

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/20/2023	
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2900 KENTUCKY AVE MADISON, IN 47250			
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaints #IN00417465 and #IN00417525. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00417465: Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W318, W331 and W346.</p> <p>Complaint #IN00417525: Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W318, W331 and W346.</p> <p>Dates of Survey: 10/10/23, 10/11/23, 10/12/23, 10/13/23, 10/17/23, 10/19/23 and 10/20/23.</p> <p>Facility Number: 001021 Provider Number: 15G507 AIMS Number: 100245130</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/2/23.</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.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (A).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's rectal cancer pain was</p>			W 0102	<p>W102: The governing body must ensure that specific governing body and management requirements are met.</p> <p>Corrective action: All staff have been trained on</p>		11/16/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Anna Brison

Program Director

11/16/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>managed, to ensure client A's radiation treatment skin care treatments were clarified and followed and to ensure LPNNM (Licensed Practical Nurse Nurse Manager) consulted with an RN (Registered Nurse) regarding client A's rectal cancer care and pain management health and wellness needs.</p> <p>The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's rectal cancer pain was managed, to ensure client A's radiation treatment skin care treatments were clarified and followed and to ensure LPNNM consulted with an RN regarding client A's rectal cancer care and pain management health and wellness needs. Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A). Please see W318.</p> <p>This federal tag relates to complaints #IN00417465 and #IN00417525.</p> <p>9-3-1(a)</p>				<p>daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. (Attachment A).</p> <p>All staff trained on abuse/ neglect/ client rights/ reporting policy. (Attachment B)</p> <p>Lead Supervisor and Program Manager trained that all staff will receive On the Job Training including client specific training regarding clients orders, treatments, positioning, adaptive equipment, diet texture and all other client related information prior to working with the clients in the facility along with a competency based testing. (Attachment C)</p> <p>QIDP trained to ensure client active treatment schedules are current and aggressively implemented and programming documentation is completed. (Attachment D).</p> <p>Staffing schedule updated to ensure adequate staffing to implement active treatment/ programming plans and to ensure adequate staffing to meet the medical needs of the individuals in the facility. (Attachment E)</p> <p>Program Manager and Lead Staff trained on staffing levels in the facility. (Attachment C)</p> <p>Staff were trained on the importance of appropriate safety oversight of clients and supervision of clients, including staffing ratios,</p>		

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			<p>following all clients orders as written and communicating all client needs to the Nurse and IDT. (Attachment F)</p> <p>Program Manager ordered wedges to aid in the repositioning of Client (A). (Attachment G)</p> <p>Nurse Manager, Beth Ruwe removed from any duties in the facility.</p> <p>Nurse Brandy Lacey put in place to resume Nursing duties over the facility.</p> <p>Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. (Attachment H).</p> <p>Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. (Attachment I)</p> <p>If there is an issue with a significant change of a client's skin such as breakdown/ulcer a Nurse will access the client immediately. (Attachment J)</p> <p>ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility.</p> <p>State Director of Nursing</p>		

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			<p>implemented a Pain Scale Management Tool to utilize with Client (A) to address her pain control. (Attachment K)</p> <p>Program Director created an observation checklist to utilize during management and Nurse oversight visits. (Attachment L)</p> <p>The Program Director completed a work order for ResCare Maintenance to purchase 2 recliners for the home to aid in the repositioning of Client (A) and all other clients living in the facility. (Attachment M)</p> <p>Client (A) wheelchair was assessed by Seating and Mobility on 10/17/23. (Attachment N)</p> <p>ResCare Management completed daily observations during the IJ, once the IJ was lifted management observations went to 5 days a week and have continued until client (A) discharge on 11/10/23. Management observations are continuing at 3 days per week for no less than 60 days to continue increased monitoring in the facility. (Attachment O)</p> <p>Nurse oversight was completed at 7 days a week during the IJ, once the IJ was lifted the Nurse oversight went to 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. Upon client (A) discharge the Nurse will</p>		

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			<p>be at the home 3 days a week and have calls with the home on days she isn't present in the facility. (Attachment P) Lead Supervisor completes weekly checklist to monitor documentation completion. (Attachment Q) Client (A) was discharged from the facility on 11/10/23. (Attachment R)</p> <p>Monitoring of Corrective Action: The Program Director will report to the Executive Director any concerns noted on the weekly checks, site reviews, observations and the weekly monitoring for all clients in the facility. Weekly Checks are tracked monthly and reviewed by the Program Manager. QIDP will review plans quarterly with IDT to ensure all client concerns are being addressed, Active Treatment schedules are updated, all client information is included in QIDP monthly summary. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review</p>		

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			<p>and monitoring.</p> <p>Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review.</p> <p>Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility.</p> <p>House meetings are held monthly at the facility with all staff to review all client plans.</p> <p>Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders.</p> <p>A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director.</p> <p>Completion Date: 11/16/23</p>		

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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 on observation, record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's rectal cancer pain was managed, to ensure client A's radiation treatment skin care treatments were clarified and followed and to ensure LPNNM (Licensed Practical Nurse Nurse Manager) consulted with an RN (Registered Nurse) regarding client A's rectal cancer care and pain management health and wellness needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's rectal cancer pain was managed and to ensure client A's radiation treatment skin care treatments were clarified and followed. Please see W331.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure LPNNM consulted with an RN regarding client A's rectal cancer care and pain management health and wellness needs.</p> <p>This federal tag relates to complaints #IN00417465 and #IN00417525.</p> <p>9-3-1(a)</p>			W 0104	<p>W104: The governing body will exercise general policy, budget, and operating direction over facility.</p> <p>Corrective action: All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. (Attachment A). Lead Supervisor and Program Manager trained that all staff will receive On the Job Training including client specific training regarding clients orders, treatments, positioning, adaptive equipment, diet texture and all other client related information prior to working with the clients in the facility along with a competency based testing. (Attachment C) Staffing schedule updated to ensure adequate staffing to implement active treatment/ programming plans and to ensure adequate staffing to meet the medical needs of the individuals in the facility. (Attachment E) Program Manager and Lead Staff trained on staffing levels in the facility. (Attachment C) Staff were trained on the</p>		11/16/2023

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			<p>importance of appropriate safety oversight of clients and supervision of clients, including staffing ratios, following all clients orders as written and communicating all client needs to the Nurse and IDT. (Attachment F)</p> <p>Program Manager ordered wedges to aid in the repositioning of Client (A). (Attachment G)</p> <p>Nurse Manager, Beth Ruwe removed from any duties in the facility.</p> <p>Nurse Brandy Lacey put in place to resume Nursing duties over the facility.</p> <p>Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. (Attachment H).</p> <p>Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. (Attachment I)</p> <p>If there is an issue with a significant change of a client's skin such as breakdown/ulcer a Nurse will access the client immediately. (Attachment J)</p> <p>ResCare State Director of Nursing Services, Jan Breedlove is</p>		

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			<p>overseeing the Nurse of the facility.</p> <p>State Director of Nursing implemented a Pain Scale Management Tool to utilize with Client (A) to address her pain control. (Attachment K)</p> <p>Program Director created an observation checklist to utilize during management and Nurse oversight visits. (Attachment L)</p> <p>The Program Director completed a work order for ResCare Maintenance to purchase 2 recliners for the home to aid in the repositioning of Client (A) and all other clients living in the facility. (Attachment M)</p> <p>Client (A) wheelchair was assessed by Seating and Mobility on 10/17/23. (Attachment N)</p> <p>ResCare Management completed daily observations during the IJ, once the IJ was lifted management observations went to 5 days a week and have continued until client (A) discharge on 11/10/23. Management observations are continuing at 3 days per week for no less than 60 days to continue increased monitoring in the facility. (Attachment O)</p> <p>Nurse oversight was completed at 7 days a week during the IJ, once the IJ was lifted the Nurse oversight went to 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication</p>		

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			<p>administration and any medical issues that need addressed. (Attachment P) Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Area Supervisor completes weekly checklist to monitor documentation completion. (Attachment Q) Client (A) was discharged from the facility on 11/10/23. (Attachment R)</p> <p>Monitoring of Corrective Action: The Program Director will report to the Executive Director any concerns noted on the weekly checks, site reviews, client council, active treatment observations and the weekly monitoring for all clients in the facility. Weekly Checks are tracked monthly and reviewed by the Program Manager. The Program Director will review all maintenance requests and submit them to the Environmental Service Worker for completion. PM monitors and updates the facility schedule to ensure HR has the most up to date hiring needs. QIDP will review plans quarterly with IDT to ensure all</p>		

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			<p>issues are being addressed, active treatment schedules are up to date, and all information is included in the client monthly summary.</p> <p>Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders.</p> <p>A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director.</p> <p>Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring.</p> <p>On the Job Training is tracked by HR for monitoring and completion.</p> <p>Completion Date: 11/16/23</p>		

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W 0318 Bldg. 00	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A).</p> <p>The facility's Health Care Services failed to provide oversight over the nursing services to ensure client A's rectal cancer pain was managed, to ensure client A's radiation treatment skin care treatments were clarified and followed, and to ensure the LPN (Licensed Practical Nurse) consulted with an RN (Registered Nurse) regarding client A's rectal cancer care and pain management health and wellness needs.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 10/13/23 at 3:41 PM. The ED (Executive Director) was notified of the Immediate Jeopardy on 10/13/23 at 3:41 PM regarding the facility's failure to manage client A's pain and health needs. The Immediate Jeopardy began on 10/13/23.</p> <p>On 10/16/23 at 10:19 PM, the facility submitted a revised undated Plan of Removal. The revised undated Plan of Removal was reviewed on 10/17/23 at 4:30 PM. The plan indicated the following:</p> <p>"The provider has implemented the following protective measures for the removal of the Immediate Jeopardy Citations issued under Health Care Services:</p>			W 0318	<p>W318: The facility must ensure that specific health care services requirements are met.</p> <p>Corrective action: All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. (Attachment A). All staff trained on abuse/ neglect/ client rights/ reporting policy. (Attachment B) Lead Supervisor and Program Manager trained that all staff will receive On the Job Training including client specific training regarding clients orders, treatments, positioning, adaptive equipment, diet texture and all other client related information prior to working with the clients in the facility along with a competency based testing. (Attachment C) QIDP trained to ensure client active treatment schedules are current and aggressively implemented and programming documentation is completed. (Attachment D). Staffing schedule updated to</p>		11/16/2023

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	<p>1. [Client A] was assessed by the [Nursing Manager] on 10/13/2023.</p> <p>2. [Client A's] bed and wheelchair was (sic) assessed by the [Nurse Manager] on 10/13/2023. A new bed was secured and placed in her room. A wheelchair assessment and evaluation by [wheelchair repair] was completed on 10/17/2023. The IDT (Interdisciplinary Team) met on 10/13/2023 and discussed the wheelchair and positioning, it was decided that until the wheelchair is adapted by [wheelchair repair] it will only be used for appointments transportation, at mealtimes, and all other times [Client A] will use the recliner chair or bed. In addition, a body pillow is being provided for repositioning (2 wedges have been ordered for [Client A's] bed to assist with positioning. Wheelchair legs were installed on wheelchair and client will be provided footwear to support her independence with repositioning while in the wheelchair. Guardian was contacted regarding all measures implemented.</p> <p>3. The [nurse manager] contacted [oncologist] on call on 10/14/2023 and new orders were received to DC (discontinue) Aquaphor and Silvadene and Use Maximum Strength Alocane Emergency Burn Gel to entire buttocks as often as possible. The [State Nursing Director] spoke to [oncologist] on call to clarify the Alocane Order and what 'as often as possible' means, reported to [oncologist] that it is scheduled to be applied every hour during toileting and repositioning. [Oncologist] stated that it can't be overused and every hour during toileting and repositioning is fine. Clarification order was written and will be transcribed to the MAR (medication administration record).</p>				<p>ensure adequate staffing to implement active treatment/ programming plans and to ensure adequate staffing to meet the medical needs of the individuals in the facility. (Attachment E) Program Manager and Lead Staff trained on staffing levels in the facility. (Attachment C) Staff were trained on the importance of appropriate safety oversight of clients and supervision of clients, including staffing ratios, following all clients orders as written and communicating all client needs to the Nurse and IDT. (Attachment F) Program Manager ordered wedges to aid in the repositioning of Client (A). (Attachment G) Nurse Manager, Beth Ruwe removed from any duties in the facility. Nurse Brandy Lacey put in place to resume Nursing duties over the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. (Attachment H). Nurse will complete a weekly</p>		

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	<p>4. [Client A] has a rectal cancer surgical consult scheduled on October 18, 2023. [Nurse Manager] will confirm and implement recommendations from the consult, notify the team and train all staff on any change orders.</p> <p>5. An interdisciplinary team meeting was held for the client in question on 10/13/2023 and the following was put in place:</p> <p>a. Pain scale monitoring and documentation procedures in conjunction with pain medication administration schedule.</p> <p>b. Pain medication administration protocol.</p> <p>c. Daily nursing onsite monitoring of orders, health care plans, including pain scale monitoring, pain management, chemo/radiation burns with pressure ulcer, and adaptive equipment performance.</p> <p>d. A member of management team will do unannounced drop in visits daily until the IJ is corrected, effective 10/13/2023.</p> <p>6. Facility staff received retraining with competency based testing on 10/17/2023 facilitated by [State Nursing Director, QIDP (qualified intellectual disabilities professional), Nurse Manager and Program Manager] on [client A's] Physician's Orders, pain scale tracking, Pain Management Protocol, and Healthcare Plans implementation.</p> <p>7. The [Nurse Manager, QIDP, and Program Manager] will work together proactively and productively to ensure effective oversight, communication, and training as it relates to treatments.</p>				<p>audit to ensure all clients in the facility medical needs are addressed. (Attachment I)</p> <p>If there is an issue with a significant change of a client's skin such as breakdown/ulcer a Nurse will access the client immediately. (Attachment J)</p> <p>ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility.</p> <p>State Director of Nursing implemented a Pain Scale Management Tool to utilize with Client (A) to address her pain control. (Attachment K)</p> <p>Program Director created an observation checklist to utilize during management and Nurse oversight visits. (Attachment L)</p> <p>The Program Director completed a work order for ResCare Maintenance to purchase 2 recliners for the home to aid in the repositioning of Client (A) and all other clients living in the facility. (Attachment M)</p> <p>Client (A) wheelchair was assessed by Seating and Mobility on 10/17/23. (Attachment N)</p> <p>ResCare Management completed daily observations during the IJ, once the IJ was lifted management observations went to 5 days a week and have continued until client (A) discharge on 11/10/23. Management observations are continuing at 3 days per week for no less than 60</p>		

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	<p>8. The management team will meet daily as of 10/13/2023 to review the plans in place and any issues involving the client in question to ensure overall compliance and any needed changes are implemented. Management team will also complete unannounced daily drop in visits and visits will continue until which time it is determined the visits are no longer needed.</p> <p>9. [State Nursing Director] was on site at the town] operation on 10/16/2023, reviewed all orders and clarified, spoke with oncologist and PCP (primary care physician), clarified order for Alocane Emergency Burn Gel, discontinued orders and provided consultation and training to the [nurse manager] on how all orders are to be written clearly for administration. [State Director of Nursing] visited the home on 10/17/23 to provide additional training and oversight to the [Nurse Manager].</p> <p>10. [Client A] was released from the hospital on 10/17/23 and all orders upon discharge were reviewed by [Nurse Manager] in consultation with [State Nursing Director]. All new orders were communicated with the team. In addition, all staff received competency based training.</p> <p>11. RN (registered nurse) will provide daily facetime calls and one time per week visits for oversight of healthcare services for [Client A], ensuring all orders and treatments are effectively communicated and implemented."</p> <p>Based on observation, interview, and record review, the facility's corrective measures and plan of action to remove the Immediate Jeopardy were sufficient to remove the Immediate Jeopardy on 10/20/23 at 10:50 AM. The facility remained out of</p>				<p>days to continue increased monitoring in the facility. (Attachment O) Nurse oversight was completed at 7 days a week during the IJ, once the IJ was lifted the Nurse oversight went to 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. Upon client (A) discharge the Nurse will be at the home 3 days a week and have calls with the home on days she isn't present in the facility. (Attachment P) Lead Supervisor completes weekly checklist to monitor documentation completion. (Attachment Q) Client (A) was discharged from the facility on 11/10/23. (Attachment R)</p> <p>Monitoring of Corrective Action: The Program Director will report to the Executive Director any concerns noted on the weekly checks, site reviews, observations and the weekly monitoring for all clients in the facility. Weekly Checks are tracked monthly and reviewed by the Program Manager. QIDP will review plans quarterly with IDT to ensure all client concerns are being</p>		

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	<p>compliance at the Condition of Participation: Health Care Services. The facility needed to demonstrably implement and monitor the health and wellness of client A's pain management and cancer care.</p> <p>Observations were conducted at the GH (group home) on 10/20/23 from 9:30 AM through 10:15 AM. Client A was present in the home with AS (Area Supervisor), DSP (Direct Support Professional) #1, PD (Program Director) and CM (Case Manager). At 10:10 AM, client A was lying in a replacement bed in her room. Client A had a wedge under her right side. Client A's body had slid down in the bed with her feet touching the wooden board at the end of the bed. Client A was not able to extend her legs as her upper body was in an inclined position. Client A requested to be repositioned and made statements about being uncomfortable. DSP #1 and AS completed a 2 person reposition and moved client A higher on the bed allowing her legs to extend.</p> <p>Client A was interviewed on 10/20/23 at 10:10 AM. Client A indicated her legs were uncomfortable but she was feeling better after being repositioned in the bed. Client A indicated she had been incontinent of BM earlier in the morning.</p> <p>PD was interviewed on 10/20/23 at 10 am. PD indicated client A had BM (bowel movement) incontinence at 9:10 am that morning. PD indicated after the BM incontinence client A began complaining of pain and requested to lay down in her bed. PD indicated client A's pain management scale was used and client A indicated her pain was at a #5. PD indicated the pain management protocol was implemented and the nurse was contacted. PD indicated the nurse was on the way to the GH to perform a physical</p>				<p>addressed, Active Treatment schedules are updated, all client information is included in QIDP monthly summary.</p> <p>Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue.</p> <p>Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring.</p> <p>Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review.</p> <p>Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility.</p> <p>House meetings are held monthly at the facility with all staff to review all client plans.</p> <p>Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders.</p> <p>A weekly adverse call is conducted each week on Thursdays while the survey</p>		

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	<p>assessment of client A's buttocks and tumor to ensure nothing had changed.</p> <p>AS (Area Supervisor) was interviewed on 10/16/23 at 3:46 PM. DSP (Direct Support Professional) #1 joined the interview at 3:49 PM. AS indicated client A was not present in the home. AS indicated client A had gone to the hospital ER (Emergency Room) on 10/15/23 when she was found with a 3 inch blood clot in her BM (bowel movement). AS indicated client A was taken to the ER and then admitted for observation to monitor her hemoglobin (blood oxygen) levels. AS indicated it was not yet determined when client A would be discharged from the hospital back to the group home. AS indicated client A's bed was evaluated by LPNNM (Licensed Practical Nurse Nurse Manager) on Friday, 10/13/23. AS indicated ED (Executive Director) was at the home on 10/13/23 assessing client A, her wheelchair and bed. DSP #1 indicated she was at the home on 10/13/23 when LPNNM assessed client A's bed. DSP #1 indicated when LPNNM plugged client A's bed into an electrical outlet and turned the motor on it sparked. DSP #1 indicated client A was provided with a former client's bed while her personal bed was being repaired or replaced. DSP #1 indicated the home had recently purchased 2 new recliners and would be getting additional recliners for client A to utilize. AS and DSP #1 indicated they had participated in an in-service conducted by QIDP (Qualified Intellectual Disabilities Professional) regarding client A's updated plans and pain management protocol. AS indicated the empty container in client A's bedroom was Silva cream. AS indicated client A had new orders for a new gel with her orders for Aquaphor and Zinc discontinued. AS indicated client A's MAR was updated by the QIDP.</p>				<p>remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director.</p> <p>Completion Date: 11/16/23</p>		

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	<p>Observations were completed at the group home on 10/19/23 from 9:40 am through 11:25 am. At 11:20 am, no clients were present in the home. LPNNM and PD were both present in the home. PD indicated client A was at a scheduled wound care appointment with an unknown time of return.</p> <p>At 10:30 AM, client A returned to the GH (group home) from wound care. Client A arrived in the GH van with DSP (Direct Support Professional) #1 and DSP #3. Client A's wheelchair had foot pedals and a pillow/cushion. Staff assisted with offloading the van and client A returned inside.</p> <p>At 10:30 AM, PD provided client A's 10/17/23 hospital discharge paperwork, 10/18/23 consult documents, current/updated MAR and in-services.</p> <p>Client A was interviewed on 10/19/23 at 10:34 AM. Client A indicated she was tired and her buttocks was hurting following her wound care treatments. Client A indicated she requested to lay down and was assisted to her bed after returning to the GH.</p> <p>Client A was not lying in her own bed. Client A was lying in a second smaller bed provided while her personal adjustable bed was being repaired or replaced.</p> <p>Documentation and clarification regarding if client A's replacement mattress was pressure relieving as ordered was requested.</p> <p>LPNNM and PD were interviewed at 10:40 AM on 10/19/23. LPNNM indicated client A's replacement mattress was a pressure relieving mattress. PD indicated she would follow up to provide documentation.</p>						

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	<p>DSP #3 was interviewed on 10/19/23 at 10:59 AM. DSP #3 indicated she was not assigned to this home but had picked up a shift to help at the home. DSP #3 indicated she had helped at the home a few times and had seen LPNNM physically present at the home. DSP #3 described client A's transfer protocol and toileting protocol however indicated client A should be toileted and repositioned every 2 hours versus 1 hour as indicated in her risk plans. DSP #3 indicated she had not completed client A's pain management protocol training.</p> <p>PD was interviewed on 10/19/23 at 11:19 AM. PD indicated she was not able to locate documentation of client A's replacement mattress. PD indicated she would continue to attempt to clarify the type of mattress client A was utilizing. PD indicated DSP #3 and one additional overnight staff had not completed the pain management protocol in-service. PD indicated all additional staff would be trained on 10/19/23.</p> <p>Program Director (PD) was interviewed on 10/19/23 at 9:46 AM. PD indicated the facility's undated Plan of Removal had been implemented. PD indicated client A had been evaluated by the LPNNM (Licensed Practical Nurse-Nurse Manager) on 10/13/23 after the facility received notification of IJ (Immediate Jeopardy).</p> <p>PD indicated LPNNM assessed client A's bed on 10/13/23 and it was determined to not be functional due to electrical issues with the motor system. PD indicated client A was provided a different bed until her bed can be serviced. PD indicated client A's wheelchair was evaluated by a wheelchair service on 10/17/23. PD indicated the IDT recommended client A utilize her wheelchair as PRN (as needed) unless in bed or recliner until</p>						

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	<p>it is replaced. PD indicated client A had been provided with pillows for positioning with wedges ordered. PD indicated the IDT met and discussed client A's foot pedals and socks for gripping.</p> <p>PD indicated the LPNNM contacted client A's oncologist on 10/14/23 and clarified new orders. PD indicated client A's new orders were accurately transcribed on the MAR (Medication Administration Record) and the home had a supply of the Alocane. PD indicated client A attended a rectal cancer surgical consult on 10/18/23. PD indicated client A's surgical consult recommendations and findings were reviewed by the LPNNM and client A's local oncologist. PD indicated client A's 10/18/23 new orders and treatments were updated on her MAR.</p> <p>PD indicated the IDT met on 10/13/23 and developed pain scale monitoring procedures, pain medication administration protocol, nursing onsite monitoring and administrative drop in visits. PD indicated staff had been trained on new protocols and plans with onsite monitoring to ensure implementation.</p> <p>PD indicated staff received retraining with competency based testing on 10/17/23 on physician orders, pain scale tracking, pain management protocol and health care plans. PD indicated there are two additional staff that will be trained today. PD indicated the LPNNM, QIDP and PM (Program Manager) had increased communication and training regarding client A's treatments. PD indicated the management team had completed daily reviews of plans and daily unannounced daily drop in visits.</p> <p>PD indicated the state nursing director was at the operation on 10/16/23, had reviewed all orders and</p>						

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	<p>clarified orders with the oncologist and PCP (Primary Care Physician). PD indicated the state nursing director provided the LPNNM consultation and training on clear documentation of orders. PD indicated the state director of nursing visited the home on 10/17/23 to complete training and oversight with LPNNM. PD indicated client A was released from the hospital on 10/17/23 and all discharge orders were reviewed by the LPNNM in consultation with the state director of nursing. PD indicated the state director of nursing or an RN (Registered Nurse) would provide daily calls and be at the home once weekly for oversight of client A's healthcare.</p> <p>LPNNM was interviewed on 10/17/23 at 8:30 AM. LPNNM indicated the State Director of Nursing (SDN) had retrained her on 10/16/23 regarding clarification of physician orders, getting PRN orders on the MAR and training staff on plans. LPNNM indicated she had assisted SDN with retraining staff and updating client A's plans and protocols.</p> <p>LPNNM indicated client A's Aquaphor and Zinc treatments were clarified with client A's oncologist and started a new topical Alocane. LPNNM indicated client A's orders were updated on her MAR and staff had been administering her current treatments as ordered. LPNNM indicated client A's prior order regarding lidocaine being added or mixed with Silvadene cream was not on the MAR and not on the package. LPNNM indicated the cream was provided to the agency from the hospital and the hospital verbally told LPNNM the Lidocaine was mixed with the Silvadene cream. Documentation of this clarification was requested with no additional documentation provided.</p> <p>LPNNM indicated client A's wheelchair had foot</p>						

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	<p>pedals and would be evaluated on 10/18/23. LPNNM indicated client A remained in the hospital for monitoring of her blood clot with an unknown discharge date. LPNNM indicated client A would have a surgical consult for her rectal cancer on 10/18/23. LPNNM indicated client A's body positioning wedges had been ordered.</p> <p>ED (Executive Director) was interviewed on 10/17/23 at 10:30 AM. ED indicated administrative staff had been at the home daily providing oversight and training. ED indicated LPNNM had provided daily oversight at the home and training with staff. ED indicated SDN had retrained LPNNM on documentation, clarification of orders and client A's care. SDN will continue monitoring virtually and onsite. ED indicated the IDT discussed additional staff training needs and use of skills based competencies quizzes and questions on 10/16/23. ED indicated high risk plans and protocols had been updated. ED indicated client A started a new order for Alocain on 10/14/23. ED indicated client A did receive a different bed and the home had recliners staff were not utilizing. ED indicated client A's wheelchair was being evaluated and wedges for positioning had been ordered. ED indicated client A's wheelchair had the foot pedals and she was provided with socks for grip. ED indicated client A was not at the home and remained in the hospital for monitoring of her blood clot.</p> <p>SDN was interviewed on 10/19/23 at 12:05 PM. SDN indicated she confirmed client A's replacement mattress was a pressure relieving mattress. SDN indicated the facility had identified some additional staff who were not assigned to the home but were assisting with shifts and an overnight staff who had not completed updated training regarding client A. SDN indicated all staff</p>						

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	<p>would be trained by 10/19/23 and documentation of in-services would be provided.</p> <p>SDN indicated she went to the operation on 10/13/23 and reviewed client A's chart. SDN indicated she called client A's physicians and clarified all of her orders and treatments. SDN indicated she did some additional training with LPNNM and other nurses assisting at the home. SDN stated training was focused "on making sure we have clear and concise orders and if we have previous orders we need to check on everything and involve the doctor in all of the orders that we have. What do we want to keep and what do we need to do? So I think we got all of that resolved on Monday and then they see now. These doctors will send back orders that just says use PRN but we need to have something more specific. PRN is not good enough. Especially when we have something like this going on -we need something more specific. Where we are applying something routinely and then can we use it at another time throughout and in between those times."</p> <p>SDN indicated she was communicating with client A's oncologist to develop a specific pain management protocol. SDN indicated client A's pain would be managed by a pain scale and medications administered in accordance with her level of pain.</p> <p>SDN indicated client A's pain management should include options for additional Tylenol before administering Hydrocodone if the pain is at a low number on the scale. SDN indicated she determined client A's zinc paste was something the oncologist had sent home with client A and staff had not communicated the order or use with nursing. SDN indicated she retrained staff on asking for clarification on orders received at the</p>						

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W 0331 Bldg. 00	<p>doctors office during visits.</p> <p>PM (Program Manager) provided completed staff in-services and updated protocols via email on 10/20/23 at 12:45 AM. The documentation was reviewed on 10/20/23 at 8 am and indicated all staff had been trained and plans/protocols had been updated.</p> <p>Findings include:</p> <p>1. The facility's health care services failed to ensure the nursing services provided oversight over management of client A's rectal cancer pain and to ensure client A's radiation treatment skin care treatments were clarified and followed. Please see W331.</p> <p>2. The facility's health care services failed to ensure the LPN consulted with an RN regarding client A's rectal cancer care and pain management health and wellness needs. Please see W346.</p> <p>This federal tag relates to complaints #IN00417465 and #IN00417525.</p> <p>9-3-6(a)</p> <p>483.460(c)</p> <p>NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility's nursing services failed to ensure client A's rectal cancer pain was managed and to ensure client A's radiation treatment skin care treatments were clarified and followed.</p> <p>Findings include:</p>			W 0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective action:</p> <p>All staff have been trained on daily documentation, following</p>		11/16/2023

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	<p>Observations were conducted at the group home on 10/11/23 from 7:38 AM through 9:02 AM. On the night stand in client A's bedroom there was a package of aloe vera personal care wipes, Remedy Zinc paste with no label, Aquaphor tube with no label, Betasept liquid/hibiclense 4% solution and an empty container of SSD cream. At 7:45 AM, client A was lying in her bed. Client A was lying flat on her back with her buttocks directly on the bed. Client A's bed was a hospital style bed with an adjustable incline and a pressure relief mattress. The head of client A's bed was slightly elevated. Client A's buttocks area was wet with a Chucks bed pad beneath her. DSP (Direct Support Professional) #2 requested DSP #1 to assist with physically repositioning client A to her side to complete incontinence care. DSP #1 entered the room at 7:45 AM and indicated client A was wet. DSP #1 indicated she had started her shift at 6 am. DSP #1 indicated client A was dry at the start of her 6 am shift and was unsure when she had become wet. DSP #1 indicated client A's schedule was to stay in bed until 9 am and then get up for breakfast. DSP #1 indicated client A needed 2 people to assist her in repositioning and transferring. DSP #1 indicated client A's topical skin treatments would be completed with her incontinence care and then her oral medications would be administered at 9 am after she gets up. DSP #1 and #2 completed a two person reposition with client A. They rolled client A from lying flat on her back to her right side in the bed. Client A was tearful/crying and made loud vocalizations of being in pain while staff physically moved her in the bed. While lying on her right side client A's buttocks were exposed. Client A's buttocks and rectal area in their entirety were discolored brown to red with her skin peeling and a partial mass at her anal area. The mass was a lighter white to tan</p>				<p>client positioning/ toileting schedules and proper medication administration including treatment orders. (Attachment A)</p> <p>Lead Supervisor and Program Manager trained that all staff will receive On the Job Training including client specific training regarding clients orders, treatments, positioning, adaptive equipment, diet texture and all other client related information prior to working with the clients in the facility along with a competency based testing. (Attachment C)</p> <p>Staffing schedule updated to ensure adequate staffing to implement active treatment/ programming plans and to ensure adequate staffing to meet the medical needs of the individuals in the facility. (Attachment E)</p> <p>Program Manager and Lead Staff trained on staffing levels in the facility. (Attachment C)</p> <p>Staff were trained on the importance of appropriate safety oversight of clients and supervision of clients, including staffing ratios, following all clients orders as written and communicating all client needs to the Nurse and IDT. (Attachment F)</p> <p>Program Manager ordered wedges to aid in the repositioning of Client (A). (Attachment G)</p> <p>Nurse Manager, Beth Ruwe removed from any duties in the facility.</p>		

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	<p>tone on the end of the mass. The bed pad had a circular .5 inch circular area with a bright pink/red substance on it. The area on the pad was saturated with a darker thick liquid in the area where the tumor was in contact with the pad. While client A was positioned on her right side DSP #1 administered Betasept liquid 4% on an aloe vera personal care wipe on client A's buttocks and peri-area. Client A continued making loud vocalizations and statements of being in pain, was tearful and gesturing (wincing). At 7:54 AM, the day service van arrived at the home to pick up client A's housemates. DSP #2 left client A's bedroom to assist with loading the van for day services while DSP #1 remained in the room with client A. DSP #1 repositioned client A from her right side to flat on her back alone after DSP #2 left the room. Client A continued wincing/gesturing, crying and verbally stating she was in pain when being moved. Client A remained flat on her back in the bed while awaiting DSP #2's return at 8:12 AM. At 8:12 AM, DSP #2 returned to the bedroom and assisted DSP #1 to reposition client A onto her left side to finish her skin treatments. Client A did not cry, wince or make statements of being in pain when moved to her left side. DSP #1 administered Aquaphor cream to client A's entire buttocks.</p> <p>Confidential Interview A stated, "[LPNNM (Licensed Practical Nurse- Nurse Manager)] was challenging."</p> <p>Confidential Interview A stated there had been incidents of LPNNM (Licensed Practical Nurse- Nurse Manager) "talking over staff with a rude tone" when discussing client A's care and treatment. Confidential Interview A stated LPNNM was "not supportive" with staff regarding client A's health care.</p>				<p>Nurse Brandy Lacey put in place to resume Nursing duties over the facility.</p> <p>Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. (Attachment H).</p> <p>Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. (Attachment I)</p> <p>If there is an issue with a significant change of a client's skin such as breakdown/ulcer a Nurse will access the client immediately. (Attachment J)</p> <p>ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility.</p> <p>State Director of Nursing implemented a Pain Scale Management Tool to utilize with Client (A) to address her pain control. (Attachment K)</p> <p>Program Director created an observation checklist to utilize during management and Nurse oversight visits. (Attachment L)</p> <p>The Program Director completed a work order for</p>		

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	<p>Client A was interviewed on 10/11/23 at 7:45 AM. Client A stated she was "a little bit wet and a little bit dry."</p> <p>LPN-NM (Licensed Practical Nurse- Nurse Manager) was interviewed on 10/11/23 at 2:10 PM. LPNNM indicated she was an LPN and was the agency's NM. LPNNM indicated client A had a PRN (as needed) order for Hydrocodone for pain relief every 4 hours.</p> <p>LPNNM indicated client A's guardian had concerns regarding the use of the Hydrocodone due to a history of the medication causing bowel and constipation issues. LPNNM indicated staff should contact the guardian for approval to use the PRN when client A expressed pain.</p> <p>LPNNM indicated there was not a specific plan or protocol in place to assess client A's pain or instruct staff on the management of client A's pain. LPNNM indicated client A had not received Hydrocodone PRN in August or September 2023. LPNNM indicated client A had received the Hydrocodone PRN in October but did not recall specific dates. LPNNM indicated client A had a routine daily order for Tylenol for general pain relief. LPNNM indicated the IDT (Interdisciplinary Team) had not reviewed or discussed alternative pain relief options for client A regarding her Hydrocodone use. LPNNM indicated client A had received an order for Silvadene cream with lidocaine in it October 3, 2023. LPNNM indicated the mixed creams should be applied to client A's entire buttocks for pain relief three times daily and PRN. LPNNM indicated she was not aware of reports or concerns of client A being in pain. LPNNM indicated client A had received chemotherapy and radiation treatment of her buttocks for the treatment of a rectal cancer mass. LPNNM indicated client A's radiation</p>				<p>ResCare Maintenance to purchase 2 recliners for the home to aid in the repositioning of Client (A) and all other clients living in the facility. (Attachment M)</p> <p>Client (A) wheelchair was assessed by Seating and Mobility on 10/17/23. (Attachment N)</p> <p>ResCare Management completed daily observations during the IJ, once the IJ was lifted management observations went to 5 days a week and have continued until client (A) discharge on 11/10/23. Management observations are continuing at 3 days per week for no less than 60 days to continue increased monitoring in the facility. (Attachment O)</p> <p>Nurse oversight was completed at 7 days a week during the IJ, once the IJ was lifted the Nurse oversight went to 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. (Attachment P)</p> <p>Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review.</p> <p>Area Supervisor completes weekly checklist to monitor documentation completion. (Attachment Q)</p> <p>Client (A) was discharged from the facility on 11/10/23.</p>		

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	<p>treatment was stopped due to the level of skin breakdown from the radiation burns. LPNNM indicated when she became aware of the skin breakdown she assessed client A's buttocks. LPNNM stated client A's buttocks was "brownish with peeling skin. I saw red and peeling skin with no bleeding." LPNNM indicated client A should be repositioned hourly and cleaned after incontinence. LPNNM indicated she was not aware of allegations of client A being left wet after incontinence. LPNNM indicated client A's skin should be kept dry to prevent skin breakdown and healing while undergoing radiation treatment to her buttocks. LPNNM indicated client A's chemo and radiation treatment plan was stopped and client A would be evaluated for a surgical treatment of the anal mass and possible colostomy placement on 10/18/23.</p> <p>Observations were conducted at the group home on 10/12/23 from 9:07 AM through 10:03 AM. At 9:07 AM, client A was lying in her bed. Client A was lying flat on her back with her buttocks on the bed. Client A had a Chuck bed pad beneath her buttocks. The head of the bed was slightly elevated with no wedges, cushions or pillows beneath client A to alleviate pain/pressure on her buttocks. On the night stand in client A's bedroom there was a package of aloe vera personal care wipes, Remedy Zinc paste with no label, Aquaphor tube with no label, Betasept liquid/hibiclense 4% solution and an empty container of SSD cream. On a book shelf near the window inside of client A's bedroom was A & D Zinc Oxide cream.</p> <p>DSP #1 was interviewed on 10/12/23 at 9:07 AM and indicated client A was being changed and had been incontinent of urine. DSP #1 indicated client A had been changed by the overnight shift</p>				<p>(Attachment R)</p> <p>Monitoring of Corrective Action:</p> <p>The Program Director will report to the Executive Director any concerns noted on the weekly checks, site reviews, client council, active treatment observations and the weekly monitoring for all clients in the facility.</p> <p>Weekly Checks are tracked monthly and reviewed by the Program Manager.</p> <p>The Program Director will review all maintenance requests and submit them to the Environmental Service Worker for completion.</p> <p>PM monitors and updates the facility schedule to ensure HR has the most up to date hiring needs.</p> <p>QIDP will review plans quarterly with IDT to ensure all issues are being addressed, active treatment schedules are up to date, and all information is included in the client monthly summary.</p> <p>Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to</p>		

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	<p>at 7:48 AM and was unsure when client A had become incontinent since the 7:48 AM change.</p> <p>DSP #1 was interviewed on 10/12/23 at 9:12 AM. DSP #1 indicated client A's SSD cream was empty. DSP #1 stated the tube of Remedy Zinc Paste was "the same as the SSD cream". DSP #1 indicated she applied the Betasept liquid to an aloe vera personal care wipe to clean client A after incontinence. DSP #1 indicated client A's Aquaphor was applied next and then the zinc paste.</p> <p>AS (Area Supervisor) was interviewed on 10/12/23 at 9:19 AM. AS indicated client A's Aquaphor and Zinc Paste were ordered by client A's oncologist. AS indicated client A's oncologist gave AS samples/supply of the Aquaphor and Zinc paste while at the 10/3/23 visit. AS indicated she communicated the orders to LPNNM and then transcribed the orders onto client A's MAR. AS indicated client A's orders and/or the LPNNM did not clarify how the topical medications should be administered (order of application). AS indicated client A's topicals were placed on hold but were not specified on the MAR. AS indicated the 10/3/23 visit was requested following a 9/28/23 IDT (Interdisciplinary Team) meeting to clarify client A's skin care needs while receiving chemo and radiation therapies for rectal cancer. AS indicated client A did not have a pain protocol. AS indicated client A had an order for Hydrocodone for pain. AS indicated client A's guardian and nurse should approve the use of the Hydrocodone for pain management.</p> <p>Observations were conducted at the group home on 10/13/23 from 9:49 AM through 11:30 AM. At 9:49 am, client A was awake and seated in her manual tilt in space wheelchair. Client A's</p>				<p>discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders.</p> <p>A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director.</p> <p>Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring.</p> <p>On the Job Training is tracked by HR for monitoring and completion.</p> <p>Completion Date: 11/16/23</p>		

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	<p>wheelchair did not have foot pedals. Client A's wheelchair was an extra-large size and did not fit her body. Client A's wheelchair seat belt was too large for her body and was loose. The seatbelt was too big for her waist and slid up higher on her abdomen. Client A's back did not sit upright against the wheelchair's seat- there was space between her body and the wheelchair when she would attempt to sit upright. She was not able to sit upright and her body was in a reclined position with the wheelchair seat in an upright position- she was sliding out of the chair with the seatbelt around her abdomen and feet extended with no foot pedals. Throughout the observation client A moved her feet in attempts to push herself back up in the wheelchair but was unable to position her feet on the floor to gain sufficient leverage to shift her weight or reposition herself. She was not wearing socks or shoes and was not able to grip the floor to assist in shifting her weight.</p> <p>At 10:10 AM, client A was brought in her wheelchair to the entrance of the medication administration room to receive her morning medications. While AS (Area Supervisor) prepared client A's medications in the med room, client A attempted to use her feet to shift her weight and position herself in the wheelchair as she was in a reclined/sliding out position. Client A was tearful, wincing and gesturing and repeatedly expressed pain in the positioning of her legs and buttocks. Between 10:10 AM and 10:27 AM, AS and DSP #1 attempted 3 times to reposition client A with a 2 person assist manual (they both stood at her shoulders and attempted to pull her into an upright position). Each time client A expressed pain, cried and gestured/wincing. Client A was not able to sit in an upright position and continued to slide out of the chair despite staff attempts to sit her up. At 10:27 AM, DSP #1 and AS took client</p>						

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	<p>A to her bedroom to utilize the Hoyer lift to attempt a 2 person reposition. AS and DSP #1 slid a Hoyer lift sling underneath client A's body and buttocks. Client A expressed pain with the friction of the sling rubbing against her buttocks. AS and DSP #1 utilized the Hoyer lift and repositioned client A in the wheelchair. Client A was not able to be positioned in the wheelchair in an upright position with the Hoyer lift and was in a sliding out posture. Client A continued to attempt to use her feet to push herself up. Client A was not offered a PRN (as needed) medication for her pain or assessed for pain.</p> <p>Client A was interviewed on 10/13/23 at 10:30 AM. Client A indicated she was in pain and not able to reposition herself in the wheelchair. Client A indicated her legs and buttocks hurt in the chair. Client A indicated she was moving her legs and attempting to push herself up.</p> <p>AS and DSP #1 were interviewed on 10/13/23 at 10:35 AM. AS indicated client A's wheelchair did not fit her. AS and DSP #1 indicated client A had lost significant weight after her cancer diagnosis and the wheelchair was too large. AS and DSP #1 indicated client A's seatbelt was too loose and did not fit her. AS and DSP #1 indicated client A's wheelchair did not have foot pedals. AS and DSP #1 indicated client A's guardian had requested the foot pedals be removed. AS and DSP #1 indicated client A was not independent but could use her own strength to assist with reposition and shift her body weight when she had foot pedals with socks to grip. AS and DSP #1 indicated client A had expressed pain and was not able to reposition in the wheelchair for the past month. AS and DSP #1 indicated the facility LPN-NM was aware of the concerns with client A's wheelchair.</p>						

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	<p>DSP #1 was interviewed on 10/10/23 at 12:40 PM. DSP #1 indicated client A was on a 1 hour repositioning and incontinence care schedule. DSP #1 indicated client A required 2 people to assist her in transferring and repositioning in her bed. DSP #1 indicated there had been incidents of one staff being available in the home. DSP #1 indicated she worked the day shift. DSP #1 indicated there had been incidents of client A being wet when she arrived for her shift. DSP #1 indicated client A had a recent rectal cancer diagnosis and had undergone chemo and radiation treatments on her buttocks. DSP #1 indicated client A had radiation burns and blisters on her buttocks. DSP #1 indicated client A's buttocks and peri area were treated with daily topical medications and creams. DSP #1 indicated client A's schedule had been adjusted and she was in her bed more frequently.</p> <p>AS was interviewed on 10/10/23 at 1:02 PM. AS indicated client A had recently been diagnosed with rectal cancer and had chemo and radiation treatments. AS indicated client A had daily radiation treatments on her anal mass. AS indicated client A's radiation treatments were stopped before all of the doses were completed due to her skin breakdown on her buttocks and peri area. AS indicated client A's buttocks and peri area should be kept dry and her topical medications should be administered to treat her radiation burns. AS indicated client A should be assisted with 2 people to transfer and reposition in her bed. AS indicated there had been times when the home did not have 2 staff during the overnight shift. AS indicated there had been incidents of client A being wet when the overnight shift change occurred to the day shift. AS indicated she was aware of the incidents and reported them to her supervisor for follow-up.</p>						

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	<p>A focused review of client A's October 2023 MAR was completed on 10/12/23 at 9:20 AM. Client A's MAR did not indicate documentation of instructions regarding the administration of client A's topical skin treatments or which items were on hold. Client A's MAR did not indicate documentation of an order for the Remedy Zinc Paste. Client A's MAR did not clarify client A's orders regarding Remedy Zinc Paste with client A's order for A & D Zinc Oxide cream. Client A's October 2023 MAR did not indicate documentation of Lidocaine based pain relief topical routine or PRN medications.</p> <p>Text message from PD (Program Director) was received on 10/12/23 at 10:31 AM. PD indicated client A was being sent to the ER (emergency room) for clarification of skin care needs and assessment regarding possible discharge from her rectal tumor/mass.</p> <p>PD and LPNNM were interviewed on 10/12/23 at 9:51 AM. LPNNM indicated client A's Aquaphor order was from her oncologist on 10/3/23 when client A was seen to discuss options for skin management post radiation burns/wounds on her buttocks and care of her anal mass. LPNNM indicated client A's oncologist had placed client A's Betasept liquid 4%/hibiclense and topicals on hold and started client A on Aquaphor and Silva Sulfa cream. LPNNM indicated the silva sulfa cream should be applied first and then the Aquaphor. LPNNM indicated AS had attended the appointment with client A and received the orders while at the office. LPNNM stated the orders were "not clear" and she contacted the doctor to clarify which orders were on hold and new orders. LPNNM indicated she would provide documentation of her communication with the</p>						

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	<p>oncologist to clarify orders. No additional documentation was received or noted in LPNNM's nursing notes. LPNNM indicated there was not an additional protocol or instructions/plan to instruct staff on which topical medication creams should be applied (order of administration) or other specifics regarding client A's wound care. LPNNM indicated the oncologist had ordered the Aquaphor and was not aware of manufacturer recommendations regarding use of the medication on burns.</p> <p>The website https://www.drugs.com/mtm/aquaphor-healing.html was reviewed on 10/17/23 at 7:10 AM. The review indicated, "Do not use this medicine on deep wounds, puncture wounds, animal bites, or serious burns."</p> <p>Client A's Physician Order (PO) dated 10/3/23 indicated the following:</p> <p>- "Apply Silvadene cream to open areas on buttocks 3 times a day and after incontinence care. (administered on 10/1/23 at 8 PM and 10/2/23 at 7 PM)."</p> <p>"Apply Aquaphor to red areas on buttocks 3 times a day and after incontinence care."</p> <p>- "Betasept liquid 4% (Hibiclense). Apply to buttocks of affected area's at all dressing changes (preventative)."</p> <p>- "Secura Dimeth Skin Prot (sic). Apply to red area on buttocks and under skin folds as needed. (no documentation of administration)."</p> <p>- "Hydrocodone 5-225 milligrams. Take every 4 hours as needed. (administered on 10/2/23 at 9</p>						

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	<p>PM, 10/6/23 at 1 PM and 10/7/23 at 2 PM)."</p> <p>- "A & D Zinc Oxide Cream. Apply to affected areas up to 6 times daily as needed. Use small amount with every brief change."</p> <p>- "Apply Mepilex dress to buttock. Change every 3 days and as needed."</p> <p>"Remedy Skin Moist Cream. Using small amount apply topically and three times daily as needed with brief change."</p> <p>Client A's Medical Consult Record form dated 8/18/23 indicated the following:</p> <p>- "Reason for Appointment: Rectal Mass Bleeding."</p> <p>Client A's MAR (Medication Administration Record) dated October 2023 was reviewed on 10/10/23 at 12:55 PM. The review indicated the following:</p> <p>- "10/3/23 (order date) Aquaphor 3 times daily and between incontinence care (skin barrier)."</p> <p>- "PRN (As Needed Medications) 8/8/23 (order date) SSD (Silver sulfadiazine) cream 1%. Apply 1 gram to three times daily as needed (skin barrier)."</p> <p>The review on 10/10/23 at 12:55 PM did not indicate documentation of client A's 10/3/23 physician order to hold the SSD cream.</p> <p>Client A's October 2023 MAR was reviewed on 10/13/23 at 11:12 AM. Client A's October 2023 MAR was updated on 10/12/23 and indicated the following:</p>						

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	<p>- "Order date 10/3/23. Silvadene Cream Apply three times daily and between incontinence care." The review indicated, "On hold per doctor see new order (10/13/23)."</p> <p>The review indicated the Silvadene Cream was administered daily on 1st, 2nd and 3rd shifts. The review indicated the topical cream was not administered on 2nd shift on 10/4/23 and on 3rd shift on 10/3/23 through 10/12/23.</p> <p>The review indicated client A's October 2023 MAR reviewed on 10/10/23 at 12:55 PM documented administration of client A's Silvadene Cream was administered on 10/1/23 at 8 PM and 10/2/23 at 7 PM. The 10/12/23 updated October 2023 MAR indicated the Silvadene Cream was administered daily on 1st, 2nd and 3rd shifts. The review indicated the topical cream was not administered on 2nd shift on 10/4/23 and on 3rd shift on 10/3/23 through 10/12/23. The October 2023 MAR was not consistent in the documentation of client A's Silvadene Cream. The review indicated the home was out of stock of the Silvadene Cream from 10/11/23 through 10/13/23.</p> <p>- "Rotate side to side every hour completely off bottom unless eating or taking medication."</p> <p>- "Betasept liquid 4% hibiclense. Apply to buttocks or affected areas at all dressing changes."</p> <p>- "Secura dimeth skin prot. Apply to red area on buttocks and under skin folds as needed. (no documentation of administration)."</p> <p>- "Hydrocodone 5-225 milligrams take every 4 hours as needed for pain or discomfort need guardian and nurse approval." The review</p>						

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	<p>indicated client A received the Hydrocodone on 10/5/23 at 9 PM, 10/6/23 at 1 PM and on 10/12/23 at 1 am. The review indicated 2 additional days of administration with illegible dates.</p> <p>-"A & D Zinc Oxide Cream. Apply to affected areas up to 6 times daily as needed. Use small amount with every brief change." The review indicated, "On hold per doctor. See new order (10/12/23)."</p> <p>-"Apply Mepilex dressing to buttock. Change every 3 days and as needed." The review indicated, "On hold per doctor. See new order (no date)."</p> <p>-"SSD cream 1%. Apply 1 gram to three times daily as needed." The review indicated, "On hold per doctor. See new order (10/12/23)."</p> <p>The review indicated client A's physician orders were not clarified or reconciled with client A's 10/3/23 doctors orders.</p> <p>Client A's Emergency Room Report dated 10/12/23 was received via email on 10/12/23 at 5:58 PM and was reviewed upon receipt. The 10/12/23 Emergency Room Report indicated the following:</p> <p>-"[Age and gender] arrives from local group home with 2 attendants who report the patient has an appointment to see wound clinic care [hospital] next week. They report that per the request of a family member POA (Power of Attorney) wanted the patient evaluated. Patient reportedly has pressure ulcers to her coccyx area and buttocks. Patient received radiation for rectal cancer several months ago and had had wounds to this area of her body as a consequence. Staff deny that patient is running a fever denies that the wounds</p>						

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	<p>are bleeding they report that they are using Aquaphor and zinc barrier creams routinely (sic). Patient is currently in a wheelchair without any sheet or Hoyer sling underneath her."</p> <p>-"Assessment of coccyx sacral wound: Encompassing both upper buttocks and the patient's sacrum there is a pressure ulcer that appears to be healing with no obvious signs of infection necrosis purple discoloration yellow purulent drainage (sic). Pressure ulcer staging appears consistent with stage II pressure ulcer as I do not see any adipose tissue visualized. Tissue is blanchable (blood flow)."</p> <p>-"With the help of nursing and group attendance we were able to turn the patient onto her right side and visualize her pressure ulcers to her buttocks. At this point I am recommending they continue with the Zinc Oxide and Aquaphor Creams. I stressed to the attendance (sic) the patient need to be turned every 1-2 hours and that her wounds will heal as long as she has good protein intake and she is not allowed to lay flat on her buttock. Staff verbalizes compliance with turning every 1-2 hours. And recommending follow-up with wound care next week."</p> <p>-"Apply Aquaphor and zinc several times daily and as needed for soiled tissue. Recommend that patient's episode of incontinence be addressed immediately. This will help promote good healing of skin tissue."</p> <p>"1. Petrolatum/lanolin/mineral oil (Aquaphor Oin) 105 grams topical four times daily...."</p> <p>"2. Zinc Oxide (zinc oxide 30 grams). 30 grams topical four times daily 30 days...."</p>						

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	<p>- "Physician/consultant orders/ recommendations: Irrigate with 8 ounces of tap water with diaper changes. Barrier creams (desitin, zinc oxide, diaper cream) sitz baths (sitting in hip high water), peri-care (anal and genital area) with gentle pericare."</p> <p>PD (Program Director) was interviewed on 10/10/23 at 3:07 PM. PD indicated client A had a recent diagnosis of rectal cancer. PD indicated client A's guardian had concerns and made allegations regarding the timeliness of client A's medical care and treatment. PD indicated client A's guardian filed a complaint with APS (Adult Protective Services) and BDDS (Bureau of Developmental Disabilities Services). PD indicated BDDS completed a BDDS report regarding client A's guardian's allegations. PD indicated client A's guardian's allegations included but were not limited to client A being left wet from urinary incontinence without timely incontinence care. PD indicated client A's cancer treatment included the use of a chemotherapy pump. PD indicated client A received the pump during a medical appointment and was sent home with the pump on the same day. PD indicated the agency was not provided with foreknowledge of the pump. PD indicated the agency did not have adequate time to train staff or prepare to manage the risks associated with the chemotherapy pump and client A's needs. PD indicated the agency felt client A needed additional care and support during her chemotherapy and radiation cancer treatment than she would receive at the group home. PD indicated the agency had sought an alternative placement in skilled care while she completed her cancer treatment. PD indicated the agency had served 60 days of termination of services to client A.</p>						

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W 0346	<p>PD and PM (Program Manager) were interviewed on 10/10/23 at 11:30 AM. PD and PM indicated staffing in the home should be 2 staff at the home during the overnight hours. PD and PM indicated client A was a 2 person assist for transfers. PD and PM indicated since the home's census dropped from 6 clients to 5 clients on 9/2/23 there had been between 5 and 6 incidents of staff working alone during the overnight shift. PD stated, "We could pull time sheets from the home but that won't capture the times the former AS or PD picked up shifts due to them being salaried staff. The staff working will fill out shift notes but not all staff if AS or PD would complete notes. We will provide any documents you want but it would be easier for us to just own it. We've adjusted shift start times to have evening shift stay later and day shift come in earlier to cover. Implemented incentives for staff to pick up overnight shifts and talked about having a local support system from other homes to come assist if needed during overnight hours if short. "</p> <p>ED (Executive Director) was interviewed on 10/10/23 at 3:45 PM. ED indicated she was the LPNNM's (Licensed Practical Nurse- Nurse Manager) supervisor. ED indicated the state director of nursing was an RN (Registered Nurse) and provided LPNNM with clinical supervision. ED indicated she was not present at the time of the 9/12/23 BDDS reporting regarding client A's guardian's allegations.</p> <p>This federal tag relates to complaints #IN00417465 and #IN00417525.</p> <p>9-3-6(a)</p> <p>483.460(d)(4) NURSING STAFF</p>						

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Bldg. 00	<p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the LPN (Licensed Practical Nurse) consulted with an RN (Registered Nurse) regarding client A's rectal cancer care and pain management health and wellness needs.</p> <p>Findings include:</p> <p>1. LPNNM (Licensed Practical Nurse Nurse Manager) was interviewed on 10/17/23 at 8:30 AM. LPNNM stated she "had not consulted with [SDN (State Director of Nursing)] prior to last week on Tuesday or Wednesday" but wasn't sure without notes. LPNNM indicated the SDN was not made aware or consulted with regarding client A's cancer care or skin issues prior to last week that she was aware of. LPNNM indicated she was an LPN.</p> <p>ED (Executive Director) was interviewed on 10/17/23 at 10:30 AM.</p> <p>ED indicated the SDN started consultation and assisting LPNNM's care of client A last week (10/13/23).</p> <p>2. The facility's nursing services failed to ensure client A's rectal cancer pain was managed and to ensure client A's radiation treatment skin care treatments were clarified and followed. Please see W331.</p> <p>This federal tag relates to complaints #IN00417465</p>			W 0346	<p>W346: The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section.</p> <p>Corrective action: The Nurse Manager, Beth Ruwe was removed of her duties at Kentucky Avenue and will no longer be supervising the Nurse over this facility. LPN Nurse Brandy Lacey is the Nurse over the facility. LPN Nurse reports to the State Director of Nursing, Jan Breedlove regarding all medical issues at the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. (Attachment H). Nurse oversight was completed at 7 days a week during the IJ, once the IJ was lifted</p>		11/16/2023

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	and #IN00417525. 9-3-6(a)		<p>the Nurse oversight went to 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed including ensuring medication orders are reconciled and clear. (Attachment P)</p> <p>Nurse completes a weekly check to ensure all medical needs are addressed. (Attachment H)</p> <p>Monitoring of Corrective Action:</p> <p>Nurse weekly checks will be sent to the Area Supervisor, Program Manager, State Director of Nursing and Program Director for monitoring and review.</p> <p>Training and postings of procedures and treatments will be consistently monitored and revised as needed.</p> <p>Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders.</p>		

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