

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G555	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1139 BOLLMAN DECATUR, IN 46733
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 11/10, 11/12, 11/13, 11/16, 11/17, 11/18, and 11/20/2015.</p> <p>Provider Number: 15G555 Facility Number: 001069 AIM Number: 100245430</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/2/15.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #4, and #6) and 4 additional clients (clients #3, #5, #7, and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7, and #8 were provided training and encouraged to</p>	W 0125	<p>W125-Client Protections BCS must ensure the rights of allclients. We must allow and encourage individual clients to exercise theirrights as citizens of the United States, and as a person residing at BCS, includingthe right to file complaints, and the right to due</p>	12/20/2015

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>exercise their rights as United States citizens when their group home was used by the agency as a Day Services Site and to ensure clients #1 and #8's privacy inside their bedroom.</p> <p>Findings include:</p> <p>1. On 11/10/15 from 2:45pm until 5:30pm and on 11/12/15 from 6:10am until 8:05am, clients #1, #2, #4, #5, #6, #7, and #8's group home was visited. During both observation periods sheets of paper were on the wall in the dining room labeled "the goodtime gang." On 11/10/15 at 2:45pm, client #4 and the community client #99 were at the group home. From 2:45pm until 3:20pm, community client walked throughout the group home, used the restroom, consumed a snack at the dining room table, retrieved the group home mail from the outside mail box, and completed activities at the dining room table with facility staff. On 11/10/15 at 2:55pm, QIDP (Qualified Intellectual Disabilities Professional) #1 indicated clients attended the weekly day services at the group home from the community and from the group home. QIDP #1 provided a list of the "Good Time Gang" and the "Wild Explorers;" both groups met weekly at the group home for day services and were staffed by the agency.</p>		<p>process. BCS was found to be deficient innot meeting this standard as evidenced by failure to ensure that the eightresidents of the Bollman group home were provided training and encouraged toexercise their rights as U.S. citizens when their group home was used by theagency as a Day Services (DS) site and to ensure that clients #1 & #8'sprivacy inside their bedroom.</p> <p>A) Corrective Action and Follow-UpSpecific to all eight residents of the Bollman group home & their rightsregarding DS group concerns:</p> <p>1.A DS Alternative Program (AP)planning team was developed to explore options for alternative site/locationsfor special interest groups held at BCS residential group homes operated byBCS. This team is made up of administrative and management staff invested inproviding consumer requested special interest AP groups as part of their DSprogram choice(s). The group includes the Quality Assurance Manager (QAM), DSCoordinator, Residential Administrator (RA), Administrative Assistant andProgram Director (PD). Interviewing consumers, advocates, guardians, HealthCare Representatives (HCR) and other pertinent individuals in the consumers'lives was started in early December. This group will continue to meet</p>				

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	<p>QIDP #1 indicated the clients who attended day services at the group home had access to clients #1, #2, #3, #4, #5, #6, #7, and #8's group home, watched television, ate meals, used the bathrooms, and used the group home equipment during day service times.</p> <p>On 11/10/15 at 11:05am, an interview was conducted with the Agency Program Director/Qualified Intellectual Disabilities Professional (APD/QIDP). The APD/QIDP indicated the agency had not notified clients #1, #2, #3, #4, #5, #6, #7, and #8 and/or their legally sanctioned representatives that Day Services were housed within the group home. The APD/QIDP indicated the agency allowed other agency clients, other agency staff, and visitors not associated directly with client #1, #2, #3, #4, #5, #6, #7, and #8's group home to have access to their group home, the living space, and equipment.</p> <p>On 11/12/15 at 10:56am, client #1's record was reviewed. Client #1's 4/22/15 ISP (Individual Support Plan) and record did not indicate consent and/or notification which included information regarding the agency providing Day Services in the group home.</p> <p>On 11/12/15 at 11:52am, client #2's record was reviewed. Client #2's 4/1/15</p>		<p>regularly until such time as all concerns, requests and options for sites have been explored, decisions made and plans implemented. Thereafter the group will meet as needed &/or quarterly for additional consumer program requests and as part of the DS Program Evaluation and Outcome Measurement strategies for CARF.</p> <p>2. During the week of December 7th all of the eight residents of the Bollman group home received re-training on "Your Rights" which is a component of the Consumer Handbook and is reviewed annually. In addition to the review of rights, specific components related to their home environment such as personal privacy, feeling safe & advocating when there are things that you don't like &/or things that are important to you were discussed & information sought on their thoughts/feelings regarding DS groups held in their home. Several of the residents had strong, positive feelings regarding the Good Time Gang (GTG) being located at their home as it is an important, long established group which they and/or their friends attend. For consumer #4 in particular who is fully retired and a home body, it has been an opportunity to interact more with others, form two friendships and have some fun. He is very animated in this group setting. No one felt strongly one way or another regarding the</p>				

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	<p>ISP (Individual Support Plan) and record did not indicate consent and/or notification which included information regarding the agency providing Day Services in the group home.</p> <p>On 11/12/15 at 5:00pm, client #4's record was reviewed. Client #4's 1/13/15 ISP (Individual Support Plan) and record did not indicate consent and/or notification which included information regarding the agency providing Day Services in the group home.</p> <p>On 11/12/15 at 10:50am and on 11/12/15 at 12:27pm, client #6's record was reviewed. Client #6's 7/1/15 ISP (Individual Support Plan) and record did not indicate consent and/or notification which included information regarding the agency providing Day Services in the group home.</p> <p>2. On 11/10/15 from 2:45pm until 5:30pm and on 11/12/15 from 6:10am until 8:05am, clients #1, #2, #4, #5, #6, #7, and #8's group home was visited. During both observation periods a monitor/receiver was on a shelf in the living room at the front entrance to the group home and was in the on position with the receiver light lit. On 11/10/15 from 2:45pm until 3:20pm, clients #1 and #8 were not at the group home, the</p>		<p>Women's Day group</p> <p>3. Over the course of December 1st through 11th, all of the BCS alternative DS program sites were visited and all participants re-trained on rights, responsibilities and respecting others. We provided information regarding potential changes in sites/locations for some of our DS special interest alternative programs/groups. The GTG expressed loud and clear that they would prefer to stay at the current site at Bollman unless they were not wanted there. They feel safe due to the accessibility of the home; feel welcome as this has been their alternative "home" for over 20 years for a couple of the group members and they respect the home and the people who live there. They understood that changes in location may happen but they advocated for staying at Bollman if possible. The Women's Day group indicated that they could still have their group in another location other than Bollman and one participant advocated that she would like to drop out of the group and attend her regular DS program at BCS. This request will be honored effective the week of 12/14/15. The Women's Day group will meet for the last time at Bollman on 12/17/15. They will then check out other site locations starting with the Enrichment group room at BCS and then take time to</p>		

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	<p>monitor in their shared bedroom was on, and the receiver in the living room was on. From 3:20pm until 5:30pm, clients #1 and #8 were in and out of their shared bedroom and both monitor units were on.</p> <p>On 11/12/15 from 6:10am until 8:05am, clients #1 and #8 had a monitor in the on position in their bedroom and the living room receiver for the monitor was on. Clients #1 and #8 were dressing, completing their daily routines, and their voices could be heard in the living room. At 7:20am, client #8 was interviewed and indicated she was not aware the monitor was left on. At 7:20am, GHS (Group Home Staff) #1 indicated the monitor was in place to alert the overnight staff if client #1 got up from bed without alerting the staff to assist her. GHS #1 indicated client #1 had a door bell on her bed for her to summon staff for assistance, however client #1 did not always ask for help. The facility put the monitor in place after client #1 continued to fall and it was used to alert staff when client #1 was out of her bed at night. When asked when the monitor was turned off, GHS #1 indicated she was not aware if the monitor was turned off.</p> <p>On 11/12/15 at 10:56am, client #1's record was reviewed. Client #1's 4/22/15 ISP (Individual Support Plan) and 7/1/15</p>		<p>explore other site options at the agency or in the community.</p> <p>4. The week of December 7th all of the guardian & HCR's for the consumers living at Bollman were contacted by the QIDP in order to provide information about the DS groups at Bollman and to see what concerns, questions &/or support they might have in regards to their loved one and groups being held in their home. Many of the guardians/HCR were aware of the two groups held at the home and no one offered any concerns or criticisms of these groups except one who requested information regarding staffing ratios. Several had specific positive things to note about the group(s) and the positive impact they have had on a loved one, for example consumer #4 is "more animated" when he is with the GTG & has options for more socialization; that type thing. All guardians/HCR's were agreeable to sign a consent form stating such agreement. They are aware that groups may or may not continue with Bollman as their DS site in the future.</p> <p>5. Due to popular demand by consumers, consent agreement by the Bollman residents & their guardians/HCR's the GTG will remain at the current location at this time. The Women's Day group will move to an alternative site/location following their Dec. 17th 2015 group.</p>		

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	<p>BSP (Behavior Support Plan) did not indicate the use and consent of a monitor. Client #1's record did not indicate an assessed need for the use of the monitor.</p> <p>On 11/16/15 at 6:15pm, an interview was conducted with the Agency Program Director/Qualified Intellectual Disabilities Professional (APD/QIDP). The APD/QIDP stated client #1's monitor "in the living room was for the monitor associated with [client #1's] room. There is no identified health/safety reason for the monitors by any health care professional. Rather this was started following an incident when [client #1] fell getting out of bed. She has a bell on her headboard to alert someone for help if she needs it to get up during the night or other need for assistance. The monitors have been removed effective 11/16/15." The APD/QIDP indicated the use of the monitor should have been assessed, a plan developed, and consent obtained before its use. The APD/QIDP indicated client #1 and #8's privacy was not ensured when the monitor was left on in the living room and bedroom.</p> <p>9-3-2(a)</p>		<p>6.The GTG will be trained on theGTG Guidelines/Rules for Participation which include respecting the Bollmanconsumers rights & their home during group sessions by 12/20/15.</p> <p>7.All consumers at Bollman willhave addendums made to their ISP indicating notification and consent agreementto alternative DS groups being held in their home effective date of theirconsent as well as agreement by HCR &/or guardian. Should the GTG continueto participate in group at Bollman setting in the future then agreement to suchplan will again be discussed at each consumers annual case conference to assurethat each individual continues to feel that same about consent to have groupsin their home. This will be documented in the narrative portion of the ISP& signed off on by the consumer & their HRC/ guardian. Effective12/20/15 and then ongoing.</p> <p>8.Starting the week of December 14th2015, all DS AP's located in group homes &/or relocated to othersites/locations will receive training at least monthly on important advocacyissues involved with rights, responsibilities and the consumer grievanceprocedure ("What to Do If I Don't Like Something") from the Consumer Handbook .This is a starting point</p>		

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			<p>for exploring opportunities to allow & encourage consumers to learn more about exercising their rights & encouraging independence to the extent of their abilities. Training will be documented by use of the Consumer Inservice Training form with an outline of training focus attached & submitted to the QAM & PD for review by the end of each month. Consumer training documentation will be kept with the Administrative Assistant and monitored quarterly by the DS Alternative Program Planning Team.</p> <p>9. All direct care staff working with residential consumers across all settings will be retrained on items from the Consumer Handbook including "Your Rights" and the "The Grievance Procedure". Training will also include further discussion on consumer rights and encouraging advocacy.</p> <p>10. All RMT's & administrative team members will be trained on items A.1-9 to assure an understanding of consumer protections, programming involved and training staff & consumers. Persons responsible: Program Director (PD); Quality Assurance Manager (QAM); Residential Administrator (RA); DS Coordinator; Administrative Assistant; AP Trainers and Bollman Management Team. Target</p>		

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			<p>completion date: 12/20/15</p> <p>B) Corrective Action as it relates to alleight Bollman consumers and community client #99:</p> <p>1.It is important to note that manyof the Bollman residents are extremely social and regularly invite friends,family, boyfriends & important others in their lives over for meals,parties, private time & to just socialize. They are proud of their home andwelcome others to share time & fellowship with them.</p> <p>2.Community Client #99 will visitthe Bollman home when asked by a resident of the home as a guest. Effective12/20/15 any visits will be monitored closely by staff and he will beredirected should he demonstrate any actions that are not respectful of theprivacy of the residents of the home. He will be directed to follow the same BollmanHome Guidelines/Rules set up for the DS groups participating at Bollman. Shouldthere be staffing issues at his group home which require him to be at anotherlocation for an hour or a shift, identified support staff at the agency will becontacted to step in wherever #99's QIDP indicates they are needed. Identifiedsupport staff for #99 include the Decatur Residential Manager; QAM;Administrative Assistant and Relief staff.</p> <p>3.Additional training will beprovided to #99 regarding rights & responsibilities,</p>	

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			<p>especially as it relates to respecting the privacy of others on an ongoing basis. Role modeling will be encouraged as a good training tool for consumer #99. Person's responsible: Decatur Residential Management Team (RMT); QAM; PD; RA and all staff working with #99. Target completion date: 12/20/15.</p> <p>C) Corrective Action as it relates to Clients #1 & #8's privacy inside their bedrooms:</p> <p>1. Following the surveyor's visit to the group home on November 10th & 12th, the PD & Bollman QIDP in conjunction with agency RN met at the group home and assessed the monitor(s) & privacy violations that the surveyor had addressed regarding Consumer #1 & #8's lack of privacy inside their bedroom. It was the opinion of the assessment team that the monitor/receiver be removed on November 12th as there was no identified health/safety reason for the monitor by any health care professional. It was clearly restrictive and a violation of both ladies rights. Safety supports are available for Consumer # 1 which are not restrictive, for example a bell on her headboard to alert staff if she needs/wants assistance.</p> <p>2. Re-training will be provided to medical department, supervisory staff, administrative and management teams on protecting consumer rights in general and</p>		

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			<p>restrictive measures in particular. Identifying restrictive measures & the steps involved in the process of developing ISP's/plans following assessment, plan development with very specific strategies & time lines, review by HRC, training, monitoring, etc.</p> <p>3. All DCS working with Bollman consumers across all settings will be trained on understanding restrictive measures and identifying if they might be violating an individual's rights, as in the case of consumers #1 & 8. Persons responsible: Decatur RMT; PD, RA and QAM Target completion date: 12/20/15</p> <p>D) Corrective action for BCS practices agency wide:</p> <p>1. All supervisory staff agency wide including Supported Living Management Team (SLMT) members will be retrained on protection of consumer rights in general and specifically items A.1-9; C.1-3 and respecting the privacy of others on 12/16/15.</p> <p>2. All staff working with residential consumers across all settings will be trained on protection of rights; an overview of A.1-9 & C.1-3 as well as respecting the privacy of others by 12/20/15.</p> <p>3. All SL DCS will be retrained at the next scheduled house/staff meetings by the SLMT members. Persons responsible: PD; RA; QAM; RMT's; SLMT's;</p>	

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W 0289 Bldg. 00	<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 observation, record review, and interview, for 1 of 4 sampled clients (client #4), the facility failed to ensure the use of Mandt behavioral interventions (behavioral interventions to protect the safety of the client and others) was defined with a hierarchy of interventions and incorporated into his ISP (Individual Support Plan) and/or BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Observation and interview were conducted on 11/10/15 from 2:45pm until 5:30pm and on 11/12/15 from 6:10am until 8:05am, at the group home of client #4. Client #4 sat in his wheelchair and moved throughout each room of the group home independently and interacted with his housemates and staff.</p> <p>Client #4's record was reviewed on 11/12/15 at 5:00pm. Client #4's 1/13/15</p>	W 0289	<p>DSCoordinator and Administrative Assistant. Target completion date: 12/20/15</p> <p>W289-Management of Inappropriate Client Behavior The use of systemic interventions to manage inappropriate client behaviors must be incorporated into the clients ISP &/or BSP. BCS failed to ensure behavioral interventions were defined to protect the safety of the client and others with a hierarchy of specific interventions in one consumer BSP/ISP. The BSP utilized a generic approach to interventions for Consumer #4 that basically called on "positive intervention techniques per the Mandt system" rather than specific, individualized interventions for this consumer. A) Corrective Action and Follow-Up Specific to Consumer #4 (hereafter referred to as C4): 1. C4's annual BSP review by the BCS HRC has been moved to December 16th 2015 in order to provide specific, individualized interventions for his targeted behaviors of aggression, SIB, PICA and intentional incontinence. His HCR is in</p>	12/20/2015			

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	<p>ISP (Individual Support Plan) and 3/1/15 BSP (Behavior Support Plan) both indicated client #4 had "targeted behaviors" which included: Aggression, Self Injurious Behavior (SIB), incontinence of urine and feces, and PICA (eating inedible items). Client #4's BSP indicated "...Interventions: Aggression...3. Staff will use positive interventions techniques per the Mandt System. SIB...3. Staff will use positive interventions techniques per the Mandt System." Client #4's ISP, BSP, and/or record did not include a defined hierarchy of Mandt interventions and did not include a definition of the Mandt techniques.</p> <p>On 11/16/15 at 3:00pm, an interview was conducted with the Agency Program Director/Qualified Intellectual Disabilities Professional (APD/QIDP). The APD/QIDP indicated the Mandt System and a hierarchy of behavioral interventions were not defined in client #4's ISP and BSP.</p> <p>9-3-5(a)</p>		<p>agreement to these more specific intervention techniques with the least restrictive measure employed and removed as soon as C4 is no longer an immediate threat to self or others. The BSP will be reviewed for approval by the HRC on 12/16/15.</p> <p>2. Following HRC & HCR approval, training will be provided to all staff working with C4 across all settings by 12/20/15. This training will also include specifics for data collection per targeted behavior to assure consistency. The plan will be implemented once approved and training completed with the targeted implementation date of January 1st 2016.</p> <p>3. The Mandt System of relationship skill(s) building for healthy relationships, communication & conflict resolution is used as proactive components of BSP's and not typically used for specific, individualized interventions for targeted behaviors. BCS is currently using Positive Intervention Technique (PIT) training. QIDP retraining will include reminders of use of PIT for proactive components for BSP's, but not as generic interventions.</p> <p>4. Bollman QIDP will receive additional training on writing individualized interventions for BSP's, as well as developing more individualized & updated goals, objectives & strategies for ISP's by 12/20/15.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G555	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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			<p>5.All residential QIDP's will be retrained on the use of specific, individualized behavioral interventions expected to be incorporated into the BSP &/or ISP and bebased upon results of the functional behavioral assessment of the individual. Also re-training on the least restrictive measures must be only be used and removed as soon as the consumer is no longer a threat to self or others. A review of the importance of proactive components & positive intervention techniques will also be included with training to be completed by 12/20/15.</p> <p>6. Medical Department, Administrative Team and DS Coordinator will be re-trained on items in A.4 above that are pertinent to implementing plans consistently across all settings by 12/20/15. Person's responsible: Bollman QIDP & Decatur RMT; PD, RA & QAM. Target completion date: 12/20/15</p> <p>B) Corrective Action as it relates to BCS practices agency wide:</p> <p>1.All SLMT & any other identified supervisory staff will be trained on A.4 above that are pertinent to implementing plans consistently across all settings on 12/16/15. They will then be responsible for training SL DCS on A.4 at their next staff/house meetings. Person's Responsible: PD, RA, QAM & SLMT's Target completion date: 12/20/15</p>	