

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G132	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2011
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NAME OF PROVIDER OR SUPPLIER  BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 423 WIND RIDGE TR BERNE, IN46711
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W0000	<p>This visit was for the investigation of complaint #IN00096239.</p> <p>Complaint #IN00096239: SUBSTANTIATED, federal/state deficiency related to the allegation is cited at W149.</p> <p>Dates of Survey: October 6 and 7, 2011.</p> <p>Provider number: 15G132 Facility number: 000669 AIM number: 100234280</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III/QMRP.</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/18/11 by Chris Greeney, Medical Surveyor Supervisor and 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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W0149	<p>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 follow their policy to ensure the direct care staff (DCS) followed the client specific plan for 1 of 4 sampled clients (client A) which resulted in client A falling and requiring emergency medical care.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/6/11 at 2:57 P.M. including the Bureau of Developmental Services (BDDS) reports.</p> <p>-a BDDS report dated 9/3/11 for an incident on 9/2/11 at 5:55 P.M. indicated the following: "[Client A] became upset when he saw Direct Care</p>	W0149	<p><b>Wind Ridge Complaint Plan of Correction (POC)</b> <b>October-November 2011 W-149 Staff Treatment of Clients</b> As noted in the Investigation of Complaint summary of deficiency &amp; findings related to the W149 regulation, BCS neglected to follow our Abuse and Neglect (A/N) policy to ensure the Direct Care Staff (DCS) followed Client A's support plan(s), which resulted in a fall requiring emergency medical care. Within 24 hours of the incident the QMRP assessed Client A prior to submitting initial BDDS Incident Report. Two more injuries were discovered that occurred during the fall requiring medical attention at Stat Care. Due to information gathered during the QMRP's assessment, an investigation into possibility of abuse and/or neglect was started immediately by the QMRP with input from agency administrator. The two staff working with Client A at the time of the fall were suspended pending completion of investigation. The internal investigation was completed by Residential Management Team (RMT) members QMRP, QMRP-D and Group Home Manager in a VERY timely manner with minimal disruption to the WR guys and/or staff as per BCS guidelines for investigating</p>	11/06/2011	

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	<p>Staff (DCS) #10 remove items from his room. [Client A] reportedly saw some of his personal belongings in the bag DCS #10 carried out of his bedroom. A 'power struggle' is believed to have occurred" and "[client A] threw his walker at [DCS #10]." "[Client A] then decided to run away, and took off running without his walker down the driveway of the group home. [Client A] fell face first on the driveway (concrete)." Client A was transported to the local emergency room (ER) by EMS. Client A received sutures to his right eyebrow for a 2 cm (centimeter) laceration. He had a CT scan which was normal. Client A was released back to the group home.</p> <p>-a BDDS report dated 9/3/11</p>		<p>suspected abuse/neglect. This was the Labor Day weekend and staff and RMT made every effort to complete the investigation interviews and make recommendations ASAP thus assuring that the men living in the home were free from harm. Four employees and one consumer were interviewed with the outcome being allegations found to be unsubstantiated for one of the employees, but neglect was substantiated for the other staff member (DCS #10) due to not following the Behavior Support Plan, untruths during interview process and past personnel action relating to power struggles with consumers. The following actions and plans have been developed to assure that Client A; all men residing at WR group home as well as all consumers receiving services from BCS have protections and supports in place that are implemented to ensure their rights as individuals and freedom from abuse and neglect.</p> <p><b>A) Corrective action and follow-up specific to Client A and WR group home:</b> 1. A thorough and timely internal A/N investigation regarding the situation leading up to Client A becoming upset and then injured during a fall was conducted on September 3 rd and 4 th 2011 by the Residential Management Team (RMT). The investigation was started immediately by the QMRP contacting BCS Program</p>		

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	<p>for 9/3/11 at 3:00 P.M. indicated the following: "[Client A] has two more injuries related to his fall on 9/2/11. A 2-2-1/2" (two by two and one half inch) in diameter bruise to his right wrist. His left ring finger bruised and swollen. [Client A] was taken back to the ER. [Client A] was diagnosed with a hematoma and contusions".</p> <p>Client A's record was reviewed on 10/7/11 at 10:12 A.M.. and indicated he had a BSP (Behavior Support Plan) dated 7/1/11 which included interventions for theft. Staff were to maintain visual contact with client A at all times when he was out of his bedroom. If client A was suspected of taking something which did not belong to him, staff were to</p>		<p>Director once she had assessed Client A. 2. Termination of DCS #10 due to not implementing BSP, Consumer Specific Training (CST) and fall risk plan. In addition DCS #10 had been warned in the past regarding agency lack of tolerance regarding power struggles. 3. Another employee who was working as "Relief" staff at the time of the incident received a verbal warning and re-training on Client A's BSP addendum and Risk Plan revision including specifics related to fall prevention. In addition a review of the agency A/N policy was provided. 4. An Addendum for Client A's BSP was completed on 9/8/11 to include interventions for theft addressing DCS and Client A working together twice weekly to check through belongings; avoiding power struggles and listing of pertinent triggers and reinforcement information. In addition, "Remaining at Home" even when agitated was added as a goal of the BSP. All DCS working with Client A at WR were trained on the BSP Addendum on 9/8/11. All staff working with client A at Day Services (DS) was trained on the BSP on 9/23/11. 5. Fall Prevention plan was revised for client A's Risk Plan (RP) on 9/8/11. He has always had an identified RP for falls, but the revision included focus on prevention when client A is agitated or "attempts to run</p>		

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	<p>talk with him, and remind him of the importance of telling the truth, and making restitution of items taken. Client A's BSP did not include the intervention of staff going into his room and removing items without him being present. Client A's record indicated he had an addendum to his BSP dated 9/8/11 with an added intervention for "running away," and for "staff and [client A] checking through his belongs together twice a week." Client A's record also included an updated Health Risk Plan dated 9/8/2011 which included "keeping [client A] calm so he will use his walker 100% of the time."</p> <p>The facility Director of Residential Services (DRS) was interviewed on 10/6/2011 at 4:00 P.M.. The DRS stated,</p>		<p>away". WR DCS were trained on fall prevention plan revisions on 9/8 &amp; 9/9/11. DS DCS were trained on fall prevention plan on 9/19/11.6. Client A's CST was revised on 9/23/11 to include interventions identified in RP and BSP revisions, especially relating to avoiding power struggles &amp; inclusion in "checking his stuff" twice weekly. WR DCS trained on CST revisions on 9/26/11. DS staff trained on CST 9/23/11. 7. All staff working with client A at WR was re-trained on A/N policy on 9/17/11. 8. For this POC all staff working with Client A across all settings will be re-trained once again on the revisions to his BSP, RP and CST to assure that everyone is implementing the plans consistently. Staff at the Good Time Gang retirement alternative program were re-trained on the revisions on 10/21/11.9. All staff working with Client A at WR will be re-trained on the agency A/N policy with focus on plans being implemented as written. Also the Program Director will provide training on better clarifying/understanding the spectrum of neglect issues as it relates to consumers' rights. 10. Home Observation (HO) at WR with focus on Client A's plans being implemented as written was completed by the Administrative Assistant for Quality Assurance (AAQA) the last week of October noting that DCS were providing</p>		

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	<p>"Staff had in no way followed [client A's] plan."</p> <p>The facility policy for Abuse and Neglect/ Injury and Illness dated 1/20/2011 was reviewed on 10/7/11 at 9:45 A.M. and indicated the following: "Employees of [Facility] have the responsibility to ensure the protection of all consumers. This means that our consumers are free of mistreatment from abuse, neglect, exploitation or a violation of individual rights...Any employee who suspects or witnesses abuse, neglect or violation of individual rights is to contact supervisory staff immediately...."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00096239.</p>		<p>active treatment and implementing plans in a positive &amp; respectful environment. Person's Responsible: Program Director (PD); Residential Administrator (RA); QMRP; QMRP-D and Berne Residential Manager. Target completion date: 11/6/11 <b>Corrective Action Plan as it relates to BCS practices agency wide:</b> 1. Since the week of August 24 th and continuing through September 2011, all staff agency wide were re-trained on the agency A/N policy with focus on understanding agency expectation of employment related to implementing the agency A/N policy and advocacy for consumer's rights. Persons Responsible: PD and Residential &amp; Supported Living Management Teams. TCD: September 30 th 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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