

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 01/13/2012	
NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 423 WIND RIDGE TR BERNE, IN 46711			
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W0000	<p>This visit was for a post-certification revisit (PCR) to the investigation of complaint #IN00096239 completed on October 7, 2011.</p> <p>Complaint #IN00096239- Not Corrected.</p> <p>Dates of Survey: January 12 and 13, 2012.</p> <p>Provider Number: 15G132 AIM Number: 100234280 Facility Number: 000669</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/24/12 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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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 and procedure to ensure the Direct Care Staff (DCS) followed the client specific plan and to ensure clients who lived in the group home were not subjected to verbal abuse for 1 of 8 clients (client G) who lived in the group home.</p> <p>Findings include:</p> <p>On 1/12/12 at 8:50am, the facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed for the period from 10/7/2011 through 1/12/12 and indicated the following:</p> <p>-A 12/14/11 BDDS report, for an incident on 12/9/11 at 9am, indicated a "[Professional Medical Staff at the local Hospital] contacted Bi-County (Agency) at 12pm on 12/13/11 regarding two Bi-County Staff that [the Professional Hospital Medical Staff] felt were being demanding and demeaning during [client G's] labs on 12/9/11 at 9am." The report indicated the two staff (DCS #1 and DCS #2) were immediately suspended and the agency began an investigation.</p> <p>On 1/12/12 at 8:50am, the facility's 12/13/2011 "Summary of Verbal Abuse Investigation" regarding client G was reviewed. The investigation indicated "...Verbal abuse toward [client G] was substantiated by both employees. It was found that [client G] was treated in a demeaning manner in a public location using loud tones of voice that was unnecessary and drew attention to [client G] in an undignified manner."</p>	W0149	<p>Wind Ridge Complaint Plan of Correction (POC) Complaint # IN00096239 Not Corrected at Post-Certification Revisit (PCR) January 13th 2012</p> <p>W-149 Staff Treatment of Clients</p> <p>Bi-County Services, Inc. (BCS) was found to be deficient through failure to implement a systemic plan of correction to prevent recurrence of abuse, neglect, exploitation and violation of individual rights as per the agency's Abuse/Neglect (A/N) policy which was revised January 2011. In the past, the agency administration identified the importance of management and administrative accountability for protection of consumer rights with a focus on leadership through demonstration of agency expectations especially relating to the implementation of the A/N policy. This post-certification revisit (PCR) indicates that we have not taken all the needed steps to assure that the system in place monitors responds and corrects concerns as they arise thus allowing for prevention of abuse/neglect/exploitation & violation of rights. The focus of our corrective action is to put in place internal supports to prevent</p>	02/12/2012			

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	<p>The investigation indicated DCS #2 had been retrained specifically on client G's plans on "two different occasions" on 11/18/11 and on 11/28/11. The investigation indicated DCS #2 "felt stressed" by client G and the agency reassigned DCS #2 to a new location in the company after retraining for abuse, neglect, and mistreatment. The investigation indicated DCS #1 was retrained on client G's support plans, retrained on abuse, neglect, and mistreatment, and competency testing was completed "before" DCS #1 was on duty again at the group home.</p> <p>On 1/12/12 at 10:45am, an interview with the Agency's Program Director (APD) and the Residential Services Administrator (RSA) was completed. Both the APD and the RSA indicated client G was verbally abused on 12/9/11 by two facility staff who had taken client G to the local hospital for client G's lab testing. The APD indicated DCS #1 and DCS #2 were suspended to protect client G during the investigation. The APD indicated facility staff did not follow the agency's abuse, neglect, mistreatment policy/procedure to prevent the verbal abuse of client G.</p> <p>On 1/12/12 at 8:50am, the facility's undated "Abuse and Neglect/Injury and Illness" was reviewed. The policy indicated "Employees of Bi-County Services have the responsibility to ensure the protection of consumers. This means that our consumers are free of mistreatment from abuse, neglect, exploitation or a violation of individual rights. Bi-County Services prohibits punishment, forced physical activity...." The policy indicated defined "Mistreatment is simply to treat badly...verbal abuse...threats that create emotional stress...Abuse involves using physical, emotional, verbal, or mental mistreatment. Abuse can be physical injury or threats to cause harm. It</p>		<p>recurrence(s). This will involve closer monitoring and follow-up (F/U). We will use the agency's Vision Statement as a guideline that is measureable through observations and documentation. Active treatment training and competency is also an important piece in assuring consumer rights. Our current system of utilizing Home Observations (HO) to assess staff interactions with consumers fell short in assuring that consumers were free from abuse, neglect and violation of rights. We will continue to use HO's as one component of internal supports but will assure that recommendations for follow-up F/U be incorporated using a regular monitoring system. Other internal supports</p> <p>The PCR focused on Consumer G and an internal investigation regarding verbal abuse by two Direct Care Staff (DCS) while in the community. It was substantiated that consumer G was treated in a demeaning manner in a public location by DCS using loud tones of voice that was unnecessary and drew attention to consumer G in an undignified manner. The Summary of the Verbal Abuse Investigation relates recommendations and follow-up that was completed for Consumer G, DCS involved and/or other DCS working in the group home. One of the two DCS was</p>				

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	<p>may also involve doing or saying things that make people feel scared or humiliated...."</p> <p>This deficiency was cited on 10/7/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>removed from the Wind Ridge (WR) group home and it should be noted that the stress level in the home has decreased as a result of that change in staffing. Due to a recent acute health care issue, consumer G has had several changes to his Consumer Specific Training, as well as Risk Plans. Three small group strategic planning sessions with WR DCS, Berne residential management team (RMT) and an administrator met to do proactive planning for consumer G specific to positive approaches when he is in a manic, obsessive/compulsive cycle which historically has been challenging for him and staff. The input from the planning meetings will be used to write an addendum to his Behavior Support Plan (BSP) addressing a protocol for the cyclic behavior.</p> <p>The following actions and plans have been developed to assure that Client G; all men residing at WR group home as well as all consumers receiving services from BCS has protections and supports in place that are implemented and MONITORED to ensure their rights as individuals and freedom from abuse and neglect.</p> <p>A) Corrective action and follow-up specific to Client G and WR group home:</p>		

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			<ol style="list-style-type: none"> 1. As noted above, Consumer G has had Risk Plans (RP) and Consumer Specific Training (CST) revised due to health care concerns in late December 2011 and early January 2012. The CST, in particular addresses vulnerability to mistreatment 2. Strategy meetings held with WR DCS to develop a cyclic protocol during manic and obsessive/compulsive episode addendum to the BSP. Strategy meetings to be completed by 2/3/12 and Protocol written by 2/12/12 for Human Rights Committee (HRC) review on 2/22/12. 3. Dementia Assessment and recommendations by agency RN to be completed by 2/12/12. In addition, further assessment and recommendations is being sought by Kendi Wickey, Memory Support Coordinator and RN, for further consultation. 4. All DCS working with consumer G across all settings were retrained on Agency Code of Ethics, especially as it relates to core principles and values promoting consumers quality of life; treatment of consumers and treatment of co-workers A/N policy, as well as the Abuse/Neglect policy the week of 12/16/11 as part of the recommendations for follow-through with the original A/N investigation. 5. All DCS working with consumer G and all consumers 		

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			<p>living in residential group homes will be trained and competency tested in the agency Vision Statement; active treatment and prevention of A/N by 2/12/12.</p> <p>6. All DCS working at the WR group home will be competency tested on essential job responsibilities ensuring that they have a thorough understanding of programming, health and safety priorities for the men living at WR. This is a comprehensive competency test from the Human Resources department based on management input that includes, but is not limited to focus on ISP's, RP's, CST's, Home Exercise Plans (HEP), diets, safe use of adaptive equipment (including lifts), medication and treatment administration, emergency action plans, etc. All WR DCS will be competency tested by 2/12/12.</p> <p>B) Internal Supports for Prevention of A/N;</p> <p>7. The agency Vision Statement will be used as a standard for quality which is measureable through observation and documentation. Components monitored monthly will include data & progress on ISP's; meaningful community integration opportunities and active treatment being provided. Managers and QMRP's will provide administrative staff with information for review & monitoring monthly. Monthly</p>		

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			<p>administrative reports will be provided to the Quality Assurance Review Team for quarterly oversight.</p> <p>8. The Residential Manager (RM) Job Description will be reviewed and/or revised to assure that monitoring component are a part of the Essential Job Functions by 2/12/12.</p> <p>9. All RM's will assure that HR Comprehensive Competency Test for DCS is completed within 90-120 days of staff employment and then again annually.</p> <p>10. All RM's will assure that the Medication Administration & Treatment & Treatment Administration Records (MAR/TAR) are monitored all days that they work and assign a delegate to monitor when they are not on duty. This assures that medications and treatments are being completed per physician's orders and that other safeguards in place (such as Buddy Checks) are being used consistently.</p> <p>11. All RM's will review data collection and documentation at least three times weekly for ISP goals & objectives, BSP tracking, RP tracking, etc. This also assures active treatment is being done and assures that consumer's rights are not being violated through negligence in implementing consumers' programming.</p> <p>12. Home Observations will continue to be utilized and completed weekly by RMT and</p>		

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			<p>monthly by an administrative team member. All recommendations will be followed through on and/or monitored. HO's will be reviewed by administrative staff in a monthly review report and provided to QART quarterly for oversight. 13. As we have set our standard for management and administrative responsibility for assuring prevention of A/N & violation of consumer rights, a RMT meeting was held on 1/27/12 spelling out expectation for meeting this requirement. All RMT, administrative team and supervisory staff working with residential consumers were trained on the Vision Statement expectations, Active Treatment competency, and prevention of A/N & violation of rights. Program Director and Residential/Supported Living Administrator (R/SLA) will be responsible for assuring management "buy-in" to our standard and address concerns through the agency's personnel action system.</p> <p>14. All Supported Living Management Team members will receive training on expectations noted in item #13 by 2/9/12.</p> <p>Person's Responsible: Program Director (PD); Residential Administrator (RA); and RMT's.</p> <p>Target completion date: 2/12/12</p>		

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			<p>Corrective Action Plan as it relates to BCS practices agency wide:</p> <ol style="list-style-type: none"> Reference item # 14 above. In addition SLMT's will train and competency test their staff over the next 30-60 days. The agency annual Mandatory Inservice Training (MIT) will include training on active treatment, Vision Statement, and a focus on Consumer's rights. The A/N policy will be reviewed with all staff during the MIT. MIT scheduled for 3/15/12. The agency's Services Accessibility Plan (SAP) targets the implementation of the agency Vision Statement and priorities listed in this POC in the Attitudinal and Communication Barrier sections with status and solutions identified. The 2012 SAP will be reviewed by the agency Board of Directors on 2/8/12 and any recommendations will be made by the Program Director at such time. <p>Persons Responsible: PD, Res/SL Administrator, SLMT & Administrative leadership.</p> <p>TCD: 2/12/12</p>		