

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/03/2021
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1426 S ALVORD LN 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. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 11/29/21, 11/30/21, 12/1/21, 12/2/21 and 12/3/21.</p> <p>Facility number: 001110 Provider number: 15G596 AIM number: 100240090</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/13/21.</p>	W 0000	<p>During Alvord's annual survey 2 different staff did not implement clients medication IPP goals. IDT met to review the medication goals for client #3 &amp; #7 and agreed that the goals continue to be appropriate. All Alvord group home staff have been re-trained on implementing medication IPP goals during the medication passes.</p> <p>Preventatively, The Group Home Coordinator will observe to ensure all client's medication goals being implemented and documented. The Group Home Coordinator and QIDP will complete observations at least 3 times per week for one month.</p> <p>Systemically, all QIDP's will be retrained on their role to monitor and ensure the consistent implementation of IPP objectives specifically medication goals. All Group Home managers will be retrained to ensure clients individual program plans are being implemented. In addition, all group home managers complete observations at least two times a month to monitor IPP goal implementation.</p>	
W 0249  Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has</p>			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 3 clients in the sample (#3) and 1 additional client (#7), the facility failed to ensure the clients' medication goals were implemented during the AM and PM medication pass.</p> <p>Findings include:</p> <p>On 11/29/21 from 4:15 PM until 5:45 PM and 11/30/21 from 6:15 AM until 7:51 AM, observations were conducted at the group home.</p> <p>- On 11/29/21 at 5:30 PM, staff #2 prepared client #7's medication in the medication room with client #7 present. Staff #2 prepared the following medication for administration: Vitamin C (supplement), Calcium with Vitamin D (supplement), Doxycycline (antibiotic), Beneprotein (supplement), and Potassium (supplement). Client #7 took his medication whole in pudding. Staff #2 did not encourage or prompt client #7 to identify his Potassium during the medication administration process.</p> <p>On 11/30/21 at 1:03 PM, client #7's 4/30/21 IPP (Individual Program Plan) was reviewed and indicated, "Goal Area: Medication Administration. Goal: [Client #7] will increase his knowledge of his medication. Objective: ... [Client #7] will correctly inform the staff why he is prescribed the following medications: Potassium...."</p>	W 0249	<p>During Alvord's annual survey 2 different staff did not implement clients medication IPP goals. IDT met to review the medication goals for client #3 &amp; #7 and agreed that the goals continue to be appropriate. All Alvord group home staff have been re-trained on implementing medication IPP goals during the medication passes.</p> <p>Preventatively, The Group Home Coordinator will observe to ensure all client's medication goals being implemented and documented. The Group Home Coordinator and QIDP will complete observations at least 3 times per week for one month.</p> <p>Systemically, all QIDP's will be retrained on their role to monitor and ensure the consistent implementation of IPP objectives specifically medication goals. All Group Home managers will be retrained to ensure clients individual program plans are being implemented. In addition, all group home managers complete observations at least two times a month to monitor IPP goal implementation.</p>	12/24/2021

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	<p>- On 11/30/21 at 6:59 AM, staff #4 prepared client #3's medication in the medication room with client #3 present. Staff #4 prepared the following medication for administration: Busemide (coating for throat), Motegrity (constipation), DHEA (supplement), Thera-M (supplement), Glucosamine-Chondroitin (supplement), Lexapro (depression), Loratadine (allergies), Prilosec (stomach), Vitamin D3 (supplement), Linzess (constipation), Docusate Sodium (stool softener), and Tylenol (pain). Client #3 took his medication whole in pudding. Staff #7 did not encourage or prompt client #3 to identify his medications during the medication administration process.</p> <p>On 11/30/21 at 12:34 PM, client #3's 11/23/21 IPP (Individual Program Plan) was reviewed and indicated, "Goal Area: Medication Administration. Goal: [Client #3] will increase his knowledge of his medication. Objective: ... [Client #3] will correctly name his medication as he takes them."</p> <p>On 12/2/21 at 11:18 AM, the QIDP (Qualified Intellectual Disabilities Professional) stated, plans should "absolutely be implemented." She stated, "We have newer med passers who just want to get it done correctly and they are not focused on meeting the clients' goals. [Staff #7] is a new medication passer." The QIDP indicated staff should get in the habit of doing medication goals. She stated, "Maybe putting the medication goals in the medication book will help and staff can chart as they're doing it."</p> <p>On 12/2/21 at 4:45 PM, the Residential Coordinator (RC) indicated the clients' plans should be implemented at all times. The RC</p>			

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

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	stated, "I think it has a lot to do with new staff."  9-3-4(a)				