

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G419	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2014
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 428 CYPRESS NEWBURGH, IN 47630
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 22, 23, 24, 25, 2014</p> <p>Provider Number: 15G419 Aims Number: 100239740 Facility Number: 000933</p> <p>Surveyors: Mark Ficklin, QIDP Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and clean environment for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home.</p>	W000104	<p>RCDS has an efficient maintenance department. Due to continuous damage from electricwheelchairs, maintaining the environment can be difficult. Maintenance has been informed of the issueswith the floor registers, drywall repair, and the bedroom door at Cypress</p>	08/24/2014

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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W000227	<p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 (at the group home) was done on 7/22/14 from 3:58p.m. to 5:57p.m. The observation included the following environmental conditions: the floor registers in the dining room, living room bathroom and client #5's bedroom were broken and had exposed openings into the floor. Client #5's bedroom and the back hallway had large white drywall repairs that had not been painted to match the walls. The dining room wall had a long scrape on the wall that was into the the drywall. Client #3's bedroom door had a large piece of wood broken off of the bottom side of the door.</p> <p>Interview of staff #1 on 7/24/14 at 2:00p.m. indicated most of the damage to the registers and walls was from the clients' wheelchairs. Staff #1 indicated the registers and the drywall have been in need of repair for awhile. Staff #1 indicated a work order would need to be turned in for the repairs.</p> <p>9-3-1(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p>		<p>GroupHome. The floor registers and drywallissues have been corrected. Due to themeasurements of the door, a special order was required. The door is expected to be in within four tosix weeks and will be installed immediately upon arrival. Preventatively, all RCDS management staff have beenretrained to ensure work orders are being turned in timely for neededrepairs. Also, a monthly checklist hasbeen developed related to maintenance needs/repairs. This monthly document will be turned into theResidential Coordinators by group home management. The Residential Coordinators will review thisdocumentation and follow up with group home management and/or RCDS maintenancedepartment on a monthly basis to ensure completion of all neededmaintenance/repairs in all of the group homes.</p>				

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	<p>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 observation, record review and interview, the facility failed for 1 of 4 sampled clients (#4) to ensure the client's individual program plan (IPP) had a training program in place to address client #4's identified hygiene need (wiping saliva off his bottom lip).</p> <p>Findings include:</p> <p>An observation was done at the group home on 7/23/14 from 5:04a.m. to 7:08a.m. Throughout the observation client #4 had saliva hanging/dripping from his chin. Client #4 had large saliva drops fall onto the group home floor. He had saliva on the floor in the dining room, medication room and the living room. Client #4 also had his saliva fall onto the kitchen counter. Client #4 was not prompted to wipe his mouth throughout the observation.</p> <p>Record review of client #4 was done on 7/24/14 at 11:18a.m. Client #4's 1/23/14 IPP did not have any training programs in place to address his identified hygiene (wiping saliva from lip/chin) training need.</p>	W000227	<p>IDT met and discussed the need for programming related to Client #4's need to wipe his saliva from his lip/chin. Client #4 moved in at Cypress recently. We continue to develop his program plan and make adjustments based on his needs. IDT agreed to the implementation of programmatic goals related to client #4 wiping his mouth throughout his day. Staff have been in-serviced on the new goal and it is currently being implemented on an adaily basis. Preventatively, RCDS has an Annual Comprehensive Functional Assessment that is completed on each client at least one time per year. This form allows the QIDP to evaluate what areas the client needs to work on related to programmatic goals. Upon review of the Functional Assessment, it was noted by administration that the area pertaining to hygiene and saliva was not included. Therefore, to prevent future occurrence, the form has been updated to include this area. The addition to the form will ensure that programmatic needs related to hygiene and saliva are identified in the future, and programmatic goals put in place as necessary.</p> <p>All group home management and QIDP's have been trained on the</p>	08/24/2014

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W000249	<p>Staff #1 was interviewed on 7/24/14 at 2:00p.m. Staff #1 indicated client #4 had constant saliva hanging from his lip/chin and it often went on the floor. Staff #1 indicated client #4 did not have a training program in place to address this identified need.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#1, #4) and 2 non-sample clients (#5, #6), to ensure the clients' medication training programs and client #1's communication program were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 7/23/14 from 5:04a.m. to 7:08a.m. At 5:20a.m., client #5 received</p>	W000249	<p>update to the Annual Comprehensive Functional Assessment form.</p> <p>The active treatment training schedules will be reviewed and revised as necessary to ensure active treatment opportunities, both formal and informal, are being maximized.</p> <p>All Cypress Group Home staff will be retrained on continuous active treatment in general, and specifically related to client #1, #5, and #6's medication goals.</p> <p>Additionally, a communication device will be sent in to day program for Client #4 to ensure overlap of his communication goal between day program and the group home.</p>	08/24/2014

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	<p>his medication which included the medication, oyster calcium for calcium supplement. At 5:35a.m., client #6 received his medication which included the medication, Imipramine for blood pressure. At 5:48pm.. client #1 received his medication which included the medication, Ferrous Sulfate for iron. Staff #5 administered the medication to clients #1, #5 and #6 with no medication training observed.</p> <p>An observation was done on 7/23/14 from 8:49a.m. to 10:04a.m. at the facility run day service. Client #4 was observed to not verbally communicate and received verbal cues from staff. Client #4 was not offered any communication devices to help with his communication and choice making. Day staff #2 was interviewed on 7/23/14 at 9:24a.m. Staff #2 indicated client #4 did not have a communication device at the day service. Staff #2 indicated she was not aware client #4 had a communication device.</p> <p>The record for client #1 was reviewed on 7/24/14 at 11:38a.m. Client #1's 8/27/13 individual program plan (IPP) indicated client #1 had a training program to identify his Ferrous Sulfate medication.</p> <p>The record of client #4 was reviewed on 7/24/14 at 11:18a.m. Client #4's 1/23/14</p>		<p>To prevent future occurrence, observations will be completedone to two times per week for four weeks on each cited item to ensurecompletion of the objectives on a formal and informal basis. Management is very involved in the group homeas well as in day program. Observationswill continue on a consistent basis to ensure consistent implementation ofprogrammatic goals on a formal and informal basis. This is done several times per month bymanagement as part of their monthly paperwork. The observations focus on many areas to ensureeffective group home functioning. One ofthe required areas to observe is active treatment and goal implementationduring formal and informal opportunities. Additionally, IDT meetings areheld quarterly to review each client's programming, including day program goalsas well as group home goals. TheResidential Coordinator attends these quarterly meetings as well, and willbegin monitoring to ensure consistency with relevant programmatic goals (i.e.client #4's communication goal) between the day program and the group home. The Residential Coordinator visits the group homeroutinely. When visiting the homes, anew focus will be placed on observing clients and their needs to ensureprogrammatic needs are being covered</p>				

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W000454	<p>IPP indicated client #4 had a training program to be offered a 4 choice communication switch. The program indicated client #4 was to be offered the communication device hourly or as needed to help communicate his wants and needs.</p> <p>The record for client #5 was reviewed on 7/24/14 at 12:45p.m. Client #5's 7/1/14 IPP indicated client #5 had a training program to identify his oyster calcium medication.</p> <p>The record for client #6 was reviewed on 7/24/14 at 12:47p.m. Client #6's 7/1/14 IPP indicated client #6 had a training program to identify his Imipramine medication.</p> <p>Interview of staff #1 on 7/24/14 at 2:00p.m. indicated client #4 had a communication device but he had not been taking it to the day program. Staff #1 indicated clients #1, #5 and #6's medication training should be implemented when there are opportunities.</p> <p>9-3-4(a)</p> <p>483.470(l)(1)</p>		<p>comprehensively.</p> <p>In general, all staff are adequately trained regarding the importance of active treatment, both on a formal level and informal level. The adjustments to the active treatment training schedules, along with management observations, will ensure consistent futuristic implementation.</p>				

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	<p><b>INFECTION CONTROL</b> The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, #8) to ensure a sanitary environment, by allowing client #4's saliva to remain on the floor (dining room, living room and medication room) and kitchen counter.</p> <p>Findings include:</p> <p>An observation was done at the group home on 7/23/14 from 5:04a.m. to 7:08a.m. Throughout the observation, client #4 had saliva hanging/dripping from his chin. Client #4 had large saliva drops fall onto the group home floor that was accessible to clients #1, #2, #3, #5, #6, #7 and #8. He had his saliva on the floor in the dining room, medication room and the living room. Client #8 was observed to sit on the floor and scoot on his buttocks from the living room to his bedroom. Client #4 also had saliva on the kitchen counter. Staff were observed to wipe off the kitchen counter with a dry paper towel. Staff did not clean any of the floors during the observation. Client #4 was not prompted to wipe his mouth throughout the observation.</p>	W000454	<p>An IDT was held in regard to client #4 and his need to wipe the saliva from his lip/mouth. A new programmatic goal was added to ensure that he and/or staff are consistently wiping his mouth to attempt to prevent the saliva from dripping. In addition, IDT agreed to add some additional cleaning responsibilities (i.e. disinfecting countertops, mopping floors, etc.) throughout the shift to ensure sanitation and prevent the spread of germs. These cleaning responsibilities have been added to the staff assignments and all staff have been in-service and trained on the changes. These additions to the cleaning routine should ensure infection control related to client #4's saliva. To prevent future occurrence, all management staff and QIDP's have been retrained on their responsibilities to ensure that infection control is maintained in the group homes. This includes looking at each specific group home and the clients who reside in them to ensure the appropriate cleaning and sanitation is occurring to accommodate each specific home's needs. Additionally, a new focus will also be placed on hand washing and sanitation with staff and clients. Signs will be posted in set areas of</p>	08/24/2014			

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W000455	<p>Interview of staff #1 on 7/24/14 at 2:00p.m. indicated the floors are mopped daily and not after every time client #4 has saliva drop onto the floor. Staff #1 indicated the kitchen counter should have been cleaned with a kitchen counter cleaner liquid immediately after the saliva was detected.</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. Based on observation and interview, for 1 of 4 sample clients (#4) and 1 additional client (#7), the facility failed to encourage the clients to wash their hands before meals.</p>			W000455	<p>thehomes to remind staff of the importance of consistent hand washing forthemselves as well as for clients. Preventatively, management staff will complete observationsone to two times per week for four weeks to ensure the infection control andhand-washing is occurring. Additionally,Group Home management completes routine documented observations in the homeswhich are turned in at the end of each month. These observations identify specific areas to be observed (i.e. activetreatment, dining plans, medication administration, etc.). These forms will be updated to includemonitoring for infection control, sanitation, and appropriate/effectivecleaning routines as well. Managementwill complete these observation forms several times per month which will ensureeffective infection control in all of the group homes on a consistent basismoving forward.</p> <p>An IDT was held in regard to client #4 and #7 not washingtheir hands prior to eating dinner. IDTagreed to add formal programming goals for these clients as they are reliant onstaff to complete hand washing</p>		08/24/2014

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	<p>Findings include:</p> <p>An observation was done at the group home on 7/22/14 from 3:58p.m. to 5:57p.m. At 4:29p.m., client #4 had put a finger in his nose and was mouthing his hand and right wrist area. Client #7 mouthed his fingers without redirection. At 4:40p.m., clients #4 and #7 were assisted by staff to sit at the dining room table for supper. Clients #4 and #7 did not wash their hands before eating supper nor did they wash their hands during supper. Client #4 had his finger in his nose throughout his supper.</p> <p>Interview of staff #1 on 7/24/14 at 2:00p.m. indicated all clients should be washing their hands prior to and as needed during meal preparation and during dining.</p> <p>9-3-7(a)</p>		<p>on a routine basis. The formal goals have been in-serviced to staff and are currently being ran in the home throughout the day as outlined. Additionally, all group homestaff have been in-serviced on the importance of infection control and handwashing to ensure good health and deter the spread of germs. To prevent future occurrence, all management staff and QIDP's have been retrained on their responsibilities to ensure that infection control is maintained in the group homes. This includes looking at each specific group home and the clients who reside in them to ensure the appropriate cleaning and sanitation is occurring to accommodate each specific home's needs. Additionally, a new focus will also be placed on hand washing and sanitation with staff and clients. Signs will be posted in set areas of the homes to remind staff of the importance of consistent hand washing for themselves as well as for clients. Additionally, formal goals will be added for clients who are in need of assistance with hand washing to ensure increased independence as well as consistent implementation. Preventatively, management staff will complete observations one to two times per week for four weeks to ensure the infection control and hand-washing is occurring. Additionally, Group</p>		

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			Home management completes routine documented observations in the homes which are turned in at the end of each month. These observations identify specific areas to be observed (i.e. active treatment, dining plans, medication administration, etc.). These forms will be updated to include monitoring for infection control, sanitation, and appropriate/effective cleaning routines as well. Management will complete these observation forms several times per month and ensure effective infection control on a routine basis moving forward.		