

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G346	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/13/2013
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NAME OF PROVIDER OR SUPPLIER  BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 N NICHOLS AVE SALEM, IN 47167
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(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
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 6, 7, 8, 10, 13, 2013</p> <p>Provider Number: 15G346 Aims Number: 100385670 Facility Number: 000862</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/17/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review, the facility failed to ensure nursing services monitored current physician orders for 1 of 4 sampled clients (client #1). The facility failed to ensure client #1 wore his corn toe pads per the physician orders.</p> <p>Findings include:</p> <p>An observation was done on 5/10/13 at the group home between 6:45a.m. and 8:00a.m. Client #1 received medication at 7:43a.m. Client #1 put on and adjusted a toe pad on his left foot only. Client #1 did not put any toe pads on his right foot. At 7:46a.m., client #1 indicated he did not wear them on his right foot anymore because the doctor had said no right foot pad anymore. Staff #4, who had administered the medication during the medication pass, indicated she was not sure how client #1 was to wear the toe pads. Staff #4 allowed client #1 to wear the left toe pad only. Record review on 5/10/13 of the 5/13 medication administration record (MAR) at 7:45a.m. indicated client #1 was to wear the toe pads between toes on the right and left feet.</p>	W000331	<p>W331</p> <p>The manager phoned the Podiatrist for client #1 to clarify orders for the toe pads. The Podiatrist sent an order on 5/13/2013 indicating the corn pads were to be worn as needed (see Attachment A). The new order was added to client 1's Medication Administration Record (see Attachment B) and staff was informed of the change.</p> <p>To prevent recurrence and protect other clients: The Residential Manager will ensure that all doctor's orders are accurate and staff are implementing them as ordered. The manager will observe at least one staff person each month during a medication pass to ensure that medical orders are being implemented accurately.</p> <p>Quality Assurance: The Residential Manager will ensure medical orders are being implemented accurately. The manager will confer with the nurse and doctor as necessary to clarify orders or answer questions posed by staff.</p> <p>Responsible parties: Residential Nurse, Residential Manager</p>	05/30/2013			

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	<p>Client #1's record was reviewed on 5/10/13 at 8:14a.m. Client #1 had a 3/22/13 physician's order to place toe pads between 3rd and 4th toes on right foot and big toe and 2nd toe on left foot. Client #1 had a Podiatrist doctor note on 5/2/13. The Podiatrist indicated client #1 had a lesion (corn) plantar on 3rd toe on right foot.</p> <p>Professional staff #1 was interviewed on 5/10/13 at 10:02a.m. Staff #1 indicated he was not aware of any documented physician order change regarding client #1's toe pads. Staff #1 indicated the current order indicated client #1 was to wear toe pads on both feet. Staff #1 indicated he would need to follow up on the order to see if it had changed as client #1 had indicated.</p> <p>9-3-6(a)</p>				