

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G623	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2012
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NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC - BICKNELL 2	STREET ADDRESS, CITY, STATE, ZIP CODE 410 LIBERTY BICKNELL, IN 47512
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W0000	<p>This visit was for a post-certification revisit (PCR) survey to the investigation of complaint #IN00101309 completed on 12/28/11.</p> <p>This visit was in conjunction with a pre-determined full recertification and state licensure survey.</p> <p>Complaint #IN00101309: Unrelated deficiencies-Not Corrected.</p> <p>Dates of survey: 2/6, 2/7, 2/8, 2/10 and 2/13/12</p> <p>Facility Number: 001182 AIM Number: 100249470 Provider Number: 15G623</p> <p>Surveyors: Paula Chika, Medical Surveyor III-Team Leader Jenny Ridao, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/16/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the governing body failed to exercise general policy and operating direction over the facility to develop a policy and procedure which included the Elder Justice Act to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the governing body failed to have a general policy in place to not require a client to pay for basic hair cuts if they medically require more than one hair cut a month.</p> <p>Findings include:</p> <p>1. During observations at the facility on 2/7/12 from 5:00 AM to 8:00 AM, clients B, C, D, E and F lived at the facility. Client A, who was a resident of the facility was in the hospital at the time of the survey. During various times of the observation period, staff #3, staff #4 and Qualified Mental Retardation Professional-Designee #1 worked with clients B, C, D, E and F.</p>	W0104	<p>W104</p> <p>Plan of Correction: A policy will be developed to cover the staff rights and responsibilities listed in the Elder Justice Act. All staff will be trained on this policy. A policy will be developed regarding how many haircuts the agency will pay for each month. The policy will also state that the agency will pay for more haircuts if they are needed due to a medical condition. All staff will be trained on this policy. The Director of Residential Services will train the Group Home Coordinator and Group Home Manager. The Group Home Manager will train the Assistant Manager and the Direct Support Professionals. The Vice President of Program Services will ensure the Financial Coordinators receive training on the policy concerning agency haircuts.</p> <p>Preventive Action: Training on the Elder Justice act will be added to new hire training and annual training. Training on the haircut policy will be added to the agency's financial training for new hires.</p> <p>Monitoring: The Group Home Manager will monitor to ensure all staff receive the required training.</p>	03/14/2012			

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	<p>A list of employees, who worked at the facility with clients A, B, C, D, E and F was reviewed on 2/6/12 at 2:30 PM. The list indicated staff #1, #2, #3, #4 and #5 currently worked in the group home/facility.</p> <p>The facility's policy and procedures were reviewed on 2/6/12 at 1:55 PM. The facility's 12/1/11 policy and procedures entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/Investigatory Procedure did not indicate the Elder Justice Act had been incorporated/included in the facility's policy.</p> <p>Interview with administrative staff #1 on 2/7/12 at 9:45 AM indicated she was aware of the Elder Justice Act. Administrative staff #1 indicated the requirements of the Elder Justice Act had not been incorporated into the facility's policy and procedures. Administrative staff #1 indicated the facility was in the process of setting up a system with the local law enforcement agency where the police would receive a fax of all reports of a suspicious crime.</p> <p>2. Client A's financial records were reviewed on 2/7/12 at 9:20 AM. Client A's financial records indicated he spent money on 10/7/11 for a haircut in the</p>		<p>Date to Be Completed By: March 14, 2012</p> <p>Responsible Party: Director of Residential Services, Vice President of Program Services, Group Home Coordinator, Group Home Manager</p>	

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	<p>amount of \$15.95.</p> <p>A note written on client A's 10/11 cash ledger by the financial department indicated "Knox County ARC pays for a haircut once a month but his family wants it cut every two weeks. Please make the \$15.95 check out to [Name of Salon]."</p> <p>Interview with financial assistant #1 on 2/7/12 at 10:00 AM stated "I was told the policy is we only pay for one hair cut a month, so I was told to make a check out for him to pay for the extra hair cut from his funds."</p> <p>Record review for client A on 2/7/12 at 12:30 PM indicated client A had diagnoses of, but not limited to Fragile X, Behavioral problems NOS (No Other Symptoms), IED (Intermittent Explosive Disorder), Anxiety, ADHD (Attention Deficient Hyper-activity Disorder), Nostradamus, Folliculitis (inflamed hair follicles) and cradle cap.</p> <p>Review of client A's 8/30/11 Individual Program Plan indicated client A "needs to get his hair cut every 2 weeks to help rinse/wash his thick hair out completely to eliminate cradle cap. The guardian will leave money for him to pay for the 2nd hair cut of the month."</p>						

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	<p>Interview with the QMRP-D (Qualified Mental Retardation Professional-Designee), Administrative Staff #1 and Administrative Staff #2 on 2/8/12 at 9:45 AM indicated the facility had no policy in place for paying for only one hair cut a month. Administrative staff #2 stated "If he needs more than one hair cut a month we should be paying for it, it is for a medical reason."</p> <p>This deficiency was cited on 12/28/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>			
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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility neglected to implement its policy and procedures to prevent neglect of a client in regard to the client's fractured ribs/injury of unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 1/13/12 reportable incident report indicated "It was discovered from an x-ray that [client B] has broken ribs. An investigation will be conducted." The 1/13/12 reportable incident report/investigation folder indicated the facility had conducted staff and client interviews in regard to client's B's injuries of unknown origin. The following documents were in the investigation folder:</p> <ul style="list-style-type: none"> -staff interviews (hand written) which indicated facility staff did not know how client B's injury occurred. -client interviews (typed sheet of paper) which indicated no one saw client B fall and/or saw anyone do anything to the client. 	W0149	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures. The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will</p>	03/14/2012			

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	<p>-Incident Resulting in a Fracture Checklist</p> <p>-1/17/12 cat scan "...Imaging of bilateral ribs were (sic) performed with a supplied history of abnormal CT (cat scan) shows multiple rib fractures...There are healing fractures of the right fourth, fifth, and 10th ribs, and 10th ribs posteriorly, the fifth rib laterally, and the sixth, seventh, and eight ribs anteriorly. There is a healing fracture of the left 10th rib laterally...Impression: Bilateral ribs: Multiple healing ribs bilaterally, much greater in number on the right." An undated hand written note on the cat scan report indicated "...The time frame for these injuries is within the past month. DEXA (Dexascan) results pending."</p> <p>-A typed 1/26/12 note by the facility's Nurse Practitioner (NP) indicated "I last evaluated [client B] on 1/13/2012 for a pain he was experiencing in his right chest and also coughing. Consequently, diagnostic testing ordered revealed that he had multiple healing fractures and also that he was positive for osteoporosis. On the date of the exam, I did not see any bruising or sign of physical injury. The patient did not describe any physical injury or falls. It is possible that the rib fractures happened due to violent coughing especially considering that he has newly diagnosed osteoporosis...."</p> <p>The facility's 1/13/12 reportable incident</p>		<p>be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff.</p> <p>Monitoring: The Director of Health Services will monitor the accurate completion of nursing documentation and risk plans. The Group Home Manager will monitor the implementation of the retraining the staff received by being in the home with staff and consumers at least four days per</p>				

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	<p>report and/or investigation folder did not indicate any additional documentation of a summary and/or recommendations/corrective actions in regard to client B's injury of unknown origin/fractured ribs as of 2/6/12.</p> <p>During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B coughed multiple times throughout the observation period and at times, appeared to be short of breath after coughing as the client's breathing was heavy with some gasping. During the 2/7/12 observation period client B was not offered and/or did not receive any treatments in regard to his rib fractures. Interview with staff #3 on 2/7/12 at 7:00 AM in regards to why client B was coughing, staff #3 stated "He has Emphysema. He is supposed to be on a breathing machine (spirometer), but refuses machine." Staff #3 then opened a bottom drawer of a cabinet and pulled out a spirometer/machine which was still in its plastic covering/bag. When asked if the breathing treatment/spirometer was a routine treatment and/or PRN (as needed), staff #3 stated "Not on the MARs (Medication Administration Record)." When staff #3 administered client B's morning medications on 2/7/12, staff #3 did not administer, encourage/ask client B to use</p>		<p>week. The Group Home Coordinator will monitor the implementation of the training the Group Home Manager received. The Director of Residential Services will monitor the implementation of the training the Group Home Coordinator received.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Health Services, Director of Residential Services, Group Home Coordinator, Group Home Manager/QDDP</p>		

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	<p>the spirometer and/or any other treatments for breathing.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/13/12 Medical Information Form indicated client B was seen by the NP for "Side Pain." The 1/13/12 form indicated "Pt (patient) is smoker-COPD (Chronic Obstructive Pulmonary Disease). Lungs emphesematous (sic)...will get cxr (chest x-ray) today...Call after 2 pm Monday (1/16/12) for result. Rx (prescription) given for Mucinex expectorant x (times) 7 d (days). Continue Keflex Antibiotic. "</p> <p>Client B's 1/13/12 cat scan report indicated a cat scan was done to rule out dissecting aorta as client B's chest x-ray was abnormal. The 1/13/12 report indicated healing rib fractures were found.</p> <p>Client B's 1/27/12 hand written orders/scripts indicated the NP wrote scripts for the following: -"Incentive spirometer TID (three times a day) Dx. (diagnosis) Rib fracture." -Cough: deep breath QID (four times a day) and splint with pillow, also splint to cough prn" (hold pillow at stomach while coughing).</p> <p>Client B's 1/30/12 Medical Information Form indicated client B was seen by the</p>			
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	<p>NP for " F/U (follow-up) on Ribs." The 1/30/12 form indicated "Pt has COPD. He denies shortness of breath but is coughing. Rx given for Spiriva per handihaler. Rx given for Proventil HFA for prn use. F/U (with) [name of doctor] in 1 month."</p> <p>Client B's 8/30/11 Medical Information Form indicated client B's doctor documented "Recommend Stop Smoking & Increase Exercise."</p> <p>Client B's January 2012 Residential Monthly Summary (nurse monthly) indicated client B had the following medication changes/additions: "Incentive Spirometer to used tid. Cough deep breath qid, splint pillow when coughing. Proventil HFA inhaler 1 to 2 puffs po (by mouth) q (every) 4 hours prn when wheezing, SOB (short of breath), Spastic cough (sic) Spiriva 18 mcg (micrograms) 1 cap inhaled po per handihaler every day." The January 2012 nursing summary indicated the following:</p> <p>-1/5/12 "...Patient (client B) was encouraged on smoking cessation...."</p> <p>-1/13/12 Client B saw the doctor. The 1/13/12 note indicated x-rays were done at the doctor's office and "...No evidence of aortic dissection or aneurysm is</p>						

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	<p>identified...There are healing right sided posterior rib fractures and the right fourth, fifth, and 10th ribs as well as healing right lateral fifth, sixth, seventh rib fractures. There is also healing left 10th rib fracture. Dexascan ordered."</p> <p>-1/19/12 "Dexa scan. results are positive for osteoporosis."</p> <p>-1/30/12 Client B had a follow-up appointment with the NP "...consumer has COPD denies SOB, but still coughs. RX written for Spiriva, Proventi e PRN. Follow up with PCP (primary care physician) in one month. Spoke with Dr. consumer is refusing using the deep breath and cough, using the pillow splint, using the incentive spirometer. (sic)" Client B's January 2012 nursing summary neglected to indicate any additional documentation and/or clarification in regard to the spirometer and deep coughing with a pillow as the orders had not been discontinued.</p> <p>Client B's February 2012 Monthly Summary indicated the following:</p> <p>-2/7/12 Client B was sent to the emergency room as client B had been pushed down by another client in the group home. The note indicated the client complained of no rib pain and/or knee</p>			

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	<p>pain but since the client was diagnosed with osteoporosis, the client was sent out.</p> <p>-2/7/12 X-ray report indicated "...no acute disease or fracture. Multiple old healing fractures...."</p> <p>Client's 2/7/12 Emergency Room or Outpatient Information Form indicated client B was seen in a local emergency room due to being "Pushed and fell. Consumer has Osteoporosis (with) history of Rib fractures...." The 2/7/12 form indicated "...Watch for Cough, Fever, or Shortness of Breath Because Sometimes Pneumonia is a complication of rib injuries (sic)."</p> <p>Client B's 12/27/11 nursing note indicated client B's lung sounds were last assessed by the facility's nurse on 12/27/11. The 12/27/11 nursing note indicated "...Lungs are somewhat wheezy. [Client B] is a heavy smoker..." Client B's January and/or February 2012 nursing notes/summaries and/or record indicated the facility neglected to assess and/or document client B's lung/breath sounds since the discovery of client B's fractured ribs on 1/13/12 as no other documented assessments were present in client B's record as of 2/7/12.</p> <p>Client B's 8/31/11 Individual Program</p>						

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	<p>Plan (IPP) indicated client B was admitted to the group home on 7/22/11. Client B's 8/31/11 IPP indicated client B's diagnoses included, but were not limited to, COPD, Hypertension, Diabetes and Peripheral Vascular Disease.</p> <p>Client B's 8/31/11 IPP indicated client B's nursing care/risk plans were developed on 7/1/11. Client B's 7/1/11 fall risk plan indicated client B was a "...High Risk for Falls Due to Syncope (stand up and get dizzy/light headed)..." Client B's 7/1/11 fall risk plan indicated facility staff were to assess the area for safety, contact the nurse with any signs/symptoms of " unsteadiness, and to monitor client B for " dizzy spells " and signs of lethargy. Client B's 7/1/11 COPD nursing care/risk plan indicated "...2. encourage deep breathing exercises. 3. Monitor for SOB, cough, wheezing, discolored lips, respiratory rate above 20. Contact Nurse with any above symptoms." Client B's 7/1/11 and/or 8/31/11 IPP indicated the facility neglected to address/develop a risk plan for client B's Osteoporosis, neglected to develop a risk plan for client B's fractured ribs, and neglected to review client B's fall risk plan to ensure the plan still met client B's needs.</p> <p>Client B's record and/or IPP indicated client B's interdisciplinary team (IDT) did</p>				

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	<p>not meet to address client B's fractured ribs until 2/7/12. The 2/7/12 IDT Meeting note indicated the client's IDT met to discuss "Broken Ribs, smoking, alcohol use plan, cough order & (and) bone density test." The 2/7/12 IDT note indicated "No pain from broken ribs. Had bone density scan and was found to have osteoporosis (sp?) (spelling?) (sic) and started suppliments (sic). Fell a few times before coming to KCARC (Knox County ARC) and once at Day Program. Doctor thinks COPD coughing could have caused breaks. Talked about dangers of smoking & correlation between smoking and coughing...." Client B's 2/7/12 IDT neglected to include any additional documentation in regard to the client's fractured ribs. The facility/IDT neglected to specifically/formally address client B's smoking, refusals of medical/health treatments, and/or neglected to put in place/include protective measures in regard to the client's fractured ribs and/or coughing.</p> <p>An e-mail sent by the DHS was reviewed on 2/10/12 at 12:15 PM. The 2/10/12 e-mail indicated an attachment of a nurse quarterly assessment completed on 1/20/12 by the facility's nurse for the group home. The 1/20/12 attachment indicated "COPD Adventitious Breath Sound (breath sounds heard in addition to</p>						

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	<p>normal breathing). No Issues From Smoking." The 1/20/12 quarterly assessment indicated the client had "shallow" respirations. The 1/20/12 quarterly assessment neglected to include any additional nursing measures and/or recommendations. Client B's 1/20/12 quarterly assessment was not part of/in client B's record on 2/7/12.</p> <p>Interview with client B on 2/7/12 at 6:22 AM and at 10:55 AM stated his ribs "bothers me every now and then." When asked how the client broke his ribs, client B indicated he thought he broke his ribs in a fall he had before his admission to the facility (admitted 7/22/11). Client B indicated he fell in the parking lot of a gas station. Client B indicated he was injured when he fell in the parking lot of the gas station and was taken to a hospital for treatment. Client B also indicated he fell in the yard of his apartment building before moving into the group home. When asked why client B was falling, client B stated "I don't know, I just passed out." Client B indicated he had fallen one time since he had been admitted to the group home. Client B indicated he fell out of a chair at the day program. Client B stated "I passed out when I fell out of the chair."</p> <p>Interview with Qualified Mental</p>			
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	<p>Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 6:25 AM and 7:20 AM stated client B had gone to his doctor due to complaints of "side pain." QMRP-D #1 indicated when x-rays were done, client B was found to have broken ribs and was diagnosed with Osteoporosis. When asked how client B broke his ribs, QMRP-D #1 indicated client B told QMRP-D #1 client B fell before he moved into the group home. QMRP-D #1 stated client B was admitted to the group home "back in the summer." QMRP-D #1 stated client B was "adamant" about falling at his previous home in the community. QMRP-D #1 indicated client B had fallen one time since the client had been admitted to the group home. QMRP-D #1 stated client B "has a bad short term memory." QMRP-D #1 indicated client B's IDT would be meeting this morning on 2/7/12 to put precautions in place.</p> <p>Interview with staff #3 on 2/7/12 at 7:00 AM indicated client B had not complained about his ribs. Staff #3 stated he had not seen client B fall, but thought client B's fractured ribs were due to his "coughing or something one time." Staff #3 stated client B "has bad coughing spells in the morning when he gets up."</p> <p>Interview with day program staff #4 on</p>				

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	<p>2/7/12 at 10:50 AM indicated day program staff #4 had not heard client B cough at work. Day program staff #4 indicated she was not aware of any falls with client B other than the time the client fell out of his chair.</p> <p>Interview with administrative staff #1, QMRP-D #1 and the Director of Nursing Services (DNS) on 2/8/12 at 9:55 AM indicated client B had fractured his ribs in the past. Administrative staff #1 indicated when client B fell in 11/11 at the day program, client B's x-ray showed the client had an old fracture of the rib. Administrative staff #1 and the DNS stated client B's current rib fractures was "a new fracture" and not the same fracture seen in 11/11. Administrative staff #1 indicated the NP indicated client B's rib fractures occurred within 30 days of the fractures being found. Administrative staff #1 and the DNS indicated client B's falls prior to moving into the group home would not be the cause of client B's fractures found in 1/13/12. The DNS, QMRP-D #1 and administrative staff #1 indicated they were only aware of one fall with client B since he moved into the group home. Administrative staff #1 indicated client B's IDT met on 2/7/12 to address the client's fractured ribs and to put in place protective measures. When asked why client B's IDT met on 2/7/12</p>			

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	<p>and not before, administrative staff #1 indicated client B's IDT was scheduled for 2/7/12. Administrative staff #1 and the DNS indicated they thought a risk plan had been put in place for client B's rib fractures. Administrative staff #1 stated, "BDDS (Bureau of Developmental Disabilities Services) would not have closed case without one." Administrative staff #1 and the DNS indicated client B's NP indicated client B's fractured ribs could have occurred from client B's coughing since the client had Osteoporosis. Administrative staff #1 indicated she was aware of the client's order for the Spirometer and the order to use a pillow when coughing. Administrative staff #1 and the DNS indicated the staff should be asking the client to follow the ordered treatment. Administrative staff #1 indicated she thought client B did not want to use the pillow when coughing and/or do the deep cough treatments with a pillow. The DNS and/or administrative staff #1 did not know if the group home's nurse had contacted client B's doctor on the client's refusal of the treatments. Administrative staff #1, QMRP-D #1 and the DNS indicated client B was a cigarette smoker. Administrative staff #1, the DNS and QMRP-D #1 stated they had "informally counseled" client B about his smoking and the need to stop smoking. QMRP-D</p>			
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	<p>#1 and administrative staff #1 indicated client B did not have a formal training objective in place which addressed the client's smoking and/or need to stop smoking. Administrative staff #1 indicated client B's IDT addressed this issue at the 2/7/12 IDT meeting. Administrative staff #1 and QMRP-D #1 indicated client B's IPP did not address the client's refusals to participate in medical treatments. Administrative staff #1 indicated client B had a problem with short term memory loss. Interview with administrative staff #1 stated the investigation of client B's fractures was "still ongoing." Administrative staff #1 stated client B may remember what happened "a couple of weeks down the road." Administrative staff #1 indicated no summary had been written as of 2/8/12. Administrative staff #1 stated "We have not determined the cause" and client B's injury "likely happened from coughing." Administrative staff #1 indicated she had asked the nurse to speak with client B's doctor about client B's coughing.</p> <p>Interview with LPN #1 on 2/8/12 at 11:25 AM indicated LPN #1 had not developed a risk/care plan for client B's fractured ribs and/or Osteoporosis. LPN #1 stated "I was told I had until Friday (2/10/12) to do." LPN #1 indicated client B's doctor</p>			
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	<p>was aware of the client's refusals to do the deep breathing treatment and refusal to use the Spirometer. LPN #1 indicated client B's doctor called LPN #1 on 1/30/12 and told LPN #1 client B was refusing to do the treatments. When asked if LPN #1 had obtained any other instructions/directives or clarification on what to do, LPN #1 stated "No he (client B's doctor) has not done anything yet."</p> <p>Interview with administrative staff #1 on 2/8/12 at 1:40 PM indicated client B was started on Spiriva and a PRN medication for his breathing on 1/30/12. Administrative staff #1 indicated client B's Spirometer and deep breathing orders had not been discontinued. Administrative staff #1 indicated she did not know why staff were not documenting the treatments and/or refusals on the 2/12 MAR. When asked if the facility was monitoring client B's lung/breath sounds for complications, administrative staff #1 indicated the group home nurse should be monitoring/assessing the client. Administrative staff #1 stated the DNS indicated LPN #1 had assessed the client's lung/breath sounds but "did not document his assessments."</p> <p>Interview with administrative staff #2 on 2/8/12 at 12:08 PM indicated the investigation in regard to the 1/13/12</p>						

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	<p>incident was completed on 2/3/12. Administrative staff #2 indicated the investigation had not been written/typed up. Administrative staff #2 indicated no summary and/or recommendations had been written for the 1/13/12 incident.</p> <p>The policy and procedures were reviewed on 2/6/12 at 1:55 PM. The facility's 12/1/11 policy entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/Investigatory Procedure indicated "...Neglect, abuse, battery or exploitation or violation of consumer rights of any KCARC consumer by any person will not be tolerated...." The policy indicated the facility would conduct through investigations in regard to abuse, neglect and/or injuries of unknown origin. The 12/1/11 policy indicated "...All investigations are to be concluded within (5) days of the date and time of the initial complaint. The investigation will be documented on ISO Form #124 Investigation Summary." The facility's 12/1/11 policy defined neglect "...means failure to provide goods and services necessary to avoid physical or psychological harm. It is a situation that creates danger to an individual's physical or mental health because the caregiver is unable or fails to provide necessary support such as food, shelter, clothing, medical care, protection/safety,...."</p>						

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	<p>This deficiency was cited on 12/28/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			
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W0189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the facility failed to provide each current employee with initial training regarding the Elder Justice Act and failed to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Findings include:</p> <p>During observations at the facility on 2/7/12 from 5:00 AM to 8:00 AM, clients B, C, D, E and F lived at the facility. Client A, who was a resident of the facility, was in the hospital at the time of the survey. During various times of the observation period, staff #3, staff #4 and Qualified Mental Retardation Professional-Designee #1 worked with clients B, C, D, E and F.</p> <p>A list of employees, who worked at the facility with clients A, B, C, D, E and F was reviewed on 2/6/12 at 2:30 PM. The list indicated staff #1, #2, #3, #4 and #5 currently worked in the group home/facility.</p> <p>Interview with administrative staff #1 on</p>	W0189	<p>Plan of Correction: All staff will be trained on the Elder Justice Act and their rights and responsibilities pertaining to the act. The Director of Residential Services will train the Group Home Manager and Group Home Coordinator. The Group Home Manager will train direct care staff and the Assistant Manager. The Director of Health Services will train nursing staff.</p> <p>Preventive Action: A policy will be written. This policy will be added to the required new hire and annual training.</p> <p>Monitoring: The Training Coordinator and Group Home Manager will monitor to ensure all staff receive initial and annual training.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Training Coordinator</p>	03/14/2012			

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	<p>2/7/12 at 9:45 AM indicated she was aware of the Elder Justice Act.</p> <p>Administrative staff #1 indicated facility staff were trained to report any allegations of abuse/neglect to the administrator and the staff had been told they could report the allegation to outside agencies/sources on their own. When asked if facility had documentation the facility staff had been specifically trained in regard to the new act/law, administrative staff #1 indicated there was no documentation the staff had been trained.</p> <p>This deficiency was cited on 12/28/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>						

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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 observation, interview and record review for 1 of 3 sampled clients (B), the facility failed to address a client's identified behavioral need in regard to refusals with medical/health treatments, refusal to shave and/or refusals to change his pull-ups. The facility also failed to address the client's need to stop smoking.</p> <p>Findings include:</p> <p>1. During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B coughed multiple times throughout the observation period and at times, appeared to be short of breath after coughing as the client's breathing was heavy with some gasping. During the 2/7/12 observation period client B was not offered and/or did not receive any treatments in regard to his rib fractures. Interview with staff #3 on 2/7/12 at 7:00 AM in regards to why client B was coughing, staff #3 stated "He has Emphysema. He is suppose to be on a breathing machine (spirometer), but refuses machine." Staff #3 then opened a bottom drawer of a cabinet and pulled out a spirometer/machine which was still in its plastic covering/bag.</p>	W0227	<p>Plan of Correction: Client B's individualized plan will be revised to address refusals of medical/health treatments, refusal to shave and refusal to change his pull-ups. A smoking cessation plan will be developed and included as a part of Client B's individualized Plan.</p> <p>Preventive Action: All direct care staff will be trained by the Group Home Manager/QDDP on all changes to Client B's plan. The Group Home Manager and Group Home Coordinator will be retrained by the Director of Residential Services on revising individualized plans when appropriate.</p> <p>Monitoring: The Group Home Coordinator will monitor that plans are revised as appropriate. The Group Home Manager will monitor that the changes made to Client B's plan are implemented.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/14/2012			

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	<p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/13/12 cat scan report indicated a cat scan was done to rule out dissecting aorta as client B's chest x-ray was abnormal. The 1/13/12 report indicated healing rib fractures were found.</p> <p>Client B's 1/27/12 hand written orders/scripts indicated the NP wrote scripts for the following: -"Incentive spirometer TID (three times a day) Dx. (diagnosis) Rib fracture." -Cough: deep breath QID (four times a day) and splint with pillow, also splint to cough prn."</p> <p>Client B's 8/30/11 Medical Information Form indicated client B's doctor documented "Recommend Stop Smoking & Increase Exercise."</p> <p>Client B's January 2012 Residential Monthly Summary (nurse monthly) indicated client B had the following medication changes/additions: "Incentive Spirometer to used tid. Cough deep breath qid, splint pillow when coughing (hold a pillow to stomach when coughing)...."</p> <p>-1/5/12 "...Patient (client B) was encouraged on smoking cessation...."</p>			
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	<p>-1/30/12 Client B had a follow-up appointment with the NP "...consumer has COPD denies SOB, but still coughs. RX written for Spiriva, Proventi e PRN. Follow up with PCP (primary care physician) in one month. Spoke with Dr. consumer is refusing using the deep breath and cough, using the pillow splint, using the incentive spirometer. (sic)"</p> <p>Client B's February 2012 Monthly Summary indicated the following:</p> <p>-2/7/12 Client B was sent to the emergency room as client B had been pushed down by another client in the group home. The note indicated the client complained of no rib pain and/or knee pain but since the client was diagnosed with osteoporosis, the client was sent out.</p> <p>Client B's 8/31/11 Individual Program Plan (IPP) indicated client B's diagnoses included, but were not limited to, COPD, Hypertension, Diabetes and Peripheral Vascular Disease.</p> <p>Client B's 8/31/11 IPP, 2/7/12 interdisciplinary team (IDT) meeting note and/or 8/31/11 Behavior Support Plan (BSP) did not address client B's need to stop smoking and/or address the client's refusals in regard to medical/health treatments.</p>			
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	<p>Interview with administrative staff #1, QMRP-D #1 and the Director of Nursing Services (DNS) on 2/8/12 at 9:55 AM indicated client B was a cigarette smoker and the client did not intend to stop smoking. Administrative staff #1, the DHS and QMRP-D #1 stated they had "informally counseled" client B about his smoking and the need to stop smoking. QMRP-D #1 and administrative staff #1 indicated client B did not have a formal training objective in place which addressed the client's smoking and/or need to stop smoking. Administrative staff #1 indicated client B's IDT addressed this issue at the 2/7/12 IDT meeting. Administrative staff #1 indicated she was aware of the client's order for the Spirometer and the order to use a pillow when coughing. Administrative staff #1 and the DNS indicated the staff should be asking the client to follow the ordered treatment. Administrative staff #1 indicated she thought client B did not want to use the pillow when coughing and/or do the deep cough treatments with a pillow. Administrative staff #1 and QMRP-D #1 indicated client B's IPP did not address the client's refusals to participate in medical treatments.</p> <p>2. During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the</p>						

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	<p>group home, client B left for the day program unshaven as the client had hair on his face.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's Contact Notes indicated the following:</p> <p>-1/1/12 "It was supper time and [client B] got up from table. Staff noticed that he was wet. [Client B] went to the bathroom. He came back. Staff noticed he was more wet than before. After supper staff saw a puddle in his chair...." The 1/1/12 note indicated "...[Client B] does wear a pullup & (and) is encouraged to change it when wet...."</p> <p>-10/31/11 "[Client B] pants wet. 3 staff suggested he change before leaving for the day. He stated it was coffee and it would be alright (sic)."</p> <p>-10/28/11 "[Client B] had huge wet spots on front of pants. Staff asked several times to change (sic). He refused saying it was just drool. His pullup was full, hanging down almost to his knees. Staff tried several times to explain it appeared to be pullup but he still refused. He left on [name of transportation] soaked and smelling of urine real bad."</p> <p>-10/27/11 Client B was asked to change</p>						

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	<p>his pants "...because his pants were soaked and his pullup was clearly drenched and soaking through. He refused telling staff it was drool on his pants...."</p> <p>Client B's 8/31/11 IPP indicated client B had an objective to shave daily. Client B's 8/31/11 IPP and/or BSP did not indicate the client's IDT addressed the client's hygiene refusals in regard to shaving and/or changing his pull-ups.</p> <p>Interview with staff #3 on 2/7/12 at 7:00 AM stated "It is hard to get him to shave. He has to be in the mood." Staff #3 indicated client B would often refuse to shave. Staff #3 indicated client B wore pullups as the client would urinate on himself. Staff #3 stated client B would refuse to change his pullup when the urine "soaked through to his clothes."</p> <p>Interview with QMRP-D #1 on 2/7/12 at 7:20 AM indicated client B's IPP and/or BSP did not address the client's refusals in regard to his hygiene (shaving and/or changing pullups).</p> <p>This deficiency was cited on 12/28/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			
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W0252	<p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review for 2 of 3 sampled clients (B and C), the facility failed to collect data on the clients' specified Individual Program Plan (IPP) objectives.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 8/31/11 IPP indicated the client had the following objectives:</p> <p>-To shave his face and neck with an electric razor once daily with verbal prompts 25% of the time for 3 consecutive months.</p> <p>-To help staff when completing weekly budget sheets with gestural prompts 30% of the time for 3 consecutive months.</p> <p>Client B's February 2012 data book indicated the above mentioned objectives/data sheets were not present in the February 2012 data book for staff to document/collect data.</p> <p>Client C's record was reviewed on 2/7/12 at 2:17 PM. Client C's 8/3/11 IPP indicated client C had an objective to</p>	W0252	<p>W252</p> <p>Plan of Correction: The Group Home Coordinator and the Group Home Manager will be retrained by the Director of Residential Services on ensuring the appropriate data collection sheets are in the home at all times and ensuring that staff are filling them out correctly.</p> <p>Preventive Action: The Group Home Manager will be retrained by the Director of Residential Services on ensuring the appropriate data collection sheets are in the home at all times and ensuring that staff are filling them out correctly.</p> <p>Monitoring: The Group Home Manager will do spot checks of data sheets at least four times per week.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Manager, Group Home Coordinator</p>	03/14/2012			

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	<p>verbally identify one medication during each med pass daily.</p> <p>Client C's February 2012 data book indicated the client's data book did not include a data sheet for the above mentioned IPP objective for staff to collect data on.</p> <p>Interview with administrative staff #1 and Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 9:55 AM indicated clients B and C should have data sheets in their books for the above mentioned objectives for February 2012.</p> <p>This deficiency was cited on 12/28/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						