

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G648	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2015
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NAME OF PROVIDER OR SUPPLIER QUALITY COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 ALTRA DR CLARKSVILLE, IN 47129
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: July 6 and 7, 2015.</p> <p>Facility Number: 001160 Provider Number: 15G648 AIM Number: 100240260</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2, and #3), and 3 additional clients (#4, #5 and #6), the facility's Governing Body failed to ensure drywall was kept in good order, light bulbs were replaced and lighting fixtures were maintained in a safe condition.</p> <p>Findings include:</p>	W 0104	The necessary repairs will be completed by 7/29/15. The Director of Operations will address maintenance concerns weekly at management team meetings and is available by phone 24/7. Quarterly inspections will be conducted by the administrative team.	08/06/2015

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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W 0249 Bldg. 00	<p>During an environmental tour of the facility on 7/6/15 at 4:45 PM, two light bulbs were missing from the fixture over the sink in the large bathroom and one bulb was broken with exposed pieces in the receptacle. During the medication administration on 7/6/15 at 4:35 PM and on 7/7/15 at 8:00 AM, drywall was missing exposing the hot and cold water pipes in the medication room's wall. These environmental issues affected clients #1, #2, #3, #4, #5 and #6.</p> <p>Interview with staff #1 on 7/07/15 at 12:30 PM indicated the maintenance supervisor would be contacted to remedy the issues.</p> <p>9-3-1(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, interview and record review for 2 of 3 sampled clients (#1 and #3), and 2 additional clients (#5</p>	W 0249	All staff have been retrained in implementing the high risk plans as well as dining procedures. A staff meeting is scheduled	08/06/2015

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	<p>and #6), the facility failed to implement the clients' dining programs correctly to prevent potential choking.</p> <p>Findings include:</p> <p>Evening observations were conducted at the facility on 7/06/15 from 3:40 PM until 6:47 PM. The clients' dinner meal and its preparation were observed. Clients prepared their plates at 6:00 PM of hotdogs on buns, salad of chopped tomatoes, cucumber and onions, and baked beans. Clients #2, #4, #5, and #6 sat with plates of uneaten food while clients #1 and #3 went to the kitchen counter and put their food through a food processor to make a pureed consistency. Staff did not sit with clients to supervise or modify their whole hotdogs. Client #3 pureed her food at 6:15 PM. Client #1 was done pureeing his food at 6:24 PM. Clients ate their meals. Staff prompted clients #4, #5, and #2 to cut their hotdog sandwiches into halves. Client #6's hotdog was cut into 5 pieces, not into small bite sized pieces. Staff did not consistently monitor clients while they ate by sitting with them when they had food.</p> <p>Review of client #1's record on 7/07/15 at 8:20 AM and 1:30 PM indicated he had a risk plan for choking dated 11/01/14. The</p>		<p>for 7/30/15 to address any concerns and reinforce training staff have received. The Home Manager, Director of Operations, and QIDP will monitor for compliance. Intermittent observations will be conducted on site.</p>	

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	<p>risk plan indicated client #1 was at risk for choking because he would eat quickly and not chew properly. His diet was a mechanical soft, not a puree consistency. The risk plan indicated his food was to be cut into small bite sized pieces. He was to be monitored by staff during meals and snacks.</p> <p>Review of client #3's record on 7/07/15 at 8:25 AM and 1:00 PM indicated she had a risk plan for choking dated 9/09/14. The risk plan indicated client #3 was at risk for choking because she would take large bites of food and eat at a fast pace. The risk plan indicated client #3 had an "extensive history of choking that required the Heimlich Maneuver." Her diet was a mechanical soft, not a puree consistency. The risk plan indicated her food was to be finely cut or chopped. She was to be monitored by staff during meals and snacks.</p> <p>Review of client #5's record on 7/07/15 at 8:15 AM indicated a risk plan for choking dated 10/01/14. The plan indicated client #5 had a history of dining difficulties. He would eat quickly and not chew his food properly. The plan indicated staff were to prompt client #5 to cut his food into small, bite sized pieces. He was to be "closely monitored at meals and snacks." He was to be</p>			

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	<p>prompted to eat slowly and to take another bite of food after the first was chewed and swallowed.</p> <p>Review of client #6's record on 7/07/15 at 8:35 AM indicated a risk plan for choking dated 6/17/14. The plan indicated client #6 was at risk for choking. She would eat quickly and take large bites of food. The plan indicated staff were to prompt client #6 to cut her food into small, bite sized pieces. She was to be monitored at meals and snacks. She was to be prompted to eat slowly and to take another bite of food after the first was chewed and swallowed.</p> <p>House Manager #2 was unsure when asked on 7/07/15 at 7:29 AM if the clients had dining programs. Staff #3 found risk plans for choking for clients #1, #3, #5, and #6.</p> <p>Interview with Administrative staff #1 and #10 on 7/07/15 at 1:55 PM indicated clients #1 and #3 were on mechanical soft diets, not puree. The interview indicated the clients' menu for 7/06/15 dinner was "beanie wienies" (hotdogs cut into small pieces and added to baked beans). The hotdogs were to be cut lengthwise and then chopped finely for clients to prevent choking risk. The interview indicated the staff had not</p>			

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	implemented the clients' programs correctly and staff re-training had commenced. 9-3-4(a)				