

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G183	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/28/2015
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8500 W US HWY 36 MODOC, IN 47358
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: January 22, 23 and 28, 2015.</p> <p>Facility Number: 000716 Provider Number: 15G183 AIM Number: 100234690</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/3/15 by Ruth Shackelford, QIDP.</p>	W000000		
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 3 of 4 sampled clients (#1, #3 and #4) and 1 additional client (#7), the facility neglected to implement written policy and procedures to ensure a thorough investigation was conducted in regard to client to client abuse.</p> <p>Findings include:</p>	W000149	Residential CRF will implement it's policy and procedures to ensure that all allegations of client to client abuse are thoroughly investigated and will ensure that all subjects are interviewed regarding the alleged abuse. Residential CRF QIDP and Supervisor will review the incident reports on a daily basis to ensure that any incident requiring investigative action is investigated	02/27/2015

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>The facility's reportable and investigative records were reviewed on 1/23/15 at 11 AM.</p> <p>The 4/15/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 4/14/14 at 7:10 AM client #4 yelled at one of his housemates "at the top of his lungs." The staff escorted client #4 from the dining room table to client #4's bedroom and instructed client #4 not to return to the dining room until he had calmed. As soon as the staff left client #4's bedroom client #4 went into the hallway bathroom where client #7 was brushing his teeth. Client #4 yelled at client #7 and hit client #7 on the left shoulder with his fist.</p> <p>__The 4/17/14 investigative record indicated interviews with clients #4 and #7. The record indicated no staff interviews and/or interviews from all clients in the home.</p> <p>The 9/9/14 BDDS report indicated on 9/8/14 at 4:10 PM client #4 hit client #7 in the jaw and on the arm with his fist and tore client #7's shirt. Client #7 then hit client #4 on the arm. The report indicated the staff separated the clients until they calmed.</p> <p>__The 9/12/14 investigative record indicated interviews with clients #4 and</p>		and interviews are completed in a timely manner Staff Responsible: QIDP, Supervisor				

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	<p>#7. The record indicated no staff interviews and/or interviews from all clients in the home.</p> <p>The 10/24/14 BDDS report indicated on 10/23/14 at 4:30 PM while on the facility van on the way home from the day program client #3 got upset and swung her lunch bag at client #1 hitting client #1 in the face. Client #1 then swung her lunch bag and hit client #3. The report indicated the staff had to stop the van and placed the lunch bags in the back of the van for the remainder of the ride home.</p> <p>__The 10/27/14 investigative summary indicated interviews with one staff and clients #1 and #3. The investigative record indicated interviews with clients #1 and #3. The record indicated no staff interviews and/or interviews from all clients on the van.</p> <p>During interview with QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 1/23/15 at 3 PM:</p> <p>__QIDP #1 indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 and two staff should have been in the home and/or on the van during the incidents reported on 4/15/14, 9/9/14 and 10/27/14.</p> <p>__QIDP #2 stated the facility was working on improving their investigative process "but we still have a ways to go."</p> <p>__QIDP #1 and #2 indicated all staff in</p>			

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W000154	<p>the home had not been interviewed in regard to the incidents of client to client abuse of on 4/15/14, 9/9/14 and 10/27/14.</p> <p>The facility's policies and procedures were reviewed on 1/23/15 at 1 PM. The undated "Consumer Abuse Policy and Incident Reporting" indicated "Abuse, neglect, exploitation and mistreatment of a consumer are unacceptable and will not be tolerated at Residential CRF, Inc..... Residential CRF, Inc. will have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in process."</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 3 of 3 incidents of client to client abuse for clients #1, #3, #4 and #7, the facility failed to ensure a thorough investigation was conducted.</p> <p>Findings include:</p>	W000154	In order to assure that all alleged violations are thoroughly investigated, Residential CRF will be certain to implement and follow their Policy and Procedures regarding abuse allegations. Any allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin will be reported.	02/27/2015			

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	<p>The facility's reportable and investigative records were reviewed on 1/23/15 at 11 AM.</p> <p>The 4/15/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 4/14/14 at 7:10 AM client #4 yelled at one of his housemates "at the top of his lungs." The staff escorted client #4 from the dining room table to client #4's bedroom and instructed client #4 not to return until he had calmed. As soon as the staff left client #4's bedroom client #4 went to the hallway bathroom where client #7 was brushing his teeth. Client #4 yelled at client #7 and hit client #7 on the left shoulder with his fist.</p> <p>__The 4/17/14 investigative record indicated interviews with clients #4 and #7. The record indicated no staff interviews and/or interviews from all clients in the home.</p> <p>The 9/9/14 BDDS report indicated on 9/8/14 at 4:10 PM client #4 hit client #7 in the jaw and on the arm with his fist and tore client #7's shirt. Client #7 then hit client #4 on the arm. The report indicated the staff separated the clients until they calmed.</p> <p>__The 9/12/14 investigative record indicated interviews with clients #4 and #7. The record indicated no staff</p>		<p>Interviews with victim (s), perpetrator (s) and any witnesses will be completed, as well. Residential CRF QIDP and Supervisor will review incident reports on a daily basis to ensure that all alleged violations are investigated, interviewed and reviewed.</p> <p>Staff Responsible: QIDP, Supervisor</p>		

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	<p>interviews and/or interviews from all clients in the home.</p> <p>The 10/24/14 BDDS report indicated on 10/23/14 at 4:30 PM while on the facility van on the way home from the day program client #3 got upset and swung her lunch bag at client #1 hitting client #1 in the face. Client #1 then swung her lunch bag and hit client #3. The report indicated the staff had to stop the van and placed the lunch bags in the back of the van for the remainder of the ride home.</p> <p>__The 10/27/14 investigative summary indicated interviews with one staff and clients #1 and #3. The investigative record indicated interviews with clients #1 and #3. The record indicated no staff interviews and/or interviews from all clients on the van.</p> <p>During interview with QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 1/23/15 at 3 PM:</p> <p>__QIDP #1 indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 and two staff should have been in the home and/or on the van during the incidents reported on 4/15/14, 9/9/14 and 10/27/14.</p> <p>__QIDP #2 stated the facility was working on improving their investigative process "but we still have a ways to go."</p> <p>__QIDP #1 and #2 indicated all staff in the home had not been interviewed in</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	regard to the incidents of client to client abuse of on 4/15/14, 9/9/14 and 10/27/14.  9-3-2(a)				