

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G747	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 721 W 73RD INDIANAPOLIS, IN 46260
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification survey and state licensure survey.</p> <p>Dates of Survey: September 16, 17, 18 and 21, 2015.</p> <p>Facility Number: 011516 AIMS Number: 200900320 Provider Number: 15G747</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 9/24/2015.</p>	W 0000		
W 0210 Bldg. 00	<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 upon observation, record review and interview, the facility failed to ensure for 1 of 2 sampled clients (client #2), and 1 additional client (client #3), to ensure</p>	W 0210	Current recreational/leisure and communication assessments are completed for the 2 individuals identified. It is anticipated that the assessments will be	10/19/2015

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>accurate assessments or reassessments were completed.</p> <p>Findings include:</p> <p>During observations at the group home on 9/16/15 from 4:30 PM until 6:00 PM and again on 9/17/15 from 6:38 AM until 8:45 AM, client #2 made verbalizations, but did not use words to communicate. Client #3 did not use words to communicate during the observations. Client #3 watched TV, received medications via G-tube (gastronomy tube for administering nourishment) or observed clients #1, #2 and #4 eat their meals while he sat in his wheelchair in an area adjacent to the kitchen. Client #3 had a lap tray on his wheelchair during the evening observation with a Big Mac switch (communication device), but did not have a lap tray or a Big Mac switch on his wheelchair during the morning observation. Client #3 did not utilize the Big Mac switch or engage in activity during the observations. Client #2 pounded on a keyboard during the evening observation and played ball with staff. There was no evidence of a visual communication system in use for client #2 during the observations.</p> <p>1. Client #3's records were reviewed on 9/17/15 at 3:05 PM. There was no</p>		<p>completed and recommendations reviewed by IDT within the next 30 days at which time appropriate program and training will be implemented. The assessments for the other individuals residing in the home will be reviewed with IDT and determinations for renewal will be decided. Current Functional Assessment process is under review to improve our skills assessment and overall review of assessments.</p>		

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	<p>evidence of a speech evaluation/assessment for client #3 to determine communication recommendations. There was no evidence of an assessment to determine client #3's needs in recreational activities.</p> <p>2. A review of incidents reports on 9/17/15 at 10:55 AM indicated the following: -A General Events Reports (GER) dated 8/11/15 indicated client #2 caused a bruise to her left arm when she engaged in self injurious behavior. -A GER dated 7/12/15 indicated client #2 caused a bruise on her right wrist when she engaged in self injurious behavior.</p> <p>Client #2's record was reviewed on 9/17/15 at 11:30 AM. Client #2's record indicated a review of behavior data dated 8/6/15 for self injurious behavior (banging head, hitting her head, pinching herself), physical aggression (pitching sic), or grabbing others, grabbing food or drinks, etc.) and dropping to the floor. A behavior data sheet indicated client #2 "will ring the designated bell to communicate that she wants something from staff" as a replacement behavior. Client #2's record failed to indicate evaluations/assessments of her communication or recreational skills.</p>			

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	<p>The QIDP (Qualified Intellectual Disabilities Professional) indicated on 9/21/15 at 9:42 AM, there had not been updated speech and language evaluations for clients #2 and #3 in the past year, and assessments of clients #2 and #3 recreational skills had not been completed.</p> <p>9-3-4(a)</p>			
W 0249 Bldg. 00	<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</p>			

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	<p>achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed to ensure individual support plan (ISP) objectives were implemented for 1 additional client (client #3).</p> <p>Findings include:</p> <p>1. During observations at the group home on 9/16/15 from 4:30 PM until 6:00 PM and again on 9/17/15 from 6:38 AM until 8:45 AM, client #3 made verbalizations, but did not use words to communicate. Client #3 did not use words to communicate during the observations. Client #3 watched TV, received medications via G-tube (gastronomy tube for administering nourishment) or observed clients #1, #2 and #4 eat their meals while he sat in his wheelchair in an area adjacent to the kitchen. Client #3 had a lap tray on his wheelchair during the evening observation with a Big Mac switch (communication device), but did not use the switch. Client #3 did not have a lap tray or a Big Mac switch on his wheelchair during the morning observation. Client #3 did not utilize the Big Mac switch or engage in activity other than watching TV during the observations.</p>	W 0249	<p>Staff will be retrained on 10/14/15 all current programming goals, in addition to newly revised goals once recreational and leisure assessments are complete. Staff will also review dining goals, program goals specific to meal engagement. Team Leader will conduct daily observations on 10/14, 10/15 and 10/16 to ensure training was adequate and staff are successfully implementing new goals. Further compliance will be monitored by onsite Team Leader observations 3 times per week while in home. In addition, Manager/QIDP will monitor weekly during onsite visits.</p>	10/19/2015

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	<p>Client #3's records were reviewed on 9/17/15 at 3:05 PM. Client #3's ISP dated 3/4/15 indicated he had objectives to wash his upper body with hand over hand assistance, choose what to wear via eye gaze, brush his hair, swab mouth, apply toothpaste to electric toothbrush, go on a bowling outing once weekly, go on a stroll at a park, hold a dollar bill, pour can of Nutren (nutritional supplement) into a bowl with assist, lift bottom of shirt to expose mickey button (port for intake of food/medications), turn head left and right to receive ear drops, and activate communications switch.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and Director of Group Homes were interviewed on 9/17/15 at 3:10 PM and indicated client #3's objectives should have been implemented.</p> <p>9-3-4(a)</p>			

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based upon observation and interview for 1 additional client (client #3), the facility failed to promote dignity by ensuring his privacy was protected.</p> <p>Findings include:</p> <p>During observations at the group home on 9/16/15 from 4:30 PM until 6:00 PM, client #3 was in his bedroom lying on top of his bed with his undergarment briefs exposed. The door to his bedroom was open to the hallway used by clients #1, #2 and #4.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and Director of Group Homes were interviewed on 9/17/15 at 3:10 PM and when asked about the exposed undergarment brief for client #3, the Director of Group homes stated, "That's a dignity issue."</p> <p>9-3-5(a)</p>	W 0268	Staff will be retrained on 10/14/15 on increasing the privacy and dignity for individuals in their home environment. Team Leader will conduct daily observations on 10/14, 10/15 and 10/16 to ensure training was adequate and staff are successfully guarding privacy and maintaining dignity for all individuals. Further compliance will be monitored by onsite Team Leader observations 3 times per week while in home. In addition, Manager/QIDP will monitor weekly during onsite visits.	10/19/2015	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based upon observation and interview, the facility failed to ensure 1 of 2 sampled clients (client #2), was encouraged to participate in meal preparation.</p> <p>Findings include:</p> <p>During observations at the group home on 9/16/15 from 4:30 PM until 6:00 PM and again on 9/17/15 from 6:38 AM until 8:45 AM, client #2 sat down at the table for her evening meals with a pre-prepared plate of food. During the breakfast meal, client #2 was prompted to spread jelly on her toast and stir strawberry flavoring into milk, but all other food was prepared and dished up by staff.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and Director of Group Homes were interviewed on 9/17/15 at 3:10 PM and indicated client #2 would sometimes grab for food, but should be encouraged to participate in food preparation.</p> <p>9-3-8(a)</p>	W 0488	<p>Staff will be retrained on 10/14/15 all current programming goals specific to meal engagement. Goals for 2 of the residents were revised to include more robust training in meal participation and dining. Team Leader will conduct daily observations on 10/14, 10/15 and 10/16 to ensure training was adequate and staff are successfully implementing new goals. Further compliance will be monitored by onsite Team Leader observations 3 times per week while in home. In addition, Manager/QIDP will monitor weekly during onsite visits.</p>	10/19/2015

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

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