

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G524	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2012
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NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 538 S BELL ST SULLIVAN, IN 47882
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: January 26, 27, 30, 31, February 1, 2012</p> <p>Provider Number: 15G524 Aims Number: 100245060 Facility Number: 001038</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 2/10/12 by Tim Shebel, 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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 1 non-sampled client (#6), the Qualified Mental Retardation Professional (QMRP) failed to monitor client #6's training program. The QMRP failed to ensure documentation of client #6's staff intervention needs.</p> <p>Findings include:</p> <p>During observations at the group home on 1/26/12 from 3:57p.m. to 5:30p.m., client #6 was not in constant line of sight of facility staff.</p> <p>Record review of the facility incident reports was done on 1/30/12 at 9:44a.m. A 1/4/12 incident report indicated client #7 had displayed physical aggression toward client #6. The incident report indicated "staff have been informed to keep client #6 in line of sight during waking hours."</p> <p>Staff #1 was interviewed on 1/30/12 at 1:47p.m. Staff #1 indicated no clients were currently in need of any special staffing. Staff #1 indicated the "line of sight" staffing of client #6 had been discontinued. Staff #1 indicated there was no documentation, in client #6's program, of an interdisciplinary team meeting (IDT) nor any other documentation to indicate to facility staff the current staffing needs for client #6.</p> <p>9-3-3(a)</p>	W0159	The implementation of the line of sight supervision was to be a temporary measure pending completion of an investigation where Client #6 was struck by an unknown part. Once it was discovered who had been physically aggressive with her, room re-arranging too place within the home, thus eliminating the need for direct line of sight supervision. There was an oversight in completing IDT minutes to discontinue this measure. It has now been completed by the QMRP, who would be responsible for implementation and discontinuation of such measures in the future. (see Attachment #1)	02/23/2012

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN 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 record review and interview, the facility failed for 1 of 4 sampled clients (#1) to ensure client #1's individual support plan (ISP) had a training program in place to address the identified behavior of picking her finger nail bed until it bled.</p> <p>Findings include:</p> <p>Facility incident reports were reviewed on 1/30/12 at 9:44a.m. Client #1 had the following incident reports: 7/25/11, picked right ring finger until it bled; 10/26/11, picked nail bed on 4th finger on right hand until bled; 1/18/12, picked right middle finger nail bed until it bled.</p> <p>Record review for client #1 was done on 1/30/12 at 12:07p.m. Client #1 had a 10/4/11 ISP. Client #1's ISP did not address her picking her nail bed until it bled.</p> <p>Staff #1 was interviewed on 1/30/12 at 1:47p.m. Staff #1 indicated client #1 had picked her nail bed until it bled as indicated in the incident reports. Staff #1 indicated client #1 did not have a training program in place to address the identified need regarding picking her nail beds.</p> <p>9-3-4(a)</p>	W0227	A new behavior plan has been developed for Client #1 and her behavior of picking her fingers. It will be implemented effective today 3/8/12 and documentation will be done by staff and results will be monitored by the QMRP and changes/revisions will be made, if the problem becomes a bigger issue or has other antecedents.	02/01/2012			

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W0322	<p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients (#2, #3) to ensure the facility addressed recommendations for pelvic evaluations for clients #2, #3.</p> <p>Findings include:</p> <p>The record of client #2 was reviewed on 1/30/12 at 12:18p.m. Client #2 had a 3/21/11 annual physical with a recommendation for client #2 to receive a pelvic exam. There were no documented pelvic exams for client #2.</p> <p>The record of client #3 was reviewed on 1/30/12 at 1:02p.m. Client #3 had no documented pelvic exams.</p> <p>Interview of staff #1 on 1/30/12 at 1:47p.m. indicated there was no documentation that clients #2 and #3 had a pelvic exam completed. Staff #1 indicated both clients were in need of a pelvic exam.</p> <p>9-3-6(a)</p>	W0322	<p>Appointments were made immediately by the CL Coordinator and Client #2 and Client #3 have pelvic exams scheduled for 3/16/12 with Dr. Nouri. They were both originally scheduled for 2/17/12; however, these appointments were cancelled by physician due to an emergency C-Section that the doctor had to perform on another patient. Community Living Coordinator will be responsible for assuring that all required procedures and exams occur in a timely manner. In the future, she and the RN will monitor annual Client requirements for such evaluations closely on a monthly and quarterly basis.</p>	03/16/2012	