

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G189 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 12/02/2022 |
|---|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SERVICES INC | | STREET ADDRESS, CITY, STATE, ZIP COD 220 S COLLEGE ST ROCKVILLE, IN 47872 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 11/28, 11/29, 11/30, 12/1 and 12/2/22.</p> <p>Facility Number: 000721 Provider Number: 15G189 AIMS Number: 100248840</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 12/7/22.</p> | W 0000 | | |
| W 0249 Bldg. 00 | <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has 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 2 of 3 sampled clients (#1 and #3), the facility failed to ensure client #1 and #3's formal training objectives were implemented during formal and informal training opportunities.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/29/22 from 6:00 AM until 8:00 AM. At 6:30</p> | W 0249 | <p>Quality Assurance Coordinator created and sent out a self-review training packet to all SGL staff. This training packet included: (1) What Active Treatment is (2) Active Treatment during Medication Administration (3) 6 Medication Rights</p> <p>Between December 6 to 16, 2022 – SGL staff completed the self-review training packet that</p> | 12/16/2022 |

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

TITLE

(X6) DATE

Basil Weinman

CEO

12/14/2022

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>AM staff #5 did not implement training objectives during formal and informal training opportunities during medication administration for clients #1 and #3. Staff did not prompt client #1 to state the importance of taking his prescribed medication consistently and staff did not prompt client #3 to identify the purpose of his Zoloft (depression).</p> <p>Client #1's record was reviewed on 11/30/22 at 11:00 AM. Client #1's ISP (Individual Support Plan) dated 8/17/22 indicated a formal training objective: "[Client #1] will state the importance of taking his prescribed medication consistently daily with 2 or less verbal prompts."</p> <p>Client #3's record was reviewed on 11/30/22 at 12:45 PM. Client #3's ISP dated 8/17/22 indicated a formal training objective: "[Client #3] will identify the purpose of Zoloft during medication administration daily with 2 or less verbal prompts."</p> <p>An interview was conducted with the HM (Home Manager) on 11/29/22 at 6:55 AM. The HM stated, "each individual has medication goals that are to be ran (sic) during medication time."</p> <p>An interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional) on 11/30/22 at 1:00 PM. The QIDP indicated all the individuals in the group home have formal medication training objectives. The QIDP stated, "goals should be implemented during formal and informal training opportunities."</p> <p>9-3-4 (a)</p> | | <p>included: (1) What Active Treatment is (2) Active Treatment during Medication Administration (3) 6 Medication Rights</p> <p>This self-review training material will also be presented to all SGL staff during the in-person Residential In-Service on January 17, 2023.</p> <p>Effective immediately – the SGL Management Team will oversee staff to (1) ensure staff is able to demonstrate competency with implementing formal and informal training opportunities for clientele (2) ensure staff is able to document properly on formal and informal training opportunities (3) assess staff's ongoing training needs in regards to implementing formal and informal training opportunities.</p> <p>Overseeing may include but is not limited to (1) direct observation of direct care staff while they are working with individuals (2) ask direct care staff questions regarding informal and formal training opportunities (3) review individual plan tracking and daily notes completed by direct care staff. Based on what information the Management Team has gathered by overseeing staff – it will determine if staff person(s) need further training on implementing formal and informal training opportunities.</p> | |

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| W 0454 Bldg. 00 | <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3) and 2 additional clients (#4 and #5), the facility failed to provide a safe and sanitary medication administration for (clients #1, #3, #4 and #5.)</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 11/29/22 from 6:00 AM until 8:00 AM. During the observation period at 6:40 AM, staff #5 did not follow proper hand hygiene by using antibacterial soap and water, or hand sanitizer before administering medication to client #1. At 6:50 AM staff #5 prepared client #3's medication without proper hand hygiene being performed before administration. At 7:00 AM the group home cat came into the medication room and jumped on the desk where medications were placed by staff #5. Staff #5 picked up the cat, put him on the floor resuming dispensing administration to (client #4) without proper hand hygiene and sanitizing the desk area. At 7:10 AM staff #5 did not sanitized the desk area nor had staff completed proper hand hygiene before the administration of client #5's medication.</p> <p>An interview was conducted on 11/29/22 at 6:50 AM with staff #5. Staff #5 stated "hand washing or hand sanitizer should be used between clients." Staff #5 indicated the desk should be sanitized if the cat jumps on it. Staff #5 stated, " I didn't even realize the cat jumped on the desk."</p> | W 0454 | <p>Quality Assurance Coordinator created and sent out a self-review training packet to all SGL staff. This training packet included: (1) What Hand Hygiene is (2) When to perform Hand Hygiene (3) Hand Washing technique (4) Use of Alcohol Based Hand Rub technique (5) When to Sanitize the Medication Administration "Table" (6) How to Sanitize the Medication Administration "Table". Between December 6 to 16, 2022 – SGL staff completed the self-review training packet that included: (1) What Hand Hygiene is (2) When to perform Hand Hygiene (3) Hand Washing technique (4) Use of Alcohol Based Hand Rub technique (5) When to Sanitize the Medication Administration "Table" (6) How to Sanitize the Medication Administration "Table". This self-review training material will also be presented to all SGL staff during the in-person Residential In-Service on January 17, 2023.</p> <p>Effective immediately – the SGL Management Team will oversee staff to (1) ensure staff is able to demonstrate competency with hand hygiene and sanitizing (2) assess staff's ongoing training</p> | 12/16/2022 |

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| | <p>An interview was conducted on 11/29/22 at 7:00 AM with the HM (Home Manager.) The HM indicated proper hand hygiene should occur between each client. The HM stated, " if the cat jumps on the desk, it (the desk) should have been sanitized."</p> <p>An interview was conducted on 11/30/22 at 2:15 PM with the LPN (Licensed Practical Nurse.) The LPN stated, "between each client staff should wash their hands and sanitize the desk especially if the cat jumps on the desk."</p> <p>The agency's policy on medication administration dated 1/22 was reviewed on 12/1/22 at 9:57 AM indicated, "Before a C.A.R.S. employee is authorized to administer medication - the employee must (1) complete and successfully pass Core A & B."</p> <p>The Core B Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 12/1/22 at 10:45 AM. The Core B training on page 16 indicated, "Always wash hands prior to preparing medications. Ensure you disinfect the area you are preparing medications prior to administering medications."</p> <p>9-3-7 (a)</p> | | <p>needs in regards to hand hygiene and sanitizing. Overseeing may include but is not limited to (1) direct observation of direct care staff while they are working with individuals (2) ask direct care staff questions regarding hand hygiene and hand sanitizing. Based on what information the Management Team has gathered by overseeing staff – it will determine if staff person(s) need further training on hand hygiene and sanitizing.</p> | |