she should always stay within her prescribed diet."</p> <p>__ Client #1's record did not indicate any IDT (Interdisciplinary Team) notes to address client #1's excess fluid consumption while on home visits. Client #1's BSP and ISP (Individual Support Plan) of 3/22/12 did not indicate how the facility was to ensure client #1's safety due to excess fluid seeking while on a home visit with her family. Client #1's record did not indicate the facility had notified client #1's mother to inform the client's family of the need to be taken to the ER after returning from a home visit due to excess fluid consumption. Client #1's record did not indicate any education provided to the family in regards to client #1's needs in regards to excess fluid consumption.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated client #1 had been on 3 home visits in 2012 and each time upon returning, client #1 presented with a large weight gain due to extreme fluid consumption while on home visit with her mother. The QMRP indicated client #1's mother would give in to client #1's behaviors of seeking pop and allowed her to consume large quantities while away from the group home. The QMRP indicated the IDT had not met to discuss client #1's home visits with her family nor how the facility was going to ensure client #1's safety and medical needs while away from the group home. The QMRP indicated no individualized education had been provided to client #1's family in regards to client #1's behavior of seeking pop. The QMRP indicated client #1's family had not been notified of the ER visit of 12/30/12 after returning to the</p>			

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	<p>group home from a home visit. The QMRP indicated client #1's BSP and/or ISP did not address client #1's needs while going on a home visit.</p> <p>2. The facility's records and reportable incidents were reviewed on 1/17/13 at 1 PM. An incident report dated 12/30/12 at 4 PM indicated client #1 had bruises on her right inner thigh, right buttocks and right upper anterior arm. The report did not indicate the origin of the injuries. The facility's records did not indicate client #1's injuries of unknown origin were reported to the administrator and/or investigated.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated client #1's injuries of unknown origin were not reported to the administrator and were not investigated. The QMRP indicated all injuries of unknown origin were to be immediately reported to the administrator and to be thoroughly investigated.</p> <p>The facility's policies and procedures were reviewed on 1/17/13 at 1 PM. The facility's undated "Consumer Abuse Policy and Incident Reporting" indicated "Neglect - includes failure to provide appropriate care, food, medical care or supervision. Any situations when basic needs are not being met. Any situations in which family/staff are not following doctors orders." The policy indicated all injuries of unknown origin were to be reported "immediately to the supervisor and to other officials in accordance with State Law" and thoroughly investigated.</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on observation, interview and record review for 1 of 1 injury of unknown origin, the facility failed to ensure the staff immediately reported client #1's injury of unknown origin to the administrator.</p> <p>Findings include:</p> <p>The facility's records and reportable incidents were reviewed on 1/17/13 at 1 PM. An incident report dated 12/30/12 at 4 PM indicated client #1 had bruises on her right inner thigh, right buttocks and right upper anterior arm. The report did not indicate the origin of the injuries. The facility's records did not indicate client #1's injuries of unknown origin were reported to the administrator.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated client #1's injuries of unknown origin were not reported to the administrator. The QMRP indicated all injuries of unknown origin were to be immediately reported to the</p>	W0153	Any injuries of unknown origin will be investigated ,documented and reported to the administrator. Staff will br retrained on the procedures to be followed in dealing with any issues regarding suspected mistreatment, neglect or abuse. Staff Responsible: Regional Manager, QMRP, Nurse	03/01/2013	

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	<p>administrator.</p> <p>9-3-2(a)</p>			

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W0154	<p><b>483.420(d)(3)</b> <b>STAFF TREATMENT OF CLIENTS</b> The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview and record review for 1 of 1 injury of unknown origin, the facility failed to ensure client #1's injuries of unknown origin were investigated.</p> <p>Findings include:</p> <p>The facility's records and reportable incidents were reviewed on 1/17/13 at 1 PM. An incident report dated 12/30/12 at 4 PM indicated client #1 had bruises on her right inner thigh, right buttocks and right upper anterior arm. The report did not indicate the origin of the injuries. The facility's records did not indicate client #1's injuries of unknown origin were investigated.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated client #1's injuries of unknown origin were not investigated. The QMRP indicated all injuries of unknown origin were to be thoroughly investigated.</p> <p>9-3-2(a)</p>			W0154	Residential CRF will ensure to have evidence that all alleged violations are thoroughly investigated. Any injuries of unknown origin will be investigated. Staff will be retrained on the procedures to be followed in dealing with any issues regarding suspected mistreatment, neglect or abuse. Staff Responsible: Regional Manager, QMRP, Nurse		03/01/2013

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W0242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 2 of 3 sample clients (#1 and #3), the facility failed to ensure the clients' ISPs (Individual Support Plans) included the clients' identified training needs in regards to toilet training.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/18/13 at 2 PM. Client #1's record indicated a nursing note of 11/2/12 "Got order to use Depends (an adult brief) at night." Client #1's quarterly physician's orders of 9/28/12 indicated client #1 was taking DDAVP (Desmopressin acetate) for bladder control. Client #1's ISP (Individualized Support Plan) of 3/22/12 did not indicate a toileting plan or any training objectives in place to assist client #1 with her toileting needs.</p> <p>Client #3's record was reviewed on 1/18/13 at 3 PM. Client #3's quarterly</p>	W0242	Residential CRF will ensure that all client's taking toilet control medication have a goal in their programming to assist with this training. The nurse will review files on a monthly basis to ensure that identified training needs in regards to toilet training are being met. Staff Responsible: QMRP, Nurse	03/01/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G351	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2013
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 556 S CR 550 W CONNERSVILLE, IN 47331
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	<p>physician's orders of 9/28/12 indicated client #3 was taking Oxybutynin for bladder control. Client #3's ISP (Individualized Support Plan) of 3/22/12 did not indicate a toileting plan or any training objectives in place to assist client #3 with her toileting needs.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) on 1/18/13 at 3 PM indicated clients #1 and #3 did not have a toileting plan or training objectives in place to assist clients #1 and #3 with their toileting needs.</p> <p>9-3-4(a)</p>			

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#2), the facility nursing services failed to monitor client #2's sleep patterns.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 1/18/13 at 12:30 PM. Client #2's Physician's Orders of 11/16/12 indicated "Due to difficulty sleeping at night, pt (patient) states she just can't fall asleep." The physician's order indicated the physician increased client #2's Seroquel (a behavior modification medication) from 300 milligrams at bedtime to 400 milligrams to assist the client with sleep. Client #2's record did not indicate nursing services was monitoring client #2's sleep patterns.</p> <p>Interview with the QMRP (Qualified Mental Retardation Professional) and the facility nurse on 1/18/13 at 3 PM indicated staff were not monitoring client #2's sleep patterns.</p> <p>9-3-6(a)</p>	W0331	Residential CRF will continue to provide clients with nursing services in accordance with their needs. Client # 2's sleep patterns will be monitored. Any client taking medication to aid in sleep will have their sleep patterns monitored. Staff will be in serviced on the importance of monitoring Client # 2's sleep patterns. Staff Responsible: QMRP, Nurse	03/01/2013	