STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREY SERVICES INC	615 E NORTH ST HARTFORD CITY, IN 47348

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W0000	This visit was for investigation of complaint #IN00111553. Complaint #IN00111553 - Substantiated, No deficiencies related to the allegation(s) are cited. Unrelated deficiency cited. Dates of Survey: August 6, 7 and 8, 2012. Facility Number: 000644 Provider Number: 15G107 AIMS Number: 100234170 Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 8/15/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients A, B and C) by not ensuring clients received nursing services according to their medical needs, by not updating client A's Fall Risk Plan; by not obtaining a Physical Therapy Evaluation for client A; by failing to obtain a neurology appointment for client B due to staff scheduling issues; by not monitoring the skin of client C, a diabetic with known foot ulcers, and by not providing prompt medical care for client C's foot ulcers. Findings include: 1. Client A's records were reviewed on 08/06/12 at 12:30 PM. Client A's record review included review of the following dated documents: 07/2011: Fall Risk Management Plan indicated client A used ambulatory devices which included a, "Rollator and Gait belt at all times when up walking." The plan did not indicate how staff were to use the gait belt. 01/2012: Fall Risk Management Plan	W0331	CORRECTION Clients requiring the use of a gait belt will have their fall risk plan updated and staff trained on the plan by 8/31/12. The plan will include how to use a gait belt specific to that client. Residential Nurse or Residential Manager will follow up with provider offices to ensure that recommended referrals to specialist have been sent and the appointments have been scheduled. Client B went to ER, then to a follow up with neurologist. Neurologist was upset about wording in ER Report by ER doctor when he recommended that Client B see a neurologist closer to Marion. (There are no neurologists that are in the Marion Area full time.) Neurologist, who delivers excellent care for our consumers, continues to see our consumers and this petty disagreement between physicians is no longer an issue. Client C was scheduled with an appointment for ulcers on his toes. He is being treated by the wound clinic for these ulcers. Young at Heart Pharmacy has been contacted to add daily skin	08/31/2012

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	indicated client A used ambulatory devices which included a, "Rollator, Helmet when up walking to protect head and Gait belt at all times when up walking." The plan did not indicate how staff were to use the gait belt. 05/23/12: Annual Physical indicated client A was to have a Physical Therapy (PT) evaluation, "Reason: please evaluate and treat-progressive muscle weakness and falls." 05/26/12: A BDDS (Bureau of Developmental Disabilities Services) report for an incident on 05/26/12 at 1:24 PM was reviewed on 08/06/12 at 12:30 PM. The BDDS report indicated the following regarding client A: "Staff reported to nurse on duty at 6:58 AM tat (sic) [client A] had a behavior when getting up for the day and fell to the floor. It was reported at that time there were no injuries. Staff later called nurse on duty at 1:24 PM stating that [client A] did not have her helmet on when the fall occurred and there is now a knot on the back of her head." 05/31/12: An Accident/Incident Report indicated, "[Client A] was sitting at dining table when staff was passing medicine. Staff heard a thud and found [client A] on the floor...".		checks to the treatment record for all diabetic clients. PREVENTION Management plans will be revised to incorporate new orders for adaptive equipment specific of how to use for the client. Appointment forms will continue to be scanned to the residential management distribution list. Residential Nurse and Residential Manager will review all appointment forms for new orders and possible referrals. When a new referral is made the Residential Nurse or Residential Manager will ensure that the appointment date, time and location get placed on the outlook calendar for the group home. Staff will be trained to complete and document daily skin checks for all diabetic clients by 8/31/12. Monitoring Risk management plans will be reviewed at quarterly reviews to ensure that updates are completed as needed. Residential Nurse, Residential Manager and Director of Group Homes/QMRP will review all recommended referrals at quarterly reviews to ensure that they have been completed. Carey Services will continue to	

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	06/01/12: An Accident/Incident Report at 1:20 PM indicated, "[Client A] first finished lunch was going to restroom. Staff [#1] was with her. She could not keep her from falling...". 06/09/12: A BDDS report for an incident at 6:30 PM indicated, "Staff reported that [client A] was asked to take her dished (sic) to the kitchen area. She got up and took a couple of steps and then fell backwards hitting her head on the wood floor...[Client A] had an annual physical on 05/23/12 at which time PCP (Primary Care Physician) wrote a referral for physical therapy evaluation due to muscle weakness...". 06/20/12: An Accident/Incident Report indicated, "[Client A] was getting out of the van and fell backward and she landed on her behind...". 06/20/12: An Accident/Incident Report at 6:20 PM indicated, "[Client A] slid out of her bed, she did not want to stand up to go to the dinner table." 06/20/12: A Skin Assessment Checklist indicated, "[Client A] falls daily - bruises are due to falls." 06/27/12: The Team Meeting Minutes		seek services from the previous neurologist as he is always available to the clients when in need. Residential Manager will check the treatment records on a daily basis when in the group home to ensure that the daily skin checks are being completed and documented. Abnormalities will be documented on a skin assessment form and scanned to the Residential Management distribution list immediately upon finding.	

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	indicated the reason for the meeting was, "[Client A's] excessive falls." The options discussed included, "...gait belt at all times while walking and PT eval[uation] - needs scheduled (ordered)." The Plan of Action included, "Get PT eval...staff will be in arms reach while [client A] is walking." 06/30/12: A BDDS report for an incident at 12:01 PM indicated client A died at the hospital. 06/30/12: An Indiana Certificate of Death indicated client A died on 06/30/12 at 12:01 PM at [hospital]. The death certificate indicated client A's causes of death were Congestive Heart Failure (body tissues aren't receiving enough blood and oxygen due to the heart's reduced pumping action) with an onset to death listed as 10 years and Cardiomyopathy (weakening of the heart muscle) with an onset to death listed as 10 years. On 08/07/12 at 12:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated client A's Fall Risk plan did not indicate how staff were to use the gait belt on 07/2011 or 01/2012. The LPN indicated a PT evaluation was never obtained for client A. She also indicated			

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	she was aware client A had more falls than were documented, but the team did not meet to discuss until 06/27/12. 2. Client B's records were reviewed on 08/07/12 at 10:30 AM. Client B's record review included review of the following dated documents: 07/09/12: An Appointment Form indicated client B was seen by the neurologist. The neurologist indicated client B needed to be scheduled with a neurologist closer to [hospital] to facilitate communication. On 08/07/12 at 12:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated the neurological appointment had not been scheduled for client B. 3. Client C's records were reviewed on 08/07/12 at 10:50 AM. Client C's record review included review of the following dated documents: 04/12/12: Skin Assessment Checklist indicated, "2nd toe gray mark from ulcer (prior report)." 05/2012: Physician Orders indicated client C was a diabetic.			

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	05/02/12: Skin Assessment Checklist indicated, "#1 - ulcer" "#2 - ulcer." "Nurse notified of toe...". 05/04/12: Examination by FNP (Family Nurse Practitioner) indicated, "History of Present Illness - Non-healing wound: Open areas between toes on both feet. Caregivers applying Eucerin cream. Caregiver states areas present x 6 days. Areas open red and draining." The document indicated client C was to return to the FNP in one week for follow-up. 05/28/12: A BDDS report was reviewed on 08/07/12 at 10:50 AM. The BDDS report indicated client C was taken to the ER for evaluation of red streaks across his foot. 06/01/12: A progress note indicated client C was seen at the wound clinic for treatment of his toe ulcers. 08/03/12: A progress note indicated client C continued to be seen at the wound clinic for treatment of his toes. On 08/07/12 at 12:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated client C was diabetic and had a history of foot ulcers. She indicated daily skin checks were not done on the clients			

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	unless they had a problem. She stated client C "should have had" daily skin checks documented since he was diabetic and had a known history of skin ulcers. She further indicated he should have been seen when the problem first was noticed and not 6 days later on 05/04/12. 9-3-6(a)			