

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

PRINTED: 04/09/2024

FORM APPROVED

OMB NO. 0938-039

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 03/06/2024	
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: 2/29, 3/1, 3/4, 3/5 and 3/6/24</p> <p>Facility Number: 000721 Provider Number: 15G189 AIMS Number: 100248840</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/18/24.</p>		W 0000				
W 0388  Bldg. 00	<p>483.460(m)(1)(i) DRUG LABELING</p> <p>Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review and interview for 1 additional client (#6), the facility failed to ensure over the counter medications contained a label with instructions for administration or treatment.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/29/24 from 4:45 PM until 6:00 PM. At 4:55 PM client #6 was prompted to come to the office to take his medications by DSP (Direct Support Professional) #2. Client #6 entered the office, sat down and sanitized his hands. DSP #2 removed a bottle from a basket. DSP #2 poured 15 ccs (cubic centimeters) of Biotene (mouth rinse) into a plastic cup. Client #6 was given the cup and poured the contents into his mouth. Client #6 stood up and</p>		W 0388	<p>On 3/15/2024 – SGL Management Team held a meeting regarding labeling for over-the-counter medications. This meeting included the review of the C.A.R.S. Medication Policy and a review of over-the-counter medications/treatments for client #6 and other SGL clients. On 3/27/024 – SGL Management Team held a meeting and decided that all over-the-counter medications / treatments that are ordered/prescribed by a physician will continue to be labeled according to the C.A.R.S. Medication Policy which includes instructions for administration or</p>		03/29/2024	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	
Basil				Weinman		03/28/2024	

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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	<p>walked over to the trash can and spit the contents out. The bottle of Biotene did not contain a label from the pharmacy with instructions for use.</p> <p>An observation was conducted at the group home on 3/1/24 from 6:02 AM until 7:45 AM. At 6:39 AM DSP #4 prompted client #6 to come to the office for his medications. Client #6 entered the office, sat down and used hand sanitizer on his hands. Client #6 was administered Fish Oil (hyperlipidemia) 1000 mg (milligrams), and Act Lozenges (mouth moisturizing). Client #6 had Eucerin Cream applied to his lower legs, Arrid (antiperspirant) sprayed on his feet and Desenex (moisturizing powder) poured into his socks. The Fish Oil, Act Lozenges, Eucerin Cream, Arrid and Desenex did not contain labels from the pharmacy with instructions for use.</p> <p>A review of the January 2024 MAR was conducted on 3/4/24 at 3:23 PM. The MAR indicated, "Eucerin Cream to lower legs, Moisture Absorbing Powder to socks, Antiperspirant spray to soles of feet and between toes after area dried well at 7 AM. Biotene Mouth 15cc rinse and expectorate for moisture by mouth 7 AM and 5 PM. Fish oil 1000 MG PO (by mouth) daily for hyperlipidemia (bottle) and mouth moisturizing lozenges at 7 AM."</p> <p>An interview was conducted on 2/29/24 at 5:00 PM with DSP #2. DSP #2 stated, "[Client #6] is the only one who uses Biotene; it is kept in his basket on his shelf so it is for him."</p> <p>An interview was conducted on 3/1/24 at 6:50 AM with DSP #4. DSP #4 stated, "if it's on the MAR (Medication Administration Record) then it should have a label."</p>				<p>treatment.</p> <p>During this meeting, the SGL Management Team agreed that any non-prescribed over-the-counter medications / treatments that are considered informal recommendations will be taken off the MAR and will be supported through daily hygiene skills for client #6 and other clients.</p> <p>On 3/27/2024 – The C.A.R.S. Medication Policy was updated to reflect this updated procedure.</p> <p>On 3/28/2024 – During the Adult Management Team monthly meeting, Agency Nurse gave instructions on how informal recommendations can be supported through daily hygiene skills for clients.</p> <p>By 4/5/2024 – All staff within Facility #721, all other group homes and Day Services will be trained on the updated Medication Policy and how informal recommendations can be supported through daily hygiene skills for clients.</p> <p>Effective Immediately – Agency Nurse will oversee the labeling of prescribed over-the-counter medications / treatments to ensure labels abide by the updated C.A.R.S. Medication Policy which includes instructions for administration or treatment.</p>		

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	<p>An interview was conducted on 3/5/24 with the RN (Registered Nurse). The RN stated,"we were purchasing those items over the counter from [store] because it is cheaper than going through the pharmacy. The pharmacy will not print labels if they don't dispense the item."</p> <p>A review was conducted on 3/6/24 at 9:00 AM of the Medication Policy and Procedure dated 1/22. The Medication Policy indicated, "Labeling - All prescription medications / treatments must be labeled with the following information ...this pertains to ALL C.A.R.S. Services-Name of individual -Name of Ordering Physician -Name of medication -Date when prescription was filled -Dosage -Expiration date -How often it should be taken -Cautionary instructions."</p> <p>9-3-6(a)</p>						