

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

PRINTED: 11/12/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/11/2019
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 615 E NORTH ST HARTFORD CITY, IN 47348
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 10/7/19, 10/8/19, 10/9/19, 10/10/19 and 10/11/19.</p> <p>Facility Number: 000644 Provider Number: 15G107 AIM Number: 100234170</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/24/19.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and five additional clients (#4, #5, #6, #7 and #8), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home was free from flies and gnats in the kitchen and dining room areas.</p> <p>Findings include:</p> <p>Observation was completed on 10/7/19 from 4:04 PM to 6:43 PM and on 10/8/19 from 6:33 AM to 8:54 AM. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. Observations indicated the following:</p> <p>-At 4:33 PM, the team leader asked client #3 if she</p>	W 0104	<ul style="list-style-type: none"> · The Maintenance Department went to the home and completed a thorough cleaning of the home. Gnat traps were purchased and placed in the kitchen. At this time, the infestation is gone. · The Community Living Manager will notify maintenance if the infestation re-occurs. 	11/04/2019

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 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>would help put the sausage on the pan for the evening meal. Client #3 agreed to help and used her walker to ambulate from the living area to the kitchen.</p> <p>-At 4:36 PM, client #3 began placing sausage patties on a baking sheet to place in the oven.</p> <p>-At 4:37 PM, 8 flies crawled around client #3 on the counter and kitchen cabinets as she placed patties on the baking sheet.</p> <p>-At 4:39 PM, the inside of the kitchen sink, side of refrigerator nearest the kitchen sink and cabinets were covered with gnats crawling and flying in the area along with flies. The team leader was asked about the amount of gnats and flies in the kitchen area. The team leader stated, "We always have trouble with gnats and flies. We try to keep it (kitchen sink area) clean and dry. We get rid of them and they come back. We live close to a cow pasture and cows are out there during the summers. They (gnats and flies) are at the sink for the most part".</p> <p>-At 5:39 PM, the team leader stated, "We need our drinks", as they prepared to set the table and serve the evening meal. Client #5 opened the refrigerator and began to bring over to the dining room table a gallon of milk, a pitcher of water and a pitcher of lemonade.</p> <p>-At 5:41 PM, a fly swarmed over a bowl of baked beans and a bowl of pureed (pudding thick) sausage patties located on the dining room table.</p> <p>-At 5:53 PM, 2 flies crawled on the table near a serving bowl where staff #4 assisted client #7 with serving himself pureed carrots.</p>			

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	<p>-At 5:59 PM, client #2 swatted with her left hand at a fly that swarmed her sausage patty sandwich with cheese.</p> <p>-At 6:04 PM, client #7 finished his meal and took his plate to the kitchen sink. Flies crawled on the handle of the serving spoon for the left over beans on the stove and gnats flew out of the kitchen sink onto the cabinets after client #7 placed his plate in the sink.</p> <p>Morning observation:</p> <p>-At 6:42 AM, staff #2 began to bring breakfast cereals to the dining room table.</p> <p>-At 7:08 AM, client #4 stated, "The juice is good. Frosted flakes are my favorite". Client #4 then took her plate and bowl to the kitchen sink and asked staff #2 if she should rinse them. Staff #2 stated, "Yes, you can". Gnats and flies flew from the sink and crawled over the cabinet and side of refrigerator near the kitchen sink.</p> <p>-At 7:25 AM, 4 flies crawled across the dining room table after the morning meal was finished and the area was cleaned.</p> <p>-At 7:39 AM, staff #3 entered the kitchen area from the medication administration room. Staff #3 was asked about the amount of gnats around the kitchen sink. Staff #3 stated, "I don't know, it's a bunch. 60 or more. They're terrible. We've tried everything. Pest control and maintenance. It's horrible".</p> <p>On 10/11/19 at 11:42 AM, the Chief Operations Officer (COO) was interviewed. The COO was asked about the amount of flies in the home. The COO stated, "That's not acceptable. I will get with</p>			

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W 0154 Bldg. 00	<p>maintenance". The COO indicated an underlying issue may be present and stated, "We may need to do a deep clean and look at the cabinet to see if it needs replaced. I know sometimes wood will soak up water". The COO indicated further review into the environmental condition was needed.</p> <p>9-3-1(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 4 incident reports affecting clients #4, #8 and former clients #1 and #2, the facility failed to thoroughly investigate incidents of client to client physical aggression.</p> <p>Findings include:</p> <p>On 10/8/19 at 1:52 PM, the Bureau of Developmental Disabilities Services (BDDS) incident reports were reviewed. The BDDS reports indicated the following:</p> <p>-BDDS report dated 10/14/18 indicated, "[Former client #1] was having a behavior and he repeatedly hit [client #8] in the head. No injuries (sic) were observed". No investigation was provided for review.</p> <p>-BDDS report dated 10/14/18 indicated, "[Former client #1] was having a behavior and he hit [Former client #2] with his lunchbox while waiting to board the van and after getting on the van he hit [client #8] in the head. Staff redirected and no injuries were noted". No investigation was provided for review.</p>	W 0154	<ul style="list-style-type: none"> All incidents of Client to Client physical aggression will be thoroughly investigated. All initial statements will be obtained by the Community Living Manager and given to the Quality Assurance Manager to investigate. The Quality Assurance Manager will complete the Investigation Checklist to ensure a thorough investigation. <i>(Documents: Investigation Checklist)</i> The Quality Assurance Manager will complete a training with managers on November 7, 2019, to review Steve Corya's "Components of a Through Investigation." <i>(Documents: Inservice Training Sheet, Power Point Presentation)</i> 	11/07/2019

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	<p>-BDDS report dated 10/16/18 indicated, "[Former client #1] was having a behavior and threw his lunchbox and hit [client #4] with it. No injuries were reported by [client #4]". No investigation was provided for review.</p> <p>-BDDS report dated 11/19/18 indicated, "Writer received a call stating that while on PM Transport, [Former client #2] was hit in the head with a lunch box by [Former client #1] another consumer who was having a behavior. Staff pulled van over and explained to [Former client #1] that throwing his lunchbox on the van was dangerous. Staff also checked [Former client #2] and no injuries were noted. [Former client #2] did not report any pain". No investigation was provided for review.</p> <p>On 10/9/19 at 1:02 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if investigations into the above mentioned client to client physical aggression incidents could be provided for review. The QIDP stated, "Since a complaint survey, we now investigate client to client incidents. We will be investigating". The QIDP was asked when the change to investigate client to client physical aggression incidents took place. The QIDP stated, "June". The QIDP indicated no investigations for client to client physical aggression incidents were available for review.</p> <p>On 10/9/19 at 1:36 PM, the Chief Operations Officer (COO) was interviewed. The COO was asked if investigations into the above mentioned client to client physical aggression incidents could be provided for review. The COO stated, "We would document through behavioral data". The COO indicated change in policy for investigation had occurred as described by the QIDP. The COO indicated no investigations for</p>			

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W 0323 Bldg. 00	<p>client to client physical aggression incidents were available for review.</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had annual hearing and vision examinations.</p> <p>Findings include:</p> <p>On 10/9/19 at 11:44 AM, client #3's record was reviewed.</p> <p>-Individual Support Plan (ISP) dated 9/6/19 indicated, "Vision Difficulties: None at this time. Her (client #3) vision is corrected with eyeglasses... Hearing Difficulties: None at this time. A hearing evaluation will be completed with her physical upon admission...".</p> <p>-Vision consult: No documentation was available for review.</p> <p>-Hearing consult: No documentation was available for review.</p> <p>On 10/9/19 at 11:56 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if client #3 had vision and hearing consults available for review. The QIDP indicated current documentation for annual vision and hearing consults was not available and</p>	W 0323	<ul style="list-style-type: none"> Upon admission, the Community Living Nurse will ensure the 450 B Physical form will be completed in its entirety. (Documents: 450B Physical Form) The Community Living Nurse will complete the Group Home New Admissions Checklist with every new admission to ensure that all needed evaluations are completed or scheduled. This will be monitored by the Community Living Manager when the Monthly Chart Audit is completed. (Documents: Group Home New Admissions Checklist, Monthly Chart Audit) 	11/04/2019

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W 0351 Bldg. 00	<p>stated, "Her (client #3) physical did not get done in time. She refused to go. They ended up taking her to the ER (emergency room) so they could get it done". The QIDP indicated the physical form was not used and no documentation for client #3's hearing or vision was available for review.</p> <p>On 10/10/19 at 3:02 PM, the Nurse was interviewed. The Nurse was asked if client #3 had vision and hearing consults available for review. The Nurse stated, "Normally, on the initial annual physical form it's reviewed, but it does not look like they completed our form". The Nurse indicated no documentation for client #3's hearing or vision was available for review.</p> <p>9-3-6(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE</p> <p>Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 had a dental evaluation within 30 days of admission.</p> <p>Findings include:</p> <p>On 10/9/19 at 11:44 AM, client #3's record was reviewed.</p> <p>-Individual Support Plan (ISP) dated 9/6/19</p>	W 0351	<p>The Community Living Nurse will complete the Group Home New Admissions Checklist with every new admission to ensure that all needed evaluations are completed or scheduled. This will be monitored by the Community Living Manager when the Monthly Chart Audit is completed.</p> <p>(Documents: Group Home New</p>	11/04/2019

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W 0368 Bldg. 00	<p>indicated, "Uses or requires dentures: [Client #3] is edentulous. The bottom dentures hurt her gums. The top ones fit, but she does not want to wear them".</p> <p>-Dental Consult: No documentation available for review.</p> <p>On 10/9/19 at 11:56 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if client #3 had dental documentation available for review. The QIDP stated, "No, that is correct". The QIDP indicated dental documentation was not available for review.</p> <p>On 10/10/19 at 3:02 PM, the Nurse was interviewed. The Nurse was asked if client #3 had dental documentation available for review. The Nurse stated, "No, I do not see dental (documentation)". The Nurse indicated dental documentation was not available for review.</p> <p>9-3-6(a) 483.460(k)(1) DRUG ADMINISTRATION</p> <p>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 2 of 3 sampled clients (#1 and #3) and 3 additional clients (#4, #7 and #8), the facility failed to ensure medications were administered to clients #1, #3, #4, #7 and #8 as ordered by the physician without error.</p> <p>Findings include: On 10/8/19 at 1:52 PM, the Bureau of</p>	W 0368	<p><i>Admissions Checklist, Monthly Chart Audit)</i></p> <p>The Community Living Nurse will complete the Group Home New Admissions Checklist with every new admission to ensure that all needed evaluations are completed or scheduled. This will be monitored by the Community Living Manager when the Monthly Chart Audit is completed.</p>	11/04/2019

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	<p>Developmental Disabilities Services (BDDS) incident reports was reviewed. The BDDS reports indicated the following:</p> <p>-BDDS report dated 8/15/19 indicated, "[Client #4] has orders for Benztropine (anticholinergic) 0.5mg twice daily. Fluoxetine (antidepressant) cap 40 mg every evening and Ranitidine (gastroesophageal reflux disease-GERD) 300mg every evening. It was noted that the morning of 8/15/19 [client #4] received both doses of Benztropine as well as the Fluoxetine and Ranitidine".</p> <p>-BDDS report dated 8/16/19 indicated, "[Client #1] was a new admission to [provider name] on 8/1/19. The initial POS (physician order statement) writer received had a page missing and [client #1] did not come with a 30 day supply of medication. Her current medications are: Paroxetine (antidepressant) HCL 30 mg Daily, Women's Health Formula Daily Ferrous Sulfate 325 mg Daily, Tamsulosin (prostate) HCL 0.4 mg Daily, Fluticasone (allergies) Prop 50 mcg Daily, Lamotrigine (anti-epileptic medication) 150 mg twice daily, Ranitidine (gastroesophageal reflux disease-GERD) HCL 150 mg twice daily, Metoprolol Tartrate (hypertension) 50 mg twice daily, Oxybutynin (incontinence) CL ER 15 mg Daily, Melatonin (hormone) 10 mg nightly, Polyeth Glycol (laxative solution) 17 gm daily PRN (as needed), Doc- Q- Lace (stool softener) 100 mg Daily, PRN Omeprazole (inhibits gastric acid) DR 20 mg (2 caps) at bedtime, Cetirizine (antihistamine) HCL 10 mg at bedtime, Topiramate (seizures) 50 mg at bedtime. [Client #1] started running out of medications beginning on 8/6/19 which consisted of the Cetirizine, and Topiramate. The other medications ran out the following day. Writer contacted PCP (primary care physician) for scripts and Topiramate, Cetirizine and Omeprazole</p>		(Documents: Group Home New Admissions Checklist, Monthly Chart Audit)	

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	<p>were back in home for administration on 8/9/19. Due to missing POS (physician order statement) page and pharmacy not receiving scripts that provider was faxing the remainder medications did not arrive in the home until 8/15/19".</p> <p>-BDDS report dated 4/30/19 indicated, "Writer was notified by [name] Community Living Manager in regards to a medication omission that occurred on 4/30/2019 at 7 pm. Individual (client #3) did not receive Cyclobenzaprop (muscle relaxant) 10 mg and Diclofenac (anti-inflammatory) 75 mg. No adverse reactions to not receiving routine medications as scheduled. Staff responsible for omission are [staff #8] and [staff #4] completed buddy check".</p> <p>-BDDS report dated 3/30/19 indicated, "[Client #3] has an order for Norco (pain medication) 5-325mg 3 x daily. It was noted that the 9 pm dose was omitted on 3/30/19".</p> <p>-BDDS report dated 3/22/19 indicated, "Writer notes late medication omission (1 pm dose on 3/22/2019) due to prescription Norco (pain medication) 5 mg - 325 mg not arriving to agency at scheduled time. Health office notified [pharmacy], medication sent STAT (emergency situation). Staff instructed to pick up medication at the health office and administer 1 pm dose as soon as possible. Writer notes 1 pm dose was administered at 6 pm. Next scheduled dose was administered at 12 am per NOD (nurse on duty). Staff voiced understanding. Individual (client #3) suffered no adverse reactions from late dose".</p> <p>-BDDS report dated 3/7/19 indicated, "Writer contacted by staff stating routine medication, Clozapine (antipsychotic) 100 mg and 50 mg; Take 2 tabs (100 mg) by mouth every nights at bedtime</p>			

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	<p>(along with 50 mg to = 250 mg) was out. Individual (client #4) completed routine labs at [hospital] on 3/6/19. Hospital is directed along with agency to send routine labs to [pharmacy] in order to refill medication due to required monitoring of labs. Writer notes [hospital] failed to complete ordered CMP (complete metabolic panel) writer notified by [name], pharmacist. Writer directed staff to take individual (client #4) to [hospital] to have labs drawn. Completed. [Name] lab staff faxed order x (by) 4 to pharmacy, writer notes complication with fax machine. [Pharmacy] was unable to obtain lab results to fill medication. Writer notes routine dose of Clozapine 250 mg was omitted for 3/7/2019. Lab results received at 8:30 am on 3/8/2019, pharmacist reviewed, medication arrived to agency and routine administration will continue as scheduled. Individual (client #4) suffered no side effects from missed dose of Clozapine 250 mg. No medical treatment required".</p> <p>-BDDS report dated 1/8/19 indicated, "[Client #8] has an order for Amlodipine (treat high blood pressure) 5 mg to be administered daily. Staff became distracted while passing medications and administered [client #8] 5:30 AM Levothyroxine (thyroid) 50 mcg for the 2nd time this day. Staff was instructed to administer Amlodipine as ordered and hold Levothyroxine the morning of 1/9/19 until PCP (primary care physician) could be contacted for further instructions".</p> <p>-BDDS report dated 11/24/18 indicated, "Staff reported to NOD (nurse on duty) that [client #4] did not receive scheduled dose of morning birth control due to being out of medication. Staff reported Wednesday morning medication check was completed. Medication was not ordered by [pharmacy]. Staff reported to NOD per agency protocol. No adverse reactions from missed dose</p>			

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	<p>noted. Staff continued to monitor and educated to report if symptoms arise. Medication ordered by pharmacy and sent to home".</p> <p>-BDDS report dated 11/15/18 indicated, "Staff passing medication on 11/15/2018 noticed medication had been popped but was stuck to cellophane backing on medication card. Medication was not administered to [client #7]. Staff failed to follow medication procedure, pill count was not completed once popped into medication cup. Writer notes no adverse reactions from missed dose".</p> <p>On 10/9/19 at 1:02 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked about the history of medication errors at the group home. The QIDP stated, "Yes, there is a policy in place and a staff review weekly on Fridays at 2 PM. The staff have to come into the meeting or sometimes we'll call them. They have 2 attempts to show up, if they don't they would be suspended". The QIDP was asked if medication should be administered without error. The QIDP indicated medication should be administered without error and stated, "Yeah".</p> <p>On 10/9/19 at 1:36 PM, the Chief Operations Officer (COO) was interviewed. The COO was asked about the history of medication errors at the group home. The COO indicated weekly meetings to review medication administration were occurring on Friday afternoons per provider policy. The COO indicated recent change of admission criteria was adjusted within the provider policy to include a 7 day physical supply of medicines and prescriptions which would ensure a minimum 30 day supply medicines were identified at time of transition meetings. The COO</p>			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/11/2019
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 615 E NORTH ST HARTFORD CITY, IN 47348		
(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	
	<p>stated, "I can see issues (incident history of medication errors) like you've described". The COO indicated client medicines should be administered without error.</p> <p>On 10/10/19 at 3:02 PM, the Nurse was interviewed. The Nurse was asked about the history of medication errors at the group home. The Nurse stated, "We provide core A and core B training as well as refreshers. We do medication reviews so employee with omissions or errors have to come in to describe what lead to error and supports to help prevent. We have guidelines telling what happens at each step and one of the guidelines requires med (medication administration) refreshers and repeating the medication (administration) course. The meeting is for staff errors. We do have meetings with the pharmacy to include if medications are not available". The nurse was asked if client medicines should be passed without error. The Nurse stated, "Correct".</p> <p>9-3-6(a)</p>				