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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G466 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/27/2015 |
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| W 000<br><br>Bldg. 00 | <p>This visit was for an investigation of complaint #IN00166563.</p> <p>Complaint #IN00166563: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W209, W227, W252 and W331.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: 2/24, 2/25 and 2/27/15</p> <p>Facility Number: 000980<br/>Provider Number: 15G466<br/>AIM Number: 100244620</p> <p>Surveyor:<br/>Paula Eastmond, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/5/15 by Ruth Shackelford, QIDP.</p> | W 000 |  |  |
| W 125<br><br>Bldg. 00 | <p>483.420(a)(3)<br/>PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due</p>  |       |  |  |

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>process.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (D), the facility failed to ensure a plan was put in place which would allow the client to earn her right back to make phone calls.</p> <p>Findings include:</p> <p>During the 2/24/15 observation period between 2:55 PM and 6:00 PM, at the group home, client D asked facility staff to make a phone call to her sister. Client D called her sister and left a message. Client D then made 4 more phone calls before staff #2 realized client D was still making calls. Staff #2 indicated client D's phone calls were restricted. Client D continued to use the phone and made 2 more calls before client D's sister called back to the group home to complain. Interview with staff #2 on 2/25/15 at 5:52 PM indicated client D's sister called the group home and indicated client D had called her and woke her up 4 times. Staff #2 stated "She is obsessed with food." Staff #2 indicated client D would get up in the middle of the night to cook food to eat that was for other meals. Staff #2 indicated when you attempted to redirect and/or stop the client, she would become verbally aggressive and/or demonstrate property destruction.</p> | W 125         | <p>Client D Behavior Plan and ISP have been amended to include a plan for Client D to earn back phone calls. Program Director will receive retraining to include ensuring that if any restrictions are in place that there are plans specified for how consumers can earn back what has been restricted. The Program Director will submit the next 3 BSPs to Area Director for review to ensure that if any restrictions are in place that plans are identified for how consumers can earn back items that have been restricted. Ongoing, Program Director will ensure that that if any restrictions are in place that plans are identified for how consumers can earn back items that have been restricted. Area Director will do a random audit of consumers Behavior plans a minimum of quarterly to ensure that that if any restrictions are in place that plans are identified for how consumers can earn back items that have been restricted. Responsible Party: Program Director, Area Director</p> | 03/29/2015           |

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| W 209<br>Bldg. 00  | <p>Client D's record was reviewed on 2/25/15 at 2:30 PM. Client D's 2/17/15 IDT (interdisciplinary team) Meeting Notes indicated client D's family had expressed concerns in regard to client D making phone calls to her mom which caused behaviors with client D. The IDT note indicated "...She (client D's sister) agreed that moving from 4 to 6 (calls) per day would be a good incentive for her (client D)...." Client D's 2/17/15 IDT note and/or 9/15/14 Behavioral Support Plan (BSP) did not indicate what client D had to do to get the right back to make unlimited phone calls.</p> <p>Interview with the Program Director (PD) and administrative staff #1 on 2/25/15 at 3:50 PM indicated client D was on a phone restriction as to the amount phone calls she could make a day. The PD and administrative staff #1 indicated client D's 9/15/14 Individual Support Plan and/or BSP did not indicate what the client would have to do to get the rights restriction lifted.</p> <p>9-3-2(a)</p> <p>483.440(c)(2)<br/>INDIVIDUAL PROGRAM PLAN<br/>Participation by the client, his or her parent (if the client is a minor), or the client's legal</p> |               |   |                      |

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|                    | <p>guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on interview and record review for 1 of 4 sampled clients (A), the facility failed to ensure a client's health care representative/parent participated in the client's interdisciplinary (IDT) meetings to address issues and/or concerns.</p> <p>Findings include:</p> <p>Interview with the client A's mother/health care representative on 2/24/15 at 2:55 PM indicated she was not able to attend the client's Individual Support Plan (ISP) meeting as she did not learn of the meeting until after it occurred. Client A's mother/healthcare representative (HCR) indicated she had some concerns to discuss with client A's team in regard to showering/hygiene, taking her medications and her current psychotropic/behavioral medication (Abilify). Interview with client A's HCR/mother also indicated the mother was concerned about client A's food allergies, and how client A was getting on and off of the van. Client A's mother/HCR indicated the group home had gone through different home managers which made it difficult in communicating with the facility. Client A's mother indicated she had sent an email in January 2015 to the Program</p> | W 209         | <p>A communication log has been set up to document any phone calls and email contact with Client A mom (and Health Care Representative). Home Manager and/or Program Director will make an attempt to contact Client A mom either by phone or email a minimum of weekly to update heron Client A progress on goals, medical appointments, behaviors, etc. Any time an attempt is made to communicate with Client A mother, it will be documented on the communication log. Home Manager and Program Director will receive retraining on ensuring that open lines of communication are maintained with all consumers parents/guardians/Health Care Representatives as requested. In addition Home Manager and Program Director will ensure all consumers parents/guardians/Health Care Representatives are notified of any changes in status, behavior incidents,etc. and are invited to any treatment planning meetings as requested. Ongoing, Home Manager and/or Program Director will ensure that all consumers parents/guardians/Health Care Representatives are invited to participate in any program planning meetings. Documentation of attempts to contact Parents/guardians/Healthcare</p> | 03/29/2015           |

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|                    | <p>Director (PD) requesting a meeting.</p> <p>Client A's record was reviewed on 2/25/15 at 1:00 PM. Client A's 10/31/14 ISP indicated client A's mother was client A's HCR. Client A's 10/31/14 ISP annual meeting indicated client A's HCR/mother was not present for the meeting. Client A's 10/31/14 Meeting Notes attendance sheet indicated "mailed ISP to her (client A's mother) 10-17-14 but to no avail." The ISP Meeting Note indicated client A had not had a UTI (Urinary tract Infection) since February 2014. The IDT note indicated client A's behavior had "significantly improved since her days of both verbal &amp; (and) physical aggression. She still has issues with refusing to Cath (catheter) despite not having UTI's as well as her not wanting to wash soiled clothes when there's an accident. Something else of concern is that [client A] does not want to use the lift...Staff report to them that sometimes she does and sometimes she doesn't. She has pulled staff to the side and said that she just doesn't want to feel different. Staff reports she gets into the van without issue when not using the lift; team agrees to continue letting her due (sic) so but also encouraging her to use the lift in an effort to keep her safe...." The IDT note indicated "...Team agrees to meet again in the Spring with hopes that her Mother</p> |               | <p>representatives will be noted on the communication log. When parents/guardians/Health Care Representatives contact the Home Manager and/or Program Director they will ensure that return communication is made in a timely manner and documented on the communication log. Responsible Party: Home Manager, Program Director</p> |                      |

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|                    | <p>can accommodate a meeting and express any concerns she has. Team will also ask her if legal guardianship of [client A] is something she is interested in since it looks like [client A] has the funds to help with this and state encourages family to get involved."</p> <p>An email dated 1/21/15 by the PD to client A's mother indicated the facility responded to the mother's 1/21/15 email on 1/21/15. The 1/21/15 email indicated several dates/times for IDT meetings. Client A's record did not indicate any additional follow-up emails and/or phone calls were made to ensure client A's mother received the email and/or scheduled a meeting with the HCR.</p> <p>Interview with the PD on 2/25/15 at 3:50 PM indicated she was aware client A's mother wanted to meet with client A's IDT in regards to some concerns. The PD indicated she responded to client A's HCR's email on 1/21/15 with some possible dates. The PD indicated she did not hear back from the HCR. The PD also indicated client A's mother/HCR indicated she sent an email back indicating when she could meet. The PD indicated she did not receive the email. The PD indicated client A's mother was not present at client A's annual ISP meeting.</p> |               |   |                      |

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| W 227<br>Bldg. 00  | <p>This federal tag relates to complaint #IN00166563.</p> <p>9-3-4(a)</p> <p>483.440(c)(4)<br/>INDIVIDUAL PROGRAM PLAN</p> <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, interview and record review for 2 of 4 sampled clients (A and D), the clients' Individual Support Plans (ISPs) failed to address each client's identified behavioral needs in regard to refusals to perform an ordered medical procedure, behaviors in regard to bathing and food stealing/obsession.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 2/25/15 at 1:00 PM. Client A's 2/3/15 physician's orders indicated client A's diagnoses included, but were not limited to, Spina Bifida and Neurogenic (lacks bowel or bladder control due to a brain, spinal cord or nerve condition) Bowel and Bladder. Client A's 2/3/15 physician's order indicated client A had a Catheter (Cath). The physician's order indicated "Intermittent urinary Cath every</p> | W 227         | <p>1.A formal goal has been developed for Client A to address her refusal for self-catheterization. Client A ISP has been amended to include this goal and objective.</p> <p>1.A formal goal has been developed for Client D to address her food stealing. Client D ISP has been amended to include this goal and objective.</p> <p>1.A formal goal has been developed for Client D to address her refusals to shower and poor feminine hygiene. Client D ISP has been amended to include this goal and objective.</p> <p>Program Director will receive retraining to include ensuring that all consumers identified behavior needs are addressed through formal goals and objectives as needed. Ongoing, Program Director will ensure that all</p> | 03/29/2015           |

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|                    | <p>3 hrs (hours) through the day and once in night." The physician's order indicated "...Staff monitor &amp; (and) use proper tcnq (technique)." The physician's order indicated "CATH SCHEDULE DOUBLE CATH USING NEW CATH 6 AM, 9 AM, 12N (noon), 3 PM, 6 PM, 9 PM and 2 AM."</p> <p>Client A's Health Care Coordination/Monthly Health Reviews indicated the following:</p> <p>-October 2014 "...Neuropathic (sic) bladder; Intermittent self-catheterization (often non-compliant per HM (home manager). IDT (interdisciplinary team) mtg (meeting) to discuss Cath refusals. 10/31/14 0 (zero) S/S (signs and symptoms) UTI (urinary tract infection) present...."</p> <p>-November 2014 "...Neuropathic (sic) bladder; Intermittent self-catheterization (often non-compliant per HM. 0 S/S UTI present...."</p> <p>-January 2015 "...Neuropathic (sic) bladder; Intermittent self-catheterization (often non-compliant per HM. Education regarding appropriate self cathing discussed...."</p> <p>Client A's Quarterly Nursing</p> |               | <p>consumers identified behavior needs are identified in the ISP and Behavior Support Plan and formal goals are developed as needed. Program Director will submit the next 3 ISP and BSP to Area Director for review to ensure that goals/objectives are included for any identified behavior needs.<br/>Responsible Party: Program Director, Area Director</p> |                      |

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|                    | <p>Assessments indicated the following:</p> <p>-4/2/14 "...Neurogenic Bladder &amp; Bowel. Self-Cath q (every) 2 hr (hour)-but extremely non-compliant. MD (medical doctor) aware...."</p> <p>-7/3/14 "...Neurogenic bladder et (and) bowel. Self-Cath /prompts q 2 hr. However res. (resident) is very often non-compliant. Especially throughout the night...."</p> <p>-10/4/14 "...Neurogenic bladder &amp; bowel. Self-Cath/prompts q 2 hr. Very non-compliant...."</p> <p>-12/2014 "...Neurogenic Bowel et Bladder. Cath q 2 (hour) while awake et q 4 (hours) while asleep. Extremely non-compliant...."</p> <p>Client A's January 2015 Medication Administration Record (MAR) indicated client A refused to Cath at the following times:<br/>6 AM- 8 times<br/>9 AM- 1 time<br/>3 PM- 3 times<br/>6 PM- 19 times<br/>9 PM- 22 times<br/>2 AM- 30 times.</p> <p>Client A's February 2015 MAR indicated</p> |               |   |                      |

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|                    | <p>client A refused to Cath at the following times:<br/>6 AM- 4 times thus far<br/>6 PM- 16 times thus far<br/>9 PM- 14 times thus far<br/>2 AM- 22 times thus far.</p> <p>Client A's 10/31/14 Meeting Note (annual ISP) indicated client A's behavior had "significantly improved since her days of both verbal &amp; (and) physical aggression. She still has issues with refusing to Cath despite not having UTI's as well as her not wanting to wash soiled clothes when there's an accident." Client A's record and/or IDT notes did not indicate the client's IDT specifically addressed the client's refusals to Cath.</p> <p>Client A's 10/31/14 ISP and/or February 2014 Behavioral Support Plan (BSP) did not indicate the client's ISP addressed the client's identified behavioral need.</p> <p>Interview with client A's mother on 2/24/15 at 2:55 PM indicated client A was incontinent of bladder and bowel and would have accidents. Client A's mother indicated client A should bathe 2 times a day due to her incontinence. Client A's mother indicated she was not aware if the client's IDT met and discussed client A's hygiene issues/concerns as the last IDT meeting was in November 2014.</p> |               |   |                      |

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|                    | <p>Interview with staff #2 on 2/24/15 at 5:52 PM indicated client A would refuse to Cath. Staff #2 stated client A was to Cath "4 times a day." Staff #2 stated client A would Cath herself "1 time on my shift."</p> <p>Interview with staff #1 on 2/25/15 at 10:40 AM stated client A "refused to Cath. Her bedroom has a permanent odor." Staff #1 indicated facility staff would encourage client A to bathe 2 to 3 times a day due to the client's refusal to Cath/incontinence. Staff #1 indicated facility staff were to monitor the client when she would Cath herself. Staff #1 indicated client A would refuse to allow staff to come in the bathroom to monitor the client when Cathing and/or bathing. Staff #1 stated if staff attempted to assist the client to bathe, client A would "start yelling and kicking. We then call mom (client A's mother)."</p> <p>Interview with the Program Director (PD) and administrative staff #1 on 2/25/15 at 3:50 PM indicated client A would refuse to Cath herself at times. Administrative staff #1 stated client A had gone a year without a UTI. Administrative staff #1 indicated client A was probably cathing more than she would tell staff. The PD indicated client A was to cath herself</p> |               |   |                      |

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|                    | <p>every 3 hours and once at night as ordered. The PD indicated client A's ISP did not address the client's refusals in regard to cathing herself.</p> <p>2. During the 2/24/15 observation period between 2:55 PM and 6:00 PM, at the group home, staff #2 fixed client D's plate and client B carried the plate to the table and gave it to client D. Client D had 2 hot tamales and a salad. Client D poured a large amount of ranch dressing on the top of her hot tamales and salad. Client E stated "she is taking all the dressing." Client D stated "Shut up you're not my mother." Once client D was finished eating the food on her plate, client D got up from the table and went to the stove to get the remaining hot tamales in a pan. Prior to eating her dinner meal, client D poured herself a tall glass of koolaid that was for dinner. Client D consumed the drink and then poured herself another large cup of koolaid when eating. During the above mentioned observation period, client D asked facility staff for a pop, and/or asked if she could get a candy bar if they went out that evening.</p> <p>Client D's record was reviewed on 2/25/15 at 2:30 PM. Client D's Weight Record indicated client D was admitted to the group home on 9/8/14. The weight</p> |               |   |                      |

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|                    | <p>record indicated client D weighed 281 pounds at the time of her admission. Client D's Weight Record indicated the following weights:</p> <p>10/14 288.6 pounds<br/>11/14 298 pounds<br/>12/14 302.5 pounds<br/>1/2015 314.8 pounds.</p> <p>Client D's 1/4/15 Quarterly Nursing Assessment indicated client D had "Morbid obesity."</p> <p>Client D's January 2015 Health care Coordination/Monthly Health Review indicated "...Food stealing continues to be an issue...."</p> <p>Client D's 9/15/14 BSP and/or ISP did not indicate client D's identified behavior in regard to food stealing and/or food obsession had been addressed.</p> <p>Interview with staff #1 on 2/25/15 at 10:40 AM stated client D would take "triple portions."</p> <p>Interview with the PD and administrative staff #1 on 2/25/15 at 3:50 PM indicated client D's food obsession and/or food stealing had not been addressed.</p> <p>3. Client D's record was reviewed on</p> |               |   |                      |

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|                    | <p>2/25/15 at 2:30 PM. Client D's 2/17/15 Medical Appointment Form indicated client D was seen for a pap smear as the client had complaints of a "discharge and odor." The appointment form indicated "...Significant foul smelling discharge with lesion on groin and vulva likely due to irritation and moisture...."</p> <p>Client D's Quarterly Nursing Assessment indicated the following:</p> <p>-10/4/14 "...Occasional urinary incontinence due to non-compliance (with) proper toileting Habits. (9) Very poor Hygiene. Refuses to wash self thoroughly despite repeated attempts at educating et demonstrating...Poor peri-area hygiene...."</p> <p>-1/4/15 "...(8) Urinary incontinence due to poor toileting habits. Client able to identify urge to go. Often chooses to urinate on self as opposed to using toilet. (9) Very poor personal hygiene. Continue to Educate et Re-educate. Client continues to choose to be non-compliant...."</p> <p>Client D's 2/17/15 IDT note indicated the client's IDT reviewed the 2/17/15 physician's note in regard to the client's doctor's visit. The IDT note and/or client D's 9/15/14 ISP and/or BSP indicated the</p> |               |   |                      |

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|                    | <p>client's identified need in regard to refusal to bathe and/or hygiene had not been addressed.</p> <p>Interview with staff #1 on 2/25/15 at 10:40 AM stated client D "carries an odor." Staff #1 indicated client D would refuse to bathe. Staff #1 stated when client D bathed, she was not able to clean herself well due to the client's "size."</p> <p>Interview with the PD and administrative staff #1 on 2/25/15 at 3:50 PM stated client D would refuse to bathe and had an "odor." The PD indicated client D went to the doctor in regard to her body odor and was found to have a discharge. The PD and administrative staff #1 stated the doctor was checking to see if the client had a "yeast infection" and/or needed an antibiotic due to the odor/lesion that was found. The PD indicated the lesion was due to the client's wetting herself and poor hygiene. The PD indicated the facility's nurse had conducted informal training with the client in regard to her hygiene. The PD indicated client D's ISP and/or BSP did not address the client's refusal to bathe and/or poor hygiene.</p> <p>This federal tag relates to complaint #IN00166563.</p> <p>9-3-4(a)</p> |               |   |                      |

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| W 252<br><br>Bldg. 00 | <p>483.440(e)(1)<br/>PROGRAM DOCUMENTATION<br/>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review for 1 of 4 sampled clients (A), the facility failed to document data in regard to the client's behavior.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/25/15 at 1:00 PM. Client A's February 2014 Behavioral Support Plan (BSP) indicated client A's diagnoses included, but were not limited to, Obsessive Compulsive Disorder and Depression. Client A's BSP indicated client A demonstrated the targeted behaviors of false reporting, medication refusals, property destruction, anger, manipulation, physical aggression and suicide threats/attempts. Client A's February 2014 BSP indicated client A received Abilify as a "Mood stabilizer" and Zoloft for Depression. Client A's BSP did not indicate any current behavioral data.</p> <p>Client A's 10/31/14 Meeting Note indicated client A's behavior had</p> | W 252         | All Direct Care staff, Home manager and Program Director will receive retraining to include ensuring that all consumers, including Client A, targeted behaviors are documented as directed by Behavior Support plan. Program Director and Home Manager have been provided Behavior Tracking sheets to document behavior data. For four weeks the Home Manager and/or Program Director will review all consumers Behavior Tracking Data sheets a minimum of three times weekly to ensure staff are documenting targeted behaviors as directed by consumers Behavior Support Plans. Ongoing, after the four weeks, the Home Manager and/or Program Director will review all consumers Behavior Tracking Data sheets a minimum of two times weekly to ensure staff are documenting targeted behaviors as directed by consumers Behavior Support Plans. Responsible Party: Home Manager, Area Director | 03/29/2015           |

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| W 331<br>Bldg. 00  | <p>"significantly improved since her days of both verbal &amp; (and) physical aggression."</p> <p>Client A's 10/31/14 Individual Support Plan (ISP) and/or record did not indicate any documentation of any current behavioral data.</p> <p>Interview with client A's mother/health care representative (HCR) on 2/25/15 at 2:55 PM indicated she was concerned about client A's behaviors and the long term use of Abilify in regard to its side effects.</p> <p>Interview with the Program Director (PD) and administrative staff #1 on 2/25/15 at 3:50 PM indicated client A's behaviors had improved. The PD indicated client A's behavioral data was kept in a different book and not in the client's record. The PD did not provide any additional documentation of client A's tracking of behavioral data.</p> <p>This federal tag relates to complaint #IN00166563.</p> <p>9-3-4(a)</p> <p>483.460(c)<br/>NURSING SERVICES<br/>The facility must provide clients with nursing services in accordance with their needs.</p> |               |   |                      |

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|                    | <p>Based on interview and record review for 1 of 4 sampled clients (A), the facility's nursing services failed to ensure a doctor's response was documented in regard to the doctor's notification of the client's refusal to self-catheterize.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/25/15 at 1:00 PM. Client A's 2/3/15 physician's orders indicated client A's diagnoses included, but were not limited to, Spina Bifida and Neurogenic (lacks bowel or bladder control due to a brain, spinal cord or nerve condition) Bowel and Bladder. Client A's 2/3/15 physician's order indicated client A had a Catheter (Cath). The physician's order indicated "Intermittent urinary Cath every 3 hrs (hours) through the day and once in night." The physician's order indicated "...Staff monitor &amp; (and) use proper tenq (technique)." The physician's order indicated "CATH SCHEDULE DOUBLE CATH USING NEW CATH 6 AM, 9 AM, 12N (noon), 3 PM, 6 PM, 9 PM and 2 AM."</p> <p>Client A's Health Care Coordination/Monthly Health Reviews indicated the following:</p> <p>-October 2014 "...Neuropathic (sic)</p> | W 331         | <p>Program Nurse will receive retraining on ensuring that all consumers medical issues are reported to the consumers' appropriate physicians as needed and documentation of physician notification and response is documented in the nursing notes.</p> <p>Ongoing the Program Nurse will ensure that all consumers medical issues are reported to the consumers' appropriate physicians as needed and documentation of physician notification and response is documented in the nursing notes.</p> <p>Area Director will complete an audit of all consumers' medical charts a minimum of quarterly to ensure that any identified medical needs have been reported to appropriate physicians as needed and documentation of response is present for review. Responsible Party: Program Nurse, Area Director</p> | 03/29/2015           |

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|                    | <p>bladder; Intermittent self-catheterization (often non-compliant per HM (home manager). IDT (interdisciplinary team) mtg (meeting) to discuss Cath refusals. 10/31/14 0 (zero) S/S (signs and symptoms) UTI (urinary tract infection) present...."</p> <p>-November 2014 "...Neuropathic (sic) bladder; Intermittent self-catheterization (often non-compliant per HM. 0 S/S UTI present...."</p> <p>-January 2015 "...Neuropathic (sic) bladder; Intermittent self-catheterization (often non-compliant per HM. Education regarding appropriate self cathing discussed...."</p> <p>Client A's Quarterly Nursing Assessments indicated the following:</p> <p>-4/2/14 "...Neurogenic Bladder &amp; Bowel. Self-Cath q (every) 2 hr (hour)-but extremely non-compliant. MD (medical doctor) aware...."</p> <p>-7/3/14 "...Neurogenic bladder et (and) bowel. Self-Cath /prompts q 2 hr. However res. (resident) is very often non-compliant. Especially throughout the night...."</p> <p>-10/4/14 "...Neurogenic bladder &amp; bowel.</p> |               |   |                      |

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|                    | <p>Self-Cath/prompts q 2 hr. Very non-compliant...."</p> <p>-12/2014 "...Neurogenic Bowel et Bladder. Cath q 2 (hour) while awake et q 4 (hours) while asleep. Extremely non-compliant...."</p> <p>Client A's January 2015 Medication Administration Record (MAR) indicated client A refused to Cath at the following times:<br/>6 AM- 8 times<br/>9 AM- 1 time<br/>3 PM- 3 times<br/>6 PM- 19 times<br/>9 PM- 22 times<br/>2 AM- 30 times.</p> <p>Client A's February 2015 MAR indicated client A refused to Cath at the following times:<br/>6 AM- 4 times thus far<br/>6 PM- 16 times thus far<br/>9 PM- 14 times thus far<br/>2 AM- 22 times thus far.</p> <p>Client A's record and/or Medical Appointment Forms indicated the facility's nursing services failed to obtain/document client A's doctor's response in regard to the client's refusals to perform catheterization as ordered.</p> |               |   |                      |

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|                    | <p>Interview with staff #2 on 2/24/15 at 5:52 PM indicated client A would refuse to Cath. Staff #2 stated client A was to Cath "4 times a day." Staff #2 stated client A would Cath herself "1 time on my shift."</p> <p>Interview with staff #1 on 2/25/15 at 10:40 AM stated client A "refused to Cath. Her bedroom has a permanent odor." Staff #1 indicated facility staff would encourage client A to bathe 2 to 3 times a day due to the client's refusal to Cath/incontinence. Staff #1 indicated facility staff were to monitor the client when she would Cath herself. Staff #1 indicated client A would refuse to allow staff to come in the bathroom to monitor the client when Cathing.</p> <p>Interview with the Program Director (PD) and administrative staff #1 on 2/25/15 at 3:50 PM indicated client A would refuse to Cath herself at times. Administrative staff #1 stated client A had gone a year without a UTI. Administrative staff #1 indicated client A was probably cathing more than she would tell staff. The PD indicated client A was to Cath herself every 3 hours and once at night as ordered. The PD and/or administrator indicated they did not see any documentation where client A's doctor responded to the client refusal to Cath.</p> |               |   |                      |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/08/2015

FORM APPROVED

OMB NO. 0938-0391

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|   | This federal tag relates to complaint<br>#IN00166563.<br><br>9-3-6(a)  |  |  |                            |  |