

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G758	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2012
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS REHABILITATION CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 665 E BURRELL DR CROWN POINT, IN46307
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W0000	<p>This visit was for the investigation of complaint #IN00100709.</p> <p>COMPLAINT #IN00100709: Substantiated, federal/state deficiency related to the allegation is cited at W149.</p> <p>Dates of Survey: January 3, 4, and 5, 2012.</p> <p>Facility number: 011988 Provider number: 15G758 AIM number: 200952910</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 1/6/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed to implement their</p>	W0149	A new policy has been developed (Monitoring Individuals with High Risk Behaviors) This policy states that during the intake process for	01/07/2012

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>abuse/neglect policy to protect 1 of 4 sampled clients (client D) from inappropriate sexual contact.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/3/12 at 9:39 A.M.. Review of incident reports from 10/1/11 to 1/3/12 indicated the following alleged incident of abuse: "Name: [Client D], Date: 12/01/2011, Narrative: On Thursday, 12.1.2011 at approximately 3:00 PM while [client D] was departing workshop for the day, he paused to speak with this writer. [Client D] informed this writer that he was outside during break period today and [client W] had kissed him and touched his genitals over his clothing, and sat on his lap. He [client D] said he did not like this and thought it was 'inappropriate.' He also stated that he had asked her to stop but she did not. He did not answer when this writer asked him why he had not moved away from her. Several minutes later [client W] was called to depart and this writer asked her about [client D's] allegations. She acknowledged that she 'shouldn't have done that' and said she 'won't do it again.' [Client W] did not deny what [client D] reported. Plan to Resolve: [Client W] will be suspended pending the outcome of an investigation and in order to protect [client D] from any</p>		<p>day services a review will be conducted to determine if an individual has high risk behaviors. If so, and if they are placed in day services, a monitoring system by Tradwinds Staff will be put into place not only to monitor the individual whiel working but also to monitor them during breaks and lunch. The staff assigned to monitor the individual will complete a tracking log. This log will be turned into the Program Director and the individual case manager weekly. If an individual refuses to comply with the monitoring program they will be suspended from day services until a team meeting can be held and it is determined what course of action will best serve all parties. Failure to comply may result in termination of day services. The monitoring of the individual involved in this incident began on 1/7/12. The tracking sheet was put into place on 1/18/12. The individual case manager will be responsible for overall monitoring and insuring that the plan is being followed.</p>		

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	<p>possible additional trauma. [Client D's] QDDP (Qualified Developmental Disabilities Professional) already has been contacted to speak with [client D] about this incident. [Client W] has a history of sexual promiscuity and this is addressed in her Behavior Support Plan."</p> <p>The facility's records were further reviewed on 1/3/12 at 9:54 A.M.. Review of the 12/1/11 investigation of the above incident indicated client W has a history of sexual inappropriateness but this was the first incident involving client D. The investigation further indicated the incident occurred at the break area at the workshop.</p> <p>Client W's records were reviewed on 1/3/12 at 11:07 A.M.. Review of the client's 4/15/11 behavior support plan indicated client W had a history of "sexual inappropriateness." Further review of client W's behavior support plan indicated staff were to proactively monitor and supervise client W to deter such behaviors.</p> <p>Program Coordinator #1 was interviewed on 1/4/12 at 9:44 A.M.. Program Coordinator #1 indicated staff were monitoring client W and client D during break periods on 12/1/11. Program Coordinator #1 stated, "Staff float around</p>			

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	<p>at break time but can't be everywhere."</p> <p>The facility's records were further reviewed on 1/4/12 at 7:22 P.M.. Review of the facility's "Policy on Abuse, Neglect, Exploitation, Mistreatment, Violation of an Individuals Rights, and Injuries of an unknown Origin", dated 2/1/2011, indicated in part, the following: "b. Neglect includes failure to provide appropriate care, food, medical care or supervision."</p> <p>This federal tag relates to complaint #IN00100709. 9-3-2(a)</p>				