

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G636	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2021
NAME OF PROVIDER OR SUPPLIER CORVILLA INC		STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for the Post Certification Revisit (PCR) to the predetermined full recertification and state licensure survey and the COVID-19 focused infection control survey completed on 9/9/2021.</p> <p>This visit was done in conjunction with the PCR to the investigation of complaint #IN00359014 completed on 9/9/2021.</p> <p>Dates of Survey: December 2, 3, 6, and 7, 2021.</p> <p>Facility Number: 001212 Provider Number: 15G636 Aims Number: 100240190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 12/17/21.</p>	W 0000		
W 0252 Bldg. 00	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, and C), the facility failed to to ensure clients A, B, and C's goals were implemented and recorded as indicated in their Individual Support Plans (ISPs).</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/2/21 at 12:44 pm.</p>	W 0252	<p>Effective date of correction 12/27/2021</p> <p>It is a requirement that all SGL staff provide active treatment and goal documentation for all clients served.</p> <p>Beginning 12/27/21 Managers, QIDP, and Director of Residential Services will monitor the</p>	12/27/2021

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>Client A's ISP dated 9/27/21 indicated the following goals:</p> <p>Eating Frequency - 3, Schedule - Daily - The review indicated this goal was run 0 times in October 2021 and 4 times in November 2021.</p> <p>Choice - Nutrition Frequency 3, Schedule - Daily - The review indicated this goal was run 0 times in October 2021 and 4 times in November 2021.</p> <p>Medication Frequency - 2, Schedule - Daily - The review indicated this goal was run 0 times in October 2021 and 1 time in November 2021.</p> <p>Laundry Frequency - 1, Schedule - Daily - The review indicated this goal was run 0 times in October 2021 and 2 times in November 2021.</p> <p>Clean up personal items Frequency - 1, Schedule - Daily - The review indicated this goal was run 0 times in October 2021 and 3 times in November 2021.</p> <p>Leisure Activity Frequency - Not indicated, Schedule - Not indicated - The review indicated this goal was run 0 times in October 2021 and 2 times in November 2021.</p> <p>Respect the property of others Schedule and Frequency: Every opportunity, Frequency of documentation: Every day. - The review indicated this goal was run 0 times in October 2021 and 3 times in November 2021.</p> <p>Putting shoes away</p>		<p>implementation of goals at least 1x weekly via Therap programmatic reports. Reports will be run by all Corvilla managers each Monday, and Corvilla QIDP and Residential Director each Friday.</p> <p>If necessary, disciplinary action will be taken for failure to perform/document client ISP goals.</p> <p>In addition, 1x weekly administrative staff (CCQA, DRO, QIDP, LPN, HWC) will make scheduled observation visits to each Corvilla Group Home to ensure active treatment is being completed. (Please see attached Observation Checklist)</p>	

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	<p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 0 times in October 2021 and 3 times in November 2021.</p> <p>Brushing teeth - 2 times per day</p> <p>Schedule and Frequency: Every opportunity,</p> <p>Frequency of Documentation: 2 times daily.</p> <p>- The review indicates this goal was run 0 times in October 2021 and 5 times in November 2021.</p> <p>2. Client B's record was reviewed on 12/2/21 at 1:05 pm.</p> <p>Client B's ISP dated 10/21/21 indicated the following goals:</p> <p>Sensory activities</p> <p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 2 times in November 2021.</p> <p>Socialization</p> <p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 2 times in November 2021.</p> <p>Hair brushing - daily</p> <p>Schedule and Frequency: Every opportunity,</p> <p>Frequency of Documentation: Daily</p> <p>- The review indicated this goal was run 2 times in November 2021.</p> <p>Dressing - Daily</p> <p>Schedule and Frequency: Every opportunity,</p> <p>Frequency of Documentation: Daily</p> <p>- The review indicated this goal was run 2 times in November 2021.</p> <p>Brushing teeth - twice daily</p> <p>Schedule and Frequency: Every opportunity,</p> <p>Frequency of Documentation: 2 times per day.</p> <p>- The review indicated this goal was run 5 times in</p>			

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FORM APPROVED
OMB NO. 0938-039

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	<p>November 2021.</p> <p>PT (physical therapy) - ROM (range of motion) exercises - twice per day.</p> <p>Frequency - 2, Schedule - Daily.</p> <p>- The review indicated this goal was run 3 times in November 2021.</p> <p>3. Client C's record was reviewed on 12/2/21 at 1:00 pm.</p> <p>Client C's ISP dated 9/30/21 indicated the following goals:</p> <p>Privacy</p> <p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 0 times in October 2021 and 4 times in November 2021.</p> <p>Clothes away</p> <p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 0 times in October 2021 and 3 times in November 2021.</p> <p>Chair to table</p> <p>Frequency - 2, Schedule - Daily</p> <p>- The review indicated this goal was run 0 times in October 2021 and 4 times in November 2021.</p> <p>Making bed</p> <p>Frequency - 1, Schedule - Daily</p> <p>- The review indicated this goal was run 0 times in October 2021 and 3 times in November 2021.</p> <p>Eating</p> <p>Frequency - Not indicated, Schedule - Not indicated.</p> <p>- The review indicated this goal was run 0 times in October 2021 and 4 times in November 2021.</p> <p>Clothes</p> <p>Frequency - 1, Schedule - Daily</p>			

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W 0455 Bldg. 00	<p>- The review indicated this goal was run 0 times in October 2021 and 2 times in November 2021.</p> <p>Make purchase once per week Schedule and Frequency: Every opportunity, Frequency of Documentation: 1 time per week</p> <p>- The review indicated this goal was run 0 times in October 2021 and 1 time in November 2021.</p> <p>Medication - getting water - 2 times daily Schedule and Frequency: Every opportunity, Frequency of Documentation: 2 times per day.</p> <p>- The review indicated this goal was run 0 times in October 2021 and 6 times in November 2021.</p> <p>Director of Residential Operations #1 was interviewed by phone on 12/6/21 at 12:24 pm and stated, "Staff should document goals daily on each shift."</p> <p>This deficiency was cited on 9/9/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>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 implement universal precautions for a medication pass and a meal during a world wide pandemic of COVID-19.</p> <p>Findings include:</p>	W 0455	<p>Effective Correction Date: 12/29/21</p> <p>It is required that SGL staff follow universal precautions while working with clients.</p> <p>SGL staff in the Fellows group home have been re-trained on Universal Precautions.</p>	12/29/2021

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	<p>An observation was conducted in the group home on 12/2/21 from 4:00 pm through 5:00 pm. Clients A, B, C, D, E, F, G, and H were present in the home for the duration of the observation period.</p> <p>1. On 12/2/21 at 4:14 pm, Direct Support Professional (DSP) #1 administered client H's medications in the living room. DSP #1 did not prompt client H to wash his hands before taking his medications.</p> <p>2. At 4:21 pm, House Manager (HM) #1 took client F to the medication room. Client F sat in a chair outside the medication room. Client F took a liquid medication in a cup independently. Direct Support Professional (DSP) #1 administered client F's other medications in pudding by spoon. Client F was not prompted to wash or sanitize his hands prior to taking his medications.</p> <p>DSP #1 was interviewed on 12/2/21 at 4:13 pm and stated, "[Client F] did not wash his hands. Sometimes they do. I'm not sure if they're supposed to."</p> <p>3. At 4:33 pm, DSP #1 administered client G's medications in the living room. DSP #1 did not prompt client G to wash his hands before taking his medications.</p> <p>4. At 4:42 pm, clients A, B, C, D, E, F, G, and H were served roast with mashed potatoes and spinach. Staff did not prompt clients A, B, C, D, E, F, G, or H to wash their hands prior to eating their meal.</p> <p>HM #1 was interviewed on 12/2/21 at 5:00 pm and stated, "They should wash their hands before taking meds (medications) and before eating. We</p>		<p>In addition, an observation schedule has been put into place to ensure hand washing is done at the appropriate times. Manager, Team Leader, or Director will observe proper hand washing at least 3x weekly. Observation sheets will be turned into DRO weekly</p> <p>Administrative Staff (QIDP, CCQA, DRO, RN, HWC) will also be observing each Corvilla Group Home 1x weekly. Included in these observations is that Universal Precautions are being followed.</p> <p>Please see attached observation sheets</p>	

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	<p>typically do hand sanitizer before they eat."</p> <p>Director of Residential Operations #1 was interviewed by phone on 12/6/21 at 12:24 pm and stated, "Handwashing should be done prior to meals and before taking medications."</p> <p>The facility's Pandemic Planning and Response Policy dated April 2020 was reviewed on 12/2/21 at 2:30 pm and indicated the following:</p> <p>"General Procedures</p> <p>All individuals receiving services from Corvilla should wash their hands frequently, including but not limited to:</p> <ul style="list-style-type: none"> - 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 any toileting. - After contact with any bodily fluids. - Before and after oral hygiene. - Before and after nail care assistance." <p>This deficiency was cited on 9/9/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>			