

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G586	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2012
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1413 DARBY KOKOMO, IN 46904
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W0000	<p>This visit was for the investigation of complaint #IN00104986.</p> <p>This visit was in conjunction with the post certification revisit to complaint #IN00102677 conducted on January 27, 2012.</p> <p>COMPLAINT #IN00104986: SUBSTANTIATED, Federal/State deficiencies related to the allegation(s) are cited at W122, W148, W149, W153, W154, W156, and W157.</p> <p>Dates of Survey: March 12, 13, and 14, 2012</p> <p>Facility number: 001100 Provider number: 15G586 AIM number: 100240050</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 3/21/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review for 2 of 7 clients residing in the group home (clients A and C), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement their abuse/neglect policy to protect client C from client A's physical aggression. The facility neglected to ensure staff immediately reported allegations of abuse, neglected to notify the parents/guardians, neglected to complete a thorough investigation, and neglected to initiate immediate corrective action to prevent further abuse.</p> <p>Findings include:</p> <p>Please refer to W148. The facility failed for 1 of 7 clients (client C) to ensure her parents/guardians were informed of her injuries caused during physical aggression by client A.</p> <p>Please refer to W149. The facility neglected for 2 of 7 clients (clients A and C) to implement the agency's policy and procedure to prohibit abuse and to protect client A from client C's physical aggression. The facility neglected to initiate immediate corrective action to</p>	W0122	<p>The Neglect, Battery and Exploitation of Individuals policy has been reviewed with the QDDP. The QDDP and House Manager have a copy of the BDDS reportable guidelines and have reviewed with all the direct care staff. The QDDP understands that incident reports must be submitted within 24 hours. The QDDP will complete a thorough investigation of injuries and abuse/neglect. Staff was retrained that if incidents fall into the guidelines of abuse/neglect/exploitation, they will be reported to APS and the police in addition to BDDS. The QDDP and/or nurse will notify families/guardians of all injuries and other BDDS reportable incidents. Immediate action will be taken to ensure client safety when an injury has occurred. When a significant incident occurs, the IDT will meet in a timely manner to discuss possible solutions or causes to the problem. The corrective actions were completed and in place on April 10, 2012.</p>	04/10/2012			

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	<p>prevent further abuse. The facility neglected to ensure staff immediately reported allegations of client to client aggression, and neglected to complete a thorough investigation.</p> <p>Please refer to W153. The facility failed for 1 of 1 client to client aggression with injury, to report the allegation to BDDS (Bureau of Developmental Disabilities) for client C. The facility failed to immediately report to the Division of Disability, Aging, and Rehabilitative Services (DDARS) per 460 IAC 9-3-1(b) (5), to the administrator, and failed to report in accordance with state law.</p> <p>Please refer to W154. The facility failed for 1 of 7 clients (client C) to ensure a thorough investigation was conducted for physical aggression from client A towards client C.</p> <p>Please refer to W156. The facility failed for 1 of 7 clients (client C) who lived in the home, to report the results of the investigation within 5 working days.</p> <p>Please refer to W157. The facility failed for 1 of 7 clients, (client C) who lived in the home, for 1 of 1 unreported allegation (client C), to take effective corrective action to prevent future occurrences and to protect client C from client A's physical</p>			

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	aggression. This federal tag relates to complaint #IN00104986. 9-3-2(a)				

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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client C), to ensure her parents/guardians were notified of injuries sustained during physical aggression from client A.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary did not indicate her parent/guardian was notified. The summary indicated client C was to go to the eye doctor at "their earliest convenience" and the Qualified Mental Retardation Professional (QMRP) was notified.</p> <p>On 3-13-12 at 10:20 a.m. a interview with client C's guardian indicated he found out about the incident when he went to visit</p>	W0148	<p>The QDDP was retrained that incident reports must be submitted within 24 hours and will do so regularly in addition to the annual agency training. The QDDP will notify the VP of Residential Services according to the agency Neglect, Battery and Exploitation policy. The VP of Residential Services reviews all incident reports and notifies additional agencies as required. Incident reports are tracked for patterns. The QDDP and/or nurse will notify families/guardians of all injuries and other BDDS reportable incidents. Families/Guardians are evaluated on the performance of staff and overall approval of services on a regular basis by our Residential Customer Satisfaction Survey. The corrective actions were completed and in place on April 10, 2012.</p>	04/10/2012			

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	<p>his daughter at her home and saw her injuries on 3-4-12. He indicated the House Manager did call him the next day (3-5-12) after his visit with client C.</p> <p>On 3-12-12 at 2:20 p.m. an interview with the Vice President of Residential Services indicated client C's guardian was not notified after the act of physical aggression with injury to client C's eye.</p> <p>This federal tag refers to complaint #IN00104986.</p> <p>9-3-2(a)</p>				

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W0149	<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.</p> <p>Based on record review and interview, the facility neglected to implement their policy and procedures to protect 1 of 4 sampled clients (client C) from client A's physical aggression and failed to report 1 of 1 allegation of abuse/neglect for client C, to have a thorough investigation, and take appropriate corrective action.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary indicated client C was to go to the eye doctor at "their earliest convenience" and the Qualified Mental Retardation Professional (QMRP) was notified. There were no Bureau of Developmental Disability Services (BDDS) reports to review for this incident.</p> <p>On 3-12-12 at 3:15 p.m. an investigation form dated 2-27-12 indicated 3 of 5 staff working had given statements, clients A</p>	W0149	<p>The Neglect, Battery and Exploitation of Individuals policy has been reviewed with the QDDP. The QDDP attended the agency training on BDDS reportable guidelines. The QDDP and House Manager have a copy of the BDDS reportable guidelines and reviewed with staff on 3/16/12. The QDDP was retrained on the "Investigation of Injury" form to be used for allegations, injuries and other investigatory purposes. All Management staff has been retrained on contacting their supervisor immediately whenever allegations of abuse/neglect or misconduct by staff or a client occurs. The policy was reviewed with the Direct Support Professionals at the staff meetings on 3/16/12. The QDDP understands that incident reports must be submitted within 24 hours. Staff was retrained that if incidents fall into the guidelines of abuse/neglect/exploitation, they will be reported to APS and the police in addition to BDDS. Families/Guardians will be notified of all BDDS reportable incidents. BDDS reports are shared agency wide to ensure proper communication.</p> <p>The corrective actions were</p>	04/10/2012			

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	<p>and C were unable to verbalize what happened, and client A's glasses were found by the bed of client C. Clients A and C were the only clients in the house at the time of the altercation. The investigation failed to have a recommendation to keep client C safe from client A and the result indicated, "The only reasonable explanation for this incident is that [client A] was the cause of the incident." The report failed to indicate how client A was unsupervised to get into client C's bedroom and aggress upon her.</p> <p>On 3-12-12 at 3:45 p.m. a record review for client C was conducted. The Individualized Program Plan (IPP) dated 2/16/12 indicated client C's diagnoses included, but were not limited to, severe mental retardation, severe spastic cerebral palsy with quadriplegia, dysmenorrhea, PMDD, seizure disorder, constipation, dysphasia, esophageal reflux, nisian fundoplasty, G-tube, hiatal hernia, dermatological issues. The IPP indicated client C had a guardian to assist her with her needs and she did not have a behavioral support plan. An eye evaluation form dated 2-28-12 indicated client C had gone to the eye doctor and been given a diagnosis of Sub Conjunctival Hemorrhage of the left eye.</p>		completed and in place on April 10, 2012.		

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	<p>On 3-12-12 at 2:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the only investigation available was the one dated 2-27-12 which did not have enough information about the incident included in the summary.</p> <p>On 3-14-12 at 2:00 p.m. an interview with the Qualified Mental Retardation Professional indicated no corrective action had been taken for client A assaulting client C.</p> <p>On 3-12-12 at 1:00 p.m. a review of the agency's Abuse/Neglect Policy dated 3-08 indicated "the agency has in effect the following policy prohibiting neglect, battery, exploitation of individuals, or psychological abuse by agency staff or outside persons...." The policy indicated "It is the responsibility of any employee who possesses knowledge of an alleged case of neglect, battery, exploitation or violation of individual right to report immediately, verbally and/or in writing to the President or, if the President is unavailable, the Director, Human Resources."</p> <p>On 3-12-12 at 2:20 p.m. an interview with the Vice President of Residential Services indicated the facility's abuse/neglect policy should be implemented and this</p>						

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	<p>incident was not reported to the Administrative staff per the policy.</p> <p>This federal tag relates to complaint #IN00104986.</p> <p>9-3-2(a)</p>				

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W0153	<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.</p> <p>Based on record review and interview, the facility failed for 1 of 1 client to client allegation of abuse with injury, to report the allegation to BDDS (Bureau of Developmental Disabilities Services) for client C. The facility failed to immediately report to the Division of Disability, Aging, and Rehabilitative Services (DDARS) per 460 IAC 9-3-1(b) (5), to the administrator, and failed to report in accordance with state law.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary indicated client C was to go to the eye doctor at "their earliest convenience" and the Qualified Mental Retardation Professional (QMRP) was notified. There were no Bureau of Developmental Disability Services</p>	W0153	<p>All staff including Management and Direct Support staff has been retrained on the importance of contacting the supervisor whenever allegations of abuse/neglect or misconduct by staff or a client occurs. The staff was retrained on the BDDS reportable guidelines. The QDDP understands the importance of reporting all incidents within 24 hours. All residential QDDP's have been trained on this procedure and will review at each group home. All employees will attend the agency wide BDDS reportable guidelines training annually in addition to their individual group home trainings. The Elder Justice Act guidelines are posted in the group home for staff to review. Families/Guardians will be notified of all BDDS reportable incidents. BDDS reports are shared agency wide to ensure proper communication. When a significant behavior occurs, staff completes a CBIR form and routes to the QDDP and VP Residential Services for review. Staff was retrained that if incidents fall into the guidelines of abuse/neglect/exploitation, they will be reported to APS and the police in</p>	04/10/2012			

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	<p>(BDDS) reports to review for this incident.</p> <p>On 3-12-12 at 2:20 p.m. an interview with the Vice President of Residential Services indicated a BDDS report was not available for review for the incident where client A agressed upon client C on 2-27-12.</p> <p>This federal tag relates to complaint #IN00104986.</p> <p>9-3-2(a)</p>		<p>addition to BDDS.</p> <p>The corrective actions were completed and in place on April 10, 2012.</p>		

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W0154	<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, the facility failed for 1 of 4 sampled clients (client C) to ensure the allegation of physical abuse by client A was investigated thoroughly.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary indicated client C was to go to the eye doctor at "their earliest convenience" and the Qualified Mental Retardation Professional (QMRP) was notified. There were no Bureau of Developmental Disability Services (BDDS) reports to review for this incident.</p> <p>On 3-12-12 at 3:15 p.m. an investigation form dated 2-27-12 indicated 3 of 5 staff working had given statements, clients A and C were unable to verbalize what happened, and client A's glasses were found by the bed of client C. Clients A</p>	W0154	<p>Direct care staff was retrained on 3/16/12 that they are to notify a supervisor immediately when an injury occurs (or is discovered). Staff will complete the accident form indicating the location, size, etc of the injury. The QDDP will investigate all injuries/incidents and complete a BDDS report within 24 hours. The QDDP will notify the VP of Residential Services. The QDDP will complete a thorough investigation. The "investigation" form will be attached to the accident/incident and/or the BDDS report. All Residential QDDP's and day services staff has a copy of the form and has been trained on the importance of thoroughly investigating and notifying the QDDP of all injuries. BDDS reports are shared agency wide to ensure proper communication. Families/Guardians will be notified of all BDDS reportable incidents. The corrective actions were completed and in place on April 10, 2012.</p>	04/10/2012			

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	<p>and C were the only clients in the house at the time of the alleged abuse. The investigation failed to have a recommendation to keep client C safe from client A and the results indicated "The only reasonable explanation for this incident is that [client A] was the cause of the incident." The report failed to indicate how client A was unsupervised to get into client C's bedroom and injure her. The investigation did not determine where the staff were at during this altercation.</p> <p>On 3-12-12 at 2:00 p.m. an interview with the Qualified Mental Retardation Professional stated the only investigation available was the one dated 2-27-12 which did not have "very much information" about the incident included in the summary.</p> <p>This federal tag relates to complaint #IN00104986.</p> <p>9-3-2(a)</p>				

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(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			
W0156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, the facility failed for 1 of 7 clients (client C) to ensure the results of the investigation when client A aggressed upon client C were reported to the Administrator or other officials within five working days of the incident.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary indicated client C was to go to the eye doctor at "their earliest convenience" and the Qualified Mental Retardation Professional (QMRP) was notified. There were no Bureau of Developmental Disability Services (BDDS) reports to review for this incident or any documentation available to show the results of the investigation were reported within five working days.</p>	W0156	<p>The Neglect, Battery and Exploitation of Individuals policy has been reviewed with the QDDP. The QDDP attended the agency training on BDDS reportable guidelines. The QDDP and House Manager have a copy of the BDDS reportable guidelines. All staff including Management and Direct Support staff has been retrained on the importance of contacting the supervisor whenever allegations of abuse/neglect or misconduct by staff or a client occurs. The QDDP understands the importance of reporting all incidents within 24 hours. Staff was retrained that if incidents fall into the guidelines of abuse/neglect/exploitation, they will be reported to APS and the police in addition to BDDS. The Elder Justice Act guidelines are posted in the group home for staff to review. BDDS reports are shared agency wide to ensure proper communication. Families/Guardians will be notified of all BDDS reportable incidents. The corrective actions were completed and in place on April 10, 2012.</p>	04/10/2012			

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	<p>On 3-12-12 at 3:15 p.m. an investigation form dated 2-27-12 indicated 3 of 5 staff working had given statements, clients A and C were unable to verbalize what happened, and client A's glasses were found by the bed of client C. Clients A and C were the only clients in the house at the time of the physical aggression. The investigation failed to have a recommendation to keep client C safe from client A and the results indicated "The only reasonable explanation for this incident is that [client A] was the cause of the incident."</p> <p>On 3-12-12 at 3:15 p.m. an interview with the Vice President of Residential Services indicated the administration had not reviewed the results from the 2-27-12 incident.</p> <p>This federal tag relates to complaint #IN00104986.</p> <p>9-3-2(a)</p>				

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client C) to ensure appropriate corrective action was taken after client A was physically aggressive and caused an injury to client C.</p> <p>Findings include:</p> <p>On 3-12-12 at 2:00 p.m. a record review for client C was conducted. The nursing summary dated 2-27-12 indicated client C had been injured by her housemate. The summary indicated client C had several scratches on her face, several by her left and right eye, and the left eye was swollen and red. The summary indicated client C was to go to the eye doctor at "their earliest convenience."</p> <p>On 3-13-12 at 10:50 a.m. a review of client A's Behavior Support Plan (BSP) dated 9-11 indicated client A had behaviors of extreme irritability, physical aggression, and property destruction. The BSP had no changes made to it to ensure client A would not have the availability to get into client C's bedroom and aggress upon her while she lay in her bed. A behavior report dated 2-27-12 indicated</p>	W0157	<p>Client C's behavior plan has been revised to assist staff with safety interventions for housemates when aggressive outbursts occur. We have switched roommates so that the current roommate is verbally and physically capable of defending themselves and notifying staff if they need assistance. Staff was trained on the changes to Client C behavior support plan at the staff meeting on 3-16-12. Staff is to keep Client C within eye sight when other clients are present in the home. Client C will not sit directly next to others when riding in the van. Client C will increase daily activities and follow a schedule. To ensure roommates safety and upon HRC approval, Client C will use a bed pad that will alert staff when she has gotten out of bed. Client C recently went to the neurologist who prescribed some medication for behavior/sleeping. We are seeking HRC approval before implementing. Guardian has approved the bed pad and behavior meds.</p> <p>Behaviors are tracked for patterns. The IDT meets monthly to discuss behaviors. BDDS reports are shared agency wide to ensure proper communication. Families/Guardians will be notified of all BDDS reportable incidents. Staff is to only use CPI approved</p>	04/10/2012	

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	<p>client A had been "irritable" for several days. Client A's BSP indicated to redirect her away from the consumer whom seems to be the target of her irritability. There was no evidence in client A's record to show the facility had reviewed client A's level of supervision or how to prevent further physical aggression toward client C.</p> <p>On 3-12-12 at 3:45 p.m. a record review for client C was conducted. The Individualized Program Plan (IPP) dated 2/16/12 indicated client C's diagnoses included, but were not limited to, severe mental retardation and severe spastic cerebral palsy with quadriplegia. The record did not indicate evidence in on how the facility planned to address the unwitnessed aggression to protect client C. The IPP indicated client C had a guardian to assist her with her needs and she did not have a behavioral support plan.</p> <p>On 3-14-12 at 2:00 p.m. an interview with the Qualified Mental Retardation Professional indicated no corrective action had been taken for client A aggressing upon client C resulting in an injury to her eye.</p> <p>This federal tag relates to complaint #IN00104986.</p>		<p>methods of intervention if Client C becomes physically aggressive. There have been no further instances of client to client aggression since the implemented changes. The corrective actions were completed and in place on April 10, 2012.</p>				

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