

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G744	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/28/2013
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2453 S 100 E PERU, IN 46970		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: May 21, 22, 23, 24, and 28, 2013.</p> <p>Facility Number: 006630 Provider Number: 15G744 AIMS Number: 200902110</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/5/13 by Ruth Shackelford, QIDP.</p>	W000000			

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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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, for 1 of 4 sample clients (client #2), the facility failed to obtain a sensorimotor assessment to meet the client's needs.</p> <p>Findings include:</p> <p>On 5/21/13 from 2:55pm until 5:10pm, and on 5/22/13 from 6:00am until 7:45am, observation and interviews were conducted at the group home. Throughout both observation periods client #2 was observed to be blind and client #2's walking cane was in the corner of the dining room behind the copy machine.</p> <p>On 5/21/13 at 3:10pm, client #2 was assisted by GHS (Group Home Staff) #1, who walked in front of client #2, placed client #2's hands on GHS #1's shoulders, and walked into the group home. At 3:20pm, client #2 was given a can of pop and potato chips while seated at the table by GHS #4. At 3:40pm, GHS #4 assisted client #2 to walk to his bedroom by walking in front of client #2, placed client #2's hands onto GHS #4's shoulders from behind GHS #4, and client #2 walked with a shuffled gait into client #2's</p>	W000218	<p>The Director of Residential Services requested a Mobility and Orientation Assessment from the Indiana School of the Blind. See Appendix I. The assessment will be scheduled for the next available appointment. All Bobtail staff will be retrained on the importance of identifying the food placed in front of client #2. Additionally, all staff will be retrained on client #2's goal of holding his walking cane. The RHM and QDDP observe staff on a regular basis during meal times and during other activities and will ensure that all staff are appropriately assisting client #2. The RHM and QDDP will ensure that staff assist client #2 appropriately. The QDDP and RHM are in the house on a regular basis and will observe and document at least three times per week that client #2 is being assisted appropriately. This monitoring will continue for 90 days. At this time, compliance will be reviewed to determine if monitoring should continue. Programs for persons served will be reviewed on at least a monthly basis by QDDPs and on the Periodic Service Review Form that is completed on a monthly basis. Findings on the Periodic Service Review Form will be reported to the Director of</p>	06/27/2013			

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	<p>bedroom. GHS #4 backed client #2 up into his bed and client #2 sat down on the bed. At 4:05pm, GHS #4 assisted client #2 to walk into the living room by walking in front of client #2, placed client #2's hands onto GHS #4's shoulders from behind, and walked with a shuffled gait into the living room. At 4:45pm, client #2 was assisted to walk to the dining room table by GHS #4 in the same way. Client #2 sat down at the dining room table. At 4:55pm, GHS #4 placed a prepared hamburger on a bun with ketchup and mustard under the bun on client #2's plate, GHS #4 had pre cut the assembled Hamburger into fourths. GHS #4 served client #2 baked beans, cubed fruit, and a Hamburger. No identification of the food on the plate was observed. At 4:55pm, GHS #4 indicated client #2 was dependent on facility staff to walk, dine, toilet, and medication administration. GHS #4 indicated client #2 was at risk to fall because of his blindness.</p> <p>On 5/22/13 at 6:15am, client #2 was up and assisted by GHS #8 in walking behind staff holding staff's shoulders with client #2's hands. Client #2 was sat down at the dining room table. At 6:15am, GHS #8 retrieved a preset bowl of dried Cocoa Puffs Cereal, poured the dry Cocoa Puff Cereal onto the dining room table from the preset bowl, and prompted client</p>		Residential Services. The findings will be reviewed and staff involved in corrective action items will be notified. The Periodic Service Review for the following month will include an area to document that the prior month's review ations items have been corrected. The summary of the findings and corrective actions will be included in the Quarterly Management Report.				

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	<p>#2 "There you go." No identification of the food, no bowl or utensil, and no teaching to client #2 was observed. From 6:15am until 6:45am, client #2 was observed to feel for the round rolling Cocoa Puff Cereal which had been poured onto the dining room table.</p> <p>A review of client #2's record was conducted on 5/23/13 at 9:50am. Client #2's 7/19/12 ISP (Individual Support Plan) indicated a goal/objective to hold his walking cane in his hand. Client #2's 3/19/11 visual assessment indicated his ocular health was stable and client #2 was blind. Client #2's 4/24/13 "Physician's Order" indicated client #2's diagnosis included but was not limited to: Blindness. Client #2's 7/19/12 Risk Assessment indicated client #2 was blind and at risk for continued falls. Review of the record did not indicate a sensorimotor assessment of client #2's abilities and/or needs.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) #1 was completed on 5/24/13 at 9:00am. When asked if client #2 was assessed to address his functional skills related to his blindness, QIDP #1 stated "No." QIDP #1 indicated client #2 had a goal to hold his walking cane and no functional skill assessment had been completed.</p>						

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	9-3-4(a)			

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W000433	<p>483.470(f)(3) FLOORS</p> <p>The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients.</p> <p>Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #1 and #2) who were at risk for falls, the facility failed to have floor coverings which promoted safe mobility.</p> <p>Findings include:</p> <p>On 5/21/13 from 2:55pm until 5:10pm, and on 5/22/13 from 6:00am until 7:45am, observation and interviews were conducted at the group home. Client #1 walked with a walker scooting across the floors of the group home. During both observation periods, client #2 walked behind staff with a shuffled gait with his hands on staff's shoulders from behind, and was observed to be blind. During both observation periods, the television room carpet had two seams exposed, gouges in the carpet, and on the section of carpet at the doorway to the clients' bedroom hallway there was a three feet by three feet (3' x 3') section of loose carpet and pieces of carpeting exposed from the floor. The group home living room had two seams in the carpet which were the length of the room fifteen feet long.</p> <p>On 5/21/13 at 4:35pm, the GHM (group</p>	W000433	<p>The carpet for the group home television room and living room has been ordered and will be scheduled as soon as it can be scheduled. The weekly safety report (Appendix A) process has been adjusted to ensure that all issues and concerns are addressed. Weekly safety reports are completed for each group home and are emailed to the Coordinator of Safety and Purchasing, the Senior VP over Maintenance, the Director of Residential, and the Senior VP over Residential. All corrective action items for maintenance are also carried over to the online maintenance request system. The Director of Residential or designee will review the weekly safety reports and ensure that the corrective action items for maintenance have been entered on the online maintenance request system. The Director of Residential or designee will report maintenance requests seven (7) days or older to the Senior VP over Residential and the Senior VP over Maintenance. The Senior VP over Maintenance will determine how to allocate staff and resources to ensure the request is completed. Additionally, monthly preventative maintenance checklists are</p>	06/27/2013			

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	<p>home manager) indicated she applied glue to the section of flipped up carpet in the television room to reattach the carpet partially to the floor.</p> <p>A review of client #1's record was conducted on 5/22/13 at 12:15pm, and on 5/23/13 at 8:45am. Client #1's 11/16/12 ISP (Individual Support Plan) and 11/16/12 Risk Plan both indicated client #1 was at risk for continued falls. Both plans indicated client #1 used a walker, was unsteady on his feet, and had "frequent falls."</p> <p>A review of client #2's record was conducted on 5/23/13 at 9:50am. Client #2's 7/19/12 ISP (Individual Support Plan) and 7/19/12 Risk Plan both indicated client #2 was at risk for falls and indicated client #2 was blind. Client #2's 3/19/11 visual assessment indicated he was blind. Client #2's 4/24/13 "Physician's Order" indicated client #2's diagnosis included, but was not limited to, Blindness.</p> <p>On 5/24/13 at 9:00am, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. QIDP #1 indicated clients #1 and #2 were at risk for falls and had fallen within the previous year. QIDP #1 indicated the facility carpet in the television room and</p>		<p>completed for the home by the maintenance department (Appendix B). The maintenance checklist will be revised by June 27, 2013 to include a review of the flooring for the home. In an effort to review the effectiveness of minor maintenance repairs and to ensure that the homes are maintained at the level expected by the agency, the Senior VP over Residential and the Director of Residential Services will complete a monthly inspection of each group home. Each time the Senior VP over Residential and the Director of Residential Services are in a home, they will sign the Residential Home Visitor Sign-In Sheet (Appendix C). In the event an issue or concern is discovered, an online maintenance request will be completed. If the issue or concern requires immediate action, the Group Home Service Monitoring Checklist (Appendix D) will be initiated.</p>				

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	living room needed to be repaired or replaced. 9-3-7(a)				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 4 sampled clients (client #4), the facility failed to teach and encourage client #4 to wear his prescribed eye glasses.</p> <p>Findings include:</p> <p>On 5/21/13 from 2:55pm until 5:10pm, and on 5/22/13 from 6:00am until 7:45am, observation and interviews were conducted at the group home and client #4 did not wear his prescribed eye glasses. Client #4 was not prompted or encouraged to wear his prescription eye glasses.</p> <p>On 5/22/13 at 10:20am, client #4's record was reviewed. Client #4's 12/6/12 ISP (Individual Support Plan) indicated client #4 wore prescribed eye glasses. Client #4's 4/24/13 "Physician's Order" and 3/11/13 Nurses Quarterly Health Summary both indicated client #4 was visually impaired and should wear his prescribed eye glasses. Client #4's ISP did not indicate a goal/objective for client</p>	W000436	<p>The Bobtail QDDP wrote a goal for client #4 to encourage wearing eyeglasses (Appendix E). The following documents were also developed/updated for client #4: Risk Assessment (Appendix F); Vision Plan (Appendix G); and ISP (Appendix H). Bobtail staff will be trained on the goals and associated strategies for client #4 by June 27, 2013. Programs for persons served with be reviewed on at least a monthly basis by QDDPs and on the Periodic Service Review Form that is completed on a monthly basis. Findings on the Periodic Service Review Form will be reported to the Director of Residential Services. The findings will be reviewed and staff involved in corrective action items will be notified. The Periodic Service Review for the following month will include an area to document that the prior month's review action items have been corrected. No other consumers were affected by this deficient practice. The QDDP and RHM are in the house on a regular basis and will document at least three times per week that</p>	06/27/2013			

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	<p>#4 to wear his eye glasses.</p> <p>On 5/24/13 at 9:00am, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. QIDP #1 indicated client #4 had recommendations to wear his prescribed eye glasses during formal and informal opportunities. QIDP #1 indicated client #4 should have worn his glasses.</p> <p>9-3-7(a)</p>		<p>client #4 is being encouraged to wear his eyeglasses and that staff are appropriately prompting in the event client #4 is not wearing his glasses. This monitoring will continue for 90 days. At this time, compliance will be reviewed to determine if monitoring should continue.</p>	

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home, the facility staff failed to teach and encourage clients to use sanitary methods during dining opportunities.</p> <p>Findings include:</p> <p>On 5/21/13 from 2:55pm until 5:10pm, and on 5/22/13 from 6:00am until 7:45am, observation and interviews were conducted at the group home. At 4:25pm, the dining room table was not washed before supper place settings were added to the table for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 5/22/13 at 6:15am, client #2 sat down at the dining room table. At 6:15am, GHS #8 retrieved a preset bowl of dried Cocoa Puffs Cereal, poured the dry Cocoa Puff Cereal onto the dining room table from the bowl, and prompted client #2 "There you go." No washing of the table was completed. From 6:15am until 6:45am, client #2 was observed to feel for the round rolling Cocoa Puff Cereal which had been poured directly onto the</p>	W000454	<p>Bobtail staff will be retrained on the guidelines of family dining and appropriate infection control practices by June 27, 2013. Topics covered will include the importance of encouraging/teaching the consumers to wash their hands prior to setting the table and eating; the importance of washing the table before setting the table; the importance of using a plate or napkin for food rather than placing food directly on the table surface. The RHM, QDDP, or nurse observe random meals on at least a weekly basis and will continue to do so to ensure that appropriate family dining and infection control guidelines are met. As noted in the observation report, all consumers in the home were affected by this deficient practice. The QDDP and RHM are in the house on a regular basis and will document at least three times per week that appropriate infection control such as handwashing prior to setting the table and eating; washing the table before setting the table; and using a plate or napkin for food rather than placing the food directly on the table surface; and family dining guidelines are being followed. This monitoring will continue for 90 days. At this time,</p>	06/27/2013

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	<p>dining room table. From 6:15am until 6:45am, clients #1, #3, #4, #5, #6, #7, and #8 came to the dining room for breakfast of cereal, eggs, toast, and milk. No washing of the dining room table was taught or encouraged. Clients #1, #3, #4, #6, #7, and #8 had their individual slices of toast laying directly on the table surface.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) #1 was completed on 5/24/13 at 9:00am. QIDP #1 indicated staff should have redirected clients from setting the table before the table was cleaned.</p> <p>9-3-7(a)</p>		<p>compliance will be reviewed to determine if monitoring should continue.</p>		

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>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 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home, the facility staff failed to teach and encourage clients to wash their hands during dining opportunities.</p> <p>Findings include:</p> <p>On 5/21/13 from 2:55pm until 5:10pm, and on 5/22/13 from 6:00am until 7:45am, observation and interviews were conducted at the group home. On 5/21/13 at 3:20pm, client #2 was given a can of pop and potato chips while seated at the table by GHS (Group Home Staff) #4 and no handwashing was taught or encouraged. At 4:25pm, clients #3 and #5 set the table for supper and no handwashing was taught or encouraged before clients handled plates, silverware, glasses, and napkins. At 4:55pm, GHS #4 placed a prepared hamburger on a bun with ketchup and mustard under the bun on client #2's plate, GHS #4 had pre cut the assembled Hamburger into fourths. GHS #4 served client #2 baked beans, cubed fruit, and a Hamburger. Client #2 began to eat with his fingers and no hand washing was taught or encouraged. At</p>	W000455	<p>Bobtail staff will be retrained on the guidelines of family dining and appropriate infection control practices by June 27, 2013. Topics covered will include the importance of encouraging/teaching the consumers to wash their hands prior to setting the table and eating; the importance of washing the table before setting the table; the importance of using a plate or napkin for food rather than placing food directly on the table surface. The RHS, QDDP, or nurse observe random meals on at least a weekly basis and will continue to do so to ensure that appropriate family dining and infection control guidelines are met. As noted in the observation report, all consumers in the home were affected by this deficient practice. The QDDP and RHM are in the house on a regular basis and will document at least three times per week that appropriate infection control such as handwashing prior to setting the table and eating; washing the table before setting the table; and using a plate or napkin for food rather than placing the food directly on the table surface; and family dining guidelines are being followed. This monitoring will continue for 90 days. At this time,</p>	06/27/2013			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
	<p>4:45pm, clients #1, #3, #4, #5, #6, #7, and #8 were served pre cut hamburgers on a bun. Staff assisted clients to serve themselves baked beans, cubed fruit, milk, and juice. Clients #1, #3, #4, #5, #6, #7, and #8 were not taught or encouraged to wash their hands. From 4:45pm until 5:10pm, clients #1, #2, #3, #4, #5, #6, #7, and #8 fed themselves with their fingers and no handwashing was taught or encouraged.</p> <p>On 5/22/13 at 6:15am, client #2 sat down at the dining room table. At 6:15am, GHS #8 retrieved a preset bowl of dried Cocoa Puffs Cereal, poured the dry Cocoa Puff Cereal onto the dining room table from the bowl, and prompted client #2 "There you go." No hand washing was observed taught or encouraged. From 6:15am until 6:45am, client #2 was observed to feel for the round rolling Cocoa Puff Cereal which had been poured directly onto the dining room table with his fingers. From 6:15am until 6:45am, clients #1, #3, #4, #5, #6, #7, and #8 came to the dining room for breakfast of cereal, eggs, toast, and milk. No handwashing was taught or encouraged.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) #1 was completed on 5/24/13 at 9:00am. QIDP #1 indicated staff should have</p>		compliance will be reviewed to determine if monitoring should continue.				

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	<p>prompted clients #1, #2, #3, #4, #5, #6, #7, and #8 to wash their hands before setting the table and before meals.</p> <p>9-3-7(a)</p>				