STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G636	A. BUILDING 00 B. WING	08/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CORVILLA INC	3202 S FELLOWS SOUTH BEND, IN 46614

(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	This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00383896. Complaint #IN00383896: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W104. Survey dates: August 8, 9, 10, 11 and 12, 2022. Facility Number: 001212 Provider Number: 15G636 AIM Number: 100240190 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/25/22.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair. Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and	W 0104	1. New flooring has begun to be installed throughout the group home. This began on 08/15/22. 2. Walls will be painted when the flooring install is completed. The projected date for this repair is 09/18/22 3. Underneath the mat was a broken tile. The tile has been repaired and the mat has been	09/19/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	F were present in the group home for the duration of the observation periods. 1. The carpet throughout the home had several dark colored spots on the carpet. The spots were in all the bedrooms, hallways and in both living rooms. The spots ranged in sizes from 18 inches by 3 1/2 inches to 3 inches by 3 inches. 2. There were several areas on the walls that contained a white substance and were not painted. The white spots were in the men's bathroom, living room and women's living room. The spots ranged in sizes from 2 1/2 inches by 2 inches to 7 1/2 inches by 11 inches. 3. In the kitchen a black rubber floor mat measuring 33 1/2 inches by 18 inches was taped to the floor and had dirt and crumbs on it. On 8/8/22 at 6:33 pm staff #1 stated, "We are unable to clean the mat due to it being taped to the floor." 4. At the kitchen table, 3 of the chairs had the seat cushions which were split and frayed. The stuffing of the cushion was exposed. 5. The two vacuums in the home were not working properly. On 8/8/22 at 6:33pm staff #2 indicated one of the vacuums blows things out when turned on and the other vacuum does not pick things up when turned on. 6. In the bathroom on the left side of the house, 13 tiles on the floor were cracked and had a black substance on them. 7. The brown recliner in the corner of the women's living room was broken. The back of the chair lay all the way back and would not stay in the upright position.		discarded 4. A new dining room table and chairs has been purchased. It was delivered on 08/27/22 5. New vacuum was purchased for the home on 08/10/22 6. Repairs for the bathroom are scheduled for 09/15/22 7. The recliner has been discarded and is being replaced with a love seat. The love seat has been purchased and is set to be delivered on 10/1/22	

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An interview with staff #1 was conducted on 8/8/22 at 6:33 pm. Staff #1 stated, "The stains all over the carpet are from feces and vomiting. Many individuals have Gastroesophageal reflux disease (GERD) and throw up frequently." Staff #1 stated, "We have carpet spray to use but it doesn't work. I have asked to get a carpet cleaner and was told it is going to get ripped out eventually so it's worthless."

An interview with House manager (HM) was conducted on 8/9/22 at 7:28 am. HM stated, "The spot in [Client C's] bedroom is either from her feeding leaking or her catheter bag, some of the bags are sensitive to tears." HM stated, "The carpets have never been cleaned since I have been here. I will have been here two years in October." HM stated, "[Client F] has GERD and it goes on the carpet, [Client B] has behaviors and drops to the ground and has feces that goes everywhere and gets on the carpet, and [Client E] has instances of coughing and then throws up all over carpet."

The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated "New flooring has been in for the last two years, I don't know why it has not been put in." The DRS stated, "Carpet is scheduled to be cleaned every month, I do not know if it has happened. I would not expect stains on the carpet throughout the house." The DRS stated, "Walls in the home should be painted and not left with spackling." The DRS stated, "there should not be a mat in the kitchen. Staff were told there could not be mats or area rugs due to tripping hazards." The DRS stated, "The bathroom tile on the floor should be cleaned in the AM and PM and disinfected between showers. The tiles should not

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	be cracked and discolored." The DRS indicated furniture should be in good repair. The DRS indicated chairs should be in good repair, material should not be cracking, splitting or showing the inside materials. The DRS stated, "The vacuum should be working and in good repair." The DRS indicated all recliners should not be broken in the home. This federal tag relates to complaint #IN00383896. 9-3-1(a)			
W 0192 Bldg. 00	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. Based on observation, record review and interview for 2 of 3 sampled clients (A and C), plus 2 additional clients (D and E), the facility failed to provide adequate training for staff in regards to clients A, C, D and E's health needs. Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and F were present in the group home for the duration of the observation periods. 1. On 8/8/22 at 4:49 pm Client E was administered Tramadol 50 milligrams (MG) used to treat pain, Carbamazepine 200 mg used to treat seizure disorders, Levetiracetam 500 mg used to treat seizures, phenobarbital 16.2 mg used to treat epilepsy and naproxen 10 milliliters (ML) used to treat pain in a mixture of bran cereal, applesauce and prune juice (BAP).	W 0192	SGL staff were retrained on 08/16/22 on Medication Administration, specifically following the MAR and administering medications as ordered by the physician. SGL staff were retrained on 08/16/22 regarding clients pump feeding. This included the rate settings, water flushes, medication administration, and diet order associated with feedings.	08/16/2022

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On 8/8/22 at 5:06 pm client D was administered Ziprasidone 40 mg used to treat aggressive behavior and Oyster 500 mg used to treat osteoporosis in a mixture of BAP.

On 8/9/22 at 6:54 am Client A was administered Ashlyna used to regulate menses, Vitamin D3 2000 units used as a supplement, Zinc 50 mg, Risperidone 4 mg used to treat behaviors, and Vitamin C 500 mg used as a supplement in a mixture of BAP.

On 8/9/22 at 7:13 am Client D was administered Flonase .05 percent nasal spray used to treat allergies. Antifungal Powder was sprinkled on the client's feet. Ammonium Lactate Lotion 12 percent applied to hands. Lisinopril 125 mg used to treat hypertension, Ziprasidone 20 mg used to treat aggressive behaviors, Docusate Sodium 100 mg used to treat constipation, Senna Time 8.6 mg used to treat constipation, Clomipramine 25 mg used to treat depression, Oyster 500 mg used to treat Osteoporosis, Tramadol 50 mg used to treat pain, Zinc Sulfate 220 mg used as supplement, Vitamin D3 125 mg used as a supplement, and Vitamin C 500 mg used as a supplement in a mixture of BAP. Staff #1 indicated she could probably use her medication crushed. After eating the mixture with the medication Client D was given water.

A record review for Client E was completed on 8/10/22 at 11:07 am. The 8/22 Medication Administration Record (MAR) did not indicate medications should be administered in BAP.

A record review for Client D was completed on 8/10/22 at 11:07 am. The 8/22 Medication Administration Record (MAR) did not indicate

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	medications should be administered in BAP. A record review for Client A was completed on 8/08/22 at 1:36 pm. The 8/22 Medication Administration Record (MAR) did not indicate medications should be administered in BAP. An interview with the Director of Residential Services (DRS) was conducted on 8/10/22 at 12:58 pm. The DRS stated, "Unless it is written on the MAR medication should not be given in BAP." An interview with Licensed Practical Nurse (LPN) was conducted on 8/10/22 at 1:35 pm. The LPN indicated some individuals take their medication orally or with applesauce or pudding. LPN stated, "If medication is crushed it can be given in BAP." LPN stated," Not everyone in the home should be given their medication in BAP." 2. On 8/8/22 at 6:58 pm staff #2 put on gloves and completed client C's flush of water in her gastrostomy tube (G-Tube) and then hooked the tube for her feeding. On 8/9/22 at 6:09 am staff #1 indicated the feeding for Client C was supposed to end at 7 am but today it was done at 5:00 am. Staff #1 indicated Client C gets two cans at night and one at noon. A review of client C's Risk Management Plan/Dining- Joey Pump dated 6/2022 completed on 8/8/22 at 1:30 pm indicated, "...2. Diet Order A) NPO (nothing by mouth) *Joey Pump* slow drip 50 cubic centimeter (cc)/hour 7 pm- 7 am. ... ." An interview with the Director of Residential Services (DRS) was conducted on 8/10/ 22 at 12:58 pm. The DRS stated, "I think [client C's] feeding starts at 6 pm, the feed should be running			

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	according to the MAR. [Client C] should be fed for 12 hours." An interview with Licensed Practical Nurse (LPN) was conducted on 8/10/22 at 1:35 pm. The LPN stated, "[Client C's] feeding should start at 7 pm and end at 7 am. If the feeding ended before 7 am staff may have started it early or not put enough feeding in the bag." 9-3-3(a)			
W 0288 Bldg. 00	483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. Based on observation, record review, and interview for 1 of 3 sample clients (A), the facility failed to ensure restrictions were not used as a substitute for an effective active treatment program to address client A's behavior. Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and F were present in the group home for the duration of the observation periods. Throughout the observation periods, the closet in the living room was locked and clients did not have access to towels or linens in the closet. Staff #3 was interviewed on 8/8/22 at 6:04 pm. Staff #3 stated, "I don't know why the closet is locked."	W 0288	The lock was immediately removed from the door containing the linens. Baseline behavior of PICA to be tracked for this individual based on staff observations. Baseline will be reviewed on 09/12/22 to determine if a new plan will need to be developed	08/15/2022

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	House manager (HM) was interviewed on 8/9/22 at 8:26 am. HM stated, "[Client A] has PICA (a tendency or craving to eat substances other than normal food) and client A will eat or shred them. It is not fair to the other individuals." Client A's record was reviewed on 8/8/22 at 1:36 pm. Client A's Individual Support Plan (ISP) dated 9/27/21 did not include goals or training programs to address client A's PICA issue. Client A's Behavior Support Plan (BSP) dated 8/9/21 did not address any PICA concerns. The Human Rights Approval document was not present to review. A Risk plan for PICA was not received for review. The Licensed Practical Nurse (LPN) was interviewed on 8/10/22 at 1:35 pm. The LPN indicated client A has a PICA plan for eating too much bread at a time and choking, but it is not related to eating or shredding linens. The LPN stated, "Towels and linens should not be locked away from anyone." The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated, "Towels and linens should not be locked." 9-3-5(a)			
W 0381 Bldg. 00	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. Based on observation and interview for 3 of 3 sampled clients (A, B, and C) plus 3 additional clients (D, E and F) the facility failed to ensure the clients' medications were stored in a secure manner.	W 0381	A new lock was installed on the medication room on 08/15/2022. SGL staff have been trained to keep the medication key on their person during their shift.	08/15/2022

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	Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and F were present in the group home for the duration of the observation periods. On 8/8/22 at 5:04 pm the lock to the medication room was a sliding up and down lock that does not take a key to access. Anyone would be able to slide the lock down and access the medications in the room. The Licensed Practical Nurse (LPN) was interviewed on 8/10/22 at 1:35 pm. The LPN stated, "should have a key lock to the door to the medication room." The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated, "Medication should be in medication room, controls should be double locked. Keys should be on staff." The DRS stated," Medication room should have a key lock to get into the medication room not a sliding lock." 9-3-6(a)			
W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 3 sampled clients (A, B, and C) plus 3 additional clients (D, E and F) the facility failed to ensure the clients' medications were stored in a secure manner.	W 0382	SGL staff have been retrained on Medication Administration. This included ensuring all mediations are secure, and the medication room door is shut and locked	08/16/2022

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	Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and F were present in the group home for the duration of the observation periods. On 8/8/22 at 4:44 pm Staff #2 walked out of the medication room and called for Staff #1 to come and check her medication pass. Staff #2 was out of the medication room and all medications were accessible. On 8/8/22 at 4:55 pm Staff #2 walked client E to the couch after he took his medications and left the medication room open with access to all the medications in the room. On 8/9/22 at 7:03 PM, Staff #1 had finished giving client A her medications. Client A walked out of medication room. Staff #1 saw she had not given Client A her Debrox drops in her ears. Staff #1 walked out of medication room and went into the living room and put Client A's drops in her ears. Staff #1 left medication room unlocked. The Licensed Practical Nurse (LPN) was interviewed on 8/10/22 at 1:35 pm. The LPN stated, "keys to the medication box should be kept on staff." The LPN indicated staff should be in the medication room if medications are out. The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated, "Medication should be in medication room, controls should be double locked. Keys should be on staff." The DRS stated, "Medications should not be left unsecured."		when they exit.	

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W 0383 Bldg. 00	9-3-6(a) 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H), the facility failed to ensure the keys to the office and medication cabinet were kept in a secure location. Findings include: Observations were conducted in the group home on 8/8/22 from 4:30 pm until 7:30 pm and on 8/9/22 from 6:00 am to 8:30 am. Clients A, B, C, D, E and F were present in the group home for the duration of the observation periods. On 8/8/22 at 5:13 pm Staff #2 cleaned off the cabinet in the medication room, she reached up and placed the keys to the controlled medication box on the top frame of the medication room. Staff #2 indicated she was done with passing any narcotics. The Licensed Practical Nurse (LPN) was interviewed on 8/10/22 at 1:35 pm. The LPN stated, "keys to the medication box should be kept on staff." LPN indicated the keys should not be put on the door frame of the medication room. The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated, "Medication should be in medication room, controls should be double locked. Keys should be on staff." The DRS stated, "Keys should not be kept on the ledge of the frame."	W 0383	The medication room lock was replaced and at this time staff were retrained to ensure that medication room keys were kept on a staff person at all times during their shift.	08/15/2022

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	9-3-6(a)			
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the facility failed to ensure staff implemented universal precautions before meals. Findings include: An observation was conducted in the group home on 8/8/22 from 4:30 pm to 7:30 pm and 8/9/22 from 6:00 am to 8:30 am. Day Program observations were on 8/9/22 from 10:00 am to 11:30 am. 1. On 8/9/22 at 7:41 am staff #4 dished out breakfast food for all individuals. House Manager placed a lap belt on client F at the kitchen table and gave her, her breakfast. Client A was sitting on counter by the table and was given her food. Client E came and sat at the table and began eating his breakfast. Clients A, B, C, D, E and F did not wash their hands prior to eating. 2. On 8/9/22 at 10:41 am, Director of Day Program and Day Program staff prepared all clients' lunches and passed out everyone's lunch to them. None of the clients washed their hands prior to eating lunch. The facility's Pandemic Planning and Response Policy dated March 2020 with the last revision dated 4/14/22 was reviewed on 8/8/22 at 1:19 PM and indicated the following:	W 0455	All SGL staff (including day services) were retrained on the importance of hand washing, this includes retraining on Universal Precautions via Relias	08/15/2022

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CORVILLA INC	3202 S FELLOWS SOUTH BEND, IN 46614

(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
	"...General Procedures 2. All individuals receiving services from Corvilla should wash their hands frequently, include but not limited to: Before and after taking their medications, after using the bathroom, Before and after meal preparation, Before and after eating, Before and after entering their bedroom, Before and after toileting, After contact with any bodily fluids, Before and after oral hygiene, Before and after nail care assistance...." The Director of Day Program (DDP) was interviewed on 8/9/22 at 11:24 am. DDP indicated clients should wash their hands before lunch. DDP stated, "Hand washing was not done today." The Director of Residential Services (DRS) was interviewed on 8/10/22 at 12:58 pm. The DRS stated, "Hand washing should be done after using the restroom, before meals and if they sneeze." The Licensed Practical Nurse (LPN) was interviewed on 8/10/22 at 1:35 pm. The LPN indicated hands should be washed before and after eating meals, after bathroom and before taking medications. 9-3-7(a)			