

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

PRINTED: 10/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G184		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2016	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421			
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: August 29 and 30, 2016.</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/7/16.</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.</p> <p>Based on record review, observation and interview for one additional client (#7), the facility failed to ensure staff documented a controlled medication (Valium for behavior) on the medication administration record/MAR.</p> <p>Findings include:</p>		W 0192	<p><b>W192: For employees, who work with clients, training must focus on skills and competencies directed toward clients' health needs.</b></p> <p><b>Corrective action:</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff training to</p>		10/21/2016	

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>Review of client #7's record on 8/30/16 at 8:15 AM indicated a medication review by the consulting psychiatrist on 8/23/16. The psychiatrist prescribed Valium 5 milligrams/mg. three times daily for client #7's behaviors associated with anxiety.</p> <p>Review (8/30/16 at 8:00 AM) of client #7's MAR for August 2016 indicated the Valium was not documented. It was documented on a descending controlled medication count sheet but not all of the Valium was listed. The medication was observed to have been counted by staff #6 and the House Manager on 8/30/16 at 6:15 AM. The count of the Valium was 98 5.0 mg. pills. The pills were listed on an intershift chain of custody type medication count sheet but not on the descending controlled medication count sheet which was used at every medication pass. The medication had been dispensed starting at 8:00 PM on 8/24/16 but the times of administration were not documented on the MAR.</p> <p>Interview on 8/30/16 at 11:15 AM with the Nurse Manager and the House Manager indicated controlled medications should be accounted for on the controlled medication count sheet (total number of the medication on hand) when it was dispensed and also documented on the client's MAR.</p>				<p>ensure documentation of a controlled medication on the medication administration record and the controlled medication count sheet. (Attachment A)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>• The Site Supervisor will ensure all documentation of a controlled medication is on the MAR's and the controlled medication count sheet.</li> <li>• The Area Supervisor will complete weekly checks on all documentation and be sure staff are completing accurately.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>• The Site Supervisor will review all documentation and ensure all MAR's are complete and accurate on a weekly basis (Weekly Checklist). (Attachment B)</li> <li>• Area Supervisor will review</li> </ul>		

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	9-3-3(a)				<p>documentation weekly (Attachment C) and ensure all controlled substance medication passes have been documented on the controlled count sheet and the MAR.</p> <ul style="list-style-type: none"> <li>• A weekly Nursing Coordinator checklist (Attachment D) will be completed and Nurse Manager will ensure all controlled substance medication passes have been documented on the controlled count sheet and the MAR.</li> <li>• AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>• Nursing Manager will review Weekly Nursing Checklist to ensure all documentation is complete and accurate.</li> </ul>		

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W 0368  Bldg. 00	483.460(k)(1) <b>DRUG ADMINISTRATION</b> The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 4 sampled clients (#1) and one additional client (#7), the facility failed to ensure medications were given according to the physicians' directions.		W 0368	<ul style="list-style-type: none"> <li>• Nurse Manager and Program Manager will perform periodic service reviews to ensure that all nursing standards, including weekly nursing audits have been completed and documentation completed and accurate.</li> <li>• AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date:</b> <b>10-21-16</b></p> <p><b>W368: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</b></p>		10/21/2016	

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	<p>Findings include:</p> <p>Review of the facility's reportable incidents on 8/29/16 at 1:42 PM indicated the following:</p> <ol style="list-style-type: none"> <li>1. A report to the BDDS/Bureau of Developmental Disabilities Services dated 3/28/16 indicated client #7 received 700 milligrams/mg. of Seroquel (behavior) instead of the prescribed amount of 400 mg. at 7:00 AM on 3/28/16.</li> <li>2. A report to the BDDS dated 4/13/16 indicated client #1 did not get his prescribed Depakote 2000 milligrams/mg (behavior) on 4/11/16 at 9:00 PM.</li> <li>3. A report to the BDDS dated 8/19/16 indicated client #1 did not get his prescribed Chlorhexidine mouth rinse (oral hygiene) twice daily as prescribed by the dentist on 8/10, 11, 12, 13, 14, 15 and 16/2016.</li> </ol> <p>Interview on 8/30/16 at 11:15 AM with the Nurse Manager and the House Manager indicated medications should be dispensed according to the physician's orders.</p> <p>9-3-6(a)</p>				<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>• Staff training to ensure all medication changes are reflected immediately on the MAR's and with pharmacy. (Attachment A)</li> <li>• Staff training on medication administration and ensuring all medication is given as prescribed and all documentation on medication administration occurs immediately following a medication pass (Attachment A).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>• The Site Supervisor will review all Medical Consults and ensure all changes are placed on MAR's per doctor's orders on a weekly basis (Weekly Checklist). (Attachment B)</li> <li>• The Site Supervisor will ensure MAR's are set up properly and all medications are listed per all doctor's</li> </ul>		

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				<p>orders.</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed.</li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Area Supervisor will review documentation weekly including the medical consults for any orders changes. If there is an order change, AS will also be sure the change has been made on the MAR's and with the pharmacy.</li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nurse Coordinator will ensure all new orders have been changed on the MAR's and with the pharmacy.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The Site Supervisor will review all Medical Consults and ensure all changes are placed on MAR's per doctor's orders on a weekly basis (Weekly Checklist). (Attachment B)</li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nurse Coordinator will assess all clients High Risk plans to</li> </ul>			

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					<p>ensure all medical issues are addressed.</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Area Supervisor will review documentation weekly including the medical consults for any orders changes. If there is an order change, RM will also be sure the change has been made on the MAR's and with the pharmacy.</li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A weekly Nursing Coordinator checklist (Attachment D) will be completed and Nurse Manager will ensure all changes in medication orders have been placed on the MAR's and given to the pharmacy for changes to occur.</li> <li>• <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p>		

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				<ul style="list-style-type: none"> <li>• Nursing Manager will review Weekly Nursing Checklist to ensure all medical consults have been reviewed and all medication changes have been completed.</li> <li>• Nurse Manager and Program Manager will perform periodic service reviews to ensure that all nursing standards, including weekly nursing audits have been completed and treatments changes to MAR's are being performed per policy and procedure and per physician orders.</li> <li>• AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date:</b> <b>10-21-16</b></p>			