

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

PRINTED: 01/11/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G351		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/08/2021	
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC				STREET ADDRESS, CITY, STATE, ZIP COD 556 S CR 550 W CONNERSVILLE, IN 47331			
(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
W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Dates of Survey: December 6, 7 and 8, 2021.</p> <p>Facility Number: 000867 Provider Number: 15G351 AIMS Number: 100244190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/16/21.</p>			W 0000			
W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2 had a program plan addressing weight loss due to a significant weight gain over the last six months.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/6/21 from 3:20 PM to 5:00 PM and on 12/7/21 from 6:40 AM to 8:05 AM. Throughout the evening observation client #2 unpacked her lunch box, assisted with cooking dinner, sat in a recliner with her legs elevated, ate dinner and</p>			W 0227	<p>Residential CRF will continue to develop programs that meet the individual needs of the individuals living in our group homes. We will implement a program to address the weight gain of Client# 2. Residential nursing staff will monitor all the individuals weights on a monthly basis, to ensure that any excessive weight gain is being addressed. If excessive weight gain is noticed, programs will be implemented to address these concerns.</p>		12/27/2021

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 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 disclosable 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>assisted with cleaning up the kitchen.</p> <p>Throughout the morning observation client #2 completed her morning hygiene routine, assisted with preparing breakfast, ate breakfast, assisted with breakfast clean up and packed her lunch. The living room at the group home contained a treadmill and an exercise bike. Client #2 did not exercise during the observations.</p> <p>Client #2's record was reviewed on 12/7/21 at 12:15 PM. Client #2's 2/24/21 Health Risk Issue for weight indicated, "[Client #2] has (sic) history of experiencing weight gain.... [Client #2] will not experience more than a 5 # (pound) weight gain each the (sic) month. Her weight will remain within her average weight range.... Direct care staff should monitor and assist [client #2] for the following: Weight gain of 5 # each month. Ensure [client #2] is complying with her physician recommended diet.... Ensure that [client #2] does her exercises daily...."</p> <p>Client #2's 2/24/21 Health Risk Issue for Diabetes indicated, "[Client #2] has a diagnosis of Diabetes which is evident by a high blood glucose level. She does not take insulin, but does take an oral medication to control her diabetes. Glucose comes from the foods you eat...."</p> <p>Client #2's QNAs (Quarterly Nursing Assessments) indicated the following weights: 3/4/21 358 pounds, 6/25/21 363 pounds and 9/24/21 394 pounds. The QNAs indicated from 3/4/21 to 9/24/21, client #2 gained 36 pounds.</p> <p>Client #2's monthly weights completed at the group home indicated the following weights: January 2021: 360 pounds February 2021: 359 pounds March 2021: 358 pounds</p>				Staff responsible: QIDP, Nursing, House Staff		

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	<p>April 2021: 363 pounds May 2021: 368 pounds June 2021: 377 pounds July 2021: 386 pounds August 2021: 389 pounds September 2021: 394 pounds October 2021: 397.4 pounds</p> <p>A review of the monthly weights indicated client #2 gained 37.4 pounds since January 2021.</p> <p>Medical records dated 7/13/21 indicated client #2 had an appointment with her NP (Nurse Practitioner) and increased activity was encouraged due to weight gain.</p> <p>Client #2's 3/4/21 ISP (Individual Support Plan) did not include a goal for increased activity to assist with weight loss.</p> <p>Client #2's Quarterly ISP Review dated 11/4/21 did not address client #2's significant weight gain.</p> <p>On 12/7/21 at 7:30 AM, staff #2 was interviewed. Staff #2 indicated client #2 had gained weight. Staff #2 indicated client #2 did not have a goal to assist with weight loss.</p> <p>On 12/7/21 at 3:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) and the LPN (Licensed Practical Nurse) were interviewed. The QIDP and the LPN indicated client #2 has had a significant weight gain in the last six months. The LPN indicated client #2 was a diabetic and her diabetes was controlled with medication. The LPN indicated the NP was aware of the weight gain and she (NP) recommended increased activity. The QIDP stated, "She (client #2) should have a goal to exercise". The LPN stated, "I don't think they (staff) are following the general healthy</p>						

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W 0331 Bldg. 00	<p>diet very well. We are going to write out a healthier list of snacks. I really think it is her diet. Her labs are normal". The LPN indicated client #2 needed to increase her activity level.</p> <p>9-3-4(a)</p> <p>483.460(c) 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 (#3), the facility's nursing services failed to follow up with client #3's PT (Physical Therapist) and the NP (Nurse Practitioner) to determine when client #3's rollator walker should be used.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 12/6/21 from 3:20 PM to 5:00 PM. At 3:30 PM, client #3 walked to her bedroom independently and fell to the ground. Client #3 was not injured. Client #3 was not using her rollator walker. At 3:35 PM, staff #1 prompted client #3 to sit down since she fell. Client #3 went to the living room and sat down. Throughout the observation client #3 ambulated throughout the group home independently without the use of her rollator walker. The rollator walker was parked beside client #3's chair in the living room.</p> <p>An observation was conducted at the group home on 12/7/21 from 6:40 AM to 8:05 AM. Client #3 ambulated throughout the group home independently without the use of her rollator walker. The rollator walker was parked beside client #3's chair in the living room throughout the observation until she left for day program at 8:05</p>			W 0331	<p>Residential CRF will continue to ensure that nursing services are being addressed according to the individual needs of the individual. Residential nursing staff will follow up with PT and the PCP to clarify when Client # 3's walker should be used. Residential CRF will ensure that all individuals requiring adaptive equipment have clear directives for the items use.</p> <p>Staff Responsible: QIDP, Nursing, House Staff</p>		12/27/2021

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	<p>AM. Staff #1 assisted client #3 down one step while walking out to the van.</p> <p>An observation was conducted at the facility operated day program on 12/7/21 from 9:15 AM to 10:25 AM. Client #3's rollator walker was parked beside her throughout the observation. Client #3 used her rollator walker each time she got up to do something.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 12/6/21 at 2:40 PM and on 12/7/21 at 2:00 PM.</p> <p>A BDDS report dated 12/6/21 at 4:30 PM (sic/ incident happened at 3:30 PM) indicated, "[Client #3] was walking into her room when she started to shake her legs then she dropped to the ground. Plan to Resolve: Staff assisted [client #3] and checked for any injuries. None were noted. [Client #3] has an appointment with her PCP (primary care provider) today for further consideration. [Client #3] has had a recent PT (physical therapy) evaluation. Staff will continue to assist [client #3] and report any changes or concerns to her nurse and PCP".</p> <p>A BDDS report dated 7/14/21 at 5:30 PM indicated, "[Client #3] was taking her dishes to the sink when she just fell backwards. Staff assisted [client #3] up and checked for injuries, none were noted. Plan to Resolve: [Client #3] has an appointment with her PCP today. Staff will continue to monitor [client #3] and report any changes or concerns to her nurse and physician".</p> <p>Client #3's record was reviewed on 12/7/21 at 1:10 PM.</p> <p>An outpatient PT evaluation for client #3 dated</p>						

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	<p>7/23/21 indicated, "Pt (patient) is from a group home. Pt and caregiver express that pt has had multiple falls in the last two week (sic). Pt has also increased shuffling (sic). Pt came to clinic w/o (without) AD (adaptive device) holding her caregivers hand. She has been examined by her NP (nurse practitioner) for any systemic causes of balance loss.... Assessment: Pt presents with poor reactive and anticipatory balance control. Her gait was significantly better with a walker. Pt was not able to process the operation of a rollator.... Patient will need a FWW (front wheeled walker) to prevent her from falling...."</p> <p>A review of the PT evaluation indicated a front wheeled walker was recommended to prevent falls. The evaluation was signed by client #3's NP on 8/11/21 indicating client #3 could be discharged from PT.</p> <p>Client #3's November 2021 Physicians Orders were reviewed and the orders did not address the use of a walker.</p> <p>Client #3's nursing notes from July 2021 through December 2021 did not indicate a call was made to the PT addressing when client #3 should use her walker.</p> <p>Client #3's 7/28/21 Fall Risk Management Plan indicated, "[Client #3] does not (sic) have a history of experiencing falls. This fall has been during ambulation (sic). Falls are evidenced by tripping or slipping due to loss of footing or traction. Hand rails are in place at the front and rear exits of [client #3's] home to assist her with steps.... Staff will encourage [client #3] to use her RW (rollator walker) PRN (as needed)...."</p> <p>A review of client #3's Fall Risk Management Plan</p>						

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	<p>indicated client #3 should use her rollator walker PRN, but there was no order indicating the walker was to be used PRN.</p> <p>On 12/6/21 at 3:35 PM, client #3 was interviewed. Client #3 indicated she has had some falls, but she hasn't been injured. Client #3 indicated she only uses her walker when she leaves the group home.</p> <p>On 12/6/21 at 3:45 PM, staff #1 was interviewed. Staff #1 indicated client #3 has had falls without injuries. Staff #1 indicated client #3 has never fallen down the two steps leading to her bedroom. Staff #1 indicated client #3 gets anxious and her knees give out, but she also has behaviors where she drops to the floor.</p> <p>On 12/7/21 at 7:30 AM, staff #2 was interviewed. Staff #2 indicated client #3 has had falls. Staff #2 stated, "She's supposed to use her walker at all times, but she refuses. One week she had like four falls. Other weeks, none at all". Staff #2 indicated client #3's legs and arms start shaking and she just falls. Staff #2 indicated client #3 has never been injured during the falls and she has never fallen down the 2 steps to her bedroom. Staff #2 indicated client #3 used the walker when she leaves the group home and staff always assist her with walking out to the van and getting into and out of the van.</p> <p>On 12/7/21 at 3:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) and the LPN (Licensed Practical Nurse) were interviewed. The LPN indicated client #3 had a fall in July (2021) and she went for a PT evaluation. The LPN indicated the walker was ordered for PRN use. The LPN indicated she called the PT after she received the evaluation to clarify when the walker was to be used. The LPN indicated the PT said it</p>						

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	<p>could be PRN. The LPN indicated the phone call was not documented and the physicians orders for client #3 did not address the use of the walker. The LPN indicated the fall last night (12/6/21) was the first fall she was aware of since July 2021. The QIDP agreed. The LPN indicated client #3 was not injured during either of the falls. The LPN stated, "I'm not aware of her using it at home. I'm not even sure if she could use it at home. There are 2 steps going to her bedroom and a small space for her to squeeze through to get to her bed". The QIDP indicated Life Safety made them move the bedroom around so the clients had complete access to the window in case there was a fire. The QIDP stated, "We might need to relook at the setup". The QIDP and the LPN indicated there needed to be some follow up to clarify when client #3's walker should be used.</p> <p>9-3-6(a)</p>						