

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G438	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2015
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7555 GRANDVIEW DR INDIANAPOLIS, IN 46260
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W 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 2, 3, 4, 5, 6 and 9, 2015.</p> <p>Facility number: 000952 Provider number: 15G438 AIM number: 100244640</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 13, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 120  Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based upon observation, record review and interview, the facility failed to ensure outside services had updated Individual Support Plans (ISP), medical records and</p>	W 120	All Direct Care staff and Home Manager will receive retraining to ensure that all consumers have an adequate supply of extra clothing and adult briefs at the day program at all times.	04/08/2015

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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	<p>adequate clothing and incontinence supplies for 1 of 3 sampled clients (client #2) and 2 additional clients (clients #5 and #6).</p> <p>Findings include:</p> <p>Observations were completed at the outside day services on 3/4/15 from 12:30 PM until 1:15 PM. Client #2 sat at a table flipping a phone book. Client #5 sat in his wheelchair wearing a shirt with red substance staining the front. Attached to the back of his wheelchair was a plastic grocery bag with personal interactive program materials, a plastic bag with clothing and a backpack with a stained T-shirt with pinpoint holes in the front. There were no incontinence briefs in client #5's possessions. Client #6 sat at a table watching other clients in the room walk around.</p> <p>Day services staff #1 was interviewed on 3/4/15 at 12:40 PM and indicated there was an ongoing issue with clean clothing for clients #2 and #6 if they needed changing during the day while at day services. She indicated the group home failed to send clothing for the clients to change into and clothing provided by the day services on occasions when the clients soiled their clothing (dates unspecified) was not returned. She</p>		<p>All consumers Individual Support plans have been forwarded to all consumers respective Day Service Providers.</p> <p>Day Program Manager will receive retraining to ensure that residential provider Home Manager or QIDP is notified when consumers are not being sent with an adequate supply of extra clothing and/or adult briefs as needed. Training will include notifying QIDP if current ISP, BSP and Risk plans are not provided to Day Services.</p> <p>Home Manager and QIDP will receive retraining to include ensuring all Day Service Providers are provided with a copy of consumers Individual support Plans a minimum of annually at the yearly review and more often as needed if any addendums are made.</p> <p>Ongoing, the Home Manager will communicate with Day Services Manager a minimum of weekly to ensure that adequate supplies of extra clothing and adult briefs are being provided as needed.</p> <p>Ongoing the QIDP and/or Home Manager will ensure that Day services providers are receiving consumers ISPs a minimum of</p>	

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	<p>indicated the clients' updated ISPs were on file in the office.</p> <p>The day services team leader was interviewed on 3/4/15 at 1:01 PM. She reviewed the contents of client #5's bags of clothing and personal program items and indicated there were no clean clothes or adult briefs for client #5. She indicated clients were toileted every two hours and client #5 was due to be toileted momentarily. She indicated clients were to provide their own clothing and adult briefs, though the day services would provide the items if their personal clothing and toileting supplies were unavailable for clients.</p> <p>Client #2's record at day services was reviewed on 3/5/15 at 1:10 PM and indicated an ISP dated 6/2/11.</p> <p>Client #6's record at day services was reviewed on 3/5/15 at 1:11 PM and indicated an ISP dated 11/20/13 and medical records including physician's orders and diagnoses dated 11/20/13.</p> <p>The Planning Coordinator for day services was interviewed on 3/5/15 at 1:16 PM and indicated client records should be updated annually to reflect current information.</p>		<p>annually or more often as needed if addendums are completed.</p> <p>Responsible Party: Home Manager, QIDP, Area Director, Day Services staff</p>	

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W 137 Bldg. 00	<p>The facility's Area Director (AD) and Program Director (PD) were interviewed on 3/5/15 at 12:05 PM and indicated clients should be bringing personal clothing and adult briefs with them to day program in the event a change is needed. The PD indicated she was responsible for updating client records at day services and day services staff had not notified her the records were outdated.</p> <p>9-3-1(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS 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. Based upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #3), and for 2 additional clients (clients #5 and #6), to promote dignity by providing appropriate</p>	W 137	<p>Clothing protectors have been purchased for the consumers use to promote dignity during mealtimes.</p> <p>All Direct care staff and Home Manager will receive retraining</p>	04/08/2015

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	<p>items to protect their clothing from spillage.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. Clients #3 and #5 had towels tied around their necks and placed under their plates at the table.</p> <p>The Program Director was interviewed on 3/2/15 at 5:50 PM. When asked if the use of towels to protect the clients' clothing promoted dignity, she stated, "No."</p> <p>Observations were completed at the group home on 3/3/15 from 6:58 AM until 8:15 AM. Clients #3, #5 and #6 had towels tied around their necks and placed under their plates at the table.</p> <p>The Area Director was interviewed on 3/3/15 at 1:35 PM. She indicated she was not aware the staff had been using towels to protect the clients from spillage and clothing protectors that were more appropriate would be purchased.</p> <p>9-3-2(a)</p>		<p>including ensuring that consumers dignity is maintained by using appropriate clothing protectors and not towels around the clients neck and under their plates.</p> <p>For four weeks, the Home Manager and/or QIDP will complete mealtime observations a minimum of three times weekly to ensure that staff are using appropriate clothing protectors instead of towels to promote client dignity during mealtimes.</p> <p>Ongoing, after the 4 weeks, the Home Manager and/or QIDP will complete mealtime observations a minimum of twice weekly to ensure that staff are using appropriate clothing protectors instead of towels to promote client dignity during mealtimes.</p> <p>Responsible Party: Home Manager, QIDP</p>	

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W 149  Bldg. 00	<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 upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to implement policy and procedures to protect him from ingesting another client's medication, and failed to ensure staff implemented corrective action to prevent future occurrence.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services were reviewed on 3/2/15 at 1:50 PM. A BDDS report dated 1/25/15 indicated client #1 ingested his roommates medications including Buspar HCL (hydrochloride) (anxiety) 10 mg (milligrams), Omeprazole 20 mg (gastric aid), Risperidone (anti-psychotic), 2 mg. The report indicated client #1 "walked up to the staff as they were preparing medications for [client #1's] housemates. He then grabbed and swallowed the medication." Corrective action indicated staff would be retrained on medication administration.</p> <p>An investigation attached to the BDDS report dated 1/26/15 indicated client #1</p>	W 149	<p>All Direct Care staff, Home Manager and QIDP will receive retraining on ensuring that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>For 4 weeks the Home Manager and/or QIDP will complete medication administration observations a minimum of four times weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>After the initial 4 weeks the Home Manager and/or QIDP will complete medication administration observations a minimum of 3 times weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>Ongoing the Home Manager and/or QIDP will complete</p>	04/08/2015

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	<p>ate the cream pie into which client #4's medications had been placed. Staff #9 indicated she did not make a practice of closing the medication administration door while administering the clients' medications. Corrective action indicated staff would now close the door to the medication administration room while dispensing medication to clients.</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. During medication administration beginning at 5:05 PM, staff #10 did not shut the door to the medication room when clients #4, #5 and #6's medications were administered. Client #4's medications of Bupirone HCL 10 mg, Theratab (vitamin) and Olanzapine 5 mg (anti-psychotic) were mixed into a cream pie. Client #1 walked past the medication room during the administration of medication.</p> <p>Staff #9 was interviewed on 3/2/15 at 5:30 PM and indicated he had not closed the door as there were two staff nearby the medication room to observe for client #1 coming near the medication room.</p> <p>The Area Director and the Program Director were interviewed on 3/3/15 at 1:35 PM and indicated the door to the medication room should have been</p>		<p>medication administration observations a minimum of twice weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>Responsible Party: Home Manager, QIDP</p>	

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W 157 Bldg. 00	<p>closed.</p> <p>The facility's Quality and Risk Management policy dated April, 2011 was reviewed on 3/2/15 at 1:30 PM and indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process identifying, evaluating and reducing risk to which individuals are exposed." Incidents reported to BDDS included, "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...Failure to provide appropriate supervision, care or training..."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #1) to ensure staff implemented corrective action to prevent</p>	W 157	All Direct Care staff, Home Manager and QIDP will receive retraining on ensuring that the door to the medication room is closed during medication	04/08/2015

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	<p>the ingestion of other clients' medications.</p> <p>Findings include:</p> <p>Reportable incidents to the Bureau of Developmental Disabilities Services were reviewed on 3/2/15 at 1:50 PM. A BDDS report dated 1/25/15 indicated client #1 ingested his roommate's medications including Buspar HCL (hydrochloride) (anxiety) 10 mg (milligrams), Omeprazole 20 mg (gastric aid), Risperidone (anti-psychotic) 2 mg. The report indicated client #1 "walked up to the staff as they were preparing medications for [client #1's] housemates. He then grabbed and swallowed the medication." Corrective action indicated staff would be retrained on medication administration.</p> <p>An investigation attached to the BDDS report dated 1/26/15 indicated client #1 ate the cream pie into which client #4's medications had been placed. Staff #9 indicated she did not make a practice of closing the medication administration door while administering the clients' medications. Corrective action indicated staff would now close the door to the medication administration room while dispensing medication to clients.</p>		<p>administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>For 4 weeks the Home Manager and/or QIDP will complete medication administration observations a minimum of four times weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>After the initial 4 weeks the Home Manager and/or QIDP will complete medication administration observations a minimum of 3 times weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p> <p>Ongoing the Home Manager and/or QIDP will complete medication administration observations a minimum of twice weekly to ensure that the door to the medication room is closed during medication administration to protect the consumers' privacy and prevent any other consumer from ingesting another's medications.</p>	

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	<p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. During medication administration beginning at 5:05 PM, staff #10 did not shut the door to the medication room when clients #4, #5 and #6's medications were administered. Client #4's medications of Buspirone HCL 10 mg, Theratab (vitamin) and Olanzapine 5 mg (anti-psychotic) were mixed into a cream pie. Client #1 walked past the medication room's open door during the administration of medication.</p> <p>Staff #9 was interviewed on 3/2/15 at 5:30 PM and indicated he had not closed the door as there were two staff nearby the medication room to observe for client #1 coming near the medication room.</p> <p>The Area Director and the Program Director were interviewed on 3/3/15 at 1:35 PM and indicated the door to the medication room should have been closed.</p> <p>9-3-2(a)</p>		Responsible Party: Home Manager, QIDP	

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W 192  Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based upon observation, record review and interview, the facility failed for 3 additional clients (clients #4, #5, and #6), to ensure staff implemented medication administration policy and procedures.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. During medication administration beginning at 5:05 PM, client #6 received Tegretol (seizures) 200 mg (milligrams), Viactiv (calcium supplement) and Ensure (nutritional supplement). Client #4 received Buspirone HCL (anxiety) 10 mg, Theratab (vitamin) and Olanzapine 5 mg (anti-psychotic) at 5:10 PM. Client #5 received Baclofen (muscle relaxer) 20 mg, and Docusate Sodium (constipation) 100 mg at 5:20 PM.</p> <p>The MAR (medication administration record) was reviewed on 3/2/15 at 5:38 PM and indicated clients #4, #5 and #6's medications were to be administered at 4:00 PM.</p>	W 192	<p>The Program Nurse will communicate with Client #4, 5 and 6 physicians to discuss if the medication administration times can be switched to allow for time to get home from the day program.</p> <p>All Direct Care staff will receive retraining to ensure that all medications are administered in accordance with the consumers' individual physician orders. Training will also include ensuring that if a consumers' medication has be given later than the designated administration window for any reason that the Program Nurse is notified.</p> <p>For 4 weeks the Home Manager and/or QIDP will complete medication administration observations a minimum of 3 times weekly to ensure that medications are given in accordance with the consumers' individual physician orders.</p> <p>Ongoing the Home Manager and/or QIDP will complete medication administration observations a minimum of twice weekly to ensure that medications are given in accordance with the consumers' individual physician</p>	04/08/2015

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	<p>Staff #9 was interviewed on 3/2/15 at 5:30 PM and indicated the medications had been administered late as the clients arrived home late. He indicated the facility's medication administration window of opportunity to administer medications prior to be considered late was one half hour before and after the indicated time on the MAR.</p> <p>The facility's operating practices for medication administration were reviewed on 3/5/15 at 12:40 PM and indicated medications were to be administered in accordance to physician's orders and a medication error included administering medications at an incorrect time.</p> <p>The nurse was interviewed 3/5/15 at 2:00 PM and indicated staff were to call her prior to administering medications outside of the window as per facility policy. She indicated she had not been called regarding the late administration of medication on 3/2/15.</p> <p>9-3-3(a)</p>		<p>orders.</p> <p>Responsible Party: Home Manager, QIDP, Program Nurse</p>	

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W 210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based upon observation, record review and interview, the facility failed to ensure for 3 of 3 sampled clients (clients #1, #2 and #3), to ensure a comprehensive functional assessment was completed of dining, dressing, bathing, speech, mobility and recreational need.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Client #1's records were reviewed on 3/3/15 at 10:51 AM. There was no evidence of an assessment of client #1's bathing, dressing, dining, and recreational skills.</li> <li>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. Client #2 crawled on the floor to the kitchen and then to the hallway of the group home. Client #3 used a towel tied around his neck and under his plate during dining to catch food spillage from his high sided plate.</li> </ol> <p>Staff #6 was interviewed on 3/2/15 at</p>	W 210	<p>The QIDP and Home Manager will work to complete CFAs for all Clients including Clients #1, #2 and #3. The Home Manager and QIDP will work with the Program Nurse to schedule any additional assessments that may be needed.</p> <p>The QIDP and Home Manager will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. QIDP will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.</p> <p>Ongoing, the QIDP will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the QIDP at</p>	04/08/2015

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	<p>6:00 AM. When asked about client #2's mobility skills, she stated "She uses a walker while at day services, but prefers to crawl at home."</p> <p>Client #2's records were reviewed on 3/3/15 at 1:00 PM. There was no evidence of an assessment of client #2's bathing, dressing, dining and recreational skills. An Individual Support Plan dated 11/10/14 indicated an objective to encourage client #2's use of a walker. An Risk Management Assessment dated 1/10/14 indicated it was acceptable for client #2 to crawl at home due to personal preference. There was no evidence in client #2's record of assessments of mobility, sensory motor or communication skills since 10/3/08.</p> <p>Client #2's guardian was interviewed on 3/6/15 at 3:36 PM. She indicated there was a history of scoliosis (bent posture) in the family and client #2 should be encouraged to walk upright as much as possible.</p> <p>3. Client #3's record was reviewed on 3/3/15 a 12:16 PM. There was no evidence of an assessment of client #3's bathing, dressing and dining skills. There was no evidence of assessments of mobility, sensory motor or communication assessment of client #3's</p>		<p>the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.</p> <p>Responsible Party: Home Manager, QIDP, Program Nurse, Area Director</p>	

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	<p>skills since 9/28/08.</p> <p>The Area Director (AD) and Program Director (PD) were interviewed on 3/3/15 at 1:35 PM. The AD indicated clients #1, #2 and #3 were not independent in their bathing, dining, dressing and recreational skills and should be assessed to determine their needs.</p> <p>The AD was interviewed on 3/9/15 at 5:00 PM and indicated there were no updated assessments.</p> <p>9-3-4(a)</p>				
W 247  Bldg. 00	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based upon observation, record review</p>	W 247	A fan and sound machine have	04/08/2015	

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	<p>and interview for 1 of 3 sampled clients (client #3), the facility failed to encourage choice in environmental devices.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM and again on 3/3/15 from 6:58 AM until 8:15 AM. There was no evidence of a fan or sound machine in client #3's room.</p> <p>Client #3's record was reviewed on 3/3/15 a 12:16 PM. The record indicated client #3 required the assistance of a guardian to advocate for his needs. An interdisciplinary team meeting dated 11/19/14 indicated "[relative] wants to know why his fan was never replaced in his bedroom; she thinks he would like that...[relative] wants a sound therapy machine for his room as background noise as he really like music."</p> <p>The Area Director (AD) and Program Director (PD) were interviewed on 3/3/15 at 1:35 PM. The PD and AD indicated they were unaware of the status of client #3's sound machine and fan and would need to check.</p> <p>9-3-4(a)</p>		<p>been obtained for Client #3 based on the guardian's request.</p> <p>The Home Manager and QIDP will receive retraining on ensuring that clients and/or guardians choices in environmental devices are provided for as long as the choices to not interfere with the health and safety of any of the consumers and do not violate any life safety regulations.</p> <p>Ongoing, the Home Manager and/or QIDP will document any requests from the consumer and/or guardian regarding environmental devices and will ensure that they are provided as long as they do not interfere with the health and safety of any of the consumers and do not violate any life safety regulations. If the choice for the environmental device is not able to be obtained or met, the QIDP will ensure documentation is present as to why the choice is not able to be met and offer alternatives for the consumer and/or guardian to choose to ensure that needs are being met.</p> <p>Responsible Party: Home Manager, QIDP</p>		

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W 323  Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based upon record review and interview, the facility failed for 1 of 3 sampled clients (client #3) to ensure his hearing was evaluated on an annual basis.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/3/15 at 12:16 PM. An annual physical examination form dated 10/21/14 indicated client #3 was in need of further evaluation of his hearing. There was no evidence of a hearing evaluation since the physical examination.</p> <p>The Area Director was interviewed on 3/9/15 at 5:00 PM and indicated there was no further evidence of a hearing evaluation for client #3.</p> <p>9-3-6(a)</p>	W 323	<p>The Program Nurse will review all consumers' medical appointment records (including Client 3) and note when their last vision and hearing screening/evaluations were completed. Program Nurse will work with the Home Manager to ensure vision and/or hearing screenings are scheduled for all consumers as needed to ensure they have been reviewed annually.</p> <p>The Program Nurse will ensure that once screenings/evaluations have been completed, documentation is present in the medical charts for review.</p> <p>The Program Nurse will receive retraining to include ensuring that all consumers have annual vision and hearing screenings/evaluations a minimum of annually.</p> <p>Ongoing, the Program Nurse will track all consumers' annual</p>	04/08/2015

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W 331 Bldg. 00	<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, the facility failed for 1 of 3 sampled clients (client #2), to ensure a nursing protocol was developed and implemented to address bleeding requiring medical intervention and hospitalization.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services were reviewed on 3/2/15 at 1:50 PM. A BDDS report dated 12/27/14 indicated client #2 was taken to the hospital after vomiting blood. Client #2 was admitted to the hospital and diagnosed with a hernia and Barrett's Disease (chronic gastric cellular change). The report indicated client #2 had an elevated white blood cell count indicating infections and would be evaluated for it's source. The report indicated "An endoscopy was performed and she was</p>	W 331	<p>medical appointments and ensure that all consumers have hearing and vision screenings/evaluations a minimum of annually to determine if further follow up is needed. Responsible Party: Home Manager, Program Nurse.</p> <p>Program Nurse will develop client specific protocols for Client #2 to address the new diagnosis of GERD.</p> <p>Program Nurse will receive retraining to include ensuring that Client Specific Protocols are developed for each client as needed to address new diagnoses received and how staff are to monitor for symptoms of new diagnoses.</p> <p>Ongoing, the Program Nurse will review all consumers' medical appointment forms within 48 hours of the appointment to determine if any follow up treatment is needed. If any follow up is needed the Program nurse will work with the Home Manager and/or QIDP to ensure that appointments are scheduled, medications are ordered, etc. The Program Nurse will also note if any new diagnoses are present</p>	04/08/2015

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	<p>found to have a...a hiatal hernia and fairly severe GERD (gastroesophageal reflux disease)..." Client #2 "was found to have some small tears in her esophagus which the Dr.'s though (sic) is what caused the evidence of blood in her vomit at breakfast...She is now being treated for GERD with two protonic (antacid) (sic) pills per day for 6 weeks, after which she will go onto one a day."</p> <p>Client #2's records were reviewed on 3/3/15 at 1:00 PM. There was no evidence of a protocol to address client #2's risk for bleeding or for GERD to prevent future occurrence.</p> <p>The nurse was interviewed on 3/5/15 at 1:40 PM and stated "I create protocol as needed." The nurse indicated she was unaware of a history of client #2 having been diagnosed with GERD or of a stomach issue. She indicated client #2's hospital records and follow up visit with the physician did not indicate a diagnosis with GERD.</p> <p>Client #2's guardian was interviewed on 3/6/15 at 3:36 PM. She indicated client #2 had been diagnosed with GERD while in the hospital.</p> <p>9-3-6(a)</p>		<p>and will work with the QIDP and Home Manager to develop protocols to address to prevent recurrence of the issues.</p> <p>Responsible party: Program Nurse, Home Manager, QIDP</p>	

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W 436  Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation and interview for 1 additional client (client #5), to ensure his wheelchair was in good working order.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. Client #5's wheelchair was missing the headrest, exposing the support bracket with a 1/4 inch in diameter round ball within access of client #5's neck. During the observation, client #5 rocked his head back and forth towards the head rest bracket.</p> <p>The Program Director was interviewed on 3/2/15 at 6:00 PM and indicated she was unsure of the status of client #5's</p>	W 436	<p>Client #5's wheelchair headrest has been fixed.</p> <p>Home Manager, QIDP and Program Nurse will receive retraining to include ensuring that all consumers have necessary adaptive equipment, including wheelchairs, and that it is maintained in good working order. Training will include ensuring that once it is determined that adaptive equipment needs to be fixed or replaced that the Home Manager and/or Program Nurse will communicate with the QIDP to ensure adaptive equipment is repaired and/or replaced as needed in a timely manner.</p> <p>The Home Manager and/or QIDP will complete active treatment observations twice per week for four weeks to observe if all</p>	04/08/2015

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W 455 Bldg. 00	<p>head rest.</p> <p>Staff #10 was interviewed on 3/2/15 at 6:01 PM and indicated client #5's head rest had broken that morning and required a special screw to repair it that would have to be obtained.</p> <p>The Area Director was interviewed on 3/3/15 at 1:05 PM and indicated client #5's wheelchair head rest should have been repaired or the bracket addressed so as not to present an injury risk to client #5.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based upon observation and interview, the facility</p>	W 455	<p>consumers' adaptive equipment is being maintained in good working order and repaired/replaced as needed. After four weeks and ongoing the Home Manager and/ or QIDP will complete active treatment observations at least once per week to observe if all consumers adaptive equipment is being maintained in good working order and repaired/replaced as needed.</p> <p>Responsible Party: Home Manager, QIDP, Program Nurse</p> <p>All Direct Care staff will receive retraining on using hand sanitizer between administering</p>	04/08/2015

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	<p>failed for 3 additional clients, (client #5) to ensure sanitary practices (drink from other clients' beverages), and for (clients #6 and #4), to ensure sanitizer was available for staff's use during medication administration.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 3/2/15 from 4:55 PM until 6:25 PM. During medication administration beginning at 5:05 PM, staff #10 did not use sanitizer between clients #4 and #5's administration of medication. Client #5 drank the remainder of client #6's Ensure she received during medication administration.</p> <p>Staff #10 was interviewed on 3/2/15 and indicated there was no sanitizer available for use in the medication room and stated, "The most I could do is change gloves." Staff #10 indicated client #5 drank out of client #6's cup which held her Ensure medication.</p> <p>The Area Director was interviewed on 3/2/15 at 1:05 PM and indicated staff should use sanitizer or wash hands between clients during medication administration and client #5 should not have drunk from client #6's cup.</p> <p>9-3-7(a)</p>		<p>medication to different consumers.</p> <p>Home Manager and/or QIDP will compete Medication Administration Observations a minimum of 3 times per week for 4 weeks to ensure that staff are using hand sanitizer between consumers when administering medications.</p> <p>Ongoing the Home Manager and/or QIDP will complete Medication Administration Observations a minimum of twice weekly to ensure that staff are using hand sanitizer between consumers when administering medications.</p> <p>All staff will receive retraining on ensuring that infection control is being practiced by not allowing consumers to drink from other clients' beverage cups.</p> <p>Home Manager and/or QIDP will compete Mealtime Administration Observations a minimum of 3 times per week for 4 weeks to ensure that sanitary practices are being used by not allowing consumers to drink from other consumers beverage cups.</p> <p>Ongoing the Home Manager and/or QIDP will complete Mealtime Administration Observations a minimum of twice per week to ensure that sanitary practices are being used by not</p>	

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			allowing consumers to drink from other consumers beverage cups.  Responsible Party: Home Manager, QIDP		