

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 10/23/2012
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 615 E NORTH ST HARTFORD CITY, IN 47348
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W0000	<p>This visit was for a post certification revisit (PCR) to the PCR completed on 09/18/12 to the investigation of complaint #IN00111553 completed on 08/08/12.</p> <p>Complaint #IN00111553: Not Corrected.</p> <p>Dates of Survey: October 22 and 23, 2012.</p> <p>Facility number: 000644 Provider number: 15G107 AIM number: 100234170</p> <p>Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 10/26/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) and 1 additional client (client D) by not ensuring clients received nursing services according to their medical needs, by not ensuring clients A and D's Impaired Skin Integrity Protocols were followed, by not ensuring Physician Orders were carried out for client D and by not ensuring client D's Physician Orders and MAR (Medication Administration Record) accurately reflected her current diet order.</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 10/22/12 at 12:00 PM. Client A's record review included review of the following dated documents:</p> <p>10/2012: Impaired Skin Integrity Protocol indicated client A has a history of pressure ulcers and was to be repositioned every 2 hours.</p> <p>10/2012: Mobility Repositioning Flowsheet indicated client A was not repositioned every 2 hours on 10/5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20</p>	W0331	<p>W331</p> <p>Correction</p> <p>The facility will ensure clients are provided with nursing services in accordance with their needs.</p> <p>Specifically for clients A and D whom have a history of pressure ulcers, staff will ensure that clients A and D are repositioned every 2 hours per their Impaired Skin Integrity Protocol. Staff will document repositioning on the Monthly Repositioning Flow Sheet.</p> <p>Specifically for client D physician's orders will be carried out by ensuring physician's orders and Medication Administration Records are accurately reflecting her diet order.</p> <p>Prevention</p> <p>Staff was retrained on how to</p>	11/20/2012			

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	<p>and 21/12.</p> <p>On 10/22/12 at 2:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated client A was at risk for pressure ulcers and was to be repositioned every 2 hours. She indicated according to the flowsheet staff failed to follow his protocol.</p> <p>2. Client D's records were reviewed on 10/22/12 at 2:45 PM. Client D's record review included review of the following dated documents:</p> <p>08/2012: Dining/Dysphagia Management Plan indicated client D was to have a pureed diet.</p> <p>10/2012: Impaired Skin Integrity Protocol indicated client D has a history of pressure ulcers and was to be repositioned every 2 hours.</p> <p>10/2012: Mobility Repositioning Flowsheet indicated client D was not repositioned every 2 hours on 10/5, 7, 8, 9, 10, 12, 13, 14, 16, 18, 19, 20 and 21/12.</p> <p>10/17/12: Examination by FNP (Family Nurse Practitioner) indicated client D was seen for a "red spot on bottom."</p>		<p>document on the Monthly Repositioning Flow Sheet and how to reposition. See attached copies of Monthly Repositioning Flow Sheet. The Residential Manager (or designee) will review the Monthly Repositioning Flow Sheet to ensure proper documentation.</p> <p>The Residential Manager (or designee) will complete a Group Home Observation Summary for each day in the home documenting observations such as repositioning, medication observations, checking the Medication Administration Records, reviewing Casper notes, meal observations, and any other areas observed. This will be submitted to the Director of Group Homes/QMRP. This will be completed for 4 months then we will re-evaluate the frequency.</p> <p>Staff were retrained on 10/23/12 Buddy Checks clarified that these checks are to occur immediately after the med pass and still within the acceptable time frame of where if a medication is missed action can be taken that result in compliance and no reportable incident.</p> <p>The Residential Manager (or</p>		

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	<p>Diagnosis: Diaper Rash. Instructions for client D indicated to "continue bag balm with diaper changes."</p> <p>10/2012: MAR indicated the bag balm was initially set up to start the PM on 10/22/12.</p> <p>10/2012: MAR indicated client D diet was, "Pureed - 1500 K Cal (calorie) with food cut into bite size pieces (1/4 to 1/2 inch)."</p> <p>On 10/22/12 at 2:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated client D was at risk for pressure ulcers and was to be repositioned every 2 hours. She indicated according to the flowsheet staff failed to follow her protocol. She also indicated client D was on a pureed diet and the MAR should have accurately reflected her current diet. The LPN further indicated the orders on 10/17/12 should have started on 10/17/12 and not waited until 10/22/12 to be initiated.</p> <p>This federal tag relates to complaint #IN00111553.</p> <p>This deficiency was cited on 09/18/2012. The facility failed to implement a systemic plan of correction to prevent</p>		<p>designee) will ensure that the Medication Administration Records are accurately transcribed after each med appointment with any new physician's orders. This would also include medication orders, treatment orders, and diets. All new physicians' order transcribed on the Medication Administration Records are scanned and emailed to the Residential Nurse and Director of Group Homes/QMRP for review. The Residential Manager (or designee) will check Medication Administration Records daily when in the home to ensure all medications, treatments have been administered accurately. He will coach the staff as he finds areas for improvement.</p> <p>The Residential Manager (or designee) will complete 6 med observations per week for 4 months. After that time frame, we will re-evaluate the frequency. Copies of medication pass observations will be forwarded to the Director of Group Homes/QMRP.</p> <p>Monitoring</p> <p>The Residential Manager (or designee) will meet weekly with the</p>				

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	recurrence. 9-3-6(a)		Residential Nurse and/or the Director of Group Homes/QMRP weekly to review all medical appointments, physician orders, any new physician orders, buddy checks, skin assessments and medication pass observations. The Residential Manager will ensure all new physician's order transcribed on the Medication Administration Records are scanned and emailed to the Residential Nurse and Director of Group Homes/QMRP for review.		

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients A, B and C) who take medications prescribed by the physician, to administer medications as ordered.</p> <p>Findings include:</p> <p>On 10/22/12 at 12:15 PM the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 10/04/12 through 10/21/12 and indicated the following medication errors:</p> <p>10/14/12: "Staff reported that when passing 7pm meds she gave [client B] 2-40 mg (milligram) caps of Protonix (for GERD/Gastroesophageal reflux disease) and order is for 1 cap. [Client B] had received a total of 120 mg of Protonix for (sic) day...".</p> <p>10/19/12: "Staff reported they came in this afternoon and started looking through the MAR (Medication Administration Record) and noted that [client A's] Amitiza (constipation) 8 mcg (microgram) was not signed for this</p>	W0368	<p>W368</p> <p>Correction</p> <p>The facility must ensure all drugs are administered in compliance with physicians' orders.</p> <p>Prevention</p> <p>Staff were retrained on 10/23/12 Buddy Checks clarified that these checks are to occur immediately after the med pass and still within the acceptable time frame of where if a medication is missed action can be taken that result in compliance and no reportable incident. Buddy Check at shift change where staff reviews the MAR prior to starting their shift work to look for errors/issues.</p> <p>The Residential Manager (or designee) will ensure that the Medication Administration Records are accurately transcribed after each med appointment with any new</p>	11/20/2012			

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	<p>morning. Staff then pulled the card and noted that the medication had not been passed...".</p> <p>10/19/12: "[Client B] received a new order for Nystatin Cream 3 times daily for 14 days. Medication arrived at the group home on 10/18/12 at 5:30 PM. The nystatin cream was applied at 9 PM on the 18th but was not applied at 7AM on the 19th...".</p> <p>10/20/12: "It was noted today that [client C's] clonazepam (anxiety) was not administered in the AM of 10/19...".</p> <p>On 10/22/12 at 2:30 PM, an interview was conducted with the Licensed Practical Nurse (LPN). The LPN indicated medications that are not given as prescribed are considered medication errors as staff are not following the physician's orders. She indicated staff had been not been retrained but were not currently administering medications.</p> <p>This deficiency was cited on 09/18/2012. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>physician's orders. This would also include medication orders, treatment orders, and diets. All new physicians' order transcribed on the Medication Administration Records are scanned and emailed to the Residential Nurse and Director of Group Homes/QMRP for review.</p> <p>The Residential Manager (or designee) will check Medication Administration Records daily when in the home to ensure all medications, treatments have been administered accurately. He will coach the staff as he finds areas for improvement. The Residential Manager (or designee) will complete 6 med observations per week for 4 months. After that time frame, we will re-evaluate the frequency. Copies of medication pass observations will be forwarded to the Director of Group Homes/QMRP.</p> <p>Monitoring</p> <p>The Residential Manager (or designee) will meet weekly with the Residential Nurse and/or the Director of Group Homes/QMRP weekly to review all medical appointments, physician orders, any new physician orders, buddy checks,</p>				

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			<p>skin assessments and medication pass observations.</p> <p>The Residential Manager (or designee) will ensure all new physician's order transcribed on the Medication Administration Records are scanned and emailed to the Residential Nurse and Director of Group Homes/QMRP for review.</p>		