

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 1/26/15, 1/27/15, 1/28/15 and 1/29/15</p> <p>Facility Number: 000846 Provider Number: 15G328 AIMS Number: 100243990</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/5/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 additional client (#5), the nurse failed to ensure client #5 received services as indicated by her high risk plan.</p> <p>Findings include:</p>	W000331	Tangram's RN has ensured that the requirement for daily skin assessments for Client #5 has been documented on the Treatment Administration Record (TAR) for client so that staff can document these skin assessments for client. Tangram will also ensure that an additional donut pillow will be purchased so	02/28/2015

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>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/26/15 at 1:30 PM. The review indicated the following:</p> <p>-BDDS report dated 10/17/14 indicated, "Staff noticed on 10/7/14 that [client #5] had a red area above her tailbone. They called [nurse #1] and [PM (Program Manager) #1]. They were instructed to keep area dry, clean, padded and make sure client was rotating positions. [Client #5] was seen by her primary care physician on 10/9/14 and it was determined that it was the start of a pressure area. Staff was given instruction to follow up with wound care, continue to keep area clean and dry and was given a (sic) order for Bacitracin (antibiotic ointment). [Client #5] went to wound care on 10/14/14 and it was clarified that it was a stage 1 pressure area/secondary fungal. [Client #5] was given a (sic) order for extra thick anti-fungal cream and instructions to clean with sterile solution every 2-3 days, apply anti-fungal cream and cover with 3 x 3 pads for protection. The doctor stated the area looked good and clean. [Client #5] was also given a waffle cushion to sit on. She will follow up with wound care on 10/21/14."</p> <p>Client #5's record was reviewed on</p>		<p>that client can keep one at her own home and also keep one at her mother's home, where she likes to visit. This way client does not have to travel back and forth with the pillow. Staff will be retrained to ensure that client is being prompted to use the pillow. Tangram will ensure that recommendations in all clients' High Risk Plans (HRPs) are being followed by staff, and that staff have been properly trained on prompting clients to use devices as instructed by a doctor or nurse. Tangram's Director of Compliance and Risk Management will continue to work with the home Program Manager and QDDP to ensure that plans and orders are being followed. This will be done through regularly scheduled internal audits of group home services. Furthermore, an audit of current paperwork in the home will occur in response to this survey to ensure that other clients in the home have not been negatively affected.</p>	

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	<p>1/28/15 at 8:10 AM. Client #5's High Risk Health Care Plan addressing Skin Breakdown dated 11/11/13 revised on 10/15/14 indicated, "[Client #5] is susceptible to is (sic) skin breakdown and pressure sores because of her weight loss, incontinence of bladder at times and a history of sleeping sitting up. Due to afore mentioned, [client #5's] peri area and gluts are susceptible to skin breakdown." Client #5's High Risk Health Care Plan addressing Skin Breakdown form dated 11/11/13 revised on 10/15/14 indicated, "Staff will encourage [client #5] to sit on donut-like pillow to offload pressure on coccyx. Staff will do skin assessments daily, document and notify nurse immediately if they see any areas of concern."</p> <p>Client #5's MAR (Medication Administration Record) forms dated from October 1, 2014 through January 27, 2015 did not indicate documentation of daily skin assessments for client #5.</p> <p>Client #5's Daily Progress notes dated from November 1, 2014 through January 27, 2015 did not indicate documentation of daily skin assessments for client #5.</p> <p>Observations were conducted at the group home on 1/27/15 from 1:30 PM through 4:45 PM. At 4:15 PM, client #5</p>				

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W000436	<p>joined her peers at the home's dining room table. Client #5 sat in a chair at the table and did not have a donut-like pillow. Client #5 was not offered or encouraged to use a donut-like pillow.</p> <p>Staff #1 was interviewed on 1/28/15 at 9:50 AM. Staff #1 indicated client #5's donut-like cushion was not in the group home. Staff #1 stated, "It's not here, it must at [client #5's] mother's house. She must have left it there on her last visit."</p> <p>Nurse #1 was interviewed on 1/28/15 at 10:15 AM. Nurse #1 indicated staff should perform daily assessments of client #5's skin and document the assessments on client #5's MAR forms and Daily Progress notes. Nurse #1 indicated client #5 should be encouraged to use her donut-like cushion and reposition herself. Nurse #1 indicated client #5's High Risk Health Care Plan addressing Skin Breakdown dated 11/11/13 revised on 10/15/14 should be implemented by staff.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures,</p>			

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	<p>eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 2 of 6 clients with adaptive equipment, the facility failed to furnish client #3 with a new wheelchair and to ensure client #5 utilized a donut cushion to offload pressure on her coccyx.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 1/28/15 at 8:10 AM. Client #3's physician's order dated 11/21/13 indicated, "OT (Occupational Therapy)/PT (Physical Therapy) evaluation for a seating evaluation, has CP (Cerebral Palsy) and posture issues and most of her pain is in her legs." Client #3's OT/PT form dated 12/23/13 indicated, "Headrest missing, castors hitting front leg plates. Supportive wheelchair cushion broken/cracked. Difficulty with seat prop due to reduction of push and right only." Client #3's OT/PT form dated 1/30/14 indicated, "[Client #3's] chair has some issues that may not be able to be tackled unless we; (1.) Provide a new chair or; (2.) Do a new molded seating system. I am going to try to authorize an order for a new chair based on the current status of her current chair." Client #3's HCCMHR (Health</p>	W000436	<p>For Client #3, Client has been assessed for the molding for her wheelchair and she has seen her physician for the required face-to-face meeting for the funding submission. For Client #3, Tangram will ensure that the request for approval for the funding for Client #3's wheelchair will be submitted by February 28, 2015. For Client #5, Tangram will ensure that an additional donut pillow will be purchased so that client can keep one at her own home and also keep one at her mother's home, where she likes to visit. This way client does not have to travel back and forth with the pillow. Staff will be retrained to ensure that client is being prompted to use the pillow. Tangram will ensure that recommendations in all clients' High Risk Plans (HRPs) are being followed by staff, and that staff have been properly trained on prompting clients to use devices as instructed by a doctor or nurse. Tangram's Director of Compliance and Risk Management will continue to work with the home Program Manager and QDDP to ensure that plans and orders are being followed. This will be done through regularly scheduled internal audits of group home services. Furthermore, an audit of</p>	02/28/2015

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	<p>Care Coordination Monthly Health Review) form dated September 2014 indicated, "September 3, 2014: PCP (Primary Care Physician) appointment completed as a scheduled for evaluation of decreased ability to complete self care, increased contracture (shortening of muscle) left arm with decreased ROM (Range of Motion). Received order for PT evaluation/treatment." Client #3's HCCMHR form dated October 2014 indicated, "[Client #3's] self care abilities decreasing. General weakness noted. PCP informed of decreased strength and orders received on 10/17/14 for OT/PT evaluation for seating. Has CP and posture issues and most of her pain is in her legs. Also, weakness of the right arm. 10/20/14 OT/PT evaluation completed for difficulty in keeping upright position in wheelchair, feeding difficulty and general weakness, especially right side." Client #3's HCCMHR form dated December 2014 indicated, "[Client #3] had OT re-evaluate wheelchair molding/cushion in 11/2014 awaiting recommendation."</p> <p>Client #3's record did not indicate documentation of client #3 receiving the 1/20/14 recommendations for a new wheelchair or provide a new molding/cushion. Client #3's record did not indicate documentation of OT/PT</p>		current paperwork in the home will occur in response to this survey to ensure that other clients in the home have not been negatively affected.				

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	<p>evaluation or treatment between 1/30/14 and 10/20/14. Client #3's record did not indicate documentation of evaluation of her wheelchair molding/cushion between 1/30/14 and 11/2024.</p> <p>PM (Program Manager) #1 was interviewed on 1/28/15 at 9:48 AM. PM #1 indicated client #3 had recommendations for a new wheelchair or new molding/cushion on 1/30/14. PM #1 indicated the facility was not able to obtain funding from Medicaid to purchase a new wheelchair. PM #1 stated, "Since we couldn't get the new chair we started focusing on strengthening her and increasing her ability to position herself. We started PT in September and she had a molding evaluation just a few weeks ago. We are in the process of getting the new molding." PM #1 indicated client #3 had not received a new wheelchair and had not received new seat molding/cushioning on her current chair.</p> <p>2. Observations were conducted at the group home on 1/27/15 from 1:30 PM through 4:45 PM. At 4:15 PM, client #5 joined her peers at the home's dining room table. Client #5 sat in a chair at the table and did not have a donut-like pillow. Client #5 was not offered or encouraged to use a donut-like pillow.</p>				

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division: (14) (f) any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity."</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 1 incident of skin breakdown reviewed, the facility failed to immediately notify the BDDS (Bureau of Developmental Disabilities Services) regarding an incident of skin breakdown for client #5.</p> <p>Findings include:</p> <p>The facility's BDDS reports were reviewed on 1/26/15 at 1:30 PM. the</p>	W009999	<p>Tangram's Director of Compliance and Risk Management will retrain all group home managers on required Incident Reporting (IR) to ensure that all managers know all required IR areas. Tangram's Director of Compliance and Risk Management will continue to work with all managers when questions arise regarding IR areas and will continue to make herself available when managers have questions regarding incidents that occur with clients. This will help to ensure that IRs are filed for appropriate incidents in accordance with state policies. Tangram's IR policies already require that required Incident Reports are filed within 24 hours of date of knowledge. This policy will be reinforced during the training with the group home managers.</p>	02/28/2015

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	<p>review indicated the following:</p> <p>-BDDS report dated 10/17/14 indicated, "Staff noticed on 10/7/14 that [client #5] had a red area above her tailbone. They called [nurse #1] and [PM (Program Manager) #1]. They were instructed to keep area dry, clean, padded and make sure [client #5] was rotating positions. [Client #5] was seen by PCP (Primary Care Physician) on 10/9/14 and it was determined that it was the start of a pressure area. Staff was given instructions to follow up with wound care, continue to keep area clean and dry and was given a (sic) order for Bacitracin (antibiotic ointment). [Client #5] went to wound care on 10/14/14 and it was clarified that it was a stage 1 pressure area/secondary fungal."</p> <p>AS (Administrative Staff) #1 was interviewed on 1/26/15 at 3:08 PM. AS #1 indicated incidents of skin breakdown related to decubitus ulcers should be reported to BDDS within 24 hours.</p> <p>9-3-1(b)</p>				