

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G186	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2012
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637 E MAIN ST DANVILLE, IN 46122
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 20, 21, 22, 23, 24, and 27, 2012</p> <p>Facility number: 000719 Provider number: 15G186 AIM number: 100234670</p> <p>Surveyor: Brenda Nunan, RN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/4/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<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, record review and interview, the Governing Body failed to include/implement policies and procedures which included/addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.) for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8).</p> <p>Findings include:</p> <p>During observations at the facility on 08/20/2012 from 2:15 p.m. until 6:30 p.m. and on 08/21/2012 from 6:00 a.m. until 8:00 a.m. clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility.</p> <p>An undated Operational Policy and Procedure Manual was reviewed on 08/21/2012 at 6:15 a.m. Review of the policy indicated the governing body failed to approve and include the Elder Justice</p>	W0104	Residential CRF will ensure to include the Elder Justice Act into our Operational Policy and Procedure Manuel. Residential CRF will develop and implement written policy and procedures which address the Elder Justice Act. The supervisor will check on a weekly basis to ensure the Elder Justice Act is posted in our facilities. Staff Responsible: QMRP, Supervisor	09/26/2012	

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	<p>Act (as defined above) in their agency's written policies and procedures.</p> <p>During an interview on 08/21/2012 at 11:00 a.m., the Qualified Developmental Disabilities Professional Designee stated, "I have not heard of the Elder Justice Act."</p> <p>During an interview on 08/22/2012 at 10:00 a.m., Group Home Supervisor #1 indicated he was unaware of the required implementation of the Elder Justice Act.</p> <p>During an interview on 08/22/2012 at 12:10 p.m. Human Resource Director #1 indicated the agency was aware of the Elder Justice Act, but the facility policies had not specifically addressed the Act and the facility had not commenced procedural changes for training.</p> <p>9-3-1(a)</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview, the facility failed to include, fully develop and implement written policies and procedures which addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703 (B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.) for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8).</p> <p>Findings include:</p> <p>During observations at the facility on 08/20/2012 from 2:15 p.m. until 6:30 p.m. and on 08/21/2012 from 6:00 a.m. until 8:00 a.m. clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility.</p> <p>An undated Operational Policy and Procedure Manual was reviewed on 08/21/2012 at 6:15 a.m. The facility failed to approve and include the Elder Justice Act (as defined above) in their</p>	W0149	Residential CRF will ensure that the Elder Justice Act is added to our Operational Policy and Procedure Manuel. Residential staff will be inserviced on the Elder Justice Act and its requirements. The supervisor will check on a weekly basis to ensure that the Elder Justice Act is posted in our facilities. Staff Responsible: QMRP, Supervisor	09/26/2012	

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	<p>agency's written policies and procedures.</p> <p>During an interview on 08/21/2012 at 11:00 a.m., the Qualified Developmental Disabilities Professional Designee stated, "I have not heard of the Elder Justice Act."</p> <p>During an interview on 08/22/2012 at 10:00 a.m., Group Home Supervisor #1 indicated he was unaware of the required implementation of the Elder Justice Act.</p> <p>During an interview on 08/22/2012 at 12:10 p.m. Human Resource Director #1 indicated the agency was aware of the Elder Justice Act, but the facility policies had not specifically addressed the Act and the facility had not commenced procedural changes for training.</p> <p>9-3-2(a)</p>				