

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2014
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
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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
W000000	This visit was for a fundamental recertification and state licensure survey. Survey Dates: January 13, 14, 15 and 16, 2014 Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460 Surveyor: Steven Schwing, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed January 21, 2014 by Dotty Walton, QIDP.	W000000		
W000126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on observation and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility failed to ensure the clients received money management training using real money. Findings include:	W000126	W 126 483.420(a)(4) PROTECTIONOF CLIENTS RIGHTS THE FACILITY MUST ALLOW INDIVIDUAL CLIENTS TO MANAGE THEIR FINANCIAL AFFAIRS AND TEACH THEM TO DO SO. Removal of plastic money has been done and replaced with actual coins and bills to be used during formal training sessions. All Residential Managers and direct care staff	02/15/2014

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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W000149	<p>An observation was conducted at the group home on 1/14/14 from 5:51 AM to 8:17 AM. At 7:45 AM, there was a plastic bag hanging on the group home office wall with plastic coins and copied paper money. Staff #2 indicated on 1/14/14 at 7:45 AM the clients used the plastic money when learning to use money while at the group home. Staff #2 indicated the clients used real money when making purchases in the community.</p> <p>On 1/14/14 at 10:53 AM, the Director of Group Homes indicated the facility should be using actual money with the clients during training.</p> <p>9-3-2(a)</p> <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 record review and interview for 10 of 22 incident/investigative reports reviewed affecting clients #1, #2 and former client #6, the facility neglected to implement its policies and procedures to report incidents to the Bureau of Developmental Disabilities Services (BDDS), in a timely manner, and thoroughly investigate incidents of</p>	W000149	<p>have been trained regarding the importance and effectiveness of using actual materials during training session. All training programs have been reviewed and if needed, actual equipment or material has replaced any simulated objects. The Dir. Of Group Homes/QDDP will review all ISP training programs and ensure actual items are being used and available for training. Residential Managers will routinely monitor the material supply and replenish as needed. Upon annual ISP meeting, the Dir. Of Group Homes/QDDP will review all training goals and methods of teaching to ensure actual equipment or material is included in the strategies. Residential Managers will routinely monitor supplies and replenish as needed. Systemic changes will be completed by Feb 15, 2014</p> <p>Camby Group Home is a child rearing behavioral home. All residents' maladaptive behaviors are baseline upon admission. Maladaptive behaviors that occur at a significant rate or exist per history will be addressed in ones ISP/BSP. This information will be shared with all school dayprogram/staff. BSP plan will include proactive step to reduce</p>	02/15/2014			

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	<p>abuse and neglect.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/13/14 at 1:22 PM and indicated the following:</p> <p>1. On 12/30/13 at 8:10 PM, client #2 asked two staff to cut a piece of paper for him. Both staff asked client #2 to wait until they were finished with the task they were engaged in. Client #2 threw a plastic cup at one of the staff. Client #2 was escorted to his bedroom. Client #2 threw items around in his room. The staff removed the items client #2 threw. Client #2 closed his door and pushed it open hitting the staff in the face with the door. Client #2 stayed in his room. When staff realized it was quiet in the bedroom, the staff opened the door to check on client #2. Another staff walked into the home with client #2. Client #2 had gone out his window. Client #2 went back into his room. When staff went to check on him, client #2 again went out of the house through his bedroom window. The incident report indicated, "All staff went outside and found client at the Camp [name of camp] sign." The report did not indicate how long it took the staff to</p>		<p>the chance of a behavior occurring. This includes but not limited the use of verbal prompts, redirection, distraction, picture schedules or reinforcer programs. All plans will include reactive steps that take place once a behavior is exhibited. This may include but not limited to ignoring, separation from group, approved physical management techniques, loss of privileges or when exhibited at school – suspension. All BSP have been reviewed to ensure necessary parts or in placeAll BSP will be shared with school/dayprogram to ensure consistencyAll staff receives training regarding the proactive and reactive steps of one's program and review of agency documentation and reporting will be done.We will continue to utilize agency policy and procedures regarding protocol on documentation, investigation and reporting of maladaptive behaviors All ISP/BSP will be reviewed by Residential Manager to ensure all necessary parts to a program are present in a plan. Revision will be done as needed. All BSP will be shared with Dayprogram/school staff to ensure consistency.</p> <p>These will also be reviewed upon each IEP meeting. All behavioral incidents are documented on agency Incident Reporting (IR) form and reviewed by Residential Managers and Dir. of Group Homes. Evidence of</p>		

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	<p>locate client #2. The facility did not report the incident to BDDS and did not investigate the incident.</p> <p>2. On 11/15/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 11/15/13, indicated, "Repeatedly redirected and reprimanded for inappropriate behaviors including insubordination with a substitute (teacher) on multiple occasions, trying to cut a student's hair with scissors, pushing others, and making inappropriate comments to numerous students. This morning upon being escorted off the bus he smacked two girls in the head." There was no documentation the facility reported the incident to the BDDS and conducted an investigation.</p> <p>3. On 9/6/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 9/6/13, indicated, "[Client #1] has been hitting other students recently. He smacked one student in the back of the head, rammed his shoulder into one of the girls when walking through the halls, and has tried on numerous times to engage other students in a verbal confrontation." There was no documentation the facility reported the</p>		<p>review will be done by documenting on each report proof that each plan was followed; a need for revision if necessary and any evidence of abuse or neglect. Furthermore, dayprogram/school documentation received regarding incidents of mal adaptive behaviors exhibited will be reviewed to ensure IEP was followed. School communication books will be utilized for those with reoccurring behaviors. This provides immediate information of current situations that may be an antecedent for a behavior – thus allowing another proactive or reactive step to be put in place as needed. Residential Managers and Dir. Of Group Homes will review all IEP's. Those that have behavioral goals will be checked to ensure proactive and reactive components or part of the plan. Dir. Of Group Home will reach out to appropriate school personnel to address plans of need of revision. School/Dayprogram behavioral reports are reviewed by Residential Manager for evidence that IEP plan was followed. If needed, follow up contact will be made immediately to secure information needed to conclude any evidence of abuse or neglect. All behavioral incidents are documented on agency Incident Reporting (IR) form and reviewed by Residential Managers and Dir. of Group</p>		

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	<p>incident to the BDDS and conducted an investigation.</p> <p>4. On 7/11/13 at 9:40 AM, client #6 left the group home through the front door. The investigation, dated 7/12/13, indicated the manager had him in sight until he went into the woods. Client #6 was found 35 minutes later (did not indicate location where client #6 was found). The investigation, dated 7/12/13, had no documentation in the section "Is this an incident of suspected abuse or neglect?"</p> <p>5. On 5/1/13 at 4:15 PM, client #6 eloped through the back door. The BDDS report, dated 5/1/13, indicated staff went after client #6 but he was not within eyesight. The staff called the manager, the Director and the police to assist in locating client #6. The report indicated staff located client #6 close to the home as he was walking back to the home because his feet were hurting. The investigation, dated 5/1/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>6. On 4/30/13 at 8:00 PM, client #1 was yelling at a peer (#6) from his room. Client #6 "charged" into client #1's room and "attacked" client #1 without warning. Staff separated the clients.</p>		<p>Homes.Verification of review will be done by documenting on each report evidence that each plan was followed; a need for revision if necessary and any evidence of abuse or neglect. Incidents that are concluded to require reporting to Governing Bodies will be done according to guidelines/regulationsAll copies of incidents, investigation and school suspension reports will be submitted to agency Quality Assurance which also reviews incidents. Information from reviews comply data, notes trends and are reviewed for evidence of abuse. Review of this policy and procedure pertaining to this will be reviewed at least annually and revised as needed.</p>		

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	<p>Client #6 broke a glass trying to "attack" client #1. Client #6 turned over client #1's dresser. Client #6 pushed staff out of the way and hit client #1 several times. The investigation, dated 5/1/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>7. On 4/5/13 at 7:15 PM, client #6 indicated to staff he was going to take a shower. As he walked past client #1, client #6 hit client #1 on the back of the neck and face twice. The incident was reported to BDDS on 4/8/13. The investigation, dated 4/5/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>8. On 4/2/13 at 4:00 PM, client #6 thought client #1 was talking about him. Client #6 "charged" at client #1 and punched him in the forehead. The investigation, dated 4/2/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>9. On 3/23/13 at 5:10 PM, client #1 was telling a story and pointed with his finger. A peer bit client #1's right index finger. Client #1 was not injured. The investigation, dated 3/24/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?" The incident was reported to BDDS on</p>			

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	<p>3/25/13.</p> <p>10. On 2/17/13 at 3:20 PM, client #1 called client #6 names and called client #6's mom names. Client #6 and staff asked client #1 to stop. Client #6 hit client #1 with a closed fist on the back of his head and shoulder. An interview with client #6 in the investigation, dated 2/18/13, indicated, "[Client #1] was being an as-----. He keeps calling my mom names and I told him to stop and he didn't, so I went off on him. He deserves it! I'm sick of him!" The investigation, dated 2/18/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>A review of the facility's abuse and neglect policies and procedures was conducted on 1/14/14 at 12:43 PM. The Abuse and Neglect of Children Operational Policies and Procedures, dated 5/20/13, indicated, in part, "Child abuse can take at least six different forms: a. Physical abuse: a non-accidental physical injury to a child by a parent or caregiver that results in or threatens serious injury. A child may also be considered physically abused if the child is injured as a result of a parent or caregiver's failure to take appropriate action to prevent an injury. b. Neglect: the failure of a parent or caregiver to</p>				

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	<p>provide a child with adequate food, clothing, shelter, medical care, education or supervision." The Abuse and Neglect of Adults Operational Policies and Procedures, dated 5/20/13, indicated, in part, "Adult abuse can take at least six different forms: a. Physical abuse: a non-accidental physical injury to an adult by a caregiver that results in or threatens serious injury. An endangered adult may also be considered physically abused if the adult is injured as a result of a caregiver's failure to take appropriate action to prevent an injury. b. Neglect: the failure of a caregiver to provide an endangered adult with adequate food, clothing, shelter, medical care, education or supervision." The Incident Reporting to Governing Bodies policy, dated 5/20/13, indicated, in part, "All initial incident reports must be completed within 24 hours of the incident following BDDS guidelines."</p> <p>On 1/14/14 at 12:38 PM, the manager indicated client to client aggression was abuse. The manager indicated the facility should prevent abuse. On 1/15/14 at 2:06 PM, the manager indicated she marked "no" on every incident when she completed the investigation. The manager indicated it was completed after the investigation and she found the incidents to not be</p>						

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	<p>abusive due to there was no intent to cause harm. The manager indicated it was abusive when one client put their hands on another client. The manager defined abuse as one person causing harm with care or concern of causing harm to the other person. The manager indicated the investigations should have been marked as suspected abuse since client to client aggression was abuse and the facility investigated to rule out abuse and neglect. On 1/14/14 at 12:38 PM, the manager indicated BDDS reports should be submitted within 24 hours.</p> <p>On 1/13/14 at 2:22 PM, the Director of Group Homes (DGH) indicated client to client aggression was considered abuse. The DGH indicated incidents of elopement should be investigated in order to rule out neglect. The DGH indicated the facility did not immediately suspend staff when a client eloped. The DGH indicated reportable incidents to BDDS should be conducted within 24 hours. The DGH indicated the facility had policies and procedures to prevent abuse and neglect of the clients. The DGH indicated the facility should prevent abuse and neglect of the clients.</p> <p>9-3-2(a)</p>						

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 5 of 22 incident/investigative reports reviewed affecting clients #1, #2 and former client #6, the facility failed to submit reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/13/14 at 1:22 PM and indicated the following:</p> <p>1. On 12/30/13 at 8:10 PM, client #2 asked two staff to cut a piece of paper for him. Both staff asked client #2 to wait until they were finished with the task they were engaged in. Client #2 threw a plastic cup at one of the staff. Client #2 was escorted to his bedroom. Client #2 threw items around in his room. The staff removed the items client #2 threw. Client #2 closed his</p>	W000153	<p>W 153 483.420(d)(2) STAFF TREATMENT OF CLIENTS Damar Services, Inc. has a written Policy and Procedures in place for reportable incidents to be reported to Governing Bodies (BDDS) with 24 hours. Furthermore, incidents of elopement will be reported regardless if client remains in sight during the incident. These too will be reported as required within 24 hours. Dir. Of Program has provided training to all Residential Managers reviewing the protocol for reporting incidents to BDDS within 24 hours of occurrence. The agency policy regarding incidents reporting to Governing Bodies has been reviewed to ensure it complies with State and Federal regulations. All Residential Manager have received training from the Director of the program regarding the protocol for reporting incidents to BDDS. All reportable incidents will occur as directed by agency policy regarding Incidents Reporting. All copies of IR's and investigations are submitted to agency Quality Assurance for monitoring of</p>	02/15/2014
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	<p>door and pushed it open hitting the staff in the face with the door. Client #2 stayed in his room. When staff realized it was quiet in the bedroom, the staff opened the door to check on client #2. Another staff walked into the home with client #2. Client #2 had gone out his window. Client #2 went back into his room. When staff went to check on him, client #2 again went out of the house through his bedroom window. The incident report indicated, "All staff went outside and found client at the Camp [name of camp] sign." The report did not indicate how long it took the staff to locate client #2. The facility did not report the incident to BDDS.</p> <p>2. On 11/15/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 11/15/13, indicated, "Repeatedly redirected and reprimanded for inappropriate behaviors including insubordination with a substitute (teacher) on multiple occasions, trying to cut a student's hair with scissors, pushing others, and making inappropriate comments to numerous students. This morning upon being escorted off the bus he smacked two girls in the head." There was no documentation the facility reported the incident to the BDDS.</p>		<p>compliance. Review of policy and procedures pertaining to this will be reviewed at least annually and revised as needed. Additional training will occur with any revisions Date of systemic changes will be completed: Feb.15,2014</p>				

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	<p>3. On 9/6/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 9/6/13, indicated, "[Client #1] has been hitting other students recently. He smacked one student in the back of the head, rammed his shoulder into one of the girls when walking through the halls, and has tried on numerous times to engage other students in a verbal confrontation." There was no documentation the facility reported the incident to the BDDS.</p> <p>4. On 4/5/13 at 7:15 PM, client #6 indicated to staff he was going to take a shower. As client #6 walked past client #1, client #6 hit client #1 on the back of the neck and face twice. The incident was reported to BDDS on 4/8/13. The investigation, dated 4/5/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>5. On 3/23/13 at 5:10 PM, client #1 was telling a story and pointed with his finger. A peer bit client #1's right index finger. Client #1 was not injured. The investigation, dated 3/24/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?" The incident was reported to BDDS on 3/25/13.</p>				

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W000154	<p>On 1/14/14 at 12:38 PM, the manager indicated BDDS reports should be submitted within 24 hours.</p> <p>On 1/13/14 at 2:22 PM, the Director of Group Homes (DGH) indicated reportable incidents to BDDS should be submitted within 24 hours.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 10 of 22 incident/investigative reports reviewed affecting clients #1, #2 and former client #6, the facility failed to conduct thorough investigations of incidents of abuse and neglect.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/13/14 at 1:22 PM and indicated the following:</p> <p>1. On 12/30/13 at 8:10 PM, client #2 asked two staff to cut a piece of paper</p>	W000154	Damar Services, Inc. has a written Policy and Procedures in place for incidents of abuse or neglect to be reported to Governing Bodies (BDDS). Residential Manager or Dir. Of Program will ensure that complete and thorough investigations of behavioral incidents of aggression between individuals are investigated and documentation of the outcome will be done. All incidents of client to client aggression are investigated to determine if there are injuries to the victim that would require medical attention including 1st-aid. If this has occurred – a report would be submitted to BDDS (and other	02/15/2014

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	<p>for him. Both staff asked client #2 to wait until they were finished with the task they were engaged in. Client #2 threw a plastic cup at one of the staff. Client #2 was escorted to his bedroom. Client #2 threw items around in his room. The staff removed the items client #2 threw. Client #2 closed his door and pushed it open hitting the staff in the face with the door. Client #2 stayed in his room. When staff realized it was quiet in the bedroom, the staff opened the door to check on client #2. Another staff walked into the home with client #2. Client #2 went back into his room. When staff went to check on him, client #2 again went out of the house through his bedroom window. The incident report indicated, "All staff went outside and found client at the Camp [name of camp] sign." The report did not indicate how long it took the staff to locate client #2. The facility did not investigate the incident.</p> <p>2. On 11/15/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 11/15/13, indicated, "Repeatedly redirected and reprimanded for inappropriate behaviors including insubordination with a substitute (teacher) on multiple occasions, trying to cut a student's hair with scissors,</p>		<p>agencies as required) and concluded as abusive. Incidents of elopement will be reported regardless if client remains in sight during the incident. Upon these incidents – thorough investigation emphasizing the correct following of ones BSP will be done. When evidence concludes that staff member(s) did follow the plan – neglect has not occurred and will be documented on the investigation form. Damar has contacted Mr. Steve Gray regarding conducting his in service/tutorial on "Conducting a Complete and Thorough Investigation" Mr. Gray has confirmed is ability to do this and the date of in-service is still in work Director of program has provided training to all Residential Managers regarding how to use the revised investigation form and the criterion of abuse per Damar Policy. Information acquired from the in- service stated above may result in further revision to the investigation process and/or revision to the Investigation Form. All Residential Managers will receive training of these revisions by the Dir. Of Group Homes. All further incidents will be reviewed by the updated process. Incidents of student to student aggression while at school are investigated according to one's IEP and school guidelines while in school. The outcome of the investigation is submitted to the</p>				

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	<p>pushing others, and making inappropriate comments to numerous students. This morning upon being escorted off the bus he smacked two girls in the head." There was no documentation the facility conducted an investigation.</p> <p>3. On 9/6/13 (no time indicated), client #1 was suspended from his high school. The Notice of Student Suspension, dated 9/6/13, indicated, "[Client #1] has been hitting other students recently. He smacked one student in the back of the head, rammed his shoulder into one of the girls when walking through the halls, and has tried on numerous times to engage other students in a verbal confrontation." There was no documentation the facility conducted an investigation.</p> <p>4. On 7/11/13 at 9:40 AM, client #6 left the group home through the front door. The investigation, dated 7/12/13, indicated the manager had him in sight until he went into the woods. Client #6 was found 35 minutes later (did not indicate location where client #6 was found) based on the internal incident report however this information was not included in the investigation. The investigation, dated 7/12/13, had no documentation in the section "Is this an</p>		<p>home via individual school documentation. Notification of incident being reported to CPS or police would indicate abuse and therefore, require a reportable incident to be completed for BDDS. School notifications of behavioral incidents will be reviewed according to present or updated procedures of investigation. Information not provided on the report will be immediately sought after. Damar Services will work with recommended professional Mr.Gray regarding, how to conduct a complete and thorough investigation. Information gained will be used to update any part of the investigation process or investigation form. All behavioral incidents are documented on agency Incident Reporting (IR) form and reviewed by Residential Managers and Dir. of Group Homes. Indication of review will be done by documenting on each report evidence that each plan was followed; a need for revision if necessary and any evidence of abuse or neglect. Furthermore, dayprogram/school documentation received regarding incidents of mal adaptive behaviors exhibited will be reviewed to ensure IEP was followed. All Incident Reports, School reports resulting in suspension and Reportable incidents will be investigated as directed by agency policy regarding Incidents Reporting. All</p>				

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	<p>incident of suspected abuse or neglect?"</p> <p>5. On 5/1/13 at 4:15 PM, client #6 eloped through the back door. The BDDS report, dated 5/1/13, indicated staff went after client #6 but he was not within eyesight. The staff called the manager, the Director and the police to assist in locating client #6. The report indicated staff located client #6 close to the home as he was walking back to the home because his feet were hurting. The investigation, dated 5/1/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?" The investigation did not indicate how long client #6 was gone prior to being found.</p> <p>6. On 4/30/13 at 8:00 PM, client #1 was yelling at a peer (#6) from his room. Client #6 "charged" into client #1's room and "attacked" client #1 without warning. Staff separated the clients. Client #6 broke a glass trying to "attack" client #1. Client #6 turned over client #1 dresser. Client #6 pushed staff out of the way and hit client #1 several times. The investigation, dated 5/1/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>7. On 4/5/13 at 7:15 PM, client #6 indicated to staff he was going to take a</p>		<p>copies of investigations are submitted to agency Quality Assurance. Review of policy and procedures pertaining to this will be reviewed at least annually and revised as needed. Additional training will occur with any revisions Date of systemic changes will be completed: Feb.15,2014</p>		

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	<p>shower. As he walked past client #1, client #6 hit client #1 on the back of the neck and face twice. The investigation, dated 4/5/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>8. On 4/2/13 at 4:00 PM, client #6 thought client #1 was talking about him. Client #6 "charged" at client #1 and punched him in the forehead. The investigation, dated 4/2/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>9. On 3/23/13 at 5:10 PM, client #1 was telling a story and pointed with his finger. A peer bit client #1's right index finger. Client #1 was not injured. The investigation, dated 3/24/13, indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>10. On 2/17/13 at 3:20 PM, client #1 called client #6 names and called client #6's mom names. Client #6 and staff asked client #1 to stop. Client #6 hit client #1 with a closed fist on the back of his head and shoulder. An interview with client #6 in the investigation, dated 2/18/13, indicated, "[Client #1] was being an as-----. He keeps calling my mom names and I told him to stop and he didn't, so I went off on him. He</p>						

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	<p>deserves it! I'm sick of him!" The investigation indicated "No" in the section "Is this an incident of suspected abuse or neglect?"</p> <p>On 1/14/14 at 12:38 PM, the manager indicated client to client aggression was abuse. The manager indicated the facility should prevent abuse. On 1/15/14 at 2:06 PM, the manager indicated she marked "no" on every incident when she completed the investigation. The manager indicated it was completed after the investigation and she found the incidents to not be abusive due to there was no intent to cause harm. The manager indicated it was abusive when one client put their hands on another client. The manager defined abuse as one person causing harm with care or concern of causing harm to the other person. The manager indicated the investigations should have been marked as suspected abuse since client to client aggression was abuse and the facility investigated to rule out abuse and neglect.</p> <p>On 1/13/14 at 2:22 PM, the Director of Group Homes (DGH) indicated client to client aggression was considered abuse and should be thoroughly investigated. The DGH indicated incidents of elopement should be investigated in</p>						

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W000210	<p>order to rule out neglect.</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 2 of 2 clients who moved into the group since January 2013 (#2 and #3), the facility failed to perform accurate assessments within 30 days after admission.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/14/14 at 11:12 AM. Client #2 was admitted to the group home on 9/21/13. There was no documentation in client #2's record indicating the facility performed an accurate assessment. Client #2 did not have a Comprehensive Functional Assessment (CFA) in his record.</p> <p>A review of client #3's record was conducted on 1/14/14 at 11:55 AM. Client #3 was admitted to the group</p>	W000210	<p>W 210 483.440 (c) (3) Within 30 days after an admission the interdisciplinary team must perform accurate assessments and reassessments as needed. All missing assessments (C-Tab) have been completed and reviewed to ensure current goal in place are accurate All Residential Manager have received training regarding the process of implementing assessments within 30 days of a new admission and annually and where to file this report. All Residentail Mangers have reviewed their clients file to ensure this assessment has been completed and filed correctly within the resident's records. All Residential Managers have received training regarding the process of implementing assessments within 30 days of a new admission and annually and where to file this report. Furthermore, the Development of ISP/BMP checklist (which</p>	02/15/2014

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W000249	<p>home on 1/18/13. There was no documentation in client #3's record indicating the facility performed an accurate assessment. Client #3 did not have a CFA in his record.</p> <p>On 1/15/14 at 1:26 PM, the Director of Group Homes indicated the CFA should be completed within the first 30 days after admission and prior to the support plan being written.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 3 clients in the sample (#2), the facility failed to ensure client #2's Behavior Support Plan (BSP) was implemented as written for the use of door alarms (2 of 5 door alarms were not functioning).</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/14/14 from 5:51 AM</p>	W000249	<p>Residential Manager's follow when developing an ISP)has been revised to include the completion of C-Tab as a require step. The Dir. Of Group Home will review upon initial and/or annual ISP meeting the completion of any assessment . Systemic changes in place by Feb. 15, 2014</p> <p>W249 483.440(d)(1) PROGRAM IMPLEMENATATION A clients ISP, each client must receive a continuous active treatment program consisting of needed interventions. All door alarms have been checked to ensure they are operating. Batteries have been replaced as required. All Residential Managers have review BSP plans. Those requiring the use of alarms or any restrictive methods have been checked to ensure they are working as</p>	02/15/2014			

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	<p>to 8:17 AM. During the observation, 2 of 5 door alarms were not functioning. The door alarm on the door in the living room did not have a battery and did not sound when the door was opened. The door alarm in the dining room did not sound when the door was opened. This affected client #2.</p> <p>A review of client #2's record was conducted on 1/14/14 at 11:12 AM. Client #2's BSP, dated 9/21/13, indicated, in part, "Elopement includes but is not limited to going outside of the house without permission, running off [name of group home] property and running away from group when on outings. Elopement usually occurs when [client #2] is angry or frustrated at his peers or staff. It also appears that it occurs when he is asked to do something he does not want to do. It also may, and frequently does occur, for no apparent reason. [Client #2] will be provided with daily structured programming, as well as items and activities to enhance his leisure time. He will receive ample staff attention and verbal praise when appropriately engaged in activities and peer interaction. Door alarms have been added to all doors leading outside due to elopement issues. The alarms are on when [client #2] is in the house to prevent elopement in between his staff</p>		<p>intended Daily House checks are require to be completed by staff and reviewed by each Residential Manager. Completed forms are submitted to the maintenance department at least weekly. Work orders are completed by staff and submitted daily or weekly alerting the maintenance department the need of a repair items or replacement of items such as batteries. Additional batteries are now kept in the Group Homes and available to staff Dir. Of Group Home is required to complete and submit to the maintenance department the results of their House Check list on a biweekly basis. Work order or notes are attached to the check list alerting maintenance the need for assistance. Monitoring the working of any alarm as part of a BSP will be included to this check. Date of systemic changes will be completed: February 15 , 2014</p>				

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W000259	<p>checks ([client #2] spends a lot of time playing in his room and alarms secure his safety)."</p> <p>On 1/14/14 at 1:11 PM, the Director of Group Homes (DGH) indicated the door alarms were in place due to client #2's elopement issues. The DGH indicated the alarms should be on when client #2 was in the home.</p> <p>On 1/14/14 at 11:39 AM, the manager indicated the door alarms were needed and part of client #2's BSP. The manager indicated it was the staff's responsibility to ensure the alarms were functioning properly.</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 3 clients in the sample (#1), the facility failed to review, at least annually, client #1's comprehensive functional assessment (CFA) for relevancy.</p> <p>Findings include:</p>	W000259	W259 483.440 (f) (2) PROGRAM MONITORING AND CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed All missing assessments (C-Tab) have been completed and reviewed to ensure current goal in place are accurate All Residential	02/15/2014

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W000362	<p>A review of client #1's record was conducted on 1/14/14 at 10:11 AM. Client #1's most recent CFA was dated 10/22/12. There was no documentation client #1's CFA was reviewed and updated as needed since 10/22/12.</p> <p>On 1/14/14 at 10:42 AM, the Director of Group Homes indicated client #1's CFA should be updated at least annually.</p> <p>9-3-4(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 2 of 3 clients in the sample (#1 and #3), the facility failed to ensure a pharmacist reviewed the drug regimen of each client at least quarterly.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/14/14 at 10:11 AM. The</p>	W000362	<p>Manager have received training regarding the process of implementing assessments prior to each annual revision of their ISP. All Residential Mangers have reviewed their clients file to ensure this assessment has been completed and filed correctly within the resident's records. All Residential Managers have received training regarding the process of implementing assessments within 30 days of a new admission and annually and where to file this report. Furthermore, the Development of ISP/BMP checklist has been revised to include the completion of C-Tab as a require step. The Dir. Of Group Home will review upon initial and/or annual ISP meeting the completion of any assessment. Systemic changes in place by Feb. 15, 2014</p> <p>W362 483.4060 (j)(1) DRUG REGIMEN REVIEW A pharmacist must review the drug regimen of each client at lease quarterly. Pharmacist quarterly reviews were done as required but not filed correctly in the home (as required). All reviews have been filed in the home and will be monitored by the Residential Manager. The missing pharmacy quarterly review has been scan</p>	02/15/2014			

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W000448	<p>record did not contain documentation a pharmacist reviewed his drug regimen at least quarterly. The facility provided documentation, by electronic mail, indicating client #1's drug regimen was reviewed on 5/22/13, 8/13/13 and 11/12/13. There was no documentation provided indicating client #1's drug regimen was reviewed prior to 5/22/13.</p> <p>A review of client #3's record was conducted on 1/14/14 at 11:55 AM. The record did not contain documentation a pharmacist reviewed his drug regimen at least quarterly. The facility provided documentation, by electronic mail, indicating client #3's drug regimen was reviewed on 5/22/13, 8/13/13 and 11/12/13. There was no documentation provided indicating client #3's drug regimen was reviewed prior to 5/22/13.</p> <p>On 1/15/14 at 1:26 PM, the Director of Group Homes indicated the pharmacy reviews should be conducted quarterly.</p> <p>9-3-6(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 5 of 5 clients living in the group home (#1, #2, #3, #4 and #5), the facility</p>	W000448	<p>and was submitted upon the conclusion of the home survey. Residential Manager have reviewed and secured the results of all pharmacist quarterly reviews. Documentation of reviews are filed within each home. Dir. Of Group Homes and Nursing will maintain copies of all pharmacist quarterly reviews. Upon each review, the file will be checked to ensure all reviews are present in the homes. Any missing reviews will be immediately replaced before the close of business that day.</p> <p>Nursing department will remain active with the pharmacist during the review and check to ensure all prior reviews are in place. Residential Mangers are required to complete a quarterly documentation check. We had included the Pharmacy Reviews to the list of documentation that will be requiring checking. Systemic changes will be completed: Feb. 15, 2014</p> <p>W448 483.470 (i) (2)(iv) EVACUATION DRILLS The facility must investigate all</p>	02/15/2014			

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	<p>failed to investigate problems during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills with clients #1, #2, #3, #4 and #5 was conducted on 1/13/14 at 3:27 PM.</p> <p>-On 12/16/13 at 6:30 PM, a fire drill was conducted. The drill took 5 minutes to complete. The Fire Drill Synopsis section indicated "NA (not applicable)" in the section, "What problems occurred during the drill?"</p> <p>-On 11/5/13 at 4:00 PM, a fire drill was conducted. The drill took 10 minutes to complete. The Fire Drill Synopsis section indicated "N/A" in the section, "What problems occurred during the drill?"</p> <p>-On 8/23/13 at 6:30 PM, a fire drill was conducted. The drill took 15 minutes to complete. The Fire Drill Synopsis section indicated "no problems" in the section, "What problems occurred during the drill?"</p> <p>-On 5/24/13 at 4:00 PM, a fire drill was conducted. The drill took 10 minutes to complete. The Fire Drill Synopsis section indicated "none" in the section, "What problems occurred during the drill?"</p> <p>-On 4/3/13 at 7:30 AM, a fire drill was conducted. The drill took 15 minutes to</p>		<p>problems with evacuation drills</p> <p>Previous drills recorded included the time the drill started until the time the training discussion was completed Thus, drill were recorded as taking up to 15 minutes. "No problem" was documented during this drill as the actual evacuation time and route of evacuation was appropriate. Staff have received training on how to conduct evacuation/fire drills and correct information to record. Residential Manager has provided training to all direct care on conducting accurate evacuation drills. Training items included but not limited to Allowing fire to be placed in various part of the house in order for back-up routes to be utilized Appropriate time span recommended during a drill What actions constitute as "concerns" and step required to correct the concerns All evacuation/fire drills will be reviewed and initialed off by Residential Manager once completed to ensure thorough and correct drill was completed. Any concerns will be investigated and corrected if needed before submitting to Dir. of Maintenance to be filed. Drills noted as having concerns will need to be redone with a week and assessed for repeated concerns. Baseline data will be collected and formal training will be implemented when need indicates. Dir. Of Group Homes will review fire drill</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/16/2014
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	<p>complete. The fire drill report indicated "N/A" in the section, "Describe any problems that occurred during the drill."</p> <p>On 1/13/14 at 3:36 PM, the manager indicated the problems with the time indicated on the drill forms may stem from the staff not timing the drills correctly. The manager indicated the targeted time for completing drills was under 2 minutes. The manager indicated there should be additional information on the drill form indicating issues describing why a drill took longer than 2 minutes to complete. The manager indicated problems with drills should be investigated.</p> <p>On 1/14/14 at 1:11 PM, the Director of the Group Homes (DGH) indicated fire drills should be completed under either 1 minute or 1 minute and 30 seconds. The DGH indicated if a drill took longer than 1 minute to complete, the facility should investigate the problems.</p> <p>9-3-7(a)</p>		<p>documentation during routine House Checks to ensure drills were completed correctly. Concerns noted (if any) will be immediately discussed with Residential Manager and corrected as need. Systemic changes will be completed by Nov. 17, 2013</p>		