

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G802		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/07/2012	
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 112 E WESTMORELAND KOKOMO, IN 46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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			
W0000	<p>This visit was for the investigation of complaint #IN00108224.</p> <p>Complaint #IN00108224 - Substantiated, a federal and state deficiency related to the allegation is cited at W149.</p> <p>Dates: June 6 and 7, 2012</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 012527 Provider Number: 15G802 AIM Number: 201024860</p> <p>This deficiency also reflects state findings under 460 IAC 9.</p> <p>Quality Review was completed on 6/15/12 by Tim Shebel, 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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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.</p> <p>Based on record review and interview, the facility failed to implement their abuse/neglect policy by neglecting to allow client A to go to the restroom, while restraining his arms.</p> <p>Findings include:</p> <p>Review on 6/6/12 at 1:20 PM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports and included the following:</p> <p>An incident that occurred on 5/3/12 at the facility owned workshop indicated client A "alleged that Production Supervisor [staff #1] held him back by placing both of his hands on his [client A's] inner elbows forcing his fingernails into his skin, refusing to allow him to use the restroom. [Client A] stated that he requested to use the restroom and when told no, he [client A] began to cuss at [staff #1]. [Client A] stated that he apologized to [staff #1]. [Client A] stated that [staff #1] told him that he would not believe him. Staff suspended pending investigation." The BDDS follow-up report dated 5/21/12 indicated client A</p>	W0149	<p>The staff in question notified supervisor, on his own accord, that he had violated the agency abuse/neglect policy when he did not allow client A to use the restroom through the use of physical restraint. Per policy, staff in question was suspended immediately. A thorough investigation was completed upon notification by the staff in question. Client A verified the information that was reported by the staff in question. Staffis to only use CPI approved methods of intervention if Client A becomes physically aggressive towards others or himself. Staff was terminated for their actions. All staff are trained on Individual behavior plans, IPP, risk plans, etc. All Direct care staff are trained annually in CPI.</p> <p>All staff are trained at least annually on the importance of contacting the supervisor immediately whenever allegations of abuse/neglect or misconduct by staff or a client occurs. The staff followed the agency policy of reporting - he reported himself. The QDDP will investigate all injuries/incidents and complete a BDDS report</p>	06/29/2012			

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	<p>"received no injuries related to this incident. Abuse/Battery was unsubstantiated against staff [name of staff #1], however neglect was substantiated." The follow-up report indicated staff #1 was terminated as a result of this incident.</p> <p>Review on 6/6/12 at 2:00 PM of a memo from the Director of Industrial Operations to staff #1 dated 5/18/12, indicated the allegation in the above-mentioned incident of neglect was substantiated and staff #1 was terminated effective on that date.</p> <p>Review on 6/7/12 at 8:00 AM of the facility's "Neglect, Battery and Exploitation of Individuals" dated 5/11 indicated: "In order to protect the general welfare of its persons, Bona Vista Programs, Inc. has in effect the following policy prohibiting neglect, battery, exploitation of individuals or psychological abuse by agency staff or outside persons. . . Definitions. . . Neglect - Knowingly placing an individual in a situation that may endanger his/her life or health: abandoning or cruelly confining a person, or the repeated failure of a caregiver to provide the basic necessities of life: Food, shelter, clothing and medical care."</p>		within 24hours.		

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	<p>Interview on 6/6/12 at 2:15 PM with the QDDP (Qualified Developmental Disabilities Professional), Work Services, was conducted. The QDDP conducted the investigation and indicated she started this investigation after staff #1 had called her and told her he held client A's hands behind his back because client A wouldn't stay in his area. The QDDP indicated client A was moved to another area immediately and staff #1 was suspended. As a result of this investigation, the QDDP indicated staff #1 was terminated.</p> <p>This federal tag relates to complaint #IN00108224. 9-3-2(a)</p>				