

# Compliance Summary Report

Compliance Summary Report of **BROADFIELD CARE CENTER 30Sep2013** on **Middle Ridge Realty, LLC**

Reviewer: **Julie Gregg**  
Provider: **Middle Ridge Realty, LLC**  
County Name: **Lake County**

Total Cites: **10**  
Total POCs: **10**

## CITE #1

Question	Explanation
Was the IP revised based on the changes in the individuals needs/wants?	The provider failed to ensure that the IP was revised based on changes in the individuals needs/wants as evidenced by the following: ID #6 was diagnosed with 'dementia most likely of the Alzheimer's type' on 4/19/13. A note on a psychological report completed 4/1/13 noted a decline in functioning and additional notes indicated a development of incontinence issues and a hospitalization on 9/10/13 for a two minute episode of incoherence and unusual behavior. A nursing assessment completed 7/17/13 stated 'no new diagnoses' and the IP had not been updated to include this new medical diagnosis.

POC	Status	Comments
Citation1: The diagnosis of dementia was added to the face sheet of the individual on 9/24/13. The Broadfield staff was in-serviced regarding caring for individuals with Dementia as well as the added diagnosis of Dementia to Individual's face sheet on 9/24/13 by the QIDP.	Approved	

## CITE #2

Question	Explanation
Upon identification of an unusual incident, is there evidences that the provider took the following immediate actions as appropriate: -Report was made to the designated person -Report was made within 24 hours of the incident -Appropriate actions were taken to protect the health and safety of the at-risk individual	Provider did not show evidence that the immediate actions, in response to UIs, ensured adequate review to meet all health and safety risks to individuals. While immediate actions included checking for injury, and to continue to follow behavior support plans, the June - August UI's reviewed, failed to identify environmental factors, such as how an individual could be prevented from falling between a bed and wall, the need to modify behavior support plans, increased supervision needs, or special team meeting needs.

POC	Status	Comments
Citation 6: Broadfield Care Center will identify necessary, immediate actions following an Unusual Incident at the Daily Incident Review. The team will note planned revisions, evaluations or adaptations, as deemed advisable to the committee, on the incident report as well as the UI log. Broadfield Care Center is in compliance as of the submission of this plan and the QIDP's and the Administrator will ensure continued compliance.	Approved	

## CITE #3

Question	Explanation
Is there evidence the ICF/ID completed the general investigation requirements found in OAC 5123:2-17-02 (H)?	The provider failed to provide evidence that the general investigation requirements found in OAC 5123:2-17-02 (H) were met for the following MUIs: •2013-043-0122 Unscheduled Hospitalization 6/29/13•2013-043-0125 Unscheduled Hospitalization 7/4/13•2013-043-0134 Peer-to-Peer 7/9/13•2013-043-0149 Unscheduled Hospitalization 7/27/13•2013-043-0151 Unscheduled Hospitalization 8/1/13•2013-043-0155 Peer-to-Peer Incident 8/3/13•2013-043-0158 Unscheduled Hospitalization 8/13/13•2013-043-0169 Unscheduled Hospitalization 8/28/13•2013-043-0170 Unapproved Behavior Support 8/30/13•2013-043-0172 Unscheduled Hospitalization 9/1/13•2013-043-0181 Unscheduled Hospitalization 9/10/13•2013-043-0186 Unapproved Behavior Support 9/12/13

POC	Status	Comments
Citation 9:Broadfield will complete a written summary of all investigative findings within 5 days of all reported MUI's. Broadfield Care Center is in compliance as of the submission of this plan and the DON and the Administrator will ensure continued compliance.	Approved	

**CITE #4**

Question	Explanation
If the IP includes aversive interventions, are the interventions being implemented only when the identified behaviors are destructive to the individual or others?	The provider failed to ensure that aversive interventions were only being implemented when the identified behaviors are destructive to the individual or others as evidenced by the following:•The BSP for ID #1 included the use of a physical escort and time out for 'taking her clothes off in public areas and refusing to put them back on.' •The BSP for ID #6 included the use of a physical escort for threats, verbal aggression and door slamming.

POC	Status	Comments
Citation 2:The BSP's for individuals # 1 and # 6 were revised immediately. Guardian and HRC approval was sought and received. Staff were in-serviced regarding the BSP revisions. The physical escort and time spent in room were removed from the plans. The corrective actions were completed on 9/24/13 by the QIDP's. Documentation was submitted to the surveyors at the exit interview.	Approved	

**CITE #5**

Question	Explanation
For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP?	The provider failed to provide evidence that direct care staff received initial training on the individuals' ISPs and BSPs prior to implementation.

POC	Status	Comments
Citation 11:Broadfield has amended the orientation training to include in-servicing with the QIDP's, regarding all IHP's and BSP's prior to implementation. Broadfield Care Center is in compliance as of the submission of this plan and the QIDP's will ensure continued compliance.	Approved	

**CITE #6**

Question	Explanation
For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency?	The provider failed to ensure that direct service staff received initial training on actions to take in the event of emergencies other than fire.
POC	Status      Comments
Citation 12:The orientation packet will be revised to include training regarding emergency response. It will be the responsibility of the Maintenance Director to train all new staff. The Orientation packet will be revised by 10-18-13 and current staff members will be in-serviced regarding the information by 11-15-13.	Approved

**CITE #7**

Question	Explanation
During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?	During a review of the file for ID #3, it was revealed that she had a broken a finger in April 2013. A review of the MUIs and a conversation with the provider revealed that this was never reported to the County Board as a potential MUI for Significant Injury (Unknown Injury prior to the revision of the MUI rule). The provider felt that it did not meet the requirements as the individual had never received medical treatment off site for the broken finger and the local County Board policy they had looked at did not match the MUI rule. The provider called the incident in to the County Board at the reviewer's direction and it was determined to be an MUI.
POC	Status      Comments
Citation 8:Upon notification by the surveyor that the 4/22/13 may be considered an MUI, the facility notified the local Board of DODD of the incident and they confirmed that the incident was an MUI. Broadfield will report all "Significant Injuries" as is now outlined in the 9/2013 MUI Revisions. Broadfield Care Center is in compliance as of the submission of this plan and the DON and the Administrator will ensure continued compliance.	Approved

**CITE #8**

Question	Explanation
Does the ICF/ID ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds?	The provider failed to provide evidence that the rolled up Agency accounts for all individuals or the personal checking account for ID #4 had been reconciled to a bank statement at all. This is required at least every 60 days by someone who does not handle the individual funds.
POC	Status      Comments
Citation 3:Broadfield Care Center did, at the time of the survey, have a system of reconciliation and oversight by another person who is not responsible for the individual funds. Broadfield was unable to provide sufficient documentation for these systems. Henceforth, all accounts will be signed and dated upon reconciliation by the individual responsible for managing the accounts and reconciled, signed and dated by a secondary person not responsible for the handling of the account. Broadfield Care Center is in compliance at this time. It is the responsibility of the BOM to assure continued compliance.	Approved

**CITE #9**

Question	Explanation	
Did the ICF/ID maintain a log of unusual incidents which includes:- Name of individual-Description of incident-Identification of injuries- Time/date of incident-Location of incident-Preventative measures	While the provider's UI log included an area for Preventative Measures, the items identified in this section were not Preventative Measures, but rather, were Immediate Actions.	
POC	Status	Comments
Citation 10:Broadfield will note Preventative Measures in the UI log as noted in the Plan of Correction for Citation 6. Broadfield Care Center is in compliance as of the submission of this plan and the DON and the Administrator will ensure continued compliance.	Approved	

**CITE #10**

Question	Explanation	
Are medication, treatments and dietary orders being followed?	The provider failed to ensure that medication, treatments, and dietary orders were being followed as evidenced by the following:•Eastside ENT ordered ID#6 a double hearing aide on 5/5/12. Per conversation with the DON the individual verbally refused this equipment. There was no evidence in the individual's IHP of this refusal or need, and no attempts had been made to date to purchase the hearing aides.	
POC	Status	Comments
Citation 4:a) The individual was evaluated on 5/5/12 by Eastside ENT and a recommendation was made for double hearing aides. The individual indicated, at the time, that she did not wish to have hearing aides although this was not sufficiently documented. The individual will have a routine evaluation for auditory function on 10-15-13. The individual is currently refusing hearing aides but will be educated quarterly regarding the possible benefits of hearing aide usage.	Approved	