

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2024
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 2626 HELMUTH AVE EVANSVILLE, IN 47714
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/25/24, 3/26/24, 3/27/24, 4/1/24 and 4/2/24.</p> <p>Facility Number: 000897 Provider Number: 15G383 AIM Number: 100235420</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/17/24.</p>	W 0000		
W 0192 Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 1 additional client (client #4), the facility failed to ensure staff were trained to competence regarding medication administration for client #4.</p> <p>Findings include:</p> <p>Observations were completed in the home on 3/25/24 from 4:15 pm through 6:15 pm and on 3/26/24 from 6:45 am through 8:45 am. On 3/26/24 at 7:00 am Direct Support Professional (DSP) #4 pulled out a container of medications from the medication cabinet for client #4 and scanned client #4's morning medications. DSP #4 popped the medications out of the packages and into the medication cup. DSP #4 crushed the medications</p>	W 0192	<p>W192 During the survey, DSP #4 dispensed client #4's medications then gave to DSP #1 to administer to the client. Then DSP #4 documented that the medication was given. DSP #1 and DSP #4 both failed to follow the medication administration process. Preventatively, both of these DSP's have been retrained. As well as, all of the Helmuth group home staff have been retrained on the medication administration process specifically that one staff dispenses, administers and documents for the medications.</p>	05/09/2024

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

TITLE

(X6) DATE

Suzanne Ailstock

Assistant Director Residential Services

05/02/2024

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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W 0218 Bldg. 00	<p>and added pudding to the cup and stirred it. DSP #4 called for DSP #1 to come to the medication room. DSP #1 came into the medication room with client #4. DSP #4 handed DSP #1 the cup of medication and DSP #1 administered the medications in the cup with pudding to client #4.</p> <p>The House Manager (HM) was interviewed on 3/26/24 at 8:30 am. The HM indicated staff are Core A and B trained. The HM stated "staff should only give meds they've popped themselves."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/2/24 at 4:40 pm. The QIDP indicated staff are Core A and B trained. The QIDP stated "staff should only give meds that they've prepared for the client."</p> <p>Core B Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 4/1/24 at 9:00 am and indicated in part, "...General Considerations. The following are some general considerations that staff should always follow for safe and complete medication administration...If you did not prepare medications, do not administer them! Medications can only be administered by the individual that prepared them to avoid errors."</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p>		<p>Group home management will complete observations following the re-training to ensure the medications are passed correctly. These observations will be completed by management 2-3 times per week for the next 4 weeks. Then management will complete random observations following this 4 week period of time.</p> <p>Systemically, all group home staff will be trained on ensuring staff complete the medication process with clients from start to finish – same staff dispense, administer, and document medications to the clients. All Group home management will be in-serviced on ensuring that all of the Easterseals' group home staff are passing medications by following the process from start to finish - same staff dispense, administer, and document medications. The manager's monthly observation form includes an observation of staff completing the medication process by dispensing, administering and documenting medications to ensure the medication process is being completed correctly.</p>	

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	<p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1 had a Physical Therapy evaluation following a pattern of falls.</p> <p>Findings include:</p> <p>The facility's Bureau of Disabilities Services (BDS) reports and investigations were reviewed on 3/26/24 at 10:00 am. The review indicated the following:</p> <p>1. A BDS report dated 5/31/23 at 8:00 am indicated, "[Client #1] tripped over her feet while in her bedroom and fell on her carpeted floor. When she did this her glasses hit the skin at the corner of her left eye and she incurred a 1/2 inch reddened area. The nurse evaluated her and she does not have any further injury. Her mobility safety protocol was reviewed and is appropriate. Plan to Resolve: Staff will remind [client #1] to slow down and be careful when she is ambulating."</p> <p>2. A BDS report dated 6/18/23 at 6:45 pm indicated, "[Client #1] was in the dining room area with all the clients playing a game. She wanted to go out of the dining room, but two wheelchairs were parked side by side, blocking the thoroughfare. [Client #1] proceeded on trying to get through and in doing so, lost her balance and fell. She hit her left lower eye on the foot of a client's wheelchair. Staff immediately helped her up. She has a reddened area under her left eye that goes from the inner corner to the outer edge where the blood pooled slightly. It is slightly swollen as well. Dr. [name] was called. Staff cleaned with saline and applied bacitracin (antibacterial ointment). Dr. [name] also said they can apply ice as [client #1] will tolerate. The nurse reevaluated her eye today and no additional</p>	W 0218	<p>W218</p> <p>Client #1 had a pattern of falls and had not received a Physical Therapy consult or evaluation timely. She had had her annual evaluations completed by the PT, but there were no consults between the evaluations and after her pattern of falls. IDT met on 4/11/24, to discuss the falls that the client has had. IDT agreed that the client needed to have a PT consult. Client #4 had a PT consult on 4/24/24. The PT is going to fit her with DAFO inserts to decrease ankle and foot pronation. The goal of this is to allow her to have better lower extremity alignment which will decrease her incidents of tripping and falling.</p> <p>All of Helmuth group home staff will be in-serviced on utilizing the clients DAFO inserts once these are received. Preventatively, the group home manager and group home coordinator will be in-serviced to ensure that an IDT is scheduled following Ashley's falls to brainstorm preventative steps to take which may include scheduling a PT consult. Systemically, all group home coordinators and QIDP's will be re-trained on scheduling IDT's following client falls and requesting a PT consult being scheduled as needed or always after a client has had a pattern of falls.</p>	05/09/2024

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	<p>treatment is needed. The area under the eye is slightly bruised but looks good overall. Staff implemented the post head injury form and continue to monitor [client #1]. There have been no noted concerns. [Client #1] attended day program today and is enjoying her daily routine as usual. Plan to Resolve: To prevent future occurrence, management has in-serviced staff to ensure they place the clients in a position for activities that does not block the main thoroughfare. The preventative measures will prevent future occurrence. [Client #1] is doing well, with no noted concerns or need for outside medical treatment."</p> <p>3. A BDS report dated 8/13/23 at 12:57 pm indicated, "Staff heard a noise and looked up and [client #1] was getting up off the floor. She had fell (sic) in the doorway of the kitchen and bit her lip. She has a 1/2 inch bite on her top lip. She was given APAP (pain medication) and applied ice to her lip. She had her non-slip socks on as is in her mobility safety protocol. She did not have any other bruising or injuries from the incident. Plan to Resolve: Management and administration agreed for her to start wearing shoes when she is in the home. She has an unsteady gait and IDT (interdisciplinary team) will be meeting this week to discuss the situation and determine if more safety measures need to be put into place."</p> <p>4. A BDS report dated 12/15/23 at 7:30 am indicated, "[Client #1] finished with breakfast and was taking her cup to the kitchen sink. Another client was between the sink and doorway to the kitchen in his wheelchair. [Client #1] squeezed around him and tripped over his wheelchair. When she did this she stumbled and bit her lip. She incurred a 1/2 inch cut on her bottom lip. The area was cleaned and ice was applied. Her mobility</p>			

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	<p>safety protocol was reviewed and it continues to be appropriate. Plan to Resolve: Staff will continue to monitor [client #1] closely and warn her of being patient and waiting on others to move out of her way."</p> <p>Client #1's record was reviewed on 3/26/24 at 1:00 pm. A Mobility/Safety Protocol dated 04/13/2023 indicated, "The above resident is identified as being at risk during transfers, while in bed, while ambulating, while moving in his/her wheelchair, or during other times as listed below: When getting out of bed after sleeping. The following additional interventions are in place to protect his/her safety. During transfers: N/A. While in bed: N/A. While ambulating: Wears shoes or non-skid socks while ambulating, Heel lift shoe insert in right tennis shoe, up to 5/8 in. (inch). At all times: Keep pathways clear. Other: Staff to assist resident getting on and off the transportation buses. Bathroom: Staff remain with [client #1] while on the toilet or in shower. Additional safety information and/or interventions: N/A."</p> <p>The Registered Nurse (RN) was interviewed on 3/26/24 at 4:48 pm. The RN indicated client #1 had falls. The RN stated client #1 "has a Mobility/Safety Protocol in place that addresses falls." The RN indicated client #1 has not had a Physical Therapy (PT) evaluation following a pattern of falls. The RN stated, "We should have our therapist look at her."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/1/24 at 4:40 pm. The QIDP indicated client #1 had falls. The QIDP stated client #1 "has a Mobility/Safety Protocol in place that addresses her falls." The QIDP stated client #1 "has had an annual PT consult." The QIDP stated client #1 "did not have a</p>			

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W 0268 Bldg. 00	<p>re-evaluation after the pattern of falls." The QIDP stated, "we should have had them look at her."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (clients #1 and #3), the facility failed to ensure clients #1 and #3's faces were free of facial hair.</p> <p>Findings include:</p> <p>Observations were completed in the home on 3/25/24 from 4:15 pm through 6:15 pm and on 3/26/24 from 6:45 am through 8:45 am. On 3/25/24 at 5:11 pm client #1 had several long dark hairs coming from the mole above her top lip and client #3 had several long dark hairs on her top lip and chin. On 3/26/24 at 6:45 am client #1 came out of the bathroom after taking a shower with the assistance of the House Manager (HM). At that time, client #1 still had several long dark hairs coming from the mole above her top lip. At 8:00 am, client #3 had several long dark hairs on her top lip and chin.</p> <p>Client #1's record was reviewed on 3/26/24 at 1:00 pm. A Comprehensive Annual Functional Assessment dated 4/13/23 indicated, "...Shaves with non-electric razor: Physical Assistance. Shaves with electric razor: Physical Assistance...".</p> <p>Client #3's record was reviewed on 3/26/24 at 3:00 pm. A Comprehensive Annual Functional Assessment dated 5/13/23 indicated, "Shaves</p>	W 0268	<p>W268</p> <p>Clients #1 and #3 are both female clients and both had facial hair at the time of the survey. IDT's were held on each client on 4/30/24. Client #1 is hesitant to allow staff to trim the hairs growing out of her mole. She is more compliant with one staff, therefore, this staff will begin trimming this hair one time per week. Once she appears to desensitize to this more staff will start completing this and it will be done more frequently if needed. Client #3 is capable to assist in utilizing a trimmer to trim the facial hair on her upper lip and chin. An IPP goal has been developed for her to trim her facial hair. The RCDS nurse has also added for clients #1 & #3's facial hair to be shaved/trimmed one time a week to the MAR to ensure this is completed.</p> <p>All of Helmuth's staff will be inserviced on client #3's new IPP goal and the importance of implementing the goals as a sign of dignity and respect to the clients. They will also be</p>	05/09/2024

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W 0289 Bldg. 00	<p>with non-electric razor: Physical Assistance. Shaves with electric razor: Physical Assistance...".</p> <p>Direct Support Professional (DSP) #3 was interviewed on 3/25/24 at 5:35 pm. DSP #3 stated "yeah, the female clients should be shaved, but [client #3] has dementia so I don't think it bothers her."</p> <p>DSP #2 was interviewed on 3/25/24 at 5:40 pm. DSP #2 stated "we try to keep the clients shaved. I try to watch closer for facial hair." DSP #2 stated "yes" having facial hair on female clients is an issue of dignity.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/1/24 at 4:40 pm. The QIDP stated facial hair "is a non issue for [client #1], it does not bother her." The QIDP stated, "I'm not aware of it bothering [client #3]." The QIDP indicated female client facial hair could be a dignity issue.</p> <p>9-3-5(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure client #2's Individual Program Plan (IPP) included interventions to reduce or eliminate the use of client #2's restraints.</p> <p>Findings include:</p>	W 0289	<p>inserviced on ensuring that all female client's faces are kept free of facial hair.</p> <p>Group home management will complete observations following the re-training to ensure the clients faces are kept free of facial hair. These observations will be completed by management 1-2 times per week for the next 4 weeks. Then management will complete random observations following this 4 week period of time.</p> <p>Systemically, all Group Home Managers, Group Home Coordinators and QIDP's will be in-serviced on promoting clients dignity and respect, specifically with ensuring that the female clients' faces are free of facial hair.</p> <p>W289</p> <p>Client #2 wears bilateral padded mitts to protect his hands as he has a repetitive behavior of hitting objects which has resulted in a hand fracture one time in the past. However, Easterseals failed</p>	05/09/2024

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	<p>Observations were completed in the home on 3/25/24 from 4:15 pm through 6:15 pm and on 3/26/24 from 6:45 am through 8:45 am. On 3/25/24 at 4:30 pm client #2 was in the medication room on the couch with his iPad. The House Manager (HM) stated "it's his relaxation time." On 3/26/24 at 6:45 am client #2 was lying on the couch in the medication room with padded mitts on both of his hands. At 7:00 am client #2 was lying on the couch in the medication room with padded mitts on both of his hands. Direct Support Professional (DSP) #4 stated client #2 uses mitts "so he doesn't scratch himself," and DSP #1 stated "he's supposed to wear them all the time but he usually doesn't need them when he gets home (from day service)." At 7:15 am client #2 was in the medication room lying on his right side on the couch with his eyes closed and both padded mitts on his hands. At 7:30 am, client #2 remained on the couch in the medication room with both hand mitts on. At 7:45 am, client #2 remained on the couch in the medication room with both hand mitts on. At 8:00 am, client #2 remained on the couch in the medication room with both hand mitts on.</p> <p>Client #2's record was reviewed on 3/27/24 at 1:00 pm. An Individual Program Plan dated 2/22/24 indicated, "...Goal Area: Behavior Management. Goal: [Client #2] will decrease his maladaptive behavior. Present Level: [Client #2] continues to display non-compliance when he is resistive to an activity or request. Objective: [Client #2] will decrease his MABs (maladaptive behavior) for non-compliance through self-abuse..."</p> <p>A Behavior Support Plan dated 2/22/24 indicated, "...Target Behaviors: Suspected depression/anxiety manifested through</p>		<p>to have a fading plan for the padded hand mitts in his IPP. IDT met on 4/30/24, IDT agreed that the client still needs to wear the mitts for his safety as he has osteopenia and osteoporosis. As well as he continues to hit objects as a form of self-abuse. His behavior strategy was reviewed and is being updated. IDT also developed a fading plan which will be tied to his frequency and intensity of his self-abuse. Systemically, the behavior technician and QIDP's will be in-serviced to review all clients adaptive equipment checklists to ensure that all clients adaptive equipment which are restrictive have appropriate fading plans in place.</p>	

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	<p>non-compliance which is displayed by verbal aggression (loud screams), self-abuse (biting hand or arm, hitting arm or hand against his head), refusal (pulling away, refusing to get up, flailing his arms, falling to the floor, etc.) and/or physical aggression. Justification: [Client #2] has a history of physical resistiveness. These behaviors occur when [client #2] is unsure of exactly what he is required to do or when he does not want to perform the task. Assisting [client #2] with calming techniques before a request, fully informing him of what he will do during the task, keeping him on a consistent daily routine, and reinforcing appropriate behavior have been effective in reducing the non-complaint manifestations. [Client #2's] non-compliance is also displayed by refusal, which is addressed through the techniques mentioned as well as explaining the importance of the tasks to [client #2]...Proactive Strategy: 1. Important: Staff should always verbally communicate with [client #2] during any activity. Staff should speak to him by being direct, but using a sweet tone of voice. Always inform him of what is going to happen...2. Before medication time and, starting any activity, staff should allow [client #2] adjustment time with implementing calming techniques when include holding [client #2's] hand, patting or rubbing his back, massaging his shoulders and taking to him calmly about what will take place. For transitions to run smoothly, allow ample time for [client #2] too relax. Hugging should not be used as a calming technique. 3. [Client #2] will follow a schedule to further allow him to understand and be informed regarding tasks he will complete. 4. [Client #2] should be reinforced by verbal praise for any attempt or completion of an activity. Reactive Strategy: 1. If [client #2] is non-compliant, verbally redirect him back to his scheduled activity by saying, '[client #2], it is time</p>			

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	<p>to _____. Staff should speak to him by being direct and using a sweet tone of voice. Then staff should attempt to re-involve him in the activity by starting with calming techniques (i.e. holding his hand, patting or rubbing his back, massaging his shoulders and taking to him calmly). 2. If non-compliance manifests into verbal aggression, physical aggression, dropping to the floor, and/or self-abusing behaviors, staff should say, '[client #2], it is time to _____. If he continues being non-compliant, staff should give him time to relax and re-approach him in 5 minutes and then try again. 3. If [client #2] has dropped to the floor or is refusing to get up, staff should state to him in a matter-of-fact tone, '[client #2], this is what we have to do. You are going to stand up.' Two staff are to assist him up and direct him to the current task or activity...".</p> <p>An Adaptive Equipment and Mechanical Safety Device worksheet dated 2/23/23 indicated, "Type of device: Bilateral hand mitts. Purpose or intended use of device: To help prevent injury d/t (due to) SIBs (self injurious behaviors). Describe limitations or restrictions of movement caused by the device: None. Would the client be able to engage in movements without the device: Yes. What benefit does the client obtain from using the device? Helps prevent injury d/t SIBs. Do the benefits outweigh any potential limitations of movement?: Yes..".</p> <p>The review of client #2's record indicated there were no interventions to reduce or eliminate the use of client #2's restraints.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/1/24 at 4:40 pm. The QIDP stated client #2's hand mitts are "used for medical reasons to decrease injury due to his</p>			

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

PRINTED: 05/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 HELMUTH AVE EVANSVILLE, IN 47714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	SIBs." The QIDP indicated client #2's plan does not include interventions to reduce or eliminate the use of his restraints. The QIDP stated "there probably should be something like that in his plan." 9-3-5(a)				