

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/05/2015
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NAME OF PROVIDER OR SUPPLIER  FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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W000000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00163119.</p> <p>Complaint #IN00163119: Unsubstantiated, due to lack of evidence.</p> <p>Survey Dates: February 3, 4 and 5, 2015.</p> <p>Facility Number: 001037 Provider Number: 15G523 Aim Number: 100245070</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 12, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000381	<p>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security.</p> <p>Based on observation and interview for 2 of 3 sampled clients (#1, #3), the facility failed to ensure controlled substances were double locked.</p> <p>Findings include:</p>	W000381	The RN was on-site for the survey and individual lock boxes were purchased on 2/4/2015 during the survey visit for controlled substances. These individual locked boxes were placed in a locked medication storage cabinet. The RN will	02/05/2015

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>An observation was done on 2/3/15 from 3:50p.m. to 5:40p.m. at the group home. At 4:37p.m., staff #3 was observed to start the clients' medication pass. Staff #3 unlocked a mounted wall cabinet, single locked, located in the medication/laundry room. The cabinet contained clients' medications and treatments. At 4:42p.m., client #3 received her medications which included Clozaril (behavior/antipsychotic) 100 milligrams and Klonopin (behavior/benzodiazepine) 1 milligram, both indicated on their medication cards to be controlled substances.</p> <p>At 4:54p.m. client #1 received his medication, which was also stored in the single locked wall cabinet. Client #1's medications included Klonopin (behavior) 1 milligram. The medication card containing the Klonopin had identified Klonopin as a controlled medication. Clients #1 and #3's identified controlled medications were not double locked for security.</p> <p>Interview with staff #2 (nurse) on 2/4/15 at 5:08p.m. indicated clients' medications were kept in the single locked wall cabinet. Staff #2 indicated the wall cabinet contained clients #1 and #3's controlled substances/medications Klonopin and Clozaril. Staff #2 indicated</p>		<p>review all new meds that are prescribed and will instruct and ensure that staff obtain individual lock boxes, as needed, and that controlled medications are double-locked. The Group Home Coordinator, Team Leader, and the QIPD will monitor medication storage at least weekly.</p>	

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W000440	<p>the clients' controlled medications/substances were not double locked. Staff #2 indicated controlled medications should be secured by a double locked system.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 5 of 5 clients (#1, #2, #3, #4, #5) to ensure evacuation drills were completed quarterly, for each of the facility's personnel shifts, from 2/1/14 through 2/3/15.</p> <p>Findings include:</p> <p>Record review of the facility's evacuation drills from 2/1/14 through 2/3/15 for clients #1, #2, #3, #4 and #5 was completed on 2/4/15 at 2:10p.m. There were no fourth quarter (October, November, December 2014) "night shift," sleep time,</p>	W000440	<p>The facility will post a drill schedule checklist in the home to be followed to help assure that all evacuation drills are completed on a quarterly basis as required, by staff. See attachment #1 The Group Home Coordinator will be responsible for re-training staff and for assuring that required evacuation drills are completed, documented, and on file in a timely manner. See attachment #2 The make-up Night Shift drill report is included as attachment #3</p>	02/24/2015			

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	<p>evacuation drills documented. The most recent sleep time evacuation drill was documented to have occurred on 8/6/14.</p> <p>Interview of professional staff #2 on 2/4/15 at 2:18p.m. indicated they were not aware of any other documented drills. Staff #2 indicated all scheduled night shift evacuation drills should have been completed on a quarterly basis.</p> <p>9-3-7(a)</p>				