

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G757	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/25/2011
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 304 3RD ST FLORA, IN46929		
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W0000	<p>This visit was for the investigation of complaint #IN00098051.</p> <p>COMPLAINT #IN00098051: SUBSTANTIATED, Federal and state deficiencies related to the allegation(s) are cited at W149, W154 and W227.</p> <p>Dates of Survey: October 24 and 25, 2011</p> <p>Facility number: 011817 Provider number: 15G757 AIM number: 200940180</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/17/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			
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</p>	W0149	The investigation was not available at the time of the	12/09/2011	

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>facility failed for 1 of 2 sampled clients (client A) to ensure the Abuse/Neglect policy was implemented in regards to investigating an allegation of sexual abuse/rape.</p> <p>Findings include:</p> <p>On 10-24-11 at 11:00 a.m. a review of the facility's BDDS (Bureau of Developmental Disability Services) reports was conducted. The review indicated the following:</p> <p>-A BDDS report for client A dated 10-3-11 indicated client A alleged she was raped at her day program. The day program reported the individual she accused of assaulting her was not at the workshop during the time of the alleged rape.</p> <p>On 10-25-11 at 2:00 p.m. a review of the facility's Abuse/Neglect policy (no date available) was conducted. The policy indicated any person receiving services and supports would be assured protection from abuse, neglect, and exploitation.</p> <p>On 10-25-11 at 1:00 p.m. an interview with the House Manager indicated client A should be free of abuse/neglect and the policy should be implemented. She also indicated the day program and the police</p>		<p>survey. Correction: The completed investigation will be kept in the home in a locked filing cabinet and made available when needed. Responsible Party: Program Coordinator</p>		

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W0154	<p>department completed investigations, but she did not have the investigations available for review. The House Manager indicated the facility's investigation was not available for review.</p> <p>This federal tag relates to complaint #IN00098051.</p> <p>9-3-2(a)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client A) to ensure a thorough investigation was completed for an allegation of sexual abuse/rape.</p> <p>Findings include:</p> <p>On 10-24-11 at 11:00 a.m. a review of the facility's BDDS (Bureau of Developmental Disability Services) reports was conducted. The review indicated the following:</p> <p>-A BDDS report for client A dated 10-3-11 indicated client A alleged she was raped at her day program. The day</p>	W0154	<p>Correction: The completed investigation will be kept in the home in a locked filing cabinet and made available when needed. Responsible Party: Program Coordinator</p>	12/09/2011	

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W0227	<p>program reported the individual she accused of assaulting her was not at the workshop during the time of the alleged rape.</p> <p>On 10-25-11 at 1:00 p.m. an interview with the House Manager was conducted. She indicated all allegations of abuse should be investigated. She indicated no investigation was available for review at this time but she did have the BDDS follow ups available for review.</p> <p>This federal tag relates to complaint #IN00098051.</p> <p>9-3-2(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client A) to ensure her Behavior Support Plan (BSP) addressed her identified needs in regard to her sexual behavior.</p> <p>Findings include:</p> <p>On 10-24-11 at 11:00 a.m. a review of the facility's BDDS (Bureau of</p>	W0227	<p>Correction: The following was added to the bsp to address false statements.Addressing False Statements: 1) When xxxx creates false stories, staff should address her immediately by saying, "xxxx, telling stories is lying. Lying is not appropriate. It hurts others and it hurts you." Staff may do so in the presence of others as often he makes false statements about</p>	12/09/2011	

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	<p>Developmental Disability Services) reports was conducted. The review indicated the following:</p> <p>-A BDDS report for client A dated 10-3-11 indicated on 9-15-11 client A had come home from day program and reported to staff that she had consensual intercourse with a coworker in the bathroom. On 10-3-11 client A reported to staff that it was not consensual intercourse, but that she had been raped. On 10-7-11 A BDDS follow up report indicated client A indicated she thought she may be pregnant, and that she did have a history of making false allegations of sexual activity. A BDDS follow up report dated 10-20-11 indicated client A is still stating the rape did occur and she had not returned to her workshop since the allegation was made.</p> <p>On 10-24-11 at 10:30 a.m. a review of client A's BSP dated 4-29-11 indicated her plan did not address her needs with her sexual behaviors.</p> <p>On 10-25-11 at 1:00 p.m. an interview with the House Manager indicated client A's BSP had not been updated but the staff had been told to notify the Behavior Specialist if client A wanted to talk about sex or the alleged rape.</p>		<p>someone who is present and their factual account will deter her manipulation of the facts. 2) If she starts making false statements again staff should ask her, "Are you telling the truth or is that a lie?" If she says the truth, ask her again. If she says the truth after asked a 2 nd time, walk away and ignore her until she approaches you to tell the truth. 3) When she answers a lie, staff should ask her, "What happens when you tell lies?" Her answer should be any of the following: I get myself into trouble, I lose others' trust, I make them uncomfortable, others may not believe me when I tell the truth, I can get them into trouble. 4. Staff will report statements to program coordinator or behavior therapist who will follow-up and process with her. 5. Remind xxxx it is against the law to make false allegations and she could get into legal trouble for making false accusations. Responsible party: Behavior Specialist</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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