

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit for investigation of complaint #IN00172930.</p> <p>Dates of Survey: July 1, 2, 6, 7, 8, 9 and 10, 2015.</p> <p>Facility number: 000771 Provider number: 15G251 AIM number: 100243430</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review, observation and interview, the Governing Body failed to</p>	W 0102	<p><b>W 102 Governing Body</b> The facility must ensure that specific governing body and management</p>	08/09/2015

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>meet the Condition of Participation: Governing Body. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 1 of 4 sampled clients (client C). The Governing Body neglected to ensure nursing assessment and treatment were provided to address pressure ulcers involving client C. The governing body neglected for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error.</p> <p>Findings include:</p> <p>1. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 2 of 4 sampled clients (clients C and E) and 1 additional client (client D). The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The governing body neglected for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error. Please see W104.</p>		<p>requirements are met.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care</li> </ul>				

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	<p>2. The Governing Body failed to meet the Condition of Participation: Client Protections. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 2 of 4 sampled clients (clients C and E) and 1 additional client (client D). The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The governing body neglected for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error. Please see W122.</p> <p>3. The Governing Body failed to meet the Condition of Participation: Health Care Services. The governing body failed to provide oversight and direction to the facility's nursing services for 1 of 4 sampled clients (client C) to: 1) ensure staff were trained to competency to administer medications to prevent medication administration errors, 2) failed to ensure medication labels matched the medication administration record, and 3) failed to ensure nursing measures were implemented/documentated to prevent pressure ulcers from developing. Please see W318.</p>		<p>recommendations for repositioning while in her wheelchair.</p> <ul style="list-style-type: none"> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site</li> </ul>	

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	9-3-1(a)		<p>have been reviewed by the nurse.</p> <ul style="list-style-type: none"> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Training completed with the staff regarding:                             <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the</li> </ul>	

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			<p>plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency</li> </ul>	

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			<p>with the medication pass is determined.</p> <ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their</li> </ul>	

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			<p>weekly observations.</p> <ul style="list-style-type: none"> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</li> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's needs indicate.</li> <li>· The nurse will review the medication practicums that are</li> </ul>	

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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. Based upon record review and interview, the Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 2 of 4 sampled clients (clients C and E) and 1 additional client (client D). The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The governing body neglected for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error</p> <p>Findings include:</p> <p>1. The Governing Body neglected to provide oversight and direction to ensure implementation of its policy and procedures which prohibited abuse and</p>	W 0104	<p>completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 104 Governing Body</b> <b>The governing body must exercise general policy, budget, and operating direction over the facility.</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> </ul> </li> </ul>	08/09/2015

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	<p>neglect to protect 2 of 4 sampled clients (clients C and E) and 1 additional client (client D). The facility neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The facility failed to ensure staff were trained to competency to administer medications without error for clients C, D and E. Please see W149.</p> <p>2. The Governing Body failed provide oversight and direction to develop and implement effective corrective action to address pressure ulcers for client C. Please see W157.</p> <p>3. The Governing Body failed to provide oversight and direction to ensure the facility's nursing services failed for 1 of 4 sampled clients (client C) to provide timely nursing evaluation and treatment to address pressure ulcers and failed to ensure medication orders/medication administration records matched medication labels. Please see W331.</p> <p>4. The Governing Body failed for 2 of 4 sampled clients (clients C and E) and 1 additional client (client D) to provide oversight and direction to ensure staff were trained to competency to administer medications without error and to provide documentation and/or implement client C's skin integrity risk plan.</p>		<ul style="list-style-type: none"> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans                             <ul style="list-style-type: none"> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have</li> </ul> </li> </ul>	

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	9-3-1(a)		<p>medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</p> <ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul>	

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			<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and</li> </ul> </li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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			<p>diabetic risk plans</p> <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program</li> </ul>	

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			<p>Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</p> <ul style="list-style-type: none"> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3.</b> What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> </ul> </li> </ul>	

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			<ul style="list-style-type: none"> <li>o Client C's skin integrity and diabetic risk plans                             <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to</li> </ul> </li> </ul>	

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			<p>be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</p> <ul style="list-style-type: none"> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015		
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W 0111 Bldg. 00	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients A, B and C) to maintain a record keeping system to document	W 0111	random staff in the home. · The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes. · The team will facilitate appropriate follow up action based on the daily consultation. · The nurse will be available to do observations within the home for medical related issues as the client's needs indicate. · The nurse will review the medication practicums that are completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.  5. What is the date by which the systemic changes will be completed? August 9th, 2015  <b>W 111 Client Records</b> The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information,	08/09/2015	

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	<p>medical and program plan implementation information in the clients' records.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 7/8/15 at 5:11 PM. There was no evidence of a dental/oral health examination in the record.</p> <p>Client B's record was reviewed on 7/7/15 at 4:30 PM. There was no evidence of client B's oral health/dental examination in the record.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. There was no evidence of hearing, vision, and dental examinations. There was no evidence of a speech language evaluation examination in the record. There was no evidence of an occupational therapy examination in the record. A Health Care Report dated 6/29/15 indicated "Unable to review appointment notes, not scanned in...."</p> <p>The group home nurse was interviewed on 7/9/15 at 12:10 PM and indicated the house manager should ensure the medical examination documentation for clients is available to review.</p> <p>The House Manager/Program</p>		<p>and protection of client's rights.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· System will be implemented to create easier access for staff in regard to client records and documentation.</li> <li>· Surveyor Profile for Therap will be updated to allow easier access for electronic files.</li> <li>· Paper files will be organized and accessible for the survey process.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Development of protocol regarding accessing electronic files.</li> <li>· Development of training protocol for staff's access to client files.</li> <li>· System will be implemented to create easier access for staff in regard to client records and documentation.</li> <li>· Surveyor Profile for Therap will be updated to allow easier access for electronic files.</li> <li>· Paper files will be organized and accessible for the survey process.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>	

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W 0122 Bldg. 00	<p>Coordinator was interviewed on 7/9/15 at 3:25 PM and indicated the examinations should be included in the electronic record.</p> <p>Area Director #2 was interviewed on 7/10/15 during exit at 1:30 PM, and was uncertain as to why the documents were not scanned to the electronic record used by the facility, and indicated the documents should be available to review.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p>		<ul style="list-style-type: none"> <li>· Development of protocol regarding accessing electronic files.</li> <li>· Development of training protocol for staff's access to client files.</li> <li>· System will be implemented to create easier access for staff in regard to client records and documentation.</li> <li>· Surveyor Profile for Therap will be updated to allow easier access for electronic files.</li> <li>· Paper files will be organized and accessible for the survey process.</li> <li>· Program Director and Program Coordinator will be trained on new protocols for access of client files.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director, Program Coordinator and Nurse will monitor the client files to ensure they are complete and organized.</li> <li>· The Quality Assurance Specialist will monitor as they complete their survey audits to ensure the files are complete and organized.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>	

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	<p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement its policy and procedures which prohibited abuse and neglect to protect 1 of 4 sampled clients (client C). The facility neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The facility neglected for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error and to implement/document client C's plan to address pressure ulcers.</p> <p>Findings include:</p> <p>1. The facility neglected to ensure implementation of its policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients C, D and E) and 1 additional client (client D). The facility neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C, and failed to ensure staff were trained to competency to administer medications without error for clients C, D and E. Please see W149.</p> <p>2. The facility failed to develop and implement effective corrective action to</p>	W 0122	<p><b>W 122 Client Protections</b> <b>The facility must ensure that specific client protections requirements are met.</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· Client C was seen by the wound care clinic on 7-14-15.</li> </ul> <p>Follow up appointment</p>	08/09/2015			

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	<p>address pressure ulcers for client C. Please see W157.</p> <p>3. The facility failed for 1 of 4 sampled clients (client E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error. Please see W368.</p> <p>4. The facility failed for 1 of 4 sampled clients (client C) to ensure staff were trained to competency to administer medications without error. Please see W369.</p> <p>9-3-2(a)</p>		<p>recommended for 8-12-15.</p> <ul style="list-style-type: none"> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training</li> </ul>		

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			<p>and competency was verified on 7-10-15.</p> <ul style="list-style-type: none"> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do</li> </ul>	

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			<p>home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended</li> </ul>	

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			<p>from passing meds until training can be completed again and competency with the medication pass is determined.</p> <ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p>1. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs</li> </ul>	

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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			<p>are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</li> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's</li> </ul>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon observation, record review and interview, the facility neglected to ensure implementation of its policy and procedures which prohibited abuse and neglect to protect 2 of 4 sampled clients (clients C and E) and 1 additional client (client D). The facility neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. The facility failed to ensure staff were trained to competency to administer medications without error for clients C, D and E.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/1/15 at 5:07 PM. A BDDS report dated 6/17/15 indicated client C was taken to a wound</p>	W 0149	<p>needs indicate.</p> <ul style="list-style-type: none"> <li>· The nurse will review the medication practicums that are completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.</li> </ul> <p>1. What is the date by which the systemic changes will be completed? August 9th, 2015</p> <p><b>W 149 Staff Treatment of Clients</b> <b>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</b></p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> </ul> </li> </ul>	08/09/2015	

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	<p>clinic to monitor her pressure ulcer wound. Client C was to have been discharged, but was found with a new wound and referred to another wound care clinic.</p> <p>An investigation dated 6/17-6/19/15 completed by the Program Director (PD) into the client C's pressure ulcer noted at the appointment on 6/17/15 was reviewed on 7/6/15 at 4:26 PM and indicated client C "has been referred to wound care through [hospital name] on 6/17/15. While conducting a final full body inspection, a new pressure sore was found. The pressure sore is located between [client C's] buttocks. [Hospital] has recommended that [client C] be referred to the wound care clinic as the wounds have been difficult to heal." The investigation indicated client C had been referred to the wound care center at another medical facility. Findings indicated "Documentation indicates that a small skin tear was located at the top of [client C's] buttock fold on 6/13/15. A pressure sore was documented on 6/14/15 (sic) but a location was not listed. No pressure sores or other documentation to address the reported pressure sore." A review of the MAR (medication administration record) dated 6/1/15 indicated "foot checks were completed as well as repositioning." Statements by</p>		<ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans <ul style="list-style-type: none"> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from</li> </ul> </li> </ul>		

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	<p>client C on 6/12/15 and on 6/19/15 indicated the wound had been caused by her cheeks being spread to (sic) apart when she was sat down on the toilet." A statement by staff #12 on 6/12/15 indicated "...a new wound had been found on [client C] when applying wound care treatment...Stated that staff (unidentified) pulled [client C's] buttock cheeks apart and noticed a small tear. Stated that she wanted to report the injury to (sic) PD ...Stated the injury was less than 1/2 inch long." The PD "observed injury on 6/12/15 while in the medical room at Day Services. Observed the injury to be a skin tear...Advised staff to clean the area and treat with wound care cream." The conclusion failed to indicate a finding. Recommendations indicated "PCP (primary care physician) has been contacted to request a referral for the wound care clinic. PC (Program Coordinator) and Nurse Consultant will follow up with PCP for an (sic) instructions. Staff will continue to monitor and treat wound as the wound protocol instructs. Staff will monitor the wound and document the progress of healing. PC will follow up on wound care recommendations."</p> <p>A nursing note dated 6/25/15 was reviewed on 7/8/15 at 9:59 AM and indicated "writer collaborated with the</p>		<p>passing medications.</p> <ul style="list-style-type: none"> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff</li> </ul>		

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	<p>wound care center and PCP office to coordinate initial wound care assessment. Initially the PCP sent order to the wrong wound center as [client C's] guardian does not want services through [hospital]. Writer clarified that with PCP's office and provided contact information for [medical facility wound center]. Order was sent to [wound center] and we are awaiting phone call to schedule an appointment."</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "[Client C] has diabetes which puts her at risk for poor healing if skin issues occur." A Health Care Report dated 6/29/15 indicated "Unable to review appointment notes, not scanned in. [Client C] has appointment with wound care center on 6/29/15 as home health care discharged her from their care...."The record failed to indicate client C had been taken to the wound care clinic as recommended by the hospital and indicated in the Health Care Report.</p> <p>The group home nurse was interviewed on 7/9/15 at 12:07 PM and indicated she had coordinated a visit with the wound care clinic. When asked if the appointment had taken place, she stated, "It should have been." She indicated it</p>		<p>involved in the medication errors for clients C, E and D.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and</li> </ul> </li> </ul>	

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	<p>was the nurse's responsibility to ensure appointments were completed. She indicated she had made arrangements for the appointment and the house manager/Program Coordinator was responsible to make arrangements to take client C to the appointment. She indicated she had not received any documentation about the visit.</p> <p>The PC was interviewed on 7/9/15 at 3:25 PM and indicated she had taken client C to the appointment at the wound care facility (date not specified), but the facility did not have a lift to assist client C from her wheelchair and the appointment was rescheduled.</p> <p>The group home nurse was interviewed on 7/10/15 at 9:03 AM and indicated it was her understanding arrangements had been made for staff to ensure a lift was available for client C to use by transporting her lift to the appointment. She indicated there were no notes from client C's home health care services to treat her pressure ulcer prior to being discharged from their care on 6/17/15. When asked if client C had received a nursing or medical evaluation of her pressure ulcer since her discharge from home health care, she indicated client C had not received a medical assessment. The nurse indicated she had just finished</p>		<p>diabetic risk plans</p> <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program</li> </ul>				

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	<p>assessing client C's wound and it was healing and showed no signs and symptoms of infection.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM and when asked why staff did not document the location of client C's skin tear on 6/12/15, indicated staff should be documenting the location, size and appearance of client C's wounds in the electronic record, and reporting any new skin issues to the nurse.</p> <p>2. Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed...."</p> <p>Client C's July, 2015 MAR (medication administration record) indicated she was to be repositioned and toileted every 2 hours. There was no evidence of re-positioning every 2 hours. Client C was repositioned 4 times on 7/4/15, three</p>		<p>Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</p> <ul style="list-style-type: none"> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test</li> </ul> </li> </ul>				

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	<p>times on 7/5/15, 1 time on 7/6/15, 5 times on 7/7/15 and 6 times on 7/8/15 from 12:00 AM until 8:00 AM. Client C's July, MAR failed to indicate she was toileted twice on 7/2/15, twice on 7/4/15, three times on 7/5/15 from 6:00 PM until 10:00 PM, and twice on 7/7/15.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and indicated staff were to reposition client C and toilet her every 2 hours and document it in the MAR.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM. When asked if the missing documentation regarding toileting and repositioning was a concern in regards to client C's pressure ulcer, she stated, "Yes," and indicated she wasn't sure if the missing documentation was a lack of completing the repositioning and toileting or of a failure to document. She indicated staff had been instructed to document refusals if client C refused to be repositioned or toileted and had been instructed to ensure documentation was completed.</p> <p>3. Observations were completed in the group home on 7/2/15 from 6:42 AM until 8:35 AM. During medication administration at 6:50 AM, client C received 45 units of Lantus Sol (Solostar)</p>		<p>provided)</p> <ul style="list-style-type: none"> <li>o Client C's skin integrity and diabetic risk plans <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> </ul> </li> </ul>	

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	<p>(insulin) via injection by staff #7. The label indicated client C was to receive 38 units.</p> <p>Client C's July, 2015 Medication Administration Record (MAR) was reviewed on 7/2/15 at 8:10 AM. The MAR indicated client C was to receive 45 units of Lantus Solostar at 8:00 AM.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. Client C's Medication History/Physician's Orders updated 7/2/15 indicated she was to receive 45 units of Lantus Solostar at 8:00 AM starting from 4/18/15.</p> <p>Staff #7 was interviewed on 7/2/15 at 7:25 AM and indicated she was unsure as to why the label did not match the MAR.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated the MAR should match the medication label. She indicated she had contacted the pharmacy to correct the discrepancy. She indicated staff had been trained to review the medication label and ensure it matches the MAR.</p> <p>4. A BDDS report dated 6/12/15 indicated client D had been given another client's medications. Staff #5 had prepared another client's medication and placed the client's initials on the cup and when the client (client E) refused to take the medications, staff #5 "did not put the medications away properly. At that time</p>		<ul style="list-style-type: none"> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a</li> </ul>		

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	<p>[client D] entered the medroom (sic) to take her medications and was given the medications of the other client. PC (Program Coordinator) contacted the Nurse Consultant and was directed to take [client D] to the ER (emergency room). ER advised here (sic) were no concerns at this time as both clients take similar medications." The report indicated client D was monitored for side effects and there were none observed and client D's physician was notified of the medication error. Staff #5 "has been suspended from conducting medication administration until she has been retrained by the Nurse Consultant...."</p> <p>a) A GER (General Events Reports) dated 3/27/15 was reviewed on 7/6/15 at 4:35 PM and indicated client E had been given 500 mg (milligrams) of cephalexin (antibiotic) twice daily from 3/23/15 to 3/27/15 and he was supposed to take 1000 mg twice daily. The explanation for the error indicated "Staff was only giving one capsule instead of two." The report indicated the Home Manager/Program Coordinator (HM/PC) had notified the Program Director (PD). There was no evidence the nurse had been notified of the error and client E's physician was notified of the error on 3/27/15 and indicated additional medication was prescribed. "All staff retrained. All staff</p>		<p>random staff in the home.</p> <ul style="list-style-type: none"> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</li> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's needs indicate.</li> <li>· The nurse will review the medication practicums that are completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.</li> </ul> <p>5. What is the date by which the systemic changes will be completed? August 9th, 2015</p>	

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	<p>not involved reminded of med. (medication) pass procedures." Corrective action indicated "Continue to do med. (medication) cabinet checks to watch for future mistakes, keep staff trainings current."</p> <p>A BDDS report dated 3/23/15 and reported 3/27/15 indicated client E had been given only 1 tab of an antibiotic (not specified) instead of two as prescribed from 3/23/17-3/27/15. The error was discovered during an audit of the group home's medications by the house manager. Corrective action indicated staff were retrained.</p> <p>Staff training records reviewed on 7/7/15 at 5:16 PM indicated staff #5, #6 and #11 had been retrained on medication administration by the house manager on 3/30/15.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated she was unaware of the medication error that had occurred from 3/23/15 to 3/27/15 and would have liked to have been made aware so that she could complete training.</p> <p>The Area Director was interviewed on 7/6/15 at 5:12 PM and indicated staff #5 had been involved with the medication</p>			

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	<p>errors on 3/23/15-3/27/15 involving client E and in the medication error involving client D on 6/12/15. She indicated the facility's policy had been changed recently to require the nurse to retrain staff for medication errors.</p> <p>The facility's Health Policy dated April, 2011 was reviewed on 7/7/15 at 5:30 PM and indicated "The Program Director is responsible for notifying nursing staff on any significant changes in a person's health status as well as any needed follow up from doctor's orders...Proper administration of medications is critical. All medication errors are serious. Due to potential health implications, medication errors will result in retraining and/or disciplinary action as indicated by the frequency and severity of the error(s)...A medication error includes the following: administering the incorrect dose of medication...The staff person will also complete an Incident Report, and place it in his supervisor's mailbox for the supervisor and Nurse to review...." The policy indicated all medication errors "are reported immediately to the on-call supervisor who will report to the nurse as indicated...."</p> <p>The facility's Quality and Risk Management policy dated April, 2011 was reviewed on 7/2/15 at 10:00 AM and</p>			

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W 0157	<p>indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process identifying, evaluating and reducing risk to which individuals are exposed." Incidents reported to BDDS included, "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...Failure to provide appropriate supervision, care or training..."</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p>			

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Bldg. 00	<p><b>STAFF TREATMENT OF CLIENTS</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based upon record review and interview for 2 of 4 sampled clients (clients C and E), the facility failed to develop and implement effective corrective action to 1) address pressure ulcers for client C, and failed to 2) ensure medications were dispensed without error.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/1/15 at 5:07 PM. A BDDS report dated 6/17/15 indicated client C was taken to a wound clinic to monitor her pressure ulcer wound. Client C was to have been discharged, but was found with a new wound and referred to another wound care clinic.</p> <p>An investigation dated 6/17-6/19/15 completed by the Program Director (PD) into the client C's pressure ulcer noted at the appointment on 6/17/15 was reviewed on 7/6/15 at 4:26 PM and indicated client C "has been referred to wound care through [hospital name] on 6/17/15. While conducting a final full body inspection, a new pressure sore was found. The pressure sore is located between [client C's] buttocks. [Hospital]</p>	W 0157	<p><b>W 157 Staff Treatment of Clients</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> </ul>	08/09/2015			

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	<p>has recommended that [client C] be referred to the wound care clinic as the wounds have been difficult to heal." The investigation indicated client C had been referred to the wound care center at another medical facility. Findings indicated "Documentation indicates that a small skin tear was located at the top of [client C's] buttock fold on 6/13/15. A pressure sore was documented on 6/14/15 (sic) but a location was not listed. No pressure sores or other documentation to address the reported pressure sore." A review of the MAR (medication administration record) dated 6/1/15 indicated "foot checks were completed as well as repositioning." Statements by client C on 6/12/15 and on 6/19/15 indicated the wound had been caused by her cheeks being spread to (sic) apart when she was sat down on the toilet." A statement by staff #12 on 6/12/15 indicated "...a new wound had been found on [client C] when applying wound care treatment...Stated that staff (unidentified) pulled [client C's] buttock cheeks apart and noticed a small tear. Stated that she wanted to report the injury to (sic) PD ...Stated the injury was less than 1/2 inch long." The PD "observed injury on 6/12/15 while in the medical room at Day Services. Observed the injury to be a skin tear...Advised staff to clean the area and treat with wound care</p>		<ul style="list-style-type: none"> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to</li> </ul>	

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	<p>cream." The conclusion failed to indicate a finding. Recommendations indicated "PCP (primary care physician) has been contacted to request a referral for the wound care clinic. PC (Program Coordinator) and Nurse Consultant will follow up with PCP for an (sic) instructions. Staff will continue to monitor and treat wound as the wound protocol instructs. Staff will monitor the wound and document the progress of healing. PC will follow up on wound care recommendations."</p> <p>A nursing note dated 6/25/15 was reviewed on 7/8/15 at 9:59 AM and indicated "writer collaborated with the wound care center and PCP office to coordinate initial wound care assessment. Initially the PCP sent order to the wrong wound center as [client C's] guardian does not want services through [hospital]. Writer clarified that with PCP's office and provided contact information for [medical facility wound center]. Order was sent to [wound center] and we are awaiting phone call to schedule an appointment."</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "[Client C] has diabetes which puts her at risk for poor</p>		<p>pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</p> <ul style="list-style-type: none"> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs</li> </ul>	

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	<p>healing if skin issues occur." A Health Care Report dated 6/29/15 indicated "Unable to review appointment notes, not scanned in. [Client C] has appointment with wound care center on 6/29/15 as home health care discharged her from their care...."The record failed to indicate client C had been taken to the wound care clinic as recommended by the hospital and indicated in the Health Care Report.</p> <p>The group home nurse was interviewed on 7/9/15 at 12:07 PM and indicated she had coordinated a visit with the wound care clinic. When asked if the appointment had taken place, she stated, "It should have been." She indicated it was the nurse's responsibility to ensure appointments were completed. She indicated she had made arrangements for the appointment and the house manager/Program Coordinator was responsible to make arrangements to take client C to the appointment. She indicated she had not received any documentation about the visit.</p> <p>The PC was interviewed on 7/9/15 at 3:25 PM and indicated she had taken client C to the appointment at the wound care facility (date not specified), but the facility did not have a lift to assist client C from her wheelchair and the appointment was rescheduled.</p>		<p>are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> </ul>				

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	<p>The group home nurse was interviewed on 7/10/15 at 9:03 AM and indicated it was her understanding arrangements had been made for staff to ensure a lift was available for client C to use by transporting her lift to the appointment. She indicated there were no notes from client C's home health care services to treat her pressure ulcer prior to being discharged from their care on 6/17/15. When asked if client C had received a nursing or medical evaluation of her pressure ulcer since her discharge from home health care, she indicated client C had not received a medical assessment. The nurse indicated she had just finished assessing client C's wound and it was healing and showed no signs and symptoms of infection.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM and when asked why staff did not document the location of client C's skin tear on 6/12/15, indicated staff should be documenting the location, size and appearance of client C's wounds in the electronic record, and reporting any new skin issues to the nurse.</p> <p>2. Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin</p>		<ul style="list-style-type: none"> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to</li> </ul>				

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	<p>integrity. The plan indicated "Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed...."</p> <p>Client C's July, 2015 MAR (medication administration record) indicated she was to be repositioned and toileted every 2 hours. There was no evidence of re-positioning every 2 hours. Client C was repositioned 4 times on 7/4/15, three times on 7/5/15, 1 time on 7/6/15, 5 times on 7/7/15 and 6 times on 7/8/15 from 12:00 AM until 8:00 AM. Client C's July, MAR failed to indicate she was toileted twice on 7/2/15, twice on 7/4/15, three times on 7/5/15 from 6:00 PM until 10:00 PM, and twice on 7/7/15.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and indicated staff were to reposition client C and toilet her every 2 hours and document it in the MAR.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM. When asked if the missing documentation regarding</p>		<p>ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  07/10/2015	
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	<p>toileting and repositioning was a concern in regards to client C's pressure ulcer, she stated, "Yes," and indicated she wasn't sure if the missing documentation was a lack of completing the repositioning and toileting or of a failure to document. She indicated staff had been instructed to document refusals if client C refused to be repositioned or toileted and had been instructed to ensure documentation was completed.</p> <p>3. Observations were completed in the group home on 7/2/15 from 6:42 AM until 8:35 AM. During medication administration at 6:50 AM, client C received 45 units of Lantus Sol (Solostar) insulin via injection by staff #7. The label indicated client C was to receive 38 units.</p> <p>Client C's July, 2015 Medication Administration Record (MAR) was reviewed on 7/2/15 at 8:10 AM. The MAR indicated client C was to receive 45 units of Lantus Solostar at 8:00 AM.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. Client C's Medication History/Physician's orders updated 7/2/15 indicated she was to receive 45 units of Lantus Solostar at 8:00 AM.</p> <p>Staff #7 was interviewed on 7/2/15 at 7:25 AM and indicated she was unsure as to why the label did not match the MAR.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated the</p>		<p>observation has been suspended from passing medications.</p> <ul style="list-style-type: none"> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans</li> </ul>				

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	<p>MAR should match the medication label. She indicated she had contacted the pharmacy to correct the discrepancy. She indicated staff had been trained to review the medication label and ensure it matches the MAR.</p> <p>4. A BDDS report dated 6/12/15 indicated client D had been given another client's medications. Staff #5 had prepared another client's medication and placed the client's initials on the cup and when the client (client E) refused to take the medications, staff #5 "did not put the medications away properly. At that time [client D] entered the medroom (sic) to take her medications and was given the medications of the other client. PC (Program Coordinator) contacted the Nurse Consultant and was directed to take [client D] to the ER (emergency room). ER advised here (sic) were no concerns at this time as both clients take similar medications." The report indicated client D was monitored for side effects and there were none observed and client D's physician was notified of the medication error. Staff #5 "has been suspended from conducting medication administration until she has been retrained by the Nurse Consultant...."</p> <p>2. A GER (General Event Reports) dated 3/27/15 was reviewed on 7/6/15 at 4:35</p>		<p>and needs are being met during their bi-weekly observations.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>				

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	<p>PM and indicated client E had been given 500 mg (milligrams) of cephalexin (antibiotic) twice daily from 3/23/15 to 3/27/15 and he was supposed to take 1000 mg twice daily. The explanation for the error indicated "Staff was only giving one capsule instead of two." The report indicated the Home Manager/Program Coordinator (HM/PC) had notified the Program Director (PD). There was no evidence the nurse had been notified of the error and client E's physician was notified of the error on 3/27/15 and indicated additional medication was prescribed. "All staff retrained. All staff not involved reminded of med. (medication) pass procedures." Corrective action indicated "Continue to do med. (medication) cabinet checks to watch for future mistakes, keep staff trainings current."</p> <p>A BDDS report dated 3/23/15 and reported 3/27/15 indicated client E had been given only 1 tab of an antibiotic (not specified) instead of two as prescribed from 3/23/17-3/27/15. The error was discovered during an audit of the group home's medications by the house manager. Corrective action indicated staff were retrained.</p> <p>Staff training records reviewed on 7/7/15 at 5:16 PM indicated staff #5, #6 and #11</p>				

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W 0159 Bldg. 00	<p>had been retrained on medication administration by the house manager on 3/30/15.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated she was unaware of the medication error that had occurred from 3/23/15 to 3/27/15 and would have liked to have been made aware so that she could complete training.</p> <p>The Area Director was interviewed on 7/6/15 at 5:12 PM and indicated the staff #5 had been involved with the medication errors on 3/23/15-3/27/15 involving client E and in the medication error involving client D on 6/12/15. She indicated the facility's policy had been changed recently to require the nurse to retrain staff for medication errors.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by</p>			

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	<p>a qualified mental retardation professional. Based upon record review and interview, the facility failed for 3 of 4 sampled clients (clients A, B and E), to ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated and monitored their program plans. The QIDP failed to complete periodic reviews of clients A, B, and E's ISP (Individual Support Plan) objectives. The QIDP failed to ensure for 1 of 4 sampled clients (client C) assessments were completed within 30 days of admission. The QIDP failed for 3 of 4 sampled clients (clients A, C and E), to assess their vocational skills and interests. The QIDP failed to ensure an Individual Support Plan (ISP) was developed within 30 days of admission for 1 of 4 sampled clients (client C).</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 7/8/15 at 5:11 PM. An ISP updated 12/13/14 indicated objectives to make a meal, wear panties, decrease going through the house undressed, decrease urination on the floor, help mop urine, put shoes next to couch, empty lunch box, sign yes, adjust water temperature and choose a penny. There was no evidence of a Qualified Intellectual Disabilities Professional (QIDP) review of the progress of client A's objectives</p>	W 0159	<p><b>W159 Qualified Mental Retardation Professional</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· <b>Functional Assessments updated by QIDP for Client C.</b></li> <li>· Day Service functional assessments will be completed for clients attending IN Mentor's day program.</li> <li>· ISP updated based by the QIDP for Client C to include specific objectives.</li> <li>· Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients A, B and E.</li> <li>· Data collected on current programs and necessary revisions completed by QIDP for Clients A, B, and E.</li> <li>· Programming implemented for Client C.</li> <li>· Client C completed a PT evaluation on 7-14-15.</li> <li>· Formal programming to be implemented for Client C based on her PT evaluation recommendations.</li> <li>· A new QIDP has been hired for the site.</li> </ul> <p>1.How will we identify other residents having the potential to be</p>	08/09/2015

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	<p>since 12/9/14.</p> <p>2. Client B's record was reviewed on 7/7/15 at 4:30 PM. An ISP dated 7/22/14 indicated objectives to load the dishwasher, trim beard/mustache, look through grocery store ads for savings, choose appropriate clothing, state what constitutes abuse, and self administration of medication. There was no evidence of a Qualified Intellectual Disabilities Professional (QIDP) review of the progress of client B's objectives since 12/1/14.</p> <p>3. Client C's record was reviewed on 7/8/15 at 12:47 PM. The record indicated an ISP meeting was held on 4/17/15, but failed to indicate specific objectives.</p> <p>4. Client E's record was reviewed on 7/8/15 at 4:53 PM. Client E's ISP updated 12/13/14 indicated objectives to state what constitutes abuse, put dentures in mouth, state 1 thing he did that day, identify ways to deal with stressors, state why he wears (sic) aids, identify the key to the locked sharps. There was no evidence of a QIDP review of the progress of client #4's objectives after 12/11/14.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and when asked about</p>		<p>affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· Functional assessments of all clients at site reviewed and updated by QIDP.</li> <li>· ISPs of all clients at site reviewed and updated by QIDP.</li> <li>· Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP.</li> <li>· Data collection of all clients completed by QIDP.</li> </ul> <p>1. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>· Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success.</li> <li>· Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified.</li> <li>· Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed.</li> </ul>				

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W 0191	<p>the QIDP reviews of clients' progress, she stated, "They're going to be minimal."</p> <p>3. The QIDP failed to ensure for 1 of 4 sampled clients (client C) assessments or reassessments were completed within 30 days of admission. Please see W210.</p> <p>4. The QIDP failed for 3 of 4 sampled clients (clients A, C and E), to assess their vocational skills and interests. Please see W225.</p> <p>5. The QIDP failed to ensure an Individual Support Plan (ISP) was developed within 30 days of admission for 1 of 4 sampled clients (client C). Please see W226.</p> <p>9-3-3(a)</p> <p>483.430(e)(2)</p>		<p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>· Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients.</li> <li>· Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP.</li> <li>· The Program Coordinator will monitor the active treatment needs of the home daily to ensure that the staff is meeting the active treatment needs of the residents.</li> <li>· The Program Director will consult with the Program Coordinator regarding the active treatment needs of the residents on a daily basis.</li> <li>· The Program Director will complete observations within the home as the active treatment needs of the residents dictates.</li> <li>· The notes from the consultation between the Program Director and Program Coordinator will be forwarded to the Area Director to review.</li> </ul> <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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Bldg. 00	<p><b>STAFF TRAINING PROGRAM</b> For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>Based upon observation, record review and interview, the facility neglected for 2 of 4 sampled clients (clients C and E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error and to provide documentation and/or implement client C's skin integrity risk plan.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/1/15 at 5:07 PM and included the following medication errors:</p> <p>1. A BDDS report dated 6/12/15 indicated client D had been given another client's medications. Staff #5 had prepared another client's medication and placed the client's initials on the cup and when the client (client E) refused to take the medications, staff #5 "did not put the medications away properly. At that time [client D] entered the medroom (sic) to take her medications and WA given the medications of the other client. PC (Program Coordinator) contacted the</p>	W 0191	<p><b>W 191 Staff Training Program</b> For employees who work with clients, training must focus on skills and competencies directed towards clients' behavioral needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test</li> </ul> </li> </ul>	08/09/2015

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	<p>Nurse Consultant and was directed to take [client D] to the ER (emergency room). ER advised here (sic) were no concerns at this time as both clients take similar medications." The report indicated client D was monitored for side effects and there were none observed and client D's physician was notified of the medication error. Staff #5 "has been suspended from conducting medication administration until she has been retrained by the Nurse Consultant...."</p> <p>2. A GERs (General Reports Event) dated 3/27/15 was reviewed on 7/6/15 and indicated client E had been given 500 mg (milligrams) of cephalexin (antibiotic) twice daily from 3/23/15 to 3/27/15 and he was supposed to take 1000 mg twice daily. The explanation for the error indicated "Staff was only giving one capsule instead of two." The report indicated the Home Manager/Program Coordinator (HM/PC) had notified the Program Director (PD). There was no evidence the nurse had been notified of the error and client E's physician was notified of the error on 3/27/15 and indicated additional medication was prescribed. "All staff retrained. All staff not involved reminded of med. (medication) pass procedures." Corrective action indicated "Continue to do med. (medication) cabinet checks to</p>		<p>provided)</p> <ul style="list-style-type: none"> <li>o Client C's skin integrity and diabetic risk plans <ul style="list-style-type: none"> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore. <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the</li> </ul> </li> </ul> </li> </ul>				

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	<p>watch for future mistakes, keep staff trainings current."</p> <p>A BDDS report dated 3/23/15 and reported 3/27/15 indicated client E had been given only 1 tab of an antibiotic (not specified) instead of two as prescribed from 3/23/15-3/27/15. The error was discovered during an audit of the group home's medications by the house manager. Corrective action indicated staff were retrained.</p> <p>Staff training records reviewed on 7/7/15 at 5:16 PM indicated staff #5, #6 and #11 had been retrained on medication administration by the house manager on 3/30/15.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated she was unaware of the medication error that had occurred from 3/23/15 to 3/27/15 and would have liked to have been made aware so that she could complete training.</p> <p>The Area Director was interviewed on 7/6/15 at 5:12 PM and indicated staff #5 had been involved with the medication errors on 3/23/15-3/27/15 involving client E and in the medication error involving client D on 6/12/15. She indicated the facility's policy had been</p>		<p>medical needs of the residents and complete assessments as needed.</p> <ul style="list-style-type: none"> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> <li>· Diets for Client A and G were reviewed with the staff.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same</li> </ul>				

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	<p>changed recently to require the nurse to retrain staff for medication errors.</p> <p>2. Observations were completed in the group home on 7/2/15 from 6:42 AM until 8:35 AM. During medication administration at 6:50 AM, client C received 30 ml (milliliters) of Potassium Chloride from staff #7. The label indicated client C was to receive 37.5 ml three times daily. Client C received Novolog Flex Pen (diabetes insulin) 15 units and Lantis Sol (solution) 45 units (diabetes insulin) via injection. Staff #7 attempted to administer Tanzeum 30 mg (diabetes insulin) via injection, but the syringe was not dialed to administer the medication and the needle fell on the floor after it had been placed on client C's arm for injection. Staff #7 dialed the syringe again and was then able to administer the Tanzeum after installing a new needle.</p> <p>Client C's July, 2015 Medication Administration Record (MAR) was reviewed on 7/2/15 at 8:10 AM. The MAR indicated client C was to receive 37.5 ml of Potassium Chloride at 8:00 AM.</p> <p>Staff #7 was interviewed on 7/2/15 at 7:25 AM and when asked about the correct dosage for client C, stated "It's what I was taught." Staff #7 indicated he was trained by the house manager to administer client C's medications, including Novolog and Lantus. He indicated client C received Tanzeum once weekly, and since the</p>		<p>deficient practice.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical</li> </ul>		

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	<p>house manager was on vacation, a co-worker (un-named) had trained him on the procedures to administer the injectable medication.</p> <p>The group home manager was interviewed on 7/6/15 at 3:36 PM and indicated the medication administration on 7/2/15 was staff #7's first time administering medications. The group home manager stated, "I had trained him to pour it into a shot glass size. The dosage may have changed."</p> <p>Client C's records were reviewed on 7/8/15 at 12:47 PM. A physician's order dated 4/9/15 indicated client C was to receive 37.5 ml of potassium chloride three times daily. Client C's MARs for April, 2015-July, 2015 indicated she was to receive 37.5 mg of potassium chloride.</p> <p>The Area Director (AD) was interviewed on 7/2/15 at 1:03 PM and indicated staff #7 should not have administered insulin injected medications if the nurse didn't train him on administering insulin.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed...."</p>		<p>charts on 8-13-15.</p> <ul style="list-style-type: none"> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> <li>· Diets for Client A and G were reviewed with the staff.</li> </ul>				

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	<p>Client C's July, 2015 MAR (medication administration record) was reviewed in the record and indicated she was to be repositioned and toileted every 2 hours. There was no evidence of re-positioning every 2 hours 4 times on 7/4/15, three times on 7/5/15, 1 time on 7/6/15, 5 times on 7/7/15 and 6 times on 7/8/15 from 12:00 AM until 8:00 AM. Client C's July, MAR failed to indicate she was toileted twice on 7/2/15, twice on 7/4/15, three times on 7/5/15 from 6:00 PM until 10:00 PM, and twice on 7/7/15.</p> <p>Staff training records dated 6/5/15 were reviewed on 7/2/15 at 1:35 PM and indicated staff #3, #9, #7, #2, #10 and the Program Director had been trained regarding client C's risk plans, re-positioning, toileting, wound documentation, blood sugars (testing) and insulin administration.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and indicated staff were to reposition client C and toilet her every 2 hours and document it in the MAR.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM. When asked if the missing documentation regarding toileting and repositioning concerned her in regards to client C's pressure ulcer, she</p>		<p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Client C's wound care treatment</li> <li>○ How to measure wounds</li> <li>○ How to document skin/wound findings</li> <li>○ Med pass administration (competency test provided)</li> <li>○ Ensuring the MAR matches the labels on meds</li> <li>○ Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>○ Mechanically altered diets (competency test provided)</li> <li>○ Insulin training (competency test provided)</li> <li>○ Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the</li> </ul>	

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	<p>stated, "Yes," and indicated she wasn't sure if the missing documentation was a lack of completing the repositioning and toileting or of a failure to document. She indicated staff had been instructed to document refusals if client C refused to be repositioned or toileted.</p> <p>3. During observation at the group home on 7/2/15 from 6:42 PM until 8:35 AM, clients A and G were served scrambled eggs with lumps. Client A was served cottage cheese.</p> <p>Staff #10 was interviewed on 7/2/15 at 7:42 AM and indicated she had been told cottage cheese was part of the pureed diet and that she had used a blender to blend the eggs, but lumps remained.</p> <p>Client A's record was reviewed on 7/8/15 at 5:11 PM. A risk plan dated 5/6/15 indicated client A was at high risk for choking and indicated she was to receive a pureed diet.</p> <p>Client G's record was reviewed on 7/9/15 at 1:35 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.</p> <p>The house manager was interviewed on 7/6/15 at 3:32 PM and indicated the pureed texture should be smooth. She</p>		<p>nurse on 8-13-15.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for</li> </ul>	

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	<p>indicated she thought staff #10 had been trained on preparing pureed diet, and stated, "I assumed she had done training (on diet consistency), but she didn't." She indicated staff #10 had transferred from another facility.</p> <p>9-3-3(a)</p>		<p>clients C, E and D.</p> <ul style="list-style-type: none"> <li>· Diets for Client A and G were reviewed with the staff.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>		

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W 0210  Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client C) to ensure a complete comprehensive assessment was completed within 30 days.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. The record indicated client C was admitted on 3/31/15. Client C's record indicated she used a wheelchair for mobility and required staff assistance for transfers and mobility. The record failed to include evidence an assessment of her needs in sensorimotor skills had been completed.</p> <p>The house manager was interviewed on 7/9/15 at 3:25 PM and indicated client C had not yet had an assessment completed by physical therapy.</p> <p>9-3-4(a)</p>	W 0210	<p><b>W 210 Individual Program Plan</b></p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client C completed a PT evaluation on 7-14-15.</li> <li>· Formal programming to be implemented for Client C based on her PT evaluation recommendations.</li> <li>· The importance of completing new admission appointments will be reviewed with the Program Director and Program Coordinators.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The importance of completing new admission appointments will be reviewed with the Program Director and Program Coordinators.</li> </ul>	08/09/2015	

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W 0225  Bldg. 00	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based upon observation, record review and interview, the facility failed for 3 of 4	W 0225	<p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>The importance of completing new admission appointments will be reviewed with the Program Director and Program Coordinators.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).</li> <li>The nurse will monitor new admission appointments to ensure they are completed.</li> <li>The nurse will review residents appointments monthly via the health care reports that are being ran for the clients.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 225 Individual Program Plan</b> The comprehensive</p>	08/09/2015	

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	<p>sampled clients (clients A C, and E) to assess their vocational skills and interests.</p> <p>Findings include:</p> <p>Observations were completed at the facility operated day services on 7/9/15 from 12:00 PM until 1:00 PM. Client C played bowling on an electronic tablet. Client A looked at magazines. Client E put together a puzzle.</p> <p>Client A's record was reviewed on 7/8/15 at 5:11 PM and failed to indicate a vocational assessment.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM and failed to indicate a vocational assessment.</p> <p>Client E's record was reviewed on 7/8/15 at 4:53 PM and failed to indicate a vocational assessment.</p> <p>The Area Director #2 indicated on 7/10/15 at 11:31 AM there were no additional assessments available to review.</p> <p>9-3-4(a)</p>		<p>functional assessment must include, as applicable, vocational skills.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Functional/vocational assessments will be completed for Clients A, C and E for their day service activities.</li> <li>· Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Functional/vocational assessments will be completed for all clients who attend day service activities.</li> <li>· Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Functional/vocational</li> </ul>		

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W 0226  Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based upon record review and interview, the facility failed to ensure an Individual Support Plan (ISP) was developed within	W 0226	assessments will be completed for all clients who attend day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly.  <b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b> · The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, assessments, ISP's and BSP's). · The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).  <b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015  <b>W 226 Individual Program Plan</b> Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual	08/09/2015	

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	<p>30 days of admission for 1 of 4 sampled clients (client C).</p> <p>Findings include:</p> <p>Client C's records were reviewed on 7/8/15 at 12:47 PM. The record indicated client C was admitted on 3/31/15. Client C's ISP dated 4/17/15 indicated the meeting had been held, but there was no evidence of objectives in the record.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and indicated the Program Director/Qualified Intellectual Disabilities Professional had resigned on 7/6/15.</p> <p>The House Manager (HM) was interviewed on 7/9/15 at 3:25 PM. When asked about ISP goals, she stated, "Those are very few," and indicated they were the responsibility of the Program Director/Qualified Intellectual Disabilities Professional.</p> <p>9-3-4(a)</p>		<p>program plan.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client C's ISP has been updated and completed to include objectives.</li> <li>· Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients.</li> <li>· Formal programing will be implemented for Client C based on her ISP objectives.</li> <li>· A new QIDP has been hired for the site.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients.</li> <li>· The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis.</li> <li>· The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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			<p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients.</li> <li>· The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis.</li> <li>· The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, ISP's and BSP's).</li> <li>· The Area Director will monitor the completion of the programmatic data by the Program Director/QIDP for three months and then randomly to ensure that the Program Director is completing the data monthly.</li> <li>· The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary</li> </ul>	

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W 0318 Bldg. 00	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services. The facility's nursing services failed for 1 of 4 sampled clients (client C) to provide oversight and training to 1) ensure staff were trained to competency to administer medications to prevent medication administration errors, 2) failed to ensure medication labels matched the medication administration record, and 3) failed to ensure nursing measures were implemented to prevent pressure ulcers from developing.</p> <p>Findings include:</p> <p>1. Please refer to W191. The facility's nursing services failed for 2 of 4 sampled clients (clients C and E) and 1 additional client (client D) to ensure staff were trained to competency to administer medications without error and to provide</p>	W 0318	<p>ISP/BSP signatures, completion of ISP's, etc.).</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 318 Health Care Services</b> The facility must ensure that specific health care service requirements are met.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-</li> </ul> </li> </ul>	08/09/2015

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	<p>documentation and/or implement client C's skin integrity risk plan.</p> <p>2. Please refer to W323. The facility's nursing services failed for 2 of 3 sampled clients (clients B and C) to ensure timely vision and dental examinations were completed.</p> <p>3. Please refer to W331. The facility's nursing services failed for 1 of 4 sampled clients (client C) to provide oversight and training to 1) ensure staff were trained to competency to administer medications to prevent medication administration errors, 2) failed to ensure medication labels matched the medication administration record, and 3) failed to ensure nursing measures were implemented to prevent pressure ulcers from developing.</p> <p>4. Please refer to W368. The facility's nursing services failed to ensure staff administered medications without error for 1 of 4 sampled clients (client E) and for 1 additional client (client D).</p> <p>5. Please refer to W369. The facility's nursing services failed for 1 of 4 sampled clients (client C) to ensure staff administered medications without error.</p> <p>9-3-6(a)</p>		<p>what constitutes abuse, report expectations and investigation expectations (competency test provided)</p> <ul style="list-style-type: none"> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans <ul style="list-style-type: none"> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency</li> </ul> </li> </ul>	

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			<p>with the medication pass is determined.</p> <ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> <li>· Client C's dental appointment was on 7-27-15.</li> <li>· A dental appointment for</li> </ul>	

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			<p>client B has been scheduled.</p> <ul style="list-style-type: none"> <li>· Client B's vision exam was completed on 7-30-15.</li> <li>· A vision exam for Client C has been scheduled.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors.</li> <li>· The medical charts for all of the residents at the site have been audited by the nurse. Missing appointments will be rescheduled.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the</li> </ul> </li> </ul>	

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			<p>labels on meds</p> <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans                             <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the</li> </ul> </li> </ul>	

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			<p>survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</p> <ul style="list-style-type: none"> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors.</li> <li>· The medical charts for all of the residents at the site have been audited by the nurse. Missing appointments will be rescheduled.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Training completed with the staff regarding:                             <ul style="list-style-type: none"> <li>a. Client C's wound care treatment</li> <li>b. How to measure wounds</li> <li>c. How to document skin/wound findings</li> <li>d. Med pass administration (competency test provided)</li> <li>e. Ensuring the MAR matches the labels on meds</li> <li>f. Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>g. Mechanically altered diets (competency test provided)</li> <li>h. Insulin training (competency test provided)</li> <li>i. Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is</li> </ul>	

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			<p>determined.</p> <ul style="list-style-type: none"> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).</li> <li>· The nurse will monitor new admission appointments to ensure they are completed.</li> <li>· The nurse will review residents appointments monthly via the health care reports that are being ran for the clients.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR,</li> </ul>	

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W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based upon record review and interview, the facility failed for 2 of 3 sampled clients (clients B and C) to ensure timely vision and dental examinations were completed.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 7/7/15</p>	W 0323	<p>skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</p> <ul style="list-style-type: none"> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's needs indicate.</li> <li>· The nurse will review the medication practicums that are completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.</li> </ul> <p><b>1. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 323 Physician Services</b></p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client C's dental appointment was on 7-27-15.</li> </ul>	08/09/2015	

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	<p>at 4:30 PM. The record failed to indicate an examination of client B's dental health and oral hygiene.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM and failed to indicate an examination of client C's dental health and oral hygiene.</p> <p>The house manager was interviewed on 7/10/15 at 11:08 AM and indicated there was no additional examination documentation available to review.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> <li>· A dental appointment for client B has been scheduled.</li> <li>· Client B's vision exam was completed on 7-30-15.</li> <li>· A vision exam for Client C has been scheduled.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors.</li> <li>· The medical charts for all of the residents at the site have been audited by the nurse. Missing appointments will be rescheduled.</li> </ul> <p><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors.</li> <li>· The medical charts for all of the residents at the site have been audited by the nurse. Missing appointments will be rescheduled.</li> </ul> <p><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Quality Assurance</li> </ul>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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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 record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client C) to provide timely nursing evaluation and treatment to address pressure ulcers and failed to ensure medication orders/medication administration records matched medication labels.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/1/15 at 5:07</p>	W 0331	<p>department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).</p> <ul style="list-style-type: none"> <li>· The nurse will monitor new admission appointments to ensure they are completed.</li> <li>· The nurse will review residents appointments monthly via the health care reports that are being ran for the clients.</li> </ul> <p><b>1.What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 331 Nursing Services</b> The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>	08/09/2015

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	<p>PM. A BDDS report dated 6/17/15 indicated client C was taken to a wound clinic to monitor her pressure ulcer wound. Client C was to have been discharged, but was found with a new wound and referred to another wound care clinic.</p> <p>An investigation dated 6/17-6/19/15 completed by the Program Director (PD) into the client C's pressure ulcer noted at the appointment on 6/17/15 was reviewed on 7/6/15 at 4:26 PM and indicated client C "has been referred to wound care through [hospital name] on 6/17/15. While conducting a final full body inspection, a new pressure sore was found. The pressure sore is located between [client C's] buttocks. [Hospital] has recommended that [client C] be referred to the wound care clinic as the wounds have been difficult to heal." The investigation indicated client C had been referred to the wound care center at another medical facility. Findings indicated "Documentation indicates that a small skin tear was located at the top of [client C's] buttock fold on 6/13/15. A pressure sore was documented on 6/14/15 (sic) but a location was not listed. No pressure sores or other documentation to address the reported pressure sore." A review of the MAR (medication administration record) dated 6/1/15</p>		<ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Client C's wound care treatment</li> <li>○ How to measure wounds</li> <li>○ How to document skin/wound findings</li> <li>○ Med pass administration (competency test provided)</li> <li>○ Ensuring the MAR matches the labels on meds</li> <li>○ Abuse, neglect and exploitation- what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>○ Mechanically altered diets (competency test provided)</li> <li>○ Insulin training (competency test provided)</li> <li>○ Client C's skin integrity and diabetic risk plans</li> </ul> </li> <li>· Client C was seen by the wound care clinic on 7-14-15. Follow up appointment recommended for 8-12-15.</li> <li>· Client C's MAR updated to reflect changes in wound care recommendations for repositioning while in her wheelchair.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· Client C has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and</li> </ul>	
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	<p>indicated "foot checks were completed as well as repositioning." Statements by client C on 6/12/15 and on 6/19/15 indicated the wound had been caused by her cheeks being spread to (sic) apart when she was sat down on the toilet." A statement by staff #12 on 6/12/15 indicated "...a new wound had been found on [client C] when applying wound care treatment...Stated that staff (unidentified) pulled [client C's] buttock cheeks apart and noticed a small tear. Stated that she wanted to report the injury to (sic) PD ...Stated the injury was less than 1/2 inch long." The PD "observed injury on 6/12/15 while in the medical room at Day Services. Observed the injury to be a skin tear...Advised staff to clean the area and treat with wound care cream." The conclusion failed to indicate a finding. Recommendations indicated "PCP (primary care physician) has been contacted to request a referral for the wound care clinic. PC (Program Coordinator) and Nurse Consultant will follow up with PCP for an (sic) instructions. Staff will continue to monitor and treat wound as the wound protocol instructs. Staff will monitor the wound and document the progress of healing. PC will follow up on wound care recommendations."</p> <p>A nursing note dated 6/25/15 was</p>		<p>Program Director will be retrained on the expectations for the medical charts on 8-13-15.</p> <ul style="list-style-type: none"> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum medication.</li> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to</li> </ul>				

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	<p>reviewed on 7/8/15 at 9:59 AM and indicated "writer collaborated with the wound care center and PCP office to coordinate initial wound care assessment. Initially the PCP sent order to the wrong wound center as [client C's] guardian does not want services through [hospital]. Writer clarified that with PCP's office and provided contact information for [medical facility wound center]. Order was sent to [wound center] and we are awaiting phone call to schedule an appointment."</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "[Client C] has diabetes which puts her at risk for poor healing if skin issues occur." A Health Care Report dated 6/29/15 indicated "Unable to review appointment notes, not scanned in. [Client C] has appointment with wound care center on 6/29/15 as home health care discharged her from their care..."The record failed to indicate client C had been taken to the wound care clinic as recommended by the hospital and indicated in the Health Care Report.</p> <p>The group home nurse was interviewed on 7/9/15 at 12:07 PM and indicated she had coordinated a visit with the wound care clinic. When asked if the</p>		<p>be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</p> <ul style="list-style-type: none"> <li>o Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test</li> </ul> </li> </ul>		

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	<p>appointment had taken place, she stated, "It should have been." She indicated it was the nurse's responsibility to ensure appointments were completed. She indicated she had made arrangements for the appointment and the house manager/Program Coordinator was responsible to make arrangements to take client C to the appointment. She indicated she had not received any documentation about the visit.</p> <p>The PC was interviewed on 7/9/15 at 3:25 PM and indicated she had taken client C to the appointment at the wound care facility (date not specified), but the facility did not have a lift to assist client C from her wheelchair and the appointment was rescheduled.</p> <p>The group home nurse was interviewed on 7/10/15 at 9:03 AM and indicated it was her understanding arrangements had been made for staff to ensure a lift was available for client C to use by transporting her lift to the appointment. She indicated there were no notes from client C's home health care services to treat her pressure ulcer prior to being discharged from their care on 6/17/15. When asked if client C had received a nursing or medical evaluation of her pressure ulcer since her discharge from home health care, she indicated client C</p>		<p>provided)</p> <ul style="list-style-type: none"> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· The medical charts for the site</li> </ul> </li> </ul>				

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	<p>had not received a medical assessment. The nurse indicated she had just finished assessing client C's wound and it was healing and showed no signs and symptoms of infection.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM and when asked why staff did not document the location of client C's skin tear on 6/12/15, indicated staff should be documenting the location, size and appearance of client C's wounds in the electronic record, and reporting any new skin issues to the nurse.</p> <p>2. Client C's record was reviewed on 7/8/15 at 12:47 PM. A Risk Plan dated 4/9/15 indicated a plan to address skin integrity. The plan indicated "Prevention: The key to keeping the skin intact is keeping it dry and pressure free...Pressure can be relieved by repositioning the client or prompting to reposition and encouraging functional alignment when sitting upright...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed...."</p> <p>Client C's July, 2015 MAR (medication administration record) indicated she was to be repositioned and toileted every 2 hours. There was no evidence of</p>		<p>have been reviewed by the nurse.</p> <ul style="list-style-type: none"> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>o Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's wound care treatment</li> <li>o How to measure wounds</li> <li>o How to document skin/wound findings</li> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report</li> </ul> </li> </ul>		

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	<p>re-positioning every 2 hours. Client C was repositioned 4 times on 7/4/15, three times on 7/5/15, 1 time on 7/6/15, 5 times on 7/7/15 and 6 times on 7/8/15 from 12:00 AM until 8:00 AM. Client C's July, MAR failed to indicate she was toileted twice on 7/2/15, twice on 7/4/15, three times on 7/5/15 from 6:00 PM until 10:00 PM, and twice on 7/7/15.</p> <p>The Area Director was interviewed on 7/7/15 at 5:12 PM and indicated staff were to reposition client C and toilet her every 2 hours and document it in the MAR.</p> <p>The group home nurse was interviewed on 7/10/15 at 12:00 PM. When asked if the missing documentation regarding toileting and repositioning was a concern in regards to client C's pressure ulcer, she stated, "Yes," and indicated she wasn't sure if the missing documentation was a lack of completing the repositioning and toileting or of a failure to document. She indicated staff had been instructed to document refusals if client C refused to be repositioned or toileted and had been instructed to ensure documentation was completed.</p> <p>3. Observations were completed in the group home on 7/2/15 from 6:42 AM until 8:35 AM. During medication</p>		<p>expectations and investigation expectations (competency test provided)</p> <ul style="list-style-type: none"> <li>o Mechanically altered diets (competency test provided)</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's skin integrity and diabetic risk plans</li> </ul> <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 8-13-15.</li> <li>· The Program Coordinator and Program Director will be retrained on the expectations for the medical charts on 8-13-15.</li> <li>· The staff responsible for a med error during the survey observation has been suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· A new nurse has been hired to oversee the medical needs of the residents at this site.</li> <li>· The new nurse will be at the site weekly to help oversee the medical needs of the residents and complete assessments as needed.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on</li> </ul>				

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	<p>administration at 6:50 AM, client C received 45 units of Lantus Sol (Solostar) insulin via injection by staff #7. The label indicated client C was to receive 38 units.</p> <p>Client C's July, 2015 Medication Administration Record (MAR) was reviewed on 7/2/15 at 8:10 AM. The MAR indicated client C was to receive 45 units of Lantus Solostar at 8:00 AM.</p> <p>Client C's record was reviewed on 7/8/15 at 12:47 PM. Client C's Medication History/Physician's Orders updated 7/2/15 indicated she was to receive 45 units of Lantus Solostar at 8:00 AM starting from 4/18/15.</p> <p>Staff #7 was interviewed on 7/2/15 at 7:25 AM and indicated she was unsure as to why the label did not match the MAR.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated the MAR should match the medication label. She indicated she had contacted the pharmacy to correct the discrepancy. She indicated staff had been trained to review the medication label and ensure it matches the MAR.</p> <p>9-3-6(a)</p>		<p>7-10-15.</p> <ul style="list-style-type: none"> <li>· The medical charts for the site have been reviewed by the nurse.</li> <li>· A new format for the charts has been developed to facilitate better tracking of the appointments.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>o Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> </ul>		

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W 0368  Bldg. 00	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview,	W 0368	<ul style="list-style-type: none"> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a random staff in the home.</li> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</li> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's needs indicate.</li> <li>· The nurse will review the medication practicums that are completed with the staff in the home. She will consult with the PD and PC regarding any concerns she has.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>	08/09/2015	

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	<p>the facility failed for 1 of 4 sampled clients (client E) and 1 additional client (client D) to administer medications without error.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 7/1/15 at 5:07 PM and included the following medication errors:</p> <p>1. A BDDS report dated 6/12/15 indicated client D had been given another client's medications. Staff #5 had prepared another client's medication and placed the client's initials on the cup and when the client (client E) refused to take the medications, staff #5 "did not put the medications away properly. At that time [client D] entered the medroom (sic) to take her medications and was given the medications of the other client. PC (Program Coordinator) contacted the Nurse Consultant and was directed to take [client D] to the ER (emergency room). ER advised here (sic) were no concerns at this time as both clients take similar medications." The report indicated client D was monitored for side effects and there were none observed and client D's physician was notified of the medication error. Staff #5 "has been</p>		<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> </ul> </li> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the</li> </ul>	

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	<p>suspended from conducting medication administration until she has been retrained by the Nurse Consultant...."</p> <p>2. A GER (General Event Reports) dated 3/27/15 was reviewed on 7/6/15 at 4:35 PM and indicated client E had been given 500 mg (milligrams) of cephalexin (antibiotic) twice daily from 3/23/15 to 3/27/15 and he was supposed to take 1000 mg twice daily. The explanation for the error indicated "Staff was only giving one capsule instead of two." The report indicated the Home Manager/Program Coordinator (HM/PC) had notified the Program Director (PD). There was no evidence the nurse had been notified of the error and client E's physician was notified of the error on 3/27/15 and indicated additional medication was prescribed. "All staff retrained. All staff not involved reminded of med. (medication) pass procedures." Corrective action indicated "Continue to do med. (medication) cabinet checks to watch for future mistakes, keep staff trainings current."</p> <p>A BDDS report dated 3/23/15 and reported 3/27/15 indicated client E had been given only 1 tab of an antibiotic (not specified) instead of two as prescribed from 3/23/17-3/27/15. The error was discovered during an audit of the group</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> </ul> </li> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>	

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	<p>home's medications by the house manager. Corrective action indicated staff were retrained.</p> <p>Staff training records reviewed on 7/7/15 at 5:16 PM indicated staff #5, #6 and #11 had been retrained on medication administration by the house manager on 3/30/15.</p> <p>The group home nurse was interviewed on 7/6/15 at 4:48 PM and indicated she was unaware of the medication error that had occurred from 3/23/15 to 3/27/15 and would have liked to have been made aware so that she could complete training.</p> <p>The Area Director was interviewed on 7/6/15 at 5:12 PM and indicated the staff #5 had been involved with the medication errors on 3/23/15-3/27/15 involving client E and in the medication error involving client D on 6/12/15. She indicated the facility's policy had been changed recently to require the nurse to retrain staff for medication errors.</p> <p>The facility's Health Policy dated April, 2011 was reviewed on 7/7/15 at 5:30 PM and indicated "The Program Director is responsible for notifying nursing staff on any significant changes in a person's health status as well as any needed follow</p>		<ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> </ul> </li> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>· Monthly medication practicums will be completed with a</li> </ul>		

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W 0369	<p>up from doctor's orders...Proper administration of medications is critical. All medication errors are serious. Due to potential health implications, medication errors will result in retraining and/or disciplinary action as indicated by the frequency and severity of the error(s)...A medication error includes the following: administering the incorrect dose of medication...The staff person will also complete an Incident Report, and place it in his supervisor's mailbox for the supervisor and Nurse to review...." The policy indicated all medication errors "are reported immediately to the on-call supervisor who will report to the nurse as indicated...."</p> <p>9-3-6(a)</p> <p>483.460(k)(2)</p>		<p>random staff in the home.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>		

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Bldg. 00	<p><b>DRUG ADMINISTRATION</b></p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client C) to ensure medications were administered without error.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 7/2/15 from 6:42 AM until 8:35 AM. During medication administration at 6:50 AM, client C received 30 ml (milliliters) of Potassium Chloride from staff #7. The label indicated client C was to receive 37.5 ml three times daily.</p> <p>Client C's July, 2015 Medication Administration Record (MAR) was reviewed on 7/2/15 at 8:10 AM. The MAR indicated client C was to receive 37.5 ml of Potassium Chloride at 8:00 AM.</p> <p>Staff #7 was interviewed on 7/2/15 at 7:25 AM and when asked about the correct dosage for client C, stated "It's what I was taught." Staff #7 indicated he was trained by the house manager to administer client C's medications.</p> <p>The group home manager was interviewed on 7/6/15 at 3:36 PM and indicated the medication administration on 7/2/15 was staff #7's first time</p>	W 0369	<p><b>W 369 Drug Administration</b></p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's diabetic risk plans <ul style="list-style-type: none"> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is determined.</li> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· Client C's MAR has been reflected to include all pertinent information for her Tanzeum</li> </ul> </li> </ul> </li> </ul>	08/09/2015	

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	<p>administering medications. The group home manager stated, "I had trained him to pour it into a shot glass size. The dosage may have changed."</p> <p>Client C's records were reviewed on 7/8/15 at 12:47 PM. A physician's order dated 4/9/15 indicated client C was to receive 37.5 ml of potassium chloride three times daily.</p> <p>9-3-6(a)</p>		<p>medication.</p> <ul style="list-style-type: none"> <li>· Until the corrected pens with new labels were sent by the pharmacy an order change, refer to MAR sticker was placed on the existing label on Client C's Novolog.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Med pass administration (competency test provided)</li> <li>o Ensuring the MAR matches the labels on meds</li> <li>o Insulin training (competency test provided)</li> <li>o Client C's diabetic risk plans</li> </ul> </li> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency</li> </ul>	

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			<p>with the medication pass is determined.</p> <ul style="list-style-type: none"> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Med pass administration (competency test provided)</li> <li>○ Ensuring the MAR matches the labels on meds</li> <li>○ Insulin training (competency test provided)</li> <li>○ Client C's diabetic risk plans</li> </ul> </li> <li>· The staff responsible for a med error during the survey observation was suspended from passing medications.</li> <li>· Staff who are found to have medication errors will be suspended from passing meds until training can be completed again and competency with the medication pass is</li> </ul>	

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			<p>determined.</p> <ul style="list-style-type: none"> <li>· Staff who were not trained to pass insulin by the nurse during the survey observation were suspended from passing insulin until training and competency was verified on 7-10-15.</li> <li>· Weekly med cabinet checks to be completed by the Program Coordinator. The checks will include a check of the meds to ensure the labels match the MAR.</li> <li>· Additional med practicums will be completed with the staff involved in the medication errors for clients C, E and D.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C is now involved with the wound care doctor who is monitoring her wounds.</li> <li>· Mentor's new nurse will be in the home on a weekly basis to monitor for concerns and assess residents as needed.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets,</li> </ul>	

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients A, B, C and E), and for 4 additional clients (clients D, F, G and H) to conduct quarterly evacuation drills for the day shift.</p> <p>Findings include:</p> <p>The facility's evacuation drills from 7/14-7/15 were reviewed on 7/6/15 at 3:55 PM. The review indicated the facility had failed to conduct evacuation drills for clients A, B, C, D, E, F, G and H, for the day shift from 10/24/14 until 4/9/15.</p> <p>The Area Director Director was</p>	W 0440	<p>risk plans, ISP's, programming, and medication review.</p> <ul style="list-style-type: none"> <li>Staff will not pass medication until they are trained and deemed competent in the med administration med pass.</li> <li>Monthly medication practicums will be completed with a random staff in the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 440 Evacuation Drills</b> The facility must hold at least quarterly drills for each shift of personnel.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>The Program Coordinator will receive training on the emergency drill tracking.</li> <li>The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> <li>A day shift will be completed by August 9th.</li> <li>The Program Director will monitor the emergency drills monthly.</li> </ul>	08/09/2015			

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	interviewed on 7/6/15 at 4:36 PM and indicated there was no other evidence drills were conducted during the missing dates for the day shift.  9-3-7(a)		<p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>· The Program Coordinator will receive training on the emergency drill tracking.</li> <li>· The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> <li>· A day shift will be completed by August 9th.</li> <li>· The Program Director will monitor the emergency drills monthly.</li> <li>· Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· A schedule identifying when each emergency drill should be ran has been implemented.</li> <li>· The Program Coordinator will receive training on the emergency drill tracking.</li> </ul>	

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W 0460  Bldg. 00	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based upon observation, interview and record review, the facility failed for 1 of	W 0460	<ul style="list-style-type: none"> <li>· The importance of ensuring emergency drills are ran each month for the appropriate time period will be reviewed with staff.</li> <li>· A day shift will be completed by August 9th.</li> <li>· The Program Director will monitor the emergency drills monthly.</li> <li>· Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor monthly after each drill is to be ran to ensure completion.</li> <li>· The Program Director will monitor on a monthly basis and during monthly supervisory visits.</li> <li>· The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p> <p><b>W 460 Food and Nutrition</b> Each client must receive a</p>	08/09/2015	

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015			
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	<p>4 sampled clients (client A) and 1 additional client (client G) to provide prescribed diet with pureed consistency.</p> <p>Findings include:</p> <p>During observation at the group home on 7/2/15 from 6:42 PM until 8:35 AM, clients A and G were served scrambled eggs with lumps. Client A was served cottage cheese.</p> <p>Staff #10 was interviewed on 7/2/15 at 7:42 AM and indicated she had been told cottage cheese was part of the pureed diet and that she had used a blender to blend the eggs, but lumps remained.</p> <p>The house manager was interviewed on 7/6/15 at 3:32 PM and indicated the pureed texture should be smooth. She indicated she thought staff #10 had been trained on preparing pureed diet, and stated, "I assumed she had done training (on diet consistency), but she didn't." She indicated staff #10 had transferred from another facility.</p> <p>Client A's record was reviewed on 7/8/15 at 5:11 PM. A risk plan dated 5/6/15 indicated client A was at high risk for choking and indicated she was to receive a pureed diet.</p>		<p>nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Diets for Client A and G were reviewed with the staff.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Mechanically altered diets (competency test provided)</li> </ul> </li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/10/2015
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	Client G's record was reviewed on 7/9/15 at 1:35 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.  9-3-8(a)		<ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Mechanically altered diets (competency test provided)</li> </ul> </li> <li><b>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Mechanically altered diets (competency test provided)</li> </ul> </li> <li><b>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</b> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The nurse, Program Coordinator and Program Director will consult daily regarding the medical needs of the clients. This</li> </ul> </li> </ul> </li> </ul>		

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			<p>will include oversight of the MAR, skin/wound documentation, dietary needs of the residents and appointment outcomes. This consultation will be documented on the team meeting notes.</p> <ul style="list-style-type: none"> <li>· The team will facilitate appropriate follow up action based on the daily consultation.</li> <li>· The nurse will be available to do observations within the home for medical related issues as the client's needs indicate.</li> <li>· The Program Coordinator will monitor the dietary needs of the home daily to ensure that the staff is meeting the dietary needs of the residents.</li> <li>· The Program Director will complete observations within the home as the dietary needs of the residents dictates.</li> <li>· All new staff hired will complete dietary training which includes a competency test as a part of basic orientation.</li> <li>· The notes from the consultation between the Program Director and Program Coordinator will be forwarded to the Area Director to review.</li> </ul> <p><b>1. What is the date by which the systemic changes will be completed?</b> August 9th, 2015</p>		