

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G513		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/25/2013	
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2375 W US HWY 36 DANVILLE, IN 46122			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 10/21/13, 10/22/13, 10/23/13, 10/24/13 and 10/25/13</p> <p>Facility Number: 001027 Provider Number: 15G513 AIMS Number: 100245180</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/31/13 by Ruth Shackelford, 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 1 of 4 sampled clients (#2) plus two additional clients (#5 and #6), the facility failed to implement its policy and procedures to conduct a thorough investigation regarding the theft of clients #2, #5 and #6's television sets.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/22/13 at 8:30 AM. The review indicated the following:</p> <p>-BDDS report dated 9/6/13 indicated clients #2, #5 and #6's personal television sets had been stolen. The 9/6/13 BDDS report indicated the group home's living room television sets had also been stolen from the home.</p> <p>-Investigation dated 9/6/13 indicated the police had been notified and were conducting an investigation regarding the theft of clients #2, #5 and #6's television sets. The 9/6/13 investigation did not indicate documentation of facility staff or client interviews. The 9/6/13 investigation</p>	W000149	Residential CRF will implement and follow written policies and procedures that prohibit mistreatment, neglect or abuse of clients. Residential CRF will conduct more thorough investigations into identified incidents. Investigations will include interview with involved persons, investigative procedures used, evidence collected, summary of evidence and recommendations. The QIDP and Supervisor will review daily incident reports to determine if an investigation is warranted. The QIDP and Supervisor will be inserviced by the Administrator on thorough investigations. Staff Responsible: Administrator	11/24/2013	

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	<p>did not indicate documentation of a summary of findings.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 10/22/13 at 11:40 AM. QIDPD #1 indicated she had completed the 9/6/13 investigation regarding the theft of clients #2, #5 and #6's television sets. QIDPD #1 indicated the facility staff had been questioned informally but documentation of the interviews could not be provided. QIDPD #1 indicated the facility's abuse and neglect policy should be implemented.</p> <p>The facility's policy and procedures were reviewed on 10/25/13 at 12:30 PM. The facility's undated policy and procedure entitled, "Consumer Abuse Policy and Incident Reporting" indicated, "Residential CRF, Incorporated 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>				

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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 1 of 6 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation regarding the theft of clients #2, #5 and #6's television sets.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/22/13 at 8:30 AM. The review indicated the following:</p> <p>-BDDS report dated 9/6/13 indicated clients #2, #5 and #6's personal television sets had been stolen. The 9/6/13 BDDS report indicated the group home's living room television sets had also been stolen from the home.</p> <p>-Investigation dated 9/6/13 indicated the police had been notified and were conducting an investigation regarding the theft of clients #2, #5 and #6's television sets. The 9/6/13 investigation did not indicate documentation of facility staff or client interviews. The 9/6/13 investigation did not indicate documentation of a summary of findings.</p> <p>QIDPD (Qualified Intellectual Disabilities</p>			W000154	Residential CRF will implement and follow written policies and procedures that prohibit mistreatment, neglect or abuse of clients. Residential CRF will conduct more thorough investigations into identified incidents. Investigations will include interviews with involved persons, investigative procedures used, evidence collected, summary of evidence and recommendations. The QIDP and Supervisor will review daily incident reports to determine if an investigation is warranted. If an investigation is needed a thorough investigation will be completed. The Administrator will inservice the QIDP and Supervisor on completing thorough investigations. Staff Responsible: Administrator		11/24/2013

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	<p>Professional Designee) #1 was interviewed on 10/22/13 at 11:40 AM. QIDPD #1 indicated she had completed the 9/6/13 investigation regarding the theft of clients #2, #5 and #6's television sets. QIDPD #1 indicated the facility staff had been questioned informally but documentation of the interviews could not be provided.</p> <p>9-3-2(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 7 clients with adaptive equipment, the facility failed to teach client #2 how to use his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/21/13 from 5:15 PM through 6:30 PM. Client #2 was observed throughout the observation period. Client #2 did not wear eyeglasses throughout the observation period. Client #2 was not encouraged to wear his eyeglasses.</p> <p>Observations were conducted at the group home on 10/22/13 from 6:25 AM through 8:00 AM. Client #2 was observed throughout the observation period. Client #2 did not wear eyeglasses throughout the observation period. At 8:00 AM client #2 was asked by staff #1 to wear his eyeglasses. Client #2 refused to wear his eyeglasses.</p> <p>Staff #1 was interviewed on 10/22/13 at 8:05 AM. Staff #1 indicated client #2 had prescription eyeglasses. Staff #1 indicated client #2 refused to wear his eyeglasses.</p>	W000436	Residential CRF will write and implement a goa for Client # 2 for using his prescription eyeglasses. The QIDP and Social Worker will review each client's programming on a monthly basis to ensure that those clients needing programming on wearing/using adaptive devices are addressed. The QIDP and Social Worker will work together to ensure that each client's needs are being addressed. The Regional Director will inservice the QIDP on implemwnting goals that meet the needs of the client's. Staff Responsible: Regional Director, QIDP	11/24/2013			

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	<p>Client #2's record was reviewed on 10/23/13 at 10:18 AM. Client #2's Vision examination form dated 7/19/12 indicated, "Wear glasses as tolerated." Client #2's ISP (Individual Support Plan) dated 9/17/13 did not indicate a formal training objective to support client #2 increase his tolerance for the use of his prescription eyeglasses.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 10/24/13 at 4:40 PM. QIDPD #1 indicated client #2 had a pair of prescription eyeglasses. QIDPD #1 indicated client #2 refused to wear his eyeglasses. QIDPD #1 indicated client #2's ISP dated 9/17/13 did not include supports to increase client #2's tolerance for the use of his prescription eyeglasses.</p> <p>9-3-7(a)</p>			