

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2016
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of survey: June 6, 7, and 8, 2016.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/15/16.</p>	W 0000		
W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client received nursing services in accordance with his needs.</p> <p>Findings include:</p>	W 0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action:</p>	06/24/2016

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>During observations at the facility on 6/06/16 from 4:25PM until 6:00 PM, client #2 used a collapsible type (non-adapted) wheelchair for mobility. Client #2 was observed to have a gait belt around his body above his waist. At 4:45 PM, staff #10 stood behind client #2's wheelchair, put her hands under his arms and verbally prompted him to push against his footrests as she assisted him to reposition himself up in his wheelchair. The client had scooted his body down and was not in a functional position in the chair.</p> <p>Observations were conducted at client #2's day services on 6/07/16 from 10:12 AM until 11:39 AM. Client #2 was observed to be in his non adapted wheelchair with no Hoyer Lift sling under him. There was no Hoyer Lift in his program rooms or re-positioning devices (bed or recliner) for his use.</p> <p>Interview with day program staff #1 and #2 on 6/7/16 at 10:15 AM indicated client #2 still had an open area on his coccyx area which had a dressing. Staff #1 and #2 were concerned about the integrity of the dressing since client #2 was incontinent of bowel/bladder and wore an adult incontinency brief to day program. The client did not indicate the</p>		<ul style="list-style-type: none"> · The Nurse received doctor's orders to use only a hoyer lift for transfers for client #2. (Attachment A) · The hoyer sling will be used when using the hoyer for tranfers. · The Nurse received a doctor's order to discontinue use of a gait belt for client #2. (Attachment A) · Client #2 had and OT evaluation for a referral for a new wheelchair. (Attachment B) · The Nurse received a doctor's order for repositioning client #2 every 2 hours. (Attachment C) · The Nurse updated client #2 high risk plan to include repositioning every 2 hours. (Attachment D) · The Nurse trained all staff on the repositioning of client #2 every 2 hours. (Attachment E) 	

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	<p>need to use the urinal/toilet to staff. Staff checked him at least every 2 hours but sometimes he was found to be wet/soiled. The client could no longer bear weight to assist when being changed so 3 staff were needed to keep him safe. The interview indicated there was no means to reposition the client throughout the day and no positioning schedule from the facility. The interview indicated there was no physician's order for using a Hoyer Lift. There had been no training conducted at the day program for using a Hoyer Lift.</p> <p>Review of facility incidents, investigations and BDDS/Bureau of Developmental Disabilities Services reports on 6/06/16 at 2:30 PM and 6/08/16 at 1:30 PM indicated the following:</p> <p>A BDDS report by Qualified Intellectual Disabilities Professional/QIDP #1 dated 5/31/16 indicated bruises were found on client #2 on 5/31/16 at 5:30 AM when staff were getting him out of bed for the day. The incident report (5/31/16 at 5:30 AM), written by staff #7 which accompanied the BDDS report, indicated staff #5 and #7 noticed "a bruise and scratch on upper right elbow and a bruise on left forearm. 2nd shift (facility staff) logged in progress notes the night before</p>		<ul style="list-style-type: none"> · Client #2 will not be attending day program per a doctor's order until his wound is healed. (Attachment F) · Staff will complete the skin assessment sheet according to the high risk plan. (Attachment G) · Staff will receive training on all changes to high risk plans, physicians orders, repositioning and all other concerns by July 6th 2016. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Staff will report all skin integrity issues to the Nurse immediately. · Nurse will complete the weekly checklist to ensure all skin issues are being addressed and monitored. (Attachment H) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · All staff will follow the repositioning schedule. 				

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	(5/30/16) of a (sic) incident while putting [client #2] to bed. He was scooted down in wheelchair and staff had to lift him up to put him in bed while he was fighting and biting them. Also noted small bruise above bruise on elbow." The incident report indicated the injuries as: "Scratch (on upper right elbow) is less than one inch long. Bruise on elbow is 4 inch X (by) 4 inch. Small bruise on elbow is 1 inch X (by) 1 inch. Bruise on left forearm is 2 inch X (by) 2 inch." The 5/31/16 BDDS report indicated client #2 had experienced behavioral issues throughout the day on 5/30/16. "Staff had taken [client #2] from the living room to his bedroom, in his wheelchair, to calm and he was attempting to pull staff's hair and head butt staff. The movements [client #2] was making resulted in him sliding out of his wheelchair with his buttock resting on the foot rests and the seat buckle over his chest area. The staff assisted him up from the position on the wheelchair with one staff guiding his upper body with their arms under his armpits and the other staff holding his legs rolling him onto the bed to remove him from this position in the wheelchair. The staff positioned the client into his bed. The BDDS report indicated client #2 had the following injuries: "a bruise and scratch on his upper right elbow and a bruise on his left forearm with a small		<ul style="list-style-type: none"> · The staff will report all document and report all skin issues immediately to the Residential Manager and the Nurse. · The Nurse will complete weekly checks in the home to ensure all skin issues are addressed. · When client #2 returns to Day Program, all staff at the Day Program will be trained on his physician orders, transfers, and repositioning schedule. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Residential Manager will review all skin assessment sheets daily to ensure staff have reported any concerns to the Nurse. · The Residential Manager will report to the Nurse all orders from Wound Care appointments immediately following the appointment. 		

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	<p>bruise above his right elbow. The scratch is less than 1 inch long, the bruise on his elbow is 4 inch X (by) 4 inch, the bruise on his elbow is 1 inch X (by) 1 inch and the bruise on his left forearm is 2 inch X (by) 2 inch."</p> <p>The 5/31/16 BDDS report by QIDP #1 indicated client #2 saw his primary care physician and was referred to OT/PT (Occupational Therapy/Physical Therapy) for evaluation of transfer needs and was ordered a Hoyer lift. A Hoyer lift sling (device which holds the person being transferred) had been ordered and the facility's team was waiting to hear from OT for further evaluation including recommendations for a reclining wheelchair.</p> <p>A BDDS follow up report dated 6/3/16 to the 5/31/16 report by QIDP #1 indicated: "The bruises and scratches are healing and fading. The hoyer (sic) sling has been obtained and will remain under [client #2] while sitting for easy access for transfers and repositioning. The OT evaluation has been scheduled for 6/15/16. OT/PT evaluation scheduled for 6/15/16 to assess for a reclining wheelchair and transfer needs."</p> <p>Interview with QIDP #1 on 6/6/16 at 2:20 PM indicated client #2's wheelchair was not an adapted one and he slides down in</p>		<ul style="list-style-type: none"> · The Nurse will complete weekly checks at the home to monitor any concerns and will be reviewed by the Nurse Manager. · The Nurse Manager will complete the Nurse Checklist at one home per month per Nurse. (Attachment I) <p>Completion Date: 6-24-16</p>	

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	<p>his wheelchair out of a functional position. The sliding down and onto his footrests, caused bruising and a scratch on 5/30/16. The interview indicated client #2's condition has deteriorated and he no longer bears weight well to assist with transfers. The client was in need of a Hoyer Lift to aid staff in safe transfer of the client.</p> <p>Review of facility incidents, investigations and BDDS/Bureau of Developmental Disabilities Services reports on 6/06/16 at 2:30 PM and 6/08/16 at 1:30 PM indicated the following:</p> <p>A BDDS report dated 2/19/16 indicated an incident on 2/18/16 at 5:00 PM wherein client #2 was found to have a 1 centimeter/cm break in his skin at the bottom of his coccyx area. He was taken to the local Wound Care Clinic and diagnosed with a "stage 2 pressure ulcer." Treatment to the ulcer was done and treatment orders were sent to be done with client #2 at the facility. The report indicated an alternating air pressure mattress was ordered for client #2 and he was "repositioned every 2 hours to avoid pressure ulcers."</p> <p>A BDDS report dated 5/16/16 indicated client #2 had been found to have bruises</p>			

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	<p>to the right side of his rib cage, his groin area and bruises to both his arms. The incident was investigated from 5/16-20/16. The investigation indicated client #2 had bruises from the IV/Intra Venous lines used during a medical procedure on 5/10/16 (bladder scope). The other bruises were said to have been incurred during a transfer on 5/14/16 from bed by two staff. The staff indicated the client was unable to assist with his transfer and he was too heavy. They picked him up and rolled him over the lowered bedrail back into his bed thus causing the bruises.</p> <p>Review of client #2's record was conducted on 6/07/16 at 1:51 PM. Client #2's record contained no positioning schedule for staff to follow. There was no indication the client had been kept home from day program to keep him out of his wheelchair and pressure off of his coccyx area to promote healing. There was no indication former nurse, LPN #2, had aggressively sought treatment for client #2's skin integrity and transfer issues when they first appeared.</p> <p>Follow up BDDS reports were filed by QIDP #1 on 3/15/16, 3/22/16, 3/29/16, and 4/5/16 which indicated the ulcer was still being treated but had not healed. The 3/22/16 Follow-up BDDS report indicated client #2 was "repositioned</p>			

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	<p>very 2 hours in his wheelchair."</p> <p>Review of client #2's record was conducted on 6/07/16 at 1:51 PM indicated the client's pressure ulcer had "resurfaced on 2/17/16." The client had a history of pressure ulcers and had last been seen at the Wound Care Clinic on 12/13/15. Client #2's record contained no nursing risk plan for decubitus ulcers and no positioning schedule to relieve pressure from the open area to promote healing. The record contained skin assessment sheets. The facility staff had documented "5" every day from 3/28/16 through 6/6/16 meaning "broken skin" on client #2's "coccyx (tailbone)" area.</p> <p>Interview with RN #1 on 6/07/16 at 2:00 PM indicated no positioning schedule or risk plan for decubitus ulcers. The interview indicated an Incontinence Risk Plan dated 8/28/15 which included checking the client every 2 hours for wetness or soiling. The Plan indicated skin integrity would be monitored and staff would fill out skin assessment sheets and document skin integrity issues in the client's progress notes found in his record.</p> <p>9-3-6(a)</p>			

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W 0336 Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 3 of 4 sampled clients, (#1, #2, and #3), the facility's nursing services failed to ensure quarterly health status of the clients, who did not need medical care plans, were part of the clients' records.</p> <p>Findings include:</p> <p>Review of client #1's record was conducted on 6/07/16 at 1:40 PM. Client #1's record did not include a nursing quarterly physical for the quarter ending December 2015.</p> <p>Review of client #2's record was conducted on 6/07/16 at 1:51 PM. Client #2's record contained nursing quarterly physicals dated 8/13/15, 2/26/16, and 5/03/16. The record did not include a nursing quarterly physical for the quarter ending 11/15.</p> <p>Review of client #3's record was conducted on 6/07/16 at 12:30 PM.</p>	W 0336	<p>W336: Nursing services must include, for those clients certified as needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · The Nurse will complete weekly checks at each of their homes to ensure all medical is being completed, monitored and documented for each consumer. (Attachment H) · The Nurse Manager will complete one Nurse checklist per Nurse per home each month to monitor the completion of the quarterly summaries. 	06/24/2016

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	<p>Client #3's record included nursing quarterly physicals dated 2/11/15, 3/2/16 and 5/11/16. The client's record did not contain nursing quarterly summaries for June, September or December of 2015.</p> <p>Interview with RN #1 on 6/07/16 at 2:00 PM indicated the facility had been without a nurse for and some of the nursing quarterlies had not been done.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · The Nurse that was assigned to the home for the time period mentioned during the survey that the quarterly reports were not completed has been terminated from employment with Rescare. · All Nurses will receive training about completing the quarterly reports by July 6th, 2016. <p>How we will identify others:</p> <ul style="list-style-type: none"> · The Nurse will complete the weekly check and send to the Nurse Manager and Program Manager upon completion. · All client files will be audited monthly to ensure quarterlies are present by the Residential Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · The Nurse will complete 	

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			<p>the weekly check to ensure all medical needs are being met and all physician orders are being followed.</p> <ul style="list-style-type: none"> The Nurse will submit the weekly check to the Nurse Manager and Program Manager upon completion. In the event of a loss of a Nurse for a location the Nurse Manager will complete the quarterly summaries. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Nurse Manager will complete one Nurse Checklist per month per Nurse to ensure completion of the quarterly nursing reports. The Nurse Manager will report to the AED, Human Resources and the Executive Director for any issues concerning the Nurse completing the quarterly summaries for each home. All client quarterlies will 	

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			<p>be sent to the Nurse Manager for review of completion.</p> <p>Completion Date: 6-24-16</p>	