

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 08/18/2015
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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 a post certification revisit to a pre-determined full recertification and state licensure survey completed on 7/10/15.</p> <p>This visit was in conjunction with a post certification revisit to a post certification revisit to the investigation of complaint #IN00172930.</p> <p>Dates of Survey: August 17 and 18, 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 0191 Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p>	W 0191	W 191 Staff Training Program	09/17/2015

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>Based upon observation, interview and record review for 2 of 4 sampled clients (clients A and C), and for 1 additional client (client G), the facility failed ensure staff were trained to competency to implement and document client C's risk plan and interventions to prevent pressure wounds and failed to provide clients A and G their prescribed diet with pureed consistency.</p> <p>Findings include:</p> <p>1. The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a</p>		<p>For employees who work with clients, training must focus on skills and competencies directed towards clients' behavioral needs.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training completed with the staff regarding: <ul style="list-style-type: none"> o Client C's wound care treatment o Client C's repositioning schedule o Documentation expectations of Client C's repositioning schedule o Client C's risk plan for skin integrity · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The repositioning schedules for Client C will be sent to the PD and the nurse daily for them to review and to ensure completeness. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for Client A and G will 				

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	<p>daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p> <p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs and symptoms of infection. Regular follow ups will be made to either PCP (primary care physician) or wound care as appropriate. The findings are that this wound is a result of diabetes diagnosis, immobility and obesity." The conclusion indicated "Evidence supports staff followed protocols."</p>		<p>be reviewed again with staff at their team meeting.</p> <ul style="list-style-type: none"> · Use of food substitutions will be reviewed with staff at their team meeting. · Programing will be implemented for Client C on how to assist with repositioning. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day service program has been scheduled for 9-14-15. · Staff at day service have access to the paper charting for client C. <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"> · All residents have the potential to be affected by the same deficient practice. · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by 		

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	<p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. 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] has a wheelchair that leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed. [Client C] is able to tell staff when she needs to use the restroom. Staff will ensure they respond promptly to [client C] when she needs to use the restroom and will assist her in cleaning her thoroughly after using the restroom...."</p> <p>A visit to a medical facility dated 8/7/15 in the record indicated client C was seen for a pressure ulcer and was to apply Balmex 11.3% cream twice daily and follow up with specialists and client C's PCP.</p>		<p>the dietician on 8-24-15 regarding how to mechanically alter foods.</p> <ul style="list-style-type: none"> · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day service program has been scheduled for 9-14-15. · Staff at day service have access to the paper charting for clients. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. <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"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. 		

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	<p>A Medication History entry dated 8/10/15 in the record indicated an entry by the group home nurse "Assist with re-positioning every 1 hours (sic) to prevent skin breakdown due to immobility. Complete paper excel spread sheet documentation."</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in chair. Discussed fragility of healed area to open do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>An August, 2015 MAR (medication administration record) in the record indicated client C was repositioned and toileted every 2 hours from August 1-10, 2015 from 12:00 AM until 10:00 PM. Beginning 8/3/15 client C was to change positions hourly and there was a space for documentation at 6:00 AM, 12:00 PM and 8:00 PM. "Change positions hourly-while in w/c (wheelchair), reposition every 2 hours while asleep in bed. Document each shift being completed and on spread sheet." There was no documentation at 6:00 AM on</p>		<ul style="list-style-type: none"> · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day service program has been scheduled for 9-14-15. · Staff at day service have access to the paper charting for clients. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of 				

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	<p>8/3/15, 8/7/15 and 8/8/15. There was no documentation of repositioning at 12:00 PM on 8/4/15, 8/6/15, 8/7/15, 8/10/15 and 8/11/15.</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p> <p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit on the recliners, there were always people sitting in them. While PD was observing the day service, it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD's observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that it would make her very happy to have additional</p>		<p>clients and the client's needs are being met.</p> <ul style="list-style-type: none"> · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Mentor's new nurse will be in the home at least weekly basis or more frequently to monitor for concerns and assess residents as needed. · 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. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. <p>5. What is the date by which the systemic changes will be completed? September 17th, 2015</p>				

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	<p>recliners in which she could sit.</p> <p>Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated client C's pressure sores had healed up. She indicated client C was now to be repositioned hourly to prevent future pressure wounds from developing. She indicated the documentation that staff complete regarding repositioning and toileting client C was reviewed weekly.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated she was not able to do so. When asked how she repositions herself, she wiggled in her</p>			

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	<p>chair to shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift stayed in the bathroom at the front of the day service. DSP #1 indicated client C was toileted and repositioned every two hours. She indicated the day services staff recorded any data in regards to toileting client C in the electronic record and indicated there was a space in the record to document at 12:00 AM, 8:00 AM, and 4:00 PM. She indicated there was a paper record in addition to the electronic documentation, but she did not have access to the record.</p> <p>A blank Turning/Repositioning Schedule to be used for documenting client C's repositioning schedule was reviewed on 8/18/15 at 3:50 PM and indicated spaces for repositioning from 6:00 AM until 4:00 AM each day on an hourly basis.</p> <p>A Repositioning Schedule for August, 2015 at day services was reviewed on 8/18/15 at 6:30 PM and indicated for the week of August 12-14, client C was</p>			

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	<p>repositioned four times each day on Wednesday, Thursday and Friday between 8:00 AM until 4:00 PM and the week of August 17-21, was repositioned 4 times each day on Monday and Tuesday. The schedule indicated spaces to document for repositioning every 2 hours for client C.</p> <p>Staff training records were reviewed on 8/18/15 at 4:41 PM and indicated group home staff and day service staff had been trained on repositioning and toileting client C on 8/7/15.</p> <p>The group home nurse was interviewed on 8/18/15 at 4:00 PM and indicated she had initiated the paper documentation as the electronic MAR would be too lengthy for hourly documentation. She indicated the paper documentation was a supplement to the electronic record and staff should have implemented training to ensure client C was repositioned every hour and staff should have documented each time client C was repositioned and toileted.</p> <p>2. During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, clients A and G were served a red/orange food ground into a consistency with lumps.</p>			

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	<p>Staff #3 was interviewed on 8/17/15 at 5:50 PM. When asked about the consistency, she indicated the food was pizza and it had been ground in a blender for 5 minutes. She indicated the food was smooth and with no lumps, and stated, "It's the best we can get it."</p> <p>Client A's record was reviewed on 8/18/15 at 1:28 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 8/18/15 at 1:45 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.</p> <p>Pureed Food Consistency description used by the group home (undated) was reviewed on 8/18/15 at 1:14 PM and indicated "All foods are prepared to a smooth consistency by grinding and then pureeing them. Appearance is smooth like pudding."</p> <p>Staff #3's Diet Texture Verification of Competence dated 8/3/15 was reviewed on 8/18/15 at 2:00 PM and indicated staff #3 had been trained by the nurse to competency to prepare pureed food.</p> <p>The group home nurse was interviewed</p>			

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	<p>on 8/18/15 at 1:14 PM and indicated staff had been trained on the guidelines to ensure pureed food was smooth with the texture of pudding. She indicated if staff were unable to blend the food being served to smooth consistency, they were to offer a substitute that could be prepared properly to pureed consistency.</p> <p>This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>			
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,</p>	W 0323	W 323 Physician Services	09/17/2015

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	<p>the facility failed for 1 of 3 sampled clients (client C) to ensure a timely vision examination was completed.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM and failed to indicate an examination of client C's vision status.</p> <p>A vision examination dated 4/16/14 provided by the group home nurse was reviewed on 8/18/15 at 1:30 PM and indicated client C was to return for yearly vision checks.</p> <p>The group home nurse was interviewed on 8/18/15 at 1:30 PM and indicated there was not an updated vision examination for client C.</p> <p>This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client C's vision exam is scheduled for 9-14-15. <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"> · All residents have the potential to be affected by the same deficient practice. · The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors. · A list of upcoming appointments and needed annual appointments to schedule has been provided to the Program Coordinator and the Program Director by the nurse. <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"> · The importance of completing annual appointments will be reviewed with the Program Coordinators and Program Directors. · A list of upcoming appointments and needed annual appointments to schedule has been 		

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W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client C) to ensure staff implemented her skin integrity risk plans and interventions to address pressure ulcers. Findings include: The facility's reports to the Bureau of	W 0331	provided to the Program Coordinator and the Program Director by the nurse. 1.How will the corrective action be monitored to ensure the deficient practice will not recur? · 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.). · The nurse will review resident's appointments monthly via the health care reports that are being ran for the clients. 1.What is the date by which the systemic changes will be completed? September 17th, 2015 W 331 Nursing Services The facility must provide clients with nursing services in accordance with their needs. 1. What corrective action will be accomplished? · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met.	09/17/2015	

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	<p>Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p> <p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into the client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the</p>		<ul style="list-style-type: none"> · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training completed with the staff regarding: <ul style="list-style-type: none"> o Client C's wound care treatment o Client C's repositioning schedule o Documentation expectations of Client C's repositioning schedule o Client C's risk plan for skin integrity · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The repositioning schedules for Client C will be sent to the PD and the nurse daily for them to review and to ensure completeness. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for Client A and G will be reviewed again with staff at their team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · Programing will be implemented for Client C on how to assist with repositioning. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day 				

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	<p>nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs and symptoms of infection. Regular follow ups will be made to either PCP (primary care physician) or wound care as appropriate. The findings are that this wound is a result of diabetes diagnosis, immobility and obesity." The conclusion indicated "Evidence supports staff followed protocols."</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. 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] has a wheelchair that</p>		<p>service program has been scheduled for 9-14-15.</p> <ul style="list-style-type: none"> · Staff at day service have access to the paper charting for client C. · Additional recliners have been purchased for the day service program. · A nursing measure will be added to Client C's MAR for her to be encouraged to take 30 minute bed rest daily to relieve pressure. <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"> · All residents have the potential to be affected by the same deficient practice. · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is 		

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	<p>leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position...[Client C] is continent, however uses adult incontinent products in case of accidents. Staff assist her with changing, as needed. [Client C] is able to tell staff when she needs to use the restroom. Staff will ensure they respond promptly to [client C] when she needs to use the restroom and will assist her in cleaning her thoroughly after using the restroom...."</p> <p>A visit to a medical facility dated 8/7/15 in the record indicated client C was seen for a pressure ulcer and was to apply Balmex 11.3% cream twice daily and follow up with specialists and client C's PCP.</p> <p>A Medication History entry dated 8/10/15 in the record indicated an entry by the group home nurse "Assist with re-positioning every 1 hours (sic) to prevent skin breakdown due to immobility. Complete paper excel spread sheet documentation."</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in</p>		<p>completed with the nurse.</p> <ul style="list-style-type: none"> · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day service program has been scheduled for 9-14-15. · Staff at day service have access to the paper charting for clients. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. · Additional recliners have been purchased for day services. <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"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. 		

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	<p>chair. Discussed fragility of healed area to open do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>An August, 2015 MAR (medication administration record) in the record indicated client C was repositioned and toileted every 2 hours from August 1-10, 2015 from 12:00 AM until 10:00 PM. Beginning 8/3/15 client C was to change positions hourly and there was a space for documentation at 6:00 AM, 12:00 PM and 8:00 PM. "Change positions hourly-while in w/c (wheelchair), reposition every 2 hours while asleep in bed. Document each shift being completed and on spread sheet." There was no documentation at 6:00 AM on 8/3/15, 8/7/15 and 8/8/15. There was no documentation of repositioning at 12:00 PM on 8/4/15, 8/6/15, 8/7/15, 8/10/15 and 8/11/15.</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p>		<ul style="list-style-type: none"> · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. · A staff meeting for the day service program has been scheduled for 9-14-15. · Staff at day service have access to the paper charting for clients. · The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented. · Additional recliners have been purchased for day services. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. 		

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	<p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit on the recliners, there were always people sitting in them. While PD was observing the day service, it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD's observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that it would make her very happy to have additional recliners in which she could sit.</p> <p>Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated client C's pressure sores had healed up. She indicated client C was now to be</p>		<ul style="list-style-type: none"> · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Mentor's new nurse will be in the home at least weekly basis or more frequently to monitor for concerns and assess residents as needed. · 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. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · 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. <p>5. What is the date by which the systemic changes will be</p>		

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	<p>repositioned hourly to prevent future pressure wounds from developing. She indicated the documentation that staff complete regarding repositioning and toileting client C was reviewed weekly.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated she was not able to do so. When asked how she repositions herself, she wiggled in her chair to shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift stayed in the bathroom at the front of the day service. DSP #1 indicated client C was toileted and repositioned every two hours. She indicated the day services staff</p>		<p>completed? September 17th, 2015</p>	

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	<p>recorded any data in regards to toileting client C in the electronic record and indicated there was a space in the record to document at 12:00 AM, 8:00 AM, and 4:00 PM. She indicated there was a paper record in addition to the electronic documentation, but she did not have access to the record.</p> <p>A blank Turning/Repositioning Schedule to be used for documenting client C's repositioning schedule was reviewed on 8/18/15 at 3:50 PM and indicated spaces for repositioning from 6:00 AM until 4:00 AM each day on an hourly basis.</p> <p>A Repositioning Schedule for August, 2015 at day services was reviewed on 8/18/15 at 6:30 PM and indicated for the week of August 12-14, client C was repositioned four times each day on Wednesday, Thursday and Friday between 8:00 AM until 4:00 PM and the week of August 17-21, was repositioned 4 times each day on Monday and Tuesday. The schedule indicated spaces to document for repositioning every 2 hours for client C.</p> <p>The group home nurse was interviewed on 8/18/15 at 4:00 PM and indicated she had initiated the paper documentation as the electronic MAR would be too lengthy for hourly documentation. She indicated</p>			

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W 0436 Bldg. 00	<p>the paper documentation was a supplement to the electronic record and client C should have been repositioned every hour and staff should have documented each time client C was repositioned and toileted.</p> <p>This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary</p>			

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	<p>team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed to provide adaptive equipment (customized wheelchair) to meet client C's needs for mobility and positioning to address pressure ulcers.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/17/15 at 3:35 PM. A BDDS report dated 8/4/15 at 10:00 PM indicated "while completing a skin check, staff discovered a new open wound on [client C's] left inner thigh near her buttocks approximately 1 cm (centimeter) x (by) 1 cm. Staff applied prn (as needed cream.)" Corrective action indicated the group home nurse assessed the wound and no signs of infection and "no concerns were noted." The group home nurse instructed staff to continue Balmex treatment. The report indicated client C received wound care treatment through a wound care clinic, and an appointment was made to follow up care in regards to the new wound. "Will continue to monitor the area for signs and symptoms of infection and healing on a daily basis through skin checks. Staff will continue to report any new wounds to the Program Coordinator (PC)."</p>	W 0436	<p>W436 Space and Equipment</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The wheelchair company servicing Client C's new wheelchair will be contacted to follow up on the status of receiving her new chair. · The wheelchair company servicing Client C's old wheelchair will be contacted to follow up on the status of the broken foot rests. · The foot rests will be repaired or replaced as recommended by the wheelchair company. · Additional recliners were purchased for day services. <p>1.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"> · All clients have the potential to be affected by the same deficient practice. · QIDP will review adaptive equipment and needs of all clients to ensure that proper protocols and are in place. · The QIDP, Nurse and/or the Program Coordinator will review all of the adaptive equipment currently in the home and ensure that it is in good functioning order. · Training with Program Director (QIDP) and Program Coordinator regarding ensuring that adaptive equipment needs of each 	09/17/2015			

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	<p>An investigation dated 8/4/15-8/9/15 completed by the Program Director (PD) into the client C's pressure ulcer indicated "The nurse assessed her the following day. When an appointment with the wound care clinic was not able to be made until 8/12/15, she was taken (sic) (location not identified) on 8/7/15 for her health and safety." Factual findings indicated client C was assessed by the nurse on 8/6/15 and she (the nurse) recommended to continue the Balmex treatment...Per [medical facility] visit on 8/7/15, staff was instructed to continue to use the Balmex on [client C.]...[Client C] has a history of skin breakdown due to diabetes, immobility and obesity. She is being watched by wound care (sic) and staff is completing skin/wound assessments on a daily basis. New wounds will continue to be reported and monitored for signs and symptoms of infection. Regular follow ups will be made to either PCP (primary care physician) or wound care as appropriate. The findings are that this wound is a result of diabetes diagnosis, immobility and obesity."</p> <p>Client C's record was reviewed on 8/17/15 at 2:50 PM. A Risk Plan updated 4/9/15 indicated client C was at risk for impaired skin integrity and</p>		<p>client is met.</p> <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"> · QIDP will review adaptive equipment and needs of all clients to ensure that proper protocols and are in place. · The QIDP, Nurse and/or the Program Coordinator will review all of the adaptive equipment currently in the home and ensure that it is in good functioning order. · Training with Program Director (QIDP) and Program Coordinator regarding ensuring that adaptive equipment needs of each client is met. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will review adaptive equipment and document any concerns. · Program Director (QIDP) will review documentation of adaptive equipment concerns weekly. · The Nurse will monitor the adaptive equipment needs when she is in the home. <p>1.What is the date by which the systemic changes will be completed?</p> <p>September 17th, 2015</p>		

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	<p>broken skin (impaired integrity) "...results in open wounds, pressure sores, infection and pain. 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] has a wheelchair that leans back which she can do independently. While the chair is leaned back she can maneuver herself into a more comfortable position..."The record indicated client C had a customized wheelchair ordered for her on 5/13/15 and again on 6/8/15.</p> <p>During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, client C sat in a standard wheelchair.</p> <p>Client C and staff #10 were interviewed on 8/17/15 at 4:45 PM and indicated client C's new wheelchair was still in progress and they were uncertain of the status of a new wheelchair ordered for her or of her old wheelchair which had broken foot rests.</p> <p>A visit to a medical facility dated 8/12/15 indicated client C was seen for her pressure ulcer. Recommendations indicated "Continue strict pressure reduction and repositioning while in</p>			

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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>chair. Discussed fragility of healed area to open do (sic) to decreased tensile strength." The visit documentation indicated "wounds improved since last visit."</p> <p>A nursing note dated 8/14/15 in the record indicated client C's wound was healed, "skin very fragile," and indicated client C was to use Balmex cream and "encouraged to take 30 minute bedrest (time of day unspecified) to relieve pressure in addition to changing position every hour."</p> <p>A note dated 8/14/15 entered by the Program Director (PD) in the record indicated the "PD was informed that [client C] would like to have a recliner to sit on at day service. [Client C] expressed that when she wanted to be able to sit on the recliners, there were always people sitting in them. While PD was observing the day service, it was noted that the majority of the time there were individuals in the recliners and [client C] was not able to sit in them. It was the PD's observation that it would be beneficial not only to [client C], but to the other clients at the day program if more recliners were purchased. [Client C] was very pleased as evidenced by a huge smile, when PD asked if more recliners would be helpful. She stated that it would</p>			

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	<p>make her very happy to have additional recliners in which she could sit.</p> <p>Recommendations: 1. Day service is in need of additional recliners for the clients to relax, in particular, [client C] when she is repositioned. A request will be made to [Area Director (AD)]. 2. Staff at Day services should offer [client C] a recliner to sit in when she is being repositioned each hour."</p> <p>An entry by the Program Coordinator dated 7/22/15 in the record indicated "spoke with [wheelchair company] July 20 and 21, [name] is handling the order for the new chair, all paper work has been filled and her assessment has been done, waiting for chair to arrive. [Name] is handling the repair claims the doctor hasnt (sic) filled out the paper work they had wrong doctor, resending. Did state to me that she (client C) owns the broken chair and it will be repaired even with getting the new one."</p> <p>An entry by the group home nurse on 8/18/15 in the record indicated the nurse had called the wheelchair company in regards to the status of client C's wheelchair and had left a message.</p> <p>The group home nurse was interviewed on 8/18/15 at 11:14 AM and indicated she had called the wheelchair company</p>			

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	<p>today to check on the status of client C's wheelchair that had been ordered. She was uncertain as to the cause of the delay of client C's wheelchair. She indicated client C was to use a gel cushion on her wheelchair to assist with pressure on her skin.</p> <p>Observations were completed at the day services on 8/18/15 from 2:20 PM until 2:35 PM. Client C sat in her standard wheelchair sitting on a gel cushion. There were two recliners in the day services common area, both of which were being used by other clients.</p> <p>Client C was interviewed on 8/18/15 at 2:20 PM. When asked if she is able to get out of her wheelchair while at day services, she indicated she was not able to do so. When asked how she repositions herself, she wiggled in her chair to shift her position slightly.</p> <p>DSP (Direct Support Staff) #1 at day services was interviewed on 8/18/15 at 2:22 PM. When asked if client C was out of her wheelchair during her time at day services, she stated, "Not a lot," and indicated client C required the use of a lift to assist her out of her wheelchair and onto the toilet. DSP #1 indicated the lift was kept in the bathroom at the front of the day service.</p>			

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W 0460 Bldg. 00	<p>9-3-7(a)</p> <p>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 4 sampled clients (client A) and 1 additional client (client G) to provide the prescribed diet with pureed consistency.</p> <p>Findings include:</p> <p>During observation at the group home on 8/17/15 from 4:13 PM until 5:59 PM, clients A and G were served a red/orange food ground into a consistency with lumps.</p> <p>Staff #3 was interviewed on 8/17/15 at 5:50 PM. When asked about the consistency, she indicated the food was</p>	W 0460	<p>W 460 Food and Nutrition Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients 	09/17/2015

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	<p>pizza and it had been ground in a blender for 5 minutes. She indicated the food was smooth and with no lumps, and stated, "It's the best we can get it."</p> <p>Client A's record was reviewed on 8/18/15 at 1:28 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 8/18/15 at 1:45 PM. A nutritional assessment dated 4/6/15 indicated client G was to receive a pureed diet.</p> <p>Pureed Food Consistency description used by the group home (undated) was reviewed on 8/18/15 at 1:14 PM and indicated "All foods are prepared to a smooth consistency by grinding and then pureeing them. Appearance is smooth like pudding."</p> <p>The group home nurse was interviewed on 8/18/15 at 1:14 PM and indicated staff had been trained on the guidelines to ensure pureed food was smooth with the texture of pudding. She indicated if staff were unable to blend the food being served to smooth consistency, they were to offer a substitute that could be prepared properly to pureed consistency.</p>		<p>and the client's needs are being met.</p> <ul style="list-style-type: none"> · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. <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"> · All residents have the potential to be affected by the same deficient practice. · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by the dietician on 8-24-15 regarding 				

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	<p>This deficiency was cited on July 10, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>		<p>how to mechanically alter foods.</p> <ul style="list-style-type: none"> · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. <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"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. 		

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			<ul style="list-style-type: none"> · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will do home observations twice weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Nurse will do weekly observations to ensure staff are implementing the plans of the clients and the client's needs are being met. · Training was completed by the dietician on 8-24-15 regarding how to mechanically alter foods. · The new hire basic orientation class contains how to mechanically alter foods. A competency test is completed with the nurse. · Diets for all clients will be reviewed at the team meeting. · Use of food substitutions will be reviewed with staff at their team meeting. · A staff meeting for the group home has been scheduled for 9-15-15. 	

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			1.What is the date by which the systemic changes will be completed? September 17th, 2015		