

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G642	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/17/2011
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1365 MARVY LN PALMYRA, IN47164
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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: November 14, 15, 16 and 17, 2011 Facility Number: 001109 Provider Number: 15G642 AIM Number: 100240270 Surveyor: Jo Anna Scott, Medical Surveyor III	W0000		
W0154	These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-1-11 by C. Neary, Program Coordinator. The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 3 of 9 incident reports, the facility failed to conduct an investigation for 2 injuries of unknown origin and 1 client to client abuse involving client #1. Findings include: The BDDS (Bureau of Developmental Disability Services) incident reports were reviewed on 11/14/11 at 2:29 PM. The review of the incident injury reports indicated injuries of unknown origin as	W0154	Staff will meet to review how to properly document and investigate incident reports. To protect other clients and prevent recurrence: In the future, incident reports will be more detailed to include documentation of investigations, including staff statements at – or shortly after - the time of the incident. Quality Compliance: A company social worker will review all incident reports. The social worker will request additional information if the information	12/13/2011

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>follows:</p> <p>1. On 12/7/10 - "[Client #1] was preparing for her bath. She was sitting on the commode and had taken her pants off. Staff saw the bruise and called for another staff and the manager to look at it. It was 5" long, 2" wide fresh bruise under her bottom over to the crack. The bruise was not there last night or this morning."</p> <p>2. On 4/10/11 - "Bruising on the bottom of [client #1's] lower forearms. It was not there on Saturday night. On Sunday morning, staff began helping [client #1] to undress for her bath when she saw the bruising."</p> <p>The facility did not provide any documentation indicating the injuries of unknown origin had been investigated.</p> <p>The review of the client to client abuse incident report was as follows:</p> <p>1. On 2/28/11 - "Another consumer walked up behind [client #1] and grabbed her shirt, and in the process left 3 scratches on the back of her neck."</p> <p>The facility did not provide any documentation indicating an investigation had been conducted.</p>		<p>provided is not sufficient.</p> <p>Responsible Party: Social worker, group home manager</p>		

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W0189	<p>Interview with Staff #1, Administrator, on 11/14/11 at 3:00 PM indicated the home manger followed up on all incidents, but there was no documentation indicating the investigations had been conducted.</p> <p>Interview with Staff #2, Home Manager, on 11/16/11 at 3:30 PM indicated there was no formal report done on the investigations.</p> <p>9-3-2(a) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview for 1 of 3 sampled clients (client #3), the facility failed to ensure the staff had been trained on the client's swallow safety guidelines.</p> <p>Findings include: During the observation period on 11/14/11 from 4:15 PM to 7:10 PM, the clients ate dinner at 5:44 PM. Client #3 received ground hamburger patty, carrots, cole slaw, and mashed potatoes. Staff #10 did not prompt her to take small bites of food or to double swallow each bite. Client #3 ate her meal with a spoon and took large bites of food. Client #3 did not do a double swallow after each bite.</p>	W0189	<p>Staff will retrain on all clients' dining plans and ensure that all dining plans are filed and accessible to staff. Nurse reviewed and revised dining plan for client #3 and staff have been trained on appropriate implementation. Client #3 will undergo a new swallow study to ensure appropriateness of the dining plan.</p> <p>To protect other clients: All dining plans will be reviewed to ensure the plan is appropriate for each client. The staff will understand how to follow each dining plan such that no further incidents will occur.</p> <p>To prevent recurrence: The staff is trained upon hire on how to implement and follow dining</p>	12/13/2011	

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	<p>The record review of client #3 was conducted on 11/17/11 at 1:01 PM. The record indicated the nutritional assessment was conducted on 10/18/11. The assessment indicated client #3's diet should be ground - CCD (Control Cholesterol Diet). The record also included a letter from the primary care physician dated 10/11/05 that indicated "[Client #3] has a narrow esophagus that makes her swallowing her food a little bit difficult especially with big chunks of food. I recommend that her diet should be soft and ground foods." The record also included a Swallow Safety guideline, undated, with the following recommendations:</p> <p>"Soft diet with thin liquids.</p> <p>Supervise feeding to assure that patient takes only small single sips of liquid and small bites of food at a slow rate.</p> <p>Resident should double swallow each bite/sip."</p> <p>Interview with staff #2, Home Manager (HM) on 11/17/11 at 3:30 PM indicated the staff should have prompted client #3 to take a double swallow after each bite. Staff #2, HM, stated the directions to take small bites, and single sips, and to double swallow after each</p>		<p>plans. Additionally, the company nurse reviews dining plans annually with the staff.</p> <p>Quality Compliance: At the time of the case conference, the Interdisciplinary Team (IDT) will review the clients' dining plans.</p> <p>Responsible Party: Nurse and group home manager</p>		

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W0286	<p>bite/sip had been in her dining plan for "some time." Staff #2, HM, indicated the staff had been trained on the diet plan but was unable to provide documentation indicating staff #10 had been trained on the Swallow Safety Guideline.</p> <p>9-3-3(a)</p> <p>Techniques to manage inappropriate client behavior must never be used for disciplinary purposes.</p> <p>Based on record review and interview for 1 of 3 sample clients (client #3), the facility denied a recreational outing scheduled for the day if the client had an incident of urinary and/or fecal incontinence on the day the outing was scheduled.</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 11/17/11 at 1:01 PM. The Behavior Support Plan dated 4/28/11 indicated client #3 had the following target behavior: "Incontinence - Defined as toileting accidents (urinary or fecal) - wetting/soiling clothing or area other than the toilet."</p> <p>The Intervention Strategies for the incontinence target behavior indicated "If [client #3] is incontinent and a</p>	W0286	<p>Client #3 will no longer be denied a recreational outing as a result of behavioral issues.</p> <p>To protect other clients: All clients' Behavioral Support Plans (BSPs) will be reviewed for reinforcement/punishment strategies to ensure that there is no violation of clients' rights.</p> <p>To prevent recurrence: The staff is trained upon hire on how to implement and follow BSPs. Additionally, the company behavioral consultant reviews BSPs annually with the staff and instructs them on appropriate implementation of the plan.</p> <p>Quality Compliance: At the time of the case conference, the IDT will review the clients' aversive plans, rights/restrictions, and BSPs.</p> <p>Responsible Party: Behavioral</p>	12/13/2011	

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	<p>recreational outing is scheduled for that day, remind her that she will not be able to go."</p> <p>Interview with staff #2, Home Manager (HM), on 11/17/11 at 3:30 PM. Staff #2, HM, indicated if there was a recreational outing planned for the clients living at the home and if client #3 had been incontinent that day she was denied the recreational outing.</p> <p>9-3-5(a)</p>		consultant, group home manager		