STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G425		05/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY COMMUNITY SERVICES INC	1620 SHELBY PL NEW ALBANY, IN 47150

(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
W 000 Bldg. 00	This visit was for an annual recertification and state licensure survey. Dates of Survey: May 6, 7 and 8, 2015. Facility Number: 000939 AIM Number: 100368660 Provider Number: 15G425 These deficiencies reflect state findings in accordance with 460 IAC 9.	W 000		
W 192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure staff was sufficiently trained to administer eye drops in a manner to protect client #3's eye health. Findings include: On 5/7/15 at 7:35 AM, client #3's medications were administered by staff	W 192	The staff person who wasperforming the task incorrectly was retrained on 5/8/15. All staff in thehome have been retrained. The RN will again retrain all staff at a staffmeeting on 6/2/15 and require each person to demonstrate proficiency beforeallowing the person to administer medications. The RN and home managerwill monitor for compliance.	06/07/2015

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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	#2 (house manager). Client #3 was observed to receive Ketotifen eye drops (for allergies) one drop to each eye. Staff #2 prompted client #3 to sit in a chair and lean his head backwards to receive the drops. Staff #2 (without wearing gloves) held client #3's eyes open with his hand by holding open the lower and upper lids simultaneously touching the inner area of each eye. Review (5/7/15 at 12:45 PM of client #3's MAR -Medication Administration Record) dated April 2015 indicated client #3 received Ketotifen eye drops to both eyes twice daily. When asked on 5/7/15 at 8:00 AM if he should have worn gloves for the administration of client #3's eye drops, staff #2 stated, "Probably (should have) used gloves with eye drops." 9-3-3(a)			

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W 475 Bldg. 00	483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils. Based on observation and interview for 3 of 4 sampled clients (#1, #3, and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients were offered complete table service during mealtime. Findings include: Observations were conducted at the facility on the evening of 5/6/15 from 4:00 PM until 6:15 PM. Client #6 set the table for the evening meal. Client #6 set the table with plates, glasses, forks and napkins for himself and clients #1, #3, #4, #5, #7, and #8. Client #6 made noodles for his evening meal at 5:05 PM. At 5:26 PM, the clients sat down to eat the meal consisting of pizza, combination salad, and pears. An interview with the Home Manager (staff #2) on 5/7/15 at 8:15 AM indicated clients' table service did not include knives or spoons.	W 475	All staff will be retrained to assist clients insetting the table with a standard table service. The Director ofOperations and the QIDP will retrain staff at a staff meeting scheduled for6/2/15. The home manager will monitor for compliance.	06/07/2015

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	9-3-8(a)			
W 488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 3 of 4 sampled clients (#1, #3, and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients were encouraged to participate in mealtime activities in accordance with their developmental capabilities. Findings include: The evening meal and its preparation were observed on the evening of 5/6/15 from 4:00 PM until 6:15 PM. Clients were observed to consume pizza and a combination type salad at 5:26 PM. At 5:45 PM, staff #5 carried small bowls to each client's place setting. Staff #5 carried a large serving bowl of canned pears around the table to all participating clients (#1, #3, #4, #5, #6, #7, and #8). Staff did not prompt or assist the clients in passing the fruit around the dining table in a family style manner. Staff #5	W 488	All staff will be retrained in meal preparation diningservice, active treatment and program goal training. Staff will assurethat each client eats in a manner consistent with his developmentallevel. The Director of Operations and the QIDP will conduct this trainingon 6/2/15 in a staff meeting. The home manager will monitor forcompliance.	06/07/2015

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	put salad onto client #4's plate in a custodial manner. Staff #5 added dressing to client #4's salad without asking him a preference of salad dressing or prompting him to serve himself. Staff #2 cut up clients #4 and #8's pizza into small pieces without asking the clients or training the clients to do this task. Review on 5/07/15 at 12:10 PM of client #1's record indicated an Individual Support Plan/ISP dated 9/1/14. The ISP indicated client #1 was capable of participating in mealtime activities. Review on 5/07/15 at 12:45 PM of client #3's record indicated an ISP dated 02/1/15. The ISP indicated the client was not independent in mealtime skills. An interview with the Home Manager (staff #2) on 5/7/15 at 8:15 AM indicated clients should have participated in family style dining in that they should have passed the food and beverage items themselves or with assistance. The interview indicated staff #5 was new to the agency and was still learning. 9-3-8(a)			