

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/13/2011
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NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN46030
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W0000	<p>This visit was for the investigation of complaint #IN00100350.</p> <p>Complaint #IN00100350: Substantiated, federal/state deficiencies related to the allegations are cited at W149 and W157.</p> <p>Dates of Survey: December 12 and 13, 2011</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 000730 AIM Number:100272190 Provider Number: 15G580</p> <p>These deficiencies also reflect state findings under 410 IAC 16.2.</p> <p>Quality Review completed on 12/16/11 by Tim Shebel, Medical Survey III.</p>	W0000	<p>W 0000By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations.</p> <p>_____ Beverly Sayre Cowart</p>	
W0149	<p>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, the facility failed for 4 of 4 sampled clients</p>	W0149	<p>W 149The facility did implement their Abuse and Neglect Policy regarding the cited incidents of</p>	01/06/2012

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>(clients A, B, C, and D) by not implementing its abuse/neglect policy in failing to prevent client A from biting clients B, C, and D.</p> <p>Findings include:</p> <p>Review on 12/12/11 at 9:50 AM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports from 10/1/11 to 12/12/11 indicated the following:</p> <ol style="list-style-type: none"> <li>On 10/20/11 at 11:30 AM, client B was sitting in a chair in the program room. Client A wanted to sit in the chair. Client B wouldn't get up. Client A attempted to pull him out of the chair. As he did so, he bit client B on his elbow. He received a 0.4 cm (centimeter) red crescent mark to the top of his left elbow. He did not open the skin.</li> <li>On 11/20/11 at 7:40 AM, client A and client C were in the morning assembly group. Staff were transporting clients to their regular program rooms. Client A became impatient. Client C walked by him and he bit her. She received a bite to her right index finger with a small abraded area.</li> <li>On 11/21/11 at 6:40 AM, client A and client D were in the recreation room.</li> </ol>		<p>client to client behavior. The Interdisciplinary Team reviewed all aspects of the events and concluded the policy was executed per the requirements of that policy. However, the facility's behavior management policy was reviewed and revised on 12-14-11. Upon review, the behavior management policy was revised to include procedures to marry programmatic strategies with behavioral intervention methodologies; increasing potential attainment of appropriate social interaction skills among and between all clients, including Client A. The behavior management policy was revised to include a protocol that addresses programmatic objective review and revision (Att. A) This effort shall be the initial step toward behavioral modification as a proactive measure toward teaching appropriate behavioral skills acquisition. At least weekly, and more frequently if needed, behavior management meetings shall include review of programmatic intervention methodologies and/or objectives. If programmatic revision intervention is deemed necessary, the revision shall be developed and implemented immediately for that client. As a double safeguard, programmatic intervention shall be reviewed during both behavior management and quarterly</p>		

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	<p>Client D was sitting in a rocking chair that client A wanted to sit in. client D refused to get up for client A. Before staff could intervene, client A bit client D on the right forearm. Client D received a bite mark to his right forearm.</p> <p>Review on 12/12/11 at 10:40 AM of client A's Behavior Management Plan (BMP) dated 11/21/11 indicated his target behaviors included pulling hair, kicking, grabbing, twisting fingers, pinching, scratching, choking, and biting. Since the first incident on 10/20/11, client A's BMP was updated on 11/11/11 and 11/21/11 to include medication changes. Further review failed to indicate the facility implemented effective programming to prohibit client A from biting.</p> <p>Review on 12/12/11 at 9:45 AM of the facility's abuse/neglect policy dated 10/4/11 indicated the following: "The facility shall act proactively toward appropriate physical and psychological health and safety to assure that clients are free from serious and immediate threat to their physical and psychological health and safety. Neglect will include the failure to provide appropriate care, food, medical care or supervision. The facility will pro-actively seek an environment that facilitates that all clients are protected and appropriately treated through an</p>		<p>review sessions to ensure that the appropriate measures have been established, are appropriate and have continued validity for that intervention. Specifically for Client A, programmatic intervention was implemented on 12-13-11 (Att. B) that addresses specific measures to increase social interaction skills with his peers. Additionally, the team reviewed Client A's medication regimen, with a specific focus on Client A's diagnosis of arthritis. As many of the cited incidents occur during the morning hours, Client A's primary care physician was consulted to review his current medication for arthritis. Medication changes were recommended on 12-27-11 to include an evening dose of pain medication as an attempt to alleviate some element of agitation during the morning hours (Att. C) Client A's behavior modification plan was also revised to include the use of a helmet and gloves for episodes of biting behavior. This was modified again on 12-27-11 to include the use of a face mask without intervention of bilateral gloves (Att. D) Additional intervention to include one on one staff was implemented on 12-28-11 during the morning hours to further advancement as he progresses through programmatic intervention and pain medication revisions to further ensure the safety of his</p>		

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	<p>investigation and monitoring system. . .The facility will further be pro-active in creating a safe and healthy environment (sic) ensure that produces an environment where clients are free from abuse, neglect or mistreatment through facility in servicing that is completed at least bi-annually or more frequently as needed is determined."</p> <p>Interview on 12/12/11 at 10:20 AM with the PD (Program Director) was conducted. The PD indicated client A's meds (medications) had been changed on 11/20/11 and ordered 11/21/11 but there had been no staffing changes. The PD indicated client A likes a specific chair and doesn't like when someone sits in it. The PD indicated the skin had not been broken on clients B, C, and D in the above-mentioned cases.</p> <p>This federal tag relates to complaint #IN00100350.</p> <p>3.1-28(a)</p>		<p>peers.Client A's progress will be reviewed weekly through the Behavior Management Committee. Programmatic intervention medication regimen and overall affect will be assessed for further modification as needed. The Behavior Management and Quarterly Review committees shall serve as monitoring bodies to ensure that Client to Client behavior is reviewed, assessed and corrected through programmatic strategies as outlined for each individual.</p>		

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W0157	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed for 3 of 4 incidents reviewed regarding 4 of 4 sampled clients (clients A, B, C, and D) by not taking appropriate corrective action to prevent client A from biting clients B, C, and D in a month's period.</p> <p>Findings include:</p> <p>Review on 12/12/11 at 9:50 AM of the facility's BDDS (Bureau of Developmental Disabilities Services) incident reports from 10/1/11 to 12/12/11 involving bites indicated the following:</p> <ol style="list-style-type: none"> <li>On 10/20/11 at 11:30 AM, client B was sitting in a chair in the program room. Client A wanted to sit in the chair. Client B wouldn't get up. Client A attempted to pull him out of the chair. As he did so, he bit client B on his elbow. He received a 0.4 cm (centimeter) red crescent mark to the top of his left elbow. He did not open the skin.</li> <li>On 11/20/11 at 7:40 AM, client A and client C were in the morning assembly group. Staff were transporting clients to their regular program rooms. Client A became impatient. Client C walked by</li> </ol>	W0157	<p>W 157The facility did implement their Abuse and Neglect Policy regarding the cited incidents of client to client behavior. The interdisciplinary Team reviewed all aspects of the events and concluded that the policy was executed per the requirements of that policy. However, the facility's behavior management policy was reviewed and revised on 12-14-11.Upon review, the behavior management policy was revised to include procedures to marry programmatic strategies with behavioral intervention methodologies; increasing potential attainment of appropriate social interaction skills among and between all clients, including Client A.The behavior management policy was revised to include a protocol that addresses programmatic objective review and revision (Att. A) This effort shall be the initial step toward behavioral modification as a proactive measure toward teaching appropriate behavioral skills acquisition. At least weekly, and more frequently if needed, behavior management meetings shall include review of programmatic intervention methodologies and/or objectives. If programmatic revision intervention is deemed necessary, the revision shall be</p>	01/06/2012	

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	<p>him and he bit her. She received a bite to her right index finger with a small abraded area.</p> <p>3. On 11/21/11 at 6:40 AM, client A and client D were in the recreation room. Client D was sitting in a rocking chair that client A wanted to sit in. client D refused to get up for client A. Before staff could intervene, client A bit client D on the right forearm. Client D received a bite mark to his right forearm.</p> <p>Review on 12/12/11 at 10:40 AM of client A's Behavior Management Plan (BMP) dated 11/21/11 indicated his target behaviors included pulling hair, kicking, grabbing, twisting fingers, pinching, scratching, choking, and biting. Since the first incident on 10/20/11, client A's BMP was updated on 11/11/11 and 11/21/11 to include medication changes. Further review failed to indicate the facility implemented effective programming to prohibit client A from biting.</p> <p>Interview on 12/12/11 at 10:20 AM with the PD (Program Director) was conducted. The PD indicated client A's meds (medications) had been changed on 11/20/11 and ordered 11/21/11 but there had been no staffing changes. The PD indicated client A likes a specific chair and doesn't like when someone sits in it.</p>		<p>developed and implemented immediately for that client. As a double safeguard, programmatic intervention shall be reviewed during both behavior management and quarterly review sessions to ensure that the appropriate measures have been established, are appropriate and have continued validity for that intervention. Specifically for Client A, programmatic intervention was implemented on 12-13-11 (Att. B) that addresses specific measures to increase social interaction skills with his peers. Additionally, the team reviewed Client A's medication regimen, with a specific focus on Client A's diagnosis of arthritis. As many of the cited incidents occur during the morning hours, Client A's primary care physician was consulted to review his current medication for arthritis. Medication changes were recommended on 12-27-11 to include an evening dose of pain medication to attempt to alleviate some element of agitation during the morning hours (Att. C) Client A's behavior modification plan was also revised to include the use of a helmet and gloves for episodes of biting behavior. This was modified again on 12-27-11 to include the use of a face mask without intervention of bilateral gloves (Att. D) Additional intervention to include one on one staff was implemented on 12-28-11 during the morning</p>		

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	<p>The PD indicated the skin had not been broken on clients B, C, and D in the above-mentioned cases.</p> <p>This federal tag relates to complaint #IN00100350.</p> <p>3.1-28(e)</p>		<p>hours to further advancement as he progresses through programmatic intervention pain medication revisions to further ensure the safety of his peers. Client A's progress will be reviewed weekly through the Behavior Management Committee. Programmatic intervention, medication regimen and overall affect will be assessed for further modification as needed. The Behavior Management and Quarterly Review committees shall serve as monitoring bodies to ensure that Client to Client behavior is reviewed, assessed and corrected through programmatic strategies as outlined for each individual.</p>		