

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G310	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2020
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4217 OAK HILL RD EVANSVILLE, IN 47711
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Survey Dates: 12/28/20, 12/29/20, and 12/30/20.</p> <p>Facility Number: 000829 Provider Number: 15G310 AIM Number: 100239650</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/13/21.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 3 clients in the sample (#1 and #2), the facility failed to ensure clients #1 and #2 were engaged in their program plans for medication administration.</p> <p>Findings include:</p> <p>On 12/28/20 from 3:53 PM to 5:45 PM, an observation was conducted at the group home.</p>	W 0249	<p>All group home staff will be retrained on the importance of continuous consistent active treatment. Also, they will be retrained on the need to implement IPP goals and objectives at every opportunity. The training will particularly focus on Client #1's medication goal to choose her Miralax when</p>	01/29/2021

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 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>At 4:47 PM, staff #4 prepared client #2's supper medication, while client #2 sat in the dining room. Staff #4 then took client #2's Gavilax powder (for constipation) to the dining room and poured and mixed it into client #2's meatloaf. Client #2 was not prompted to engage in her medication administration process.</p> <p>On 12/29/20 from 5:23 AM to 8:00 AM, an observation was conducted at the group home. At 6:26 AM, staff #6 prepared client #1's morning medications, while client #1 was in her bedroom. Client #1 was not prompted to engage in her medication administration process.</p> <p>1) On 12/29/20 at 12:00 PM, a review of client #1's Individual Program Plan dated 3/19/20 indicated the following training objective: -"Will choose Miralax (for constipation) when compared to Micro K (potassium supplement) each morning."</p> <p>Client #1 was not prompted to come to the medication room to complete the medication training objective.</p> <p>2) On 12/29/20 at 12:10 PM, a review of client #2's Individual Program Plan dated 1/14/20 indicated the following training objective: -"Will pour her Gavilax Powder/Miralax Powder OTC (over the counter) into her drink of choice at dinner."</p> <p>Client #2 was not prompted to complete the medication training objective.</p> <p>On 12/30/20 at 9:19 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated training objectives should be implemented as written. The QIDP stated, "The training</p>		<p>compared to Micro K and Client #2's medication goal to pour her Miralax powder into a drink of choice at dinner.</p> <p>All professional staff will also be retrained on their role in ensuring active treatment occurs and IPP objectives are run at every opportunity. Observations will also be done in the group home by management at least one time per week for four weeks to ensure the citation with the med goals is corrected as well as ensuring overall continuous active treatment is occurring.</p> <p>To prevent future occurrence moving forward, the observation form which is completed by management several times per month, will be updated to include observations of IPP goals being run and implemented. This will ensure consistent implementation of IPP goals during formal and informal opportunities is being completed routinely moving forward. The observation checklists are turned into the office coordinator on a monthly basis as an additional checks and balance to ensure monthly completion by all managers in the nine group homes.</p>				

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W 0369 Bldg. 00	<p>objectives are to help keep the client as independent as possible."</p> <p>9-3-4(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 3 of 3 clients in the sample (#1, #2 and #3) and one additional client (#4), the facility failed to ensure clients #1, #2, #3 and #4's medications were administered per the physician's orders.</p> <p>Findings include:</p> <p>On 12/28/20 at 3:53 PM to 5:45 PM, an observation was conducted at the group home. At 4:33 PM, staff #4 poured Gavilax powder (for constipation) 17 gms (grams) 1 capful into client #3's divided dinner plate and mixed it with the pureed meatloaf. At 4:47 PM, staff #4 poured Gavilax powder 15 gms 1 tablespoon into client #2's divided dinner plate and mixed it with the meatloaf.</p> <p>On 12/29/20 from 5:23 AM to 8:00 AM, an observation was conducted at the group home. At 6:20 AM, staff #6 did not administer Litholyte (for kidney health) to client #3. At 6:26 AM, Staff #6 did not administer Linzess (for irritable bowel syndrome) to client #1 due to the medication not being in the home. Staff #6 stated, "It was ordered 2 days ago." At 6:28 AM, staff #6 administered client #1's Miralax powder (for constipation) in 4 oz (ounces) of water. At</p>	W 0369	<p>RCDS has a long history of excellent medical care and medication administration. We have errors that occur at times, but over the last year we have noticed an increase in medication administration errors. Group home administration met and discussed the noticeable increase in errors and discussed that we were recently over twenty staff members down in the nine group homes we operate. During staffing crisis, the current staff are working longer hours and passing medications more frequently which can result in more errors. The staff member that made the errors at Oakhill is one of two medication passers in the group home currently and works excessive hours to help cover the schedule. Administration realizes that these circumstances are not the solution, but rather the reasoning that we feel the medication errors occur more frequently.</p>	01/29/2021

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	<p>6:38 AM, staff #6 did not administer Flonase Nasal Spray (for rhinitis) to client #4. At 7:12 AM, staff #4 poured the Gavilax Powder and the Citrucel Powder (for bowel regulation) into client #4's applesauce and mixed it.</p> <p>1) On 12/29/20 at 12:00 PM, a review of client #1's 12/11/20 Physician's Order (PO) indicated: -"Gavilax Powder/Miralax Powder OTC (over the counter) 17 gm (grams) in 8 oz (ounces) of fluid daily for constipation 6:00 AM. -Linness 145 mcg (microgram) cap (capsule) 1 PO (orally) daily about 30 - 60 minutes before breakfast 6:00 AM."</p> <p>2) On 12/29/20 at 12:10 PM, a review of client #2's 12/11/20 PO indicated: -"Gavilax Powder/Miralax Powder OTC (over the counter) 1 tablespoon in 4 oz of water daily Supp (supper)."</p> <p>3) On 12/29/20 at 12:27 PM, a review of client #3's 12/11/20 PO indicated: -"Litholyte 1 packet mixed in 16.9 oz water per tube twice a day 6:00 AM. -Gavilax Powder 17 gms (grams) (1 capful) by mouth mixed in 4 - 6 ounces of water every day 5:00 PM."</p> <p>4) On 12/29/20 at 12:40 PM, a focused review of client #4's 12/11/20 PO indicated: -"Fluticasone/Flonase Nasal Spray 50 mcgs instill 1 spray in each nostril twice daily 6:00 AM."</p> <p>A review of client #4's December MAR indicated the following: -"Fluticasone/Flonase Nasal Spray 50 mcgs instill 1 spray in each nostril twice daily 6:00 AM."</p>		<p>RCDS has a stringent medication administration training policy that encompasses much more than the state mandated Core A and Core B training. Each staff member is given the opportunity to observe an entire medication pass with a member of management and/or a management appointed staff member who is very thorough with medication administration. After the observation, staff are asked to pass medications for three full shifts with a member of the management team observing them. If after the three medication passes with management, the staff person or management feels they need more training, additional shifts for supervised medication passes will be scheduled. Staff also must complete a medication checklist that covers all medication administration policies and procedures as well. Staff must be able to answer questions posed by the medication trainer and the RCDS nurse as they complete their medication training as well. After the observation and supervised medication passes are completed, the staff person then passes medications with one of the RCDS nurses to ensure competency. If the staff person is deemed incompetent by the nurse, additional training will occur until they are deemed competent or their employment will</p>	

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	<p>The MAR had not been initialed by staff on 12/29/20.</p> <p>On 12/29/20 at 2:22 PM, the HM (Home Manager) indicated medications should be administered according to the directions on the pharmacy label and the MAR (Medication Administration Record). The HM stated, "Yes, it would be a medication error because it is going against the physician's order. The Miralax should have been administered in water." The HM indicated she contacted the pharmacy about the Linzess. The HM stated, "The Linzess had been ordered. The pharmacy was unsure why the medication had not been delivered." The HM indicated the pharmacy was delivering the Linzess that day. The HM indicated the Linzess was to be administered when it arrived to the group home.</p> <p>On 12/29/20 at 2:29 PM, staff #6 indicated 3rd shift usually administer the Litholyte to client #3 at 5:30 AM. Staff #6 indicated she initialed the MAR that she administered. Staff #6 indicated staff #4 initialed that client #3's tube had been flushed and the stoma area cleaned. Staff #6 stated, "I administered the Flonase after the medication pass."</p> <p>On 12/29/20 at 2:41 PM, the LPN (Licensed Practical Nurse) stated, "It is a medication error if the medications are not administered per the physician orders. The Miralax should have been administered as ordered and not mixed with food."</p> <p>9-3-6(a)</p>		<p>be terminated. This process is very thorough and ensures staff are thoroughly familiar with policy and procedure of medication administration before they are able to pass medications independently.</p> <p>RCDS also has a stringent medication error policy that is followed each time an error occurs. The first error is a coaching, the second error is a written warning, the third error is a retraining on Core A and Core B, the fourth error is retraining with management, and the fifth error is retraining with the nurse. If a sixth error occurs within six months of the last error, termination of employment occurs.</p> <p>Preventatively, management staff in all nine group homes will begin checking the medication book at least two to three times per week to ensure thorough medication administration is occurring. Additionally, management in all nine homes will observe staff passing medications in the group homes to ensure medication policy and procedure continue to be followed on a routine basis and medications are administered without error. These observations at Oakhill will specifically focus on ensuring Miralax powder is mixed per the MAR and given correctly</p>				

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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 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) in the group home, the facility	W 0455	in the appropriate amount of water, the administration of Litholyte per MAR order, as well as ensuring nasal sprays are administered as ordered. These observations will occur at least two times per month with various staff on the monthly group home observation checklist. The annual staff evaluation also includes an observed medication pass by management to ensure staff continue to follow medication administration policy and procedure and it is part of their annual evaluation. Additionally, all staff in the nine group homes have been retrained to ensure medications are passed in the med room when possible. Administration feels that less distractions will occur if staff have the client come to them in the med room to receive medications versus staff setting up medications and taking them to the client. These systemic changes will ensure staff are following policy and procedure routinely and not developing incorrect habits that may result in errors. All visitors in the group homes are to have their temperatures taken and complete the COVID	01/29/2021

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	<p>failed to ensure staff working in the home implemented proactive/preventative infectious Covid-19 control measures.</p> <p>Findings include:</p> <p>On 12/28/20 from 11:20 AM to 1:00 PM, an observation was conducted at the group home. At 11:20 AM, staff #1 greeted the surveyor at the door and allowed the surveyor to enter. Staff #1 did not ask to take the surveyor's temperature or ask Covid-19 screening questions. At 11:22 AM, staff #2 asked the surveyor if she could take her temperature. Staff #2 took the surveyor's temperature but did not ask Covid-19 screening questions. Staff #2 asked the surveyor to put on a surgical mask in place of the cloth mask. At 12:54 PM, the HM (Home Manager) asked the surveyor Covid-19 screening questions and asked to take the surveyor's temperature. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 12/28/20 from 3:53 PM to 5:45 PM, an observation was conducted at the group home. At 3:54 PM, staff #4 greeted the surveyor at the door and allowed the surveyor to enter. Staff #4 took the surveyor's temperature but did not ask Covid-19 screening questions. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 12/29/20 from 5:23 AM to 8:00 AM, an observation was conducted at the group home. At 5:23 AM, staff #4 greeted the surveyor at the door and allowed the surveyor to enter. Staff #4 took the surveyor's temperature but did not ask Covid-19 screening questions. At 7:28 AM, the HM (Home Manager) rubbed her eye and then poured milk in a cup for client #7. The HM did not wash her hands. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p>		<p>screening questionnaire. The staff at Oakhill Group home were retrained to ensure that all visitors complete the temperature check as well as the screening questionnaire before entry into the group home. The questionnaire must be completed each time before a visitor is allowed to come into the home. We do not currently allow visitors in the group homes with the rise in COVID cases; therefore, staff are not in the routine of completing the COVID questionnaire as no one except staff are allowed in. Easterseals Group Home management and staff are all trained on the necessity of handwashing in order to prevent the spread of disease, particularly COVID-19. Due to the noted concerns with staff rubbing their eye and not sanitizing their hands afterwards, all staff at Oakhill have been retrained on proper handwashing and/or sanitizing of hands when they touch their face, before handling medications/ food, between client care, etc. The retraining on the Easterseals Handwashing Policy with Oakhill staff will bring additional awareness and ensure proper handwashing/sanitization occurs in the future. Additionally, group home management will complete observations at least two times per week and observe that proper handwashing is occurring with</p>	

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	<p>On 12/29/20 At 7:28 AM, the HM indicated training for Covid-19 infection control included a checklist the staff are to go by to sanitize the house. The HM indicated the training also included staff taking their temperatures upon arriving to work. The HM stated, "If they have a temperature of 100 degrees, they are not to work until they have been tested and received 2 negative test results for Covid and to complete screening questions."</p> <p>On 12/29/20 at 2:53 PM, the HM indicated screening questions were to be asked of visitors when they enter. The HM stated, "We have not had a lot of visitors so we have not had to practice asking the questions, but yes, screening questions were to be asked." The HM indicated staff were trained on the signs and symptoms of Covid. The HM indicated the Covid-19 infection control training also included sanitization including staff washing hands between clients and as often as necessary using either soap and water or hand sanitizer.</p> <p>The CDC (Center for Disease Control) website https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html#source-control was reviewed on 12/29/20 at 3:00 PM. The CDC website indicated the following:</p> <ul style="list-style-type: none"> - "Have a plan for visitor and personnel restrictions - Designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms consistent with COVID-19 before starting each shift/when they enter the building. Send visitors and personnel home if they have a fever (temperature of 100.0 		<p>staff and clients at all necessary times. Systemically all group home management and DSP's in all nine homes will be re-trained on the Easterseals Handwashing Policy. Management will focus on the increased need for source control with proper handwashing at this time due to the spread of COVID-19. Additionally, all nine group homes recently had hand sanitizing stations placed in key areas of the house to ensure proper hand sanitizing is occurring. The added sanitizing stations allow staff to conveniently disinfect their hands when going from room to room or between client interactions as they are placed in all key areas of the homes. The added sanitizing stations will ensure proper hand hygiene for staff and clients going forward.</p>	

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	<p>of (degrees) or greater) or symptoms consistent with COVID-19."</p> <p>-Educate residents, family members, and personnel about COVID-19: ·Describe actions residents and personnel can take to protect themselves in the facility, emphasizing the importance of social (physical) distancing, hand hygiene, respiratory hygiene and cough etiquette, and source control.</p> <p>Encourage source control ·Everyone in the facility should practice source control. ·Personnel should wear a facemask (or cloth face covering if facemasks are not available or only source control is required) at all times while they are in the facility. ·Visitors should wear a cloth face covering while in the facility.</p> <p>Source Control: Use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing."</p> <p>9-3-7(a)</p>			