

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374
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W000000	<p>This visit was for the investigation of complaint #IN00144068.</p> <p>Complaint #IN00144068: Substantiated, federal and state deficiencies related to the allegations are cited at W149, W153, W154 and W156.</p> <p>Dates of Survey: March 6 and 7, 2014.</p> <p>Facility Number: 000821 Provider Number: 15G302 AIMS Number: 100243750</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 24, 2014 by Dotty Walton, 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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W000149	<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 2 of 4 sample clients (A and C) and 2 additional clients (G and H), the facility failed to implement written policy and procedures to ensure:</p> <p>__ Client A was physically assessed for injuries after making allegations of physical abuse.</p> <p>__ All allegations of client to client abuse were reported immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for client H.</p> <p>__ All allegations of client to client abuse were thoroughly investigated for clients A, C, G and H.</p> <p>__ The investigative results of all investigations were reported to the administrator within five working days from the date of knowledge of the abuse.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 3/6/14 at 1 PM. The facility BDDS (Bureau of Developmental Disabilities Services)</p>	W000149	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Policy on Suspected Abuse, Neglect and Exploitation will be updated with a clause requiring immediate physical assessment of any McSherr client that is reported to be the victim of suspected physical abuse</p> <ul style="list-style-type: none"> · The assessment will be completed by McSherr employee working with the client at the time the report is received · An Accident and Injury (A&I) report will be completed documenting the evidence of lack of evidence of a physical injury · The notification of McSherr staff will follow current protocol. · McSherr nurse will complete a second physical assessment immediately upon notification and will document · All documentation will be attached to the investigation report <p>Policy on Suspected Abuse, Neglect, and Exploitation will be updated to reflect email notification of Residential Administrator and BDDS or any allegations of client to client abuse. Email notifications</p>	04/06/2014	

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	<p>report dated 2/3/14 indicated on 2/3/14 at 3 PM "After [client A] arrived home from the day programming site, he told staff 'that ole lady hates my new belt. She hit my butt.... She took me to the bathroom and pulled my pants down and spanked my butt.' McSherr's staff told the house manager about this conversation and the house manager talked with [client A]. [Client A] told the house manager 'Old lady spanked my butt.' When the manager asked [client A] what she spanked him with, [client A] stated 'my belt.' [Client A] said 'I peed 500 times. She treats me like a little kid, spanked it real hard. I cried. I'm not lying. I'm telling you the truth. I am very upset with her.'"</p> <p>The facility's A/I (Accident/Injury) report of 2/3/14 at 4:30 PM indicated client A stated staff at the workshop "whipped his butt." The report indicated a head to toe body assessment was conducted on client A the following morning on 2/4/14 by the Residential Manager (RM). The A/I indicated the facility nurse was notified of the allegation on 2/4/14 at 12:15 PM. The A/I did not indicate the nurse had assessed client A for injury.</p> <p>Client A's record was reviewed on 3/7/14 at 11 AM. __ Client A's daily progress notes for 2/3/14 indicated client A "chose not to</p>		<p>will be printed and attached to the investigation report. Policy on Suspected Abuse, Neglect and Exploitation will be updated to reflect a more thorough investigation process that includes:</p> <ul style="list-style-type: none"> · interviewing ALL clients and all staff working with clients within a twenty four (24) hour period prior to a reported incident of client to client abuse · An Accident and Injury (A&I) report will be completed to check for evidence of an injury · If allegation involves day service staff, McSherr will contact day service provider and obtain a copy of their investigation. · All interview statements and A&I will be attached to the investigation report · Investigation report and all documentation will be reviewed and signed by the Residential Administrator upon completion <p>Residential Administrator will meet with QIDP or Social Worker and sign off on all investigation results within five working days of knowledge of alleged abuse verifying review of investigation and recommendations. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All clients have the potential to be affected. All alleged incidents of client to</p>		

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	<p>get a shower he wanted a peri (sic) (a sponge bath of the client's buttocks and genitals). He did not want to shave today because he peri washed." Client A's progress notes did not indicate the staff had assessed client A for injuries after making the allegation that someone at the day program had spanked him.</p> <p>__Client A's Professional Staff Notes indicated a note written by the RM on 2/3/13 at 5 PM. "Res (resident) stated to DST (Direct Support Trainer) that 'ole lady spanked his butt at work.' Res stated he was going to the bathroom and old lady hated his belt (sic). Mgr (RM) called SSW (Social Services Worker) and then talked to [client A]. Mgr asked if anything happened at workshop today that she needed to know about and he stated 'I peed 500 times and old lady spanked me real hard and I cried. I'm not joking, it's not funny.' When asked what was used, res stated 'my belt.' Mgr wrote down statement and sent to SSW. [Client A] will stay home from [name of day program] tomorrow till SSW goes to [name of day program]."</p> <p>An interview was conducted with the RN, the RM and staff #4 on 3/7/14 at 2 PM. Staff #4 indicated client A had reported the allegation of abuse to her on 2/3/14. Staff #4 indicated she in turn then reported it to the RM. Staff #4 indicated</p>		<p>client abuse will be reported. All clients will be assessed for signs of physical injury when allegations of suspected physical abuse are reported. Physical assessment procedure will be written into policy and policy updated to include email notifications to administrator, APS and BDDS within 24 hours. Residential Administrator will be notified of and review conclusion of investigation within five working days of knowledge of incident.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Monthly IDT meetings will review all reports of alleged abuse including client to client for compliance with McSherr policy and state statutes.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place? House Manager will monitor through daily interaction with clients at the home and review of daily notes, RN, Social Worker, and QIDP will monitor through observation, review of documentation, and interaction with clients. IDT will review every 30 days to monitor for compliance with policy and state statutes.</p> <p>What is the date by which the systemic changes will be</p>		

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	<p>she did not know if client A was assessed for injuries after the allegation was made. When asked who assessed client A for injury, the RM stated "I checked him the next morning. I didn't even think about it until the next morning." The RN indicated by the time the allegation was reported to her (2/4/14 at 12:15 PM), the RM had conducted an assessment of the client. The RN stated, "I probably should have been called right away too because of the allegations of physical abuse." The RN indicated she had not assessed client A for injury after the allegations of abuse were made.</p> <p>2. Please see W153: For 1 of 2 allegations of abuse for client H, the facility failed to ensure all allegations of abuse were reported immediately to the facility administrator, to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law.</p> <p>3. Please see W154: For 3 of 3 incidents of client to client abuse for clients A, C, G and H, the facility failed to ensure all allegations of client to client abuse were thoroughly investigated.</p> <p>4. Please see W156: For 1 of 4 investigations reviewed, the facility failed to report the results of the investigations</p>		completed? 4/6/2014				

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9-3-2(a)	<p>to the administrator within 5 working days from the date of allegation for client A.</p> <p>The facility's policies and procedures were reviewed on 3/6/14 at 1 PM. The 8/2013 revised Abuse, Neglect, and Exploitation policy indicated: ___ "Neglect: Failure of a caretaker to supply the vulnerable client with necessary food, clothing, shelter, health care, or supervision...." ___ Abuse is to be reported "immediately" to the house manager and Social Worker. The Social Worker then informs the Residential Administrator. "McSherr Inc. reports all suspected cases of abuse and/or neglect of vulnerable clients in compliance with relevant state statutes." ___ "The Social Worker will conduct an immediate initial investigation into the suspected adult client abuse, neglect, or exploitation. The Social Worker will... maintain notes of detail, dates, places, times, other witnesses...." ___ "The Social Worker will inform the Residential Administrator of the initial investigation results within 5 working days."</p> <p>This federal tag relates to complaint #IN00144068.</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. Based on interview and record review for 1 of 2 allegations of abuse for client H, the facility failed to ensure all allegations of abuse were reported immediately to the facility administrator, to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 3/6/14 at 1 PM. The investigative records indicated on 10/3/13 at 1:15 PM while at the workshop, client H reported to a workshop staff that another client at the workshop had grabbed her wrist. The facility's records indicated no evidence the allegation of abuse was reported to the administrator, BDDS and/or APS.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/7/14 at 3:30 PM indicated the allegation of abuse for client H on 10/3/13 had not been reported to the</p>	W000153	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? McSherr policy on Suspected Abuse, Neglect and Exploitation will be updated to reflect email notifications to Residential Administrator, BDDS, and APS within twenty-four(24) hours of notice of allegation of suspected abuse. Copies of notifications will be attached to the investigation.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. McSherr policy on Suspected Abuse, Neglect and Exploitation will be updated to reflect email notifications to Residential Administrator, BDDS, and APS within twenty-four (24) hours of notice of allegation of suspected abuse. Copies of notifications will be attached to the investigation.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient</p>	04/06/2014	

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	<p>administrator, BDDS and/or APS. The QIDP indicated she thought the workshop director had reported the allegation. The QIDP indicated all allegations of abuse were to be reported immediately to the administrator and to BDDS and APS within 24 hours of the knowledge of an allegation of abuse.</p> <p>This federal tag relates to complaint #IN00144068.</p> <p>9-3-2(a)</p>		<p>practice does not recur?)McSherr policy on Suspected Abuse, Neglect and Exploitation will be updated to reflect email notifications to Residential Administrator, BDDS, and APS within twenty-four (24) hours of notice of allegation of suspected abuse. Copies of notifications will be attached to the investigation. Monthly IDT will review for compliance with McSherr policy and state statutes.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place? Monthly IDT will review for compliance with McSherr policy and state statutes. Residential Administrator will monitor, QIDP will monitor, Social Worker will monitor</p> <p>What is the date by which the systemic changes will be completed? 4/6/2014</p>		

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W000154	<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 3 of 3 incidents of client to client alleged abuse for clients A, C, G and H, the facility failed to ensure all allegations of client to client alleged abuse were thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 3/6/14 at 1 PM. The BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 11/22/13 at 8 PM client C reported to the staff client G had pinched her. The undated investigative report indicated three staff and eight clients were in the group home when the alleged abuse occurred. The investigative report indicated a statement from two staff reporting they did not see anything. The report indicated the QIDP (Qualified Intellectual Disabilities Professional) spoke with clients C and G and client G was counseled by the QIDP. The investigative report indicated all staff and clients in the group home were not interviewed and no review of client records. The facility records indicated a</p>	W000154	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Policy on Suspected Abuse, Neglect and Exploitation will be updated to include a more thorough investigation process. Process will include interview of ALL clients and all staff working with clients within a twenty-four (24) hour period prior to the incident. All interview statements will be attached to the investigation. Results of the investigation will be reviewed with the Residential Administrator within five working days of the initial knowledge of the incident. If incident involves day services, a copy of the investigation will be obtained by the Social Worker and reviewed by the Residential Administrator and attached to the investigation.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. Policy on Suspected Abuse, Neglect and Exploitation will be updated to include a more thorough investigation process. Process will include interview of ALL clients</p>	04/06/2014
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	<p>thorough investigation was not conducted.</p> <p>On 12/12/13 at 4 PM client H was "swatted on the butt" by client A. The undated investigative report indicated three staff and eight clients were in the group home when the alleged abuse occurred. The investigative report indicated a statement from two staff and the Social Worker had "counseled" client A and client A apologized. The investigative report indicated all staff and clients in the group home were not interviewed and no review of client records. The facility's records indicated a thorough investigation was not conducted.</p> <p>On 2/20/14 at 9:30 AM client A was at the day program, sitting at a table when a peer walked by him and struck him with an open hand on his left shoulder. The facility's records indicated no investigation in regard to the client to client alleged abuse.</p> <p>Interview with the QIDP on 3/7/14 at 3:30 PM indicated she had not interviewed all of the clients and staff in the group home in regard to the client to client allegations of abuse reported on 11/22/13 and 12/12/13. The QIDP stated she was "learning" and the facility had</p>		<p>and all staff working with clients within a twenty-four (24)hour period prior to the incident. Allinterview statements will be attached to the investigation. Results of the investigation will be reviewedwith the Residential Administrator within five working days of the initialknowledge of the incident.</p> <p>What measures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?) Monthly IDTmeetings will review all reports of alleged abuse including client to clientand for compliance with McSherr policy and state statutes</p> <p>How will the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put into place? . Monthly IDT meetings will review all reports of alleged abuse includingclient to client and compliance with McSherr policy and state statutes. ResidentialAdministrator will monitor, QIDP will monitor, and Social Worker will monitorthrough observation and review of documentation.</p> <p>Whatis the date by which the systemic changes will be completed? 4/6/2014</p>		

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	<p>just begun reporting and investigating client to client alleged abuse. The QIDP indicated if an investigation was conducted in regard to the client to client alleged abuse for client A on 2/20/14, it would have been conducted at the day program and the facility did not always get a copy. The QIDP provided a copy of an investigation of an incident regarding another client in the group home. An investigation was not provided for the incident of 2/20/14 for client A.</p> <p>This federal tag relates to complaint #IN00144068.</p> <p>9-3-2(a)</p>			
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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on interview and record review for 1 of 4 investigations reviewed, the facility failed to report the results of the investigations to the administrator within 5 working days from the date of allegation for client A.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 3/6/14 at 1 PM. The 10/8/13 investigative record indicated on 10/3/13 at 1:15 PM while at the workshop, client H reported to a workshop staff that another client at the workshop had grabbed her wrist. The investigative records indicated no evidence the results of the investigation was reported to the administrator within five working days from the date of the allegation.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/7/14 at 3:30 PM stated she had recently gone through an investigative training and "I'm still learning." The QIDP indicated the Residential Administrator</p>	W000156	<p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice? Residential Administrator will be notified of outcome of investigation for alleged abuse, neglect or exploitation within five (5) working days from initial date of knowledge of allegation. Residential Administrator will sign investigation report verifying review. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. Residential Administrator will be notified of outcome of investigation for alleged abuse, neglect or exploitation within five (5) working days from initial date of knowledge of allegation. Residential Administrator will sign investigation report verifying review. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not</p>	04/06/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2014
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	<p>was to be notified of the investigative results within five business days from the date of the allegation of abuse.</p> <p>This federal tag relates to complaint #IN00144068.</p> <p>9-3-2(a)</p>		<p>recur?) Monthly IDT Meetings will review all reports of alleged abuse including client to client and review for compliance with McSherr policy and state statutes</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <p>Monthly IDT Meetings will review all reports of alleged abuse including client to client and review for compliance with McSherr policy and state statutes. Residential Administrator will monitor, QIDP will monitor, and Social Worker will monitor through observation and review of documentation</p> <p>What is the date by which the systemic changes will be completed? 4/6/2014</p>		