

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G522	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10264 N COLLEGE INDIANAPOLIS, IN 46280
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/27, 4/28, and 5/5/16.</p> <p>Facility number: 001036 Provider number: 15G522 AIM number: 100245250</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/16/16.</p>	W 0000		
W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to address client #2's identified behavioral needs.</p> <p>Findings include:</p>	W 0227	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be affected by the same deficient</i></p>	06/03/2016

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>During the 4/28/16 medication pass observation at 6:50am client #2 was being assisted by staff #1 with her walker back to the medication (med) closet. Client #2 was carrying her Ensure to the med closet with her. On the way to the med closet client #2 decided she had to use the restroom. Staff #1 stated "Let me take this to the med closet for you". Staff #1 took client #2's Ensure and took it into the med closet. While staff #1 was waiting for client #2 to use the restroom he completed client #4's medication pass. In the middle of client #4's medication pass client #2 came to the med closet asking for her Ensure. Staff #6 told her she would have to wait for her drink because someone else was taking their meds. Client #2 became upset but left the med area. At 6:50am staff #6 assisted client #2 back to the med closet. When she entered the med closet staff #6 quickly grabbed client #2's drink and stated "I'll take this". Client #2 yelled "No. No. I want it". Staff #6 stated "You don't need it now you're taking meds" and took the drink out of the med closet. Client #2 became upset and started to bite herself on her left hand. Client #2 threw her glasses at staff #1. Staff #1 gave client #2's glasses back to her and client #2 hit staff #1 on the chest and stated "I'm not taking my meds for you. You're</p>		<p><i>practice be identified and what corrective action will be taken?</i></p> <p>New Behavior Support Plan is under development and will be in place by June correction deadline. All staff will review plan upon implementation. All other individuals identified to need them have current plans that address their needs.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Behavior Consultant, Team Leader and QIDP will monitor monthly progress toward independence from target behaviors identified in plan. Progress will be monitored as it is with all goals with monthly data collection and case management review by QIDP.</p>	

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W 0382 Bldg. 00	<p>not nice. I hate you". Staff #1 responded by stating "That's not nice".</p> <p>Client #2's record was reviewed on 4/28/16 at 9:18am. Client #2's 11/11/15 ISP (Individualized Support Plan) indicated client #2 did not have a behavior support plan to address physical/verbal aggression.</p> <p>An interview with client #2's day services staff #1 was conducted on 4/28/16 at 10:40am. When asked if client #2 had behaviors while at day services, the day services staff #1 stated "Yes. She refuses to do things and will get loud when frustrated. She will throw items or let something fall on purpose. She will also attempt to strike out at staff".</p> <p>An interview with the Team Lead and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/28/16 at 2:27pm. When asked if client #2 had a Behavior Support Plan to assist with her identified behaviors, the QIDP stated "No. Her behaviors are just her".</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and</p>				

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	<p>biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, for 1 of 4 sampled clients (client #2), the facility failed to ensure client #2's medications were kept secured.</p> <p>Findings include:</p> <p>During the 4/28/16 medication pass observation at 6:50am client #2 was being assisted by staff #1 with her medication administration. Staff #1 took client #2's medications out of the closet and put them on the desk to start the medication pass. At 6:55am staff #1 left the medication room leaving client #2's medication on the desk unattended while client #2 remained in the medication room. At 6:56am staff #1 returned to the medication room.</p> <p>An interview with the Team Lead and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/28/16 at 2:27pm and with the facility nurse on 4/28/16 at 1:08pm. When asked if staff should leave the medication room while medications are on the desk, both the facility nurse and the QIDP stated "No".</p> <p>9-3-6(a)</p>	W 0382	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>Team Leader will complete retraining with staff.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Team Leader will conduct medication administration observations to ensure that the deficient practice is corrected. These will occur for 3 days and then reduce to weekly observations given practices are changed to meet standards.</p> <p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be</i></p>	06/03/2016

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 4 sampled clients (#4), the facility failed to ensure the client received his specially prescribed diet.</p> <p>Findings include:</p> <p>During the 4/28/16 observation period between 6:30am and 8:23am client #4 was having breakfast. Client #4 had pureed breakfast casserole and cottage cheese. Client #4's cottage cheese was not pureed.</p> <p>Client #4's record was reviewed on 4/28/16 at 8:49am. Client #4's Feb 2016 dining plan indicated client #4 was on a pureed diet.</p> <p>Client #4's 2/25/16 quarterly nutritional review indicated client #4 was on a pureed diet.</p> <p>The facility's undated Quickview Guidelines for Puree Foods was reviewed</p>			W 0460	<p><i>affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? Annual training for altered diets and liquid consistencies was completed 5/10/16 and 5/11/16. All staff reviewed and proved competency in producing correctly altered diets. Mechanical Soft and Puree Guidelines from the Registered Dietician were reviewed. Group Home Nursing Department will also review Mechanical Soft and Puree guidelines. What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place? Team Leader will conduct meal observations to ensure that the deficient practice is corrected. These will occur for</i></p>		06/03/2016

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	<p>on 4/28/16 at 7:38am. The Quickview guidelines for puree foods indicated "All foods on a puree diet are smooth in texture-just like that of pudding or mashed potatoes. There are no lumps or chunks-it is smooth-period".</p> <p>An interview with the Team Lead and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/28/16 at 2:27pm and with the facility nurse on 4/28/16 at 1:08pm. When asked if clients on a pureed diet have their cottage cheese pureed, the facility nurse stated "I don't know the answer to that" and the QIDP stated "Yes".</p> <p>9-3-8(a)</p>		3 days and then reduce to weekly observations given practices are changed to meet standards.	