

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G642	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2013
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1365 MARVY LN PALMYRA, IN 47164
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 16, 17, 18 and 19, 2013.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 001109 AIM Number: 100240270 Provider Number: 15G642</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/26/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 2 investigations reviewed (client #2), the facility failed to ensure corrective action had been implemented regarding client #2's choking.</p> <p>Findings include:</p>	W000157	W157Client # 2's Choking Care Plan will be reviewed and revised as necessary by the Nurse. The Behavior Specialist will review and revise client #2's Behavior Support Plan to include information about client 2's history of dysphagia. All staff at this facility will be trained on the plan revisions. Staff will be	01/18/2014

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>Review of facility investigations and follow up reports on 12/16/13 at 2:00 PM indicated a report dated 1/14/13 at 12:20 PM wherein client #2 choked on his mechanically altered (soft texture) chicken with cheese and noodles during lunch at his day program. Client #2 was evaluated at a local emergency room and it was recommended his diet be changed to a puree consistency. The facility was going to have a swallow study done since client #2's last swallow evaluation was in January of 2007.</p> <p>The review of investigations indicated a second choking incident at the facility on 6/23/13. The incident report dated 6/23/13 at 12:50 PM indicated client #2 was in the living/dining/kitchen room area. The incident report indicated, "[Staff #9] and I [QIDP #1 (Qualified Intellectual Disabilities Professional)] were training in the office when we heard a gasp. We ran out and [client #2] was gasping for air. [Staff #9] did back blows and the heimlich maneuver (sic), then I did as we reassured [client #2] verbally. [Client #2] did spit out some food....[client #2] had gotten into the crock pot where food was prepared earlier in the day."</p> <p>Review of client #2's record (12/17/13 8:56 AM) indicated he received a swallow study on 1/31/13. The report</p>		<p>retrained on monitoring protocol and food consistency for client #2. To protect other clients: The plans will be reviewed for all clients who have dysphagia diagnoses. The QIDP will ensure that the plans are coordinated and each includes the dysphagia diagnosis. To prevent recurrence: All care plans are reviewed in the event of a choking incident or other health-related incident. Additionally, all care plans are reviewed annually at each client's case conference, at which time changes are made if necessary. The Home Manager will ensure that staff are trained on all plan revisions and all corrective action is implemented. Quality assurance: The Home Manager will observe staff several times each week to ensure that the plans are being implemented appropriately. Retraining will be initiated as necessary. Responsible parties: Nurse, Behavior Specialist, QIDP and Home Manger.</p>				

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	<p>dated 2/5/13 by the speech clinician indicated client #2's diagnosis included, but was not limited to, "mod/sev (moderate to severe) oral dysphagia...recommend supervision (sic) pureed diet and thin liquids." The record review indicated a Dining Plan dated 1/15/13 and a Choking Care Plan dated 11/30/10 revised in May 2013 by the RN. The Dining Plan did not include the mention of client #2's diagnosis of dysphagia or that he was at risk of choking if not closely monitored. The Choking Care Plan indicated, "Absolutely no eating or drinking without staff being present." Review (12/18/13 1:00 PM) of client #2's BSP (Behavior Support Plan) dated 8/7/13 indicated "In the past he has taken and consumed food or drink items that were not his." The BSP indicated client #2's diagnoses but dysphagia or history of choking was not listed among them.</p> <p>Interview with QIDP #1 on 12/17/13 at 11:50 AM indicated staff were in the office area involved in training. Non pureed food was in a crock pot on the kitchen counter, client #2 ate food from the crock pot and choked. The interview indicated client #2 had a history of taking others' food/drink. The interview indicated staff were not with client #2 at</p>						

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W000159	<p>the time of the incident to prevent him from getting into the crock pot and subsequently choking.</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 a qualified mental retardation professional. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and integrate clients' program plans to address dining behavior issues and failed to ensure the behavior clinician's and the RN's programs contained necessary information/client diagnoses.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on the evening of 12/16/13 from 3:30 PM until 7:00 PM. Client #1 was sitting on the love seat in the living/dining/kitchen area of the facility watching television; she had a cup of coffee on the end table in the living area beside her and drank from it. Clients #2, #3, and #4 ate dinner at the dining table commencing at 6:09 PM.</p>	W000159	<p>W1591) The QIDP will consult with the Behavior Specialist to add a goal to client # 1's ISP or BSP to address eating at the table.2) Client # 2's Choking Care Plan will be reviewed and revised as necessary by the Nurse. The Behavior Specialist will review and revise client #2's Behavior Support Plan to include information about client 2's history of dysphagia. All staff at this facility will be trained on the plan revisions. To protect other clients: All Behavior Support Plans, Care Plans and ISP's are updated at least annually. Each plan will be distributed to all members of the IDT for review. The QIDP, Nurse and Behavior Specialist will review each client's plan to ensure that the plans are coordinated to include all diagnoses and address current needs of each client. To prevent</p>	01/18/2014
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	<p>Client #1 did not come to the table despite repeated verbal prompting by staff. On 12/17/13 from 6:15 AM until 8:15 AM observations were conducted at the facility. Clients #2, #3, and #4 ate breakfast commencing at 6:45 AM. Client #1 was given her cereal to eat while she sat on the love seat by staff #5 at 7:15 AM. Client #1 refused to come to the dining table to eat/drink throughout both observation times.</p> <p>Review of client #1's record on 12/17/13 at 11:00 AM indicated a Behavior Support Plan/BSP dated 5/3/13 and an ISP/Individual Support Plan dated 5/2/13. The ISP and the BSP did not address client #1's not coming to the dining room table to eat meals.</p> <p>Interview with the QIDP on 12/19/13 at 11:46 AM indicated client #1 did not have the behavior of not eating at the dining room table (eating/drinking while sitting on the love seat watching television) addressed in her ISP or BSP.</p> <p>2. Review of facility investigations and follow up reports on 12/16/13 at 2:00 PM indicated a report dated 1/14/13 at 12:20 PM wherein client #2 choked on his mechanically altered (soft texture) chicken with cheese and noodles during lunch at his day program. Client #2 was evaluated at a local emergency room and it was recommended his diet be changed to a puree consistency.</p> <p>The review of investigations indicated a second choking incident at the facility on 6/23/13. The incident report dated 6/23/13 at 12:50 PM indicated client #2 was in the living/dining/kitchen room area. The incident report indicated, "[Staff #9] and I [QIDP #1 (Qualified Intellectual Disabilities Professional)] were training in the office when we heard a gasp.</p>		<p>recurrence: The QIDP will conduct an assessment on each client annually to determine training needs. The QIDP will include goals to address needs in the ISP and coordinate with the Nurse and Behavior Specialist on the Behavior Support Plan and Care Plans. Plans may also be reviewed and revised in this manner based on occurrences throughout the year. Quality assurance: The QIDP will review each client's active treatment plan quarterly. This review will include a discussion with the Home Manager about issues or training needs that aren't adequately addressed in the current plans. The QIDP will ensure that plans are revised to address all identified needs. The IDT will ensure that the quarterly reviews are completed annually at the case conference. The QIDP will complete a checklist within 30 days of the case conference indicating what items have been completed and filed in the client's file. The checklist will be sent to the Residential Director who will ensure that all the plans are in place. Responsible party: QIDP, Nurse, Behavior Specialist, and Residential Director.</p>		

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	<p>We ran out and [client #2] was gasping for air. [Staff #9] did back blows and the heimlich maneuver (sic), then I did as we reassured [client #2] verbally. [Client #2] did spit out some food....[client #2] had gotten into the crock pot where food was prepared earlier in the day."</p> <p>Review of client #2's record (12/17/13 8:56 AM) indicated he received a swallow study on 1/31/13. The report dated 2/5/13 by the speech clinician indicated client #2's diagnosis included, but was not limited to, "mod/sev (moderate to severe) oral dysphagia...recommend supervision (sic) pureed diet and thin liquids." The record review indicated a Dining Plan dated 1/15/13. The Dining Plan did not include the mention of client #2's diagnosis of dysphagia or that he was at risk of choking if not closely monitored. Review (12/18/13 1:00 PM) of client #2's BSP (Behavior Support Plan) dated 8/7/13 indicated "In the past he has taken and consumed food or drink items that were not his." The BSP indicated client #2's diagnoses but dysphagia or history of choking was not listed among them.</p> <p>Interview with QIDP #1 on 12/17/13 at 11:50 AM indicated staff were in the office area involved in training when client #2 choked in the living area. Non pureed food was in a crock pot on the kitchen counter, client #2 ate food from the crock pot and choked. The interview indicated client #2 had a history of taking others' food/drink and required close supervision around food.</p> <p>Interview with the QIDP on 12/19/13 at 11:46 AM indicated client #2's programs should include his diagnosis of oral dysphagia and document his history of choking.</p> <p>9-3-3(a)</p>				

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation and interview for 1 of 2 sampled clients (client #2), the facility failed to ensure direct contact staff were trained to properly dispose of medication bottles and packages which contained client information/names.</p> <p>Findings include:</p> <p>On 12/17/13 from 6:15 AM until 8:15 AM observations were conducted at the facility. Client #2 received medications from staff #5 at 6:45 AM on 12/17/13. The medications were Lactulose liquid (for constipation), docusate (stool softener) multi vitamin (supplement), Reguloid (constipation) and Tamsulosin (benign prostatic hyperplasia). The empty lactulose bottle with the label still</p>	W000189	<p>W189Procedures for disposing of empty pill bottles and packages that contain client information/ names will be written. All staff at this facility will be trained on the procedures.To protect other clients: The procedures described above will be distributed to staff at each facility. The Home Manager for that facility will ensure that staff are trained on the procedures and the training is documented on a training record.To prevent recurrence: The procedures will be reviewed annually and revised as necessary. New copies of the procedures will be distributed and staff will be retrained on changes to the procedures. New staff will be trained on the procedures during initial orientation.Quality assurance: Staff will receive regular training on policy and</p>	01/18/2014

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	<p>on it and the package which had contained client #2's pill/capsule form medications were put into the trash instead of into a box to be shredded.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 12/19/13 at 11:46 AM indicated the new medicine packets were delivered to the facility and put into service on 10/18/13. QIDP #1 indicated all staff were trained (including staff #5) on 10/17/13 in regards to administering the medications and shredding all labels/packaging which contained client information. The interview indicated staff #5 should not have put client #2's medication bottle/packaging into the facility's trash.</p> <p>9-3-3(a)</p>		<p>procedures. Training records will be maintained on all training. The Residential Director will ensure that all staff are trained on policies and procedures. Responsible parties: Home Manager and Residential Director.</p>		