

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 24, 25, 26 and 27, 2014.</p> <p>Facility Number: 000948 Provider Number: 15G434 AIMS Number: 100244700</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 on July 6, 2014 by Dotty Walton, 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 1 of 3 sampled clients (#2) and 2 additional clients (#4 and #6), the facility failed to implement written policy and procedures to ensure an injury of unknown origin (suspicion of abuse) for client #6 was immediately reported to the facility administrator and to Adult Protective Services (APS) in accordance with state law and to ensure all client to</p>	W000149	<p>Now, and in the future, all allegations or knowledge of incidents of client abuse and/or injuries of unknown origin will be reported to DDARS and APS within 24 hours of the incident. Investigation of the allegations of incidents of abuse and/or injuries of unknown origin will be investigated by JRDS within 5 days of the alleged incidents of abuse. It is worth noting that this incident was</p>	07/25/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
	<p>client abuse was thoroughly investigated for clients #2, #4 and #6.</p> <p>Findings include:</p> <p>Review of the revised facility policy "Individual Protection Policy" of 5/12 on 6/25/14 at 10 AM indicated "JRDS [Jay-Randolph Developmental Services] personnel are required to preserve an individual's rights, dignity, health, and safety. As such JRDS prohibits the abuse, neglect, exploitation, mistreatment of an individual served or the violation of the individual's rights." The policy defines abuse to be the "use of unreasonable physical force such as spanking, pinching, shoving, shaking and other punitive acts.... actions, verbal statements or commands, or other procedure that result in a detrimental outcome for the individual involved (i.e. tone of voice, derogatory statement, facial expressions, isolation, demeaning gestures, name calling, and other damaging acts.)." The policy indicated "Individuals served must not be subjected to abuse by anyone, including, but not limited to, JRDS staff, other consumers, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals. Until the incident is reported and investigated, one may not be able to</p>		<p>reported to APS in the follow up report dated 9/24/13. QIDP, Home Manager, Residential Department Head and Executive Director responsible The attached check-off list is being used to ensure all notifications are timely; JRDS will use the Investigation template ensuring all clients and anyone with potential involvement will be interviewed for a thorough investigation.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394		
(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	
	<p>determine whether it is abuse (willful), neglect or mistreatment, but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting....</p> <p>Employees are obligated to report situations of abuse, neglect, exploitation or mistreatment of an individual or the violation of the individual's rights to the Executive Director, their Program Head, the individual's Case Coordinator, and may report directly to Adult Protective Services (APS) or Child Protective Services (CPS). Staff must handle allegations of abuse or neglect with the utmost discretion. If suspicion of client abuse or neglect is reported to agency staff, if staff suspects that abuse exists, or if there is an injury of unknown origin....</p> <p>The reporting staff will ensure that the BDDS report was filed with copies sent to APS or CPS and law enforcement, as applicable." The facility policy indicated all allegations of abuse/neglect/mistreatment and injuries of unknown origin were reported immediately to the Executive Director or a designee and then the Program Head or designee would initiate an investigation.</p> <p>1. The facility failed to implement written policy and procedures to ensure an injury of unknown origin (suspicion of</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
W000153	<p>abuse) for client #6 was immediately reported to the facility administrator and to Adult Protective Services (APS) in accordance with state law. Please see W153.</p> <p>2. The facility failed to implement written policy and procedures to ensure all client to client abuse was thoroughly investigated for clients #2, #4 and #6. Please see W154.</p> <p>9-3-2(a)</p> <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 record review and interview for 1 of 1 injury of unknown origin indicative of abuse for client #6, the facility failed to ensure the injury of unknown origin was immediately reported to the facility administrator and to Adult Protective Services (APS) in accordance with state law.</p> <p>Findings include:  The facility's reportable and investigative records were reviewed on 6/25/14 at 9</p>	W000153	Now, and in the future, all allegations or knowledge of incidents of abuse will be reported immediately to the Administrator and to DDARS, BDDS and APS within 24 hours of the allegation in accordance with statelaw. In accordance with the JRDS Incident Reporting policy all allegations will be reported to the administrator immediately and an investigation will be completed within 5 days of the injuries of unknown origin. Residential staff, Residential Department Head, and Executive	07/25/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p>AM.</p> <p>__A BDDS (Bureau of Developmental Disabilities Services) report dated 9/13/13 indicated client #6's mother called the RM (Residential Manager) on 9/9/13 at 1:30 PM and reported two bruises of unknown source that she had found on client #6 on 8/31/13. The report indicated one bruise was on client #6's right inner thigh between client #6's knee and groin area and was the "size of a television remote control." The report indicated the second bruise was located on client #6's right side and was the "size of finger prints." The report indicated "On the morning [client #6] was being picked up by his mother, [name of RM] assisted [client #6] in changing his clothing, down to his underwear. [Name of RM] did not see any bruises at the time which was on 8/30/13. [Client #6's] mother picked him up at 8:30 AM on 8/30/13. Though [client #6] does not have a history of falls, he has been seen to lose his balance and side step to regain his footing. Staff did not notate any bruising prior to his leaving or returning from his visit. [Client #6] self-bathes but does have assistance, as needed. [Client #6] does not know where he got the bruises."</p> <p>__A follow up BDDS report of 9/24/13 indicated "Staff have been re-educated on timely reporting of injuries of unknown</p>		<p>Director responsible The IDT will review all questionable injuries of unknown origin for all residents immediately upon knowledge of the allegations. JRDS staff are currently using the attached Release of Responsibility to be ensured of the physical condition of each resident immediately prior to a leave of absence and again upon returning after a leave. A team of two (whenever possible) staff will make the determination of physical condition. Results are submitted to the Residential Department Head or Designee.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p>source and to be more watchful for bruises. Staff will continue to assist [client #6] as needed during bathing, which will provide the opportunity to examine his body for any bruising."</p> <p>The BDDS report of 9/13/13 indicated no report to APS (Adult Protective Services) in regard to the injury of unknown origin for client #6 while on a home visit with his family.</p> <p>Interview with the RM on 6/26/14 at 10 AM indicated client #6 had gone home for a visit with his family on 8/31/13 and returned 9/3/13. The RM indicated client #6's mother had called the group home on 9/9/13 and reported "a concern" of bruising she had found on her son while he was on home visit. The RM stated, "Since he (client #6) was home with his mom I didn't think that it had to be reported." The RM indicated all staff in the group home have been retrained on immediately reporting injuries of unknown origin.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/26/14 at 3 PM indicated all injuries of unknown origin were to be reported immediately to the administrator. When asked why this was reported to BDDS and not to APS the QIDP stated, "I don't</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
W000154	<p>know. I should have. I'm not sure why I didn't but given the circumstances I should have." The QIDP indicated all injuries that were indicative of abuse or caused suspicion of abuse were to be reported immediately to the administrator and to BDDS and APS within 24 hours of knowledge of any injury causing suspicion of abuse. The QIDP indicated what was reported by client #6's mother was "suspicious" of abuse.</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 client to client abuse incidents for clients #2, #4 and #6, the facility failed to ensure thorough investigations were conducted.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 6/25/14 at 9 AM.</p> <p>The 9/27/13 BDDS report indicated on 9/27/13 at 6:50 PM client #4 "walked up to [client #2] and punched him on the left</p>	W000154	<p>Now, and in the future, there will be evidence that all alleged violations are thoroughly investigated. Using the attached Investigation template all clients will also be interviewed to insure a thorough investigation. This report must be completed within 5 days of the incident. Residential Department Head and/or Designee Responsible</p>	07/25/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
	<p>side rib area." A written statement from staff #1 indicated "I told [staff #3] who was working with me (staff #1) that evening to take [client #2] and the other clients for a ride, and I stayed back with the client who was the aggressor." The investigative records indicated two staff interviews and an interview with client #2. The investigative records indicated no interview with client #4 and/or client #2's and #4's housemates.</p> <p>The 3/5/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 3/4/14 at 12:05 PM while at the day program client #6 was asked to get water for his noon medications. After doing so, client #6 threw the water onto the staff, hit the staff in the side and then hit client #4 in the "right eye area" with his fist. The report indicated the staff separated the clients in the home and at 1:15 PM client #6 left the home with the QIDP (Qualified Intellectual Disabilities Professional). The facility records indicated written statements from two day program staff. The investigative record indicated no client interviews.</p> <p>The 2/24/14 BDDS report indicated on Sunday 2/23/14 at 2:15 PM clients #4 and #6 were sitting next to each other on</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
W000159	<p>the loveseat in the living room of the group home. Client #6 hit client #4 in the left eye and client #4 hit client #6 in the chest. A written statement from staff #3 indicated five clients were in the home at the time of the incident. The investigative records indicated interviews with one staff and clients #4 and #6. The investigative records indicated no interview with client #4's and #6's housemates.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and the RM (Residential Manager) on 6/26/14 at 3 PM, the QIDP indicated all client to client abuse was to be thoroughly investigated. The RM indicated she had conducted the interviews for the investigations and stated, "I only talked to the clients involved." The QIDP stated, "I didn't think about it, but I guess we should have made sure to interview all the clients."</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, interview and</p>	W000159	Now, and in the future, all ISPs and BMPs of all residents will be	07/25/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p>record review for 3 of 3 sample clients (#1, #2 and #3), the facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) provided the staff at the facility owned DP (Day Program) with the clients' current program plans and to ensure the staff at the day program collected data on client #3's targeted behaviors.</p> <p>Findings include:</p> <p>During review of the DP records for clients #1, #2 and #3 on 6/26/14 at 11:30 AM, the DP records indicated:</p> <p>__ No ISPs (Individual Support Plans) for clients #1, #2 and #3.</p> <p>__ No data collection for client #3's targeted behaviors.</p> <p>__ BSPs dated 10/15/12 for clients #1 and #3.</p> <p>__ Client #1's Behavior Flow Sheets (BFS) from January 2014 through March 2014 at the DP indicated targeted behaviors of:</p> <ul style="list-style-type: none"> <li>Anxiety.</li> <li>Interrupting.</li> <li>Not focusing.</li> <li>Safety concerns (work).</li> <li>Inappropriate Conversations (talk about sex).</li> <li>Excessive talking.</li> <li>Repeating himself.</li> <li>Picking at arms and face.</li> </ul>		<p>shared with all program areas after the annual ISP meeting and the date received will be documented on the annual meeting signature page. All BMP data sheets including targeted behaviors will be shared with all program areas and attached to the current BMPs. All completed data sheets will be given monthly to the QIDP and the results will be shared with Mental Health. JRDS Program Staff and QIDP Responsible The QIDP will use the attached form to review all client-specific information at least annually with day service staff and residential staff, to ensure all ISPs and BMPs of all residents are integrated and understood within all program areas.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p>Client #1's record was reviewed on 6/25/14 at 10 AM. Client #1's record indicated a 10/28/13 ISP and a 10/21/13 BSP (Behavior Support Plan). Client #1's BFS from January 2014 through March 2014 indicated targeted behaviors of:</p> <ul style="list-style-type: none"> <li>Excessive talking.</li> <li>Pacing.</li> <li>Fidgeting.</li> <li>Shaking.</li> <li>OCD behaviors.</li> </ul> <p>Client #1's BSP did not include the identified behaviors recognized at the DP of:</p> <ul style="list-style-type: none"> <li>Anxiety.</li> <li>Interrupting.</li> <li>Not focusing.</li> <li>Safety concerns (work).</li> <li>Inappropriate Conversations (talk about sex).</li> <li>Repeating himself.</li> <li>Picking at arms and face.</li> </ul> <p>Client #3's record was reviewed on 6/25/14 at 9 AM. Client #3's record indicated a 10/28/13 ISP and a 10/28/13 BSP. Client #3's BFS from January 2014 through March 2014 indicated targeted behaviors of:</p> <ul style="list-style-type: none"> <li>OCD behaviors.</li> <li>Physical aggression.</li> <li>Verbal aggression.</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
W000240	<p>Non compliance. Theft. Socially inappropriate behaviors (personal space).</p> <p>Interview with the LS (Lead Staff) at the DP on 6/26/14 at 11:15 AM indicated the QIDP had not provided the DP with a copy of client #1's, #2's and #3's ISPs. The LS indicated the BSPs of 2012 for clients #1 and #3 were the most current plans available to the DP staff. The LS indicated the DP staff did not monitor and/or document any targeted behaviors for client #3. The LS stated, "I guess because we were never provided a flow sheet for any behaviors for [client #3]."</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/26/14 at 3 PM indicated the DP was to be provided a copy of the clients' current program plans. The QIDP indicated the DP was to monitor and document all of client #3's identified targeted behaviors. The QIDP stated, "I didn't realize they weren't keeping track of that." The QIDP indicated client #1's BSP was to include all of client #1's identified behaviors.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p><b>INDIVIDUAL PROGRAM PLAN</b> The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the clients' ISPs (Individualized Support Plans) failed to address what the staff were to monitor/document in regards to client #2's memory loss and how the staff were to assist client #2 throughout the day due to memory loss.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/25/14 at 11 AM. Client #1's 6/2014 quarterly physician's orders indicated client #2 was taking Aricept 5 mg (milligrams) daily for memory loss. Client #2's record failed to include a plan to include what the staff were to monitor in regard to client #2's memory loss and how the staff were to assist client #2 throughout the day in regard to his memory loss.</p> <p>During interview with the RM (Residential Manager) on 6/25/14 at 2 PM the RM was asked when and why client #2 was placed on Aricept. The RM stated, "He started taking it back in August (2013) because he was showing signs of memory loss. Things like, he would start putting the dishes in the</p>	W000240	<p>If it has been identified through testing, observation or other means that a resident is showing signs of memory loss, the following will take place: Now, and in the future, JRDS staff will monitor and document an individual client's memory loss using the attached goal and data sheet. The data will be shared with the Neurologist routinely to determine the need to reduce or increase the medication. The data will be reviewed by the QIDP monthly to determine future recommendations. JRDS Program Staff and QIDP Responsible</p>	07/25/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
W000289	<p>dishwasher and would stop and forget what he was doing." The RM indicated the staff were not documenting any data in regard to client #2's memory loss.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/26/14 at 3 PM indicated client #2's program and health care plans did not address and/or include client #2's use of Aricept. The QIDP indicated no program plan to address how the staff were to monitor and assist client #2 in regard to memory loss. The QIDP indicated the staff were currently not documenting any data in regard to memory loss for client #2.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview for 1 of 2 sample clients requiring a BSP (Behavior Support Plan) (#3), the facility failed to incorporate pro-active strategies/interventions and systematic reactive interventions to manage each of client #3's identified targeted</p>	W000289	Now, and in the future, all client behavior programs will include proactive and reactive strategies in accordance with identified behaviors. QIDP and IDT responsible Now, and in the future, all client BMPs will follow the guidelines set by each	07/25/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014	
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394			
(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			
	<p>inappropriate behaviors.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 6/25/14 at 9 AM.</p> <p>Client #3's BSP of 10/28/13 indicated client #3 had targeted behaviors of:</p> <p>___'OCD (Obsessive Compulsive Behaviors): Such as: hoarding, excessive time in the bathroom, excessive use of toilet paper, stuffing the toilet and excessive use of paper towels. [Client #3] exhibits these behaviors at home, work and in the community.... Self stimulation behaviors such as: shaking his hands, rocking while standing or sitting. These are continuous behaviors occurring any time that [client #3] is not occupied."</p> <p>___'Physical aggression: This includes hitting, slapping, and grabbing, pushing, poking and property destruction. These behaviors occur at home, work and in the community."</p> <p>___'Verbal aggression: This includes loud, bossy, obstinate, threatening and teasing. The behaviors occur at home, work and in the community."</p> <p>___"Non-compliance: When [client #3] does not want to do something he ignores staff by walking away, turning down or breaking his hearing aid and/or refuses to follow directions."</p> <p>___Theft - "[Client #3] will steal personal</p>		Behavior Specialist and will be reviewed annually or as needed by the IDT and HRC to ensure all necessary components are present.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
--------------------	--	---------------	---	----------------------

	<p>belongings of others, paper products including paper towels, newspapers, magazines, personal papers about other residents and also hoards foods which are later found hidden."</p> <p>___ "Social inappropriate: [Client #3] has a tendency to invade others' personal space. This behavior occurs with acquaintances and strangers. This happens at home, work and in the community. [Client #3] will also make sexual comments to women and will steal women's underwear ads from magazines."</p> <p>The BSP indicated: ___ "PREVIOUSLY ATTEMPTED METHODS [Client #3] has been redirected and ignored in past with little success. Numerous medication changes have been attempted with the current regime being the most successful." ___ "CURRENT METHOD - Staff will model appropriate social skills. Staff will verbally praise [client #3] when he is interacting appropriately. Staff will offer [client #3] opportunities to keep himself busy. [Client #3] appears to sooth himself by rocking. Staff should allow this behavior to decrease the possibilities of increased negative behaviors. When a behavior occurs staff should explain to [client #3] the inappropriateness of his behavior. Staff should ash (sic) [client #3] how is he feeling and reflect what he</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
	<p>is saying and assist him in problem solving. Staff may suggest to [client #3] he may want to remove himself to another area to calm down. [Client #3] should be reminded that excessive use of paper products and stealing are not appropriate and will be responsible to put the items back. Staff should report to their supervisor if it is thought [client #3] has stolen something. The supervisor will confront [client #3] asking him to return the item. It will be explained to him that the item is not his and he is not to take something that is not his without asking. If staff have observed an inappropriate behavior the staff are to document the behavior on the behavior flow sheet."</p> <p>Client #3's BSP indicated no proactive strategies/interventions in regard to client #3's identified targeted inappropriate behaviors. Client #3's BSP did not indicate systematic reactive interventions to manage each of client #3's identified targeted inappropriate behaviors.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 6/26/14 at 3 PM indicated client #3's BSP did not include pro-active strategies/interventions in regard to client #3's identified targeted behaviors. The QIDP indicated the reactive interventions written in client #3's BSP were not</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394
---	--

(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
W000315	<p>systematic in regard to each of client #3's identified targeted behaviors.</p> <p>9-3-5(a)</p> <p>483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff. Based on record review and interview for 1 of 2 sampled clients (#1) who received behavior modification medications, the facility failed to provide evidence of preventive screening for EPS (Extrapyramidal Symptoms - a group of side effects associated with the use of anti-psychotic medications including, but not limited to, restlessness and involuntary muscle movements).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/25/14 at 10 AM. Client #1's June 2014 quarterly physician's orders indicated client #1 was given Luvox 200 mg (milligrams) a day for OCD (Obsessive Compulsive Disorder) and Depakote ER (Extended Release capsules) 500 mg a day for anxiety. Client #1's most current EPS screening was conducted on 4/17/13 by the client's NP (Nurse Practitioner).</p>	W000315	<p>Now, and in the future, the facility LPN (Health CareCoordinator) or the psychiatric provider will use the attached AIMS Test atleast annually or as needed to monitor all of the residents receiving psychotropic medications for EPS. If any EPS symptoms are noted, the resident will be seen by the doctor regarding the symptoms. In September 2013 the LPN and QIDP reviewed the AIMS assessment together, addressing what symptoms to monitor. The MAR for each client identifies side effects/symptoms for each medication that is administered. The completed AIMS will be reviewed by the QIDP and LPN to determine if the resident needs to see the doctor. Results will be documented on the Nursing Quarterly. Home Manager, QIDP and Health Care Coordinator responsible</p>	07/25/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/27/2014
NAME OF PROVIDER OR SUPPLIER  JAY-RANDOLPH DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 840 PINEVIEW LN WINCHESTER, IN 47394		
(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	
	<p>Client #1's record indicated no further EPS screening since the one conducted on 4/17/13.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and the RM (Residential Manager) on 6/26/14 at 3 PM, the RM stated "The only one (EPS screening) I know of is the one in April 2013." The QIDP indicated she had no knowledge of any further EPS screening since the screening of 4/17/13 and/or knowledge of monitoring of any adverse consequences/side effects of client #1's behavior modification medication by the facility staff.</p> <p>9-3-6(a)</p>				