

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G351	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2014
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 556 S CR 550 W CONNERSVILLE, IN 47331
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Survey Dates: February 19, 20, 24, 25 and 27, 2014.</p> <p>Facility Number: 000867 Provider Number: 15G351 AIMS Number: 100244190</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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. Based on record review and interview for 1 additional client (#5), the facility neglected to implement written policy and procedures to ensure an investigation was conducted in regard to client #5's injuries resulting in fractures.</p> <p>Findings include:</p>	W000149	The facility policy which states that allegations of abuse, neglect, exploitation and mistreatment will be reported and thoroughly investigated was not followed by this QIDP. The QIDP completed an BDDS reportable report but failed to investigate the incident, which staff witnessed. It was not considered an "unknown injury". Staff were retrained on	03/29/2014

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>The facility's policies and procedures were reviewed on 2/19/14 at 2 PM. The undated "Consumer Abuse Policy and Incident Reporting" indicated "Abuse, neglect, exploitation and mistreatment of a consumer are unacceptable and will not be tolerated at Residential CRF, Inc..... Residential CRF, Inc. will have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in process." The policy indicated "For abuse and suspected abuse, physical abuse and indicators.... Staff should be cognizant of unexplained fractures to the skull, nose and other facial structures in various stages of healing. These injuries would also include any multiple or spiral fractures." The policy indicated physical abuse "Includes will infliction of injury, unnecessary physical or chemical restraints or isolation and punishment with resulting physical harm or pain. Includes, but is not limited to, any case in which the consumer exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling or death." The policy indicated all injuries of unknown origin were to be thoroughly investigated.</p> <p>Please see W154: For 2 of 2 injuries</p>		<p>3-5-14 on Completing a Thorough Investigation given by Steve Corya. The QIDP and supervisor have been retrained on reporting and investigative procedures. The QIDP will ensure that incidents will be reported per company and federal guidelines. The QIDP will review incident reports on a daily basis to ensure that all incidents that require investigations are completed. Staff Responsible: QIDP, Supervisor. Administrator</p>		

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W000154	<p>resulting in a fracture for client #5, the facility failed to ensure an investigation was conducted.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 2 injuries resulting in a fracture for client #5, the facility failed to ensure an investigation was conducted.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/19/14 at 1:30 PM. The facility records indicated:</p> <p>__ I/A (Incident/Accident) report of 9/13/13 at 3:15 PM indicated "Consumer just stopped walking and flopped on ground." __ I/A report of 9/27/13 at 3 AM indicated "Staff assisting consumer to bathroom, just flopped on floor yelling out." __ I/A report of 10/12/13 at 8:30 PM indicated client #5 was walking with the staff through the kitchen and "just</p>	W000154	The QIDP and Supervisor have received retraining on thorough investigation procedures. The QIDP will be responsible for assuring that any incidents of "questionable" nature are investigated thoroughly and reported to the administrator. The QIDP will notify staff and assure that documentation of interviews with staff and consumers is included with the investigation process. The QIDP will check incident reports on a daily basis to ensure that all incidents that require an investigation, have an investigation. Staff Responsible: QIDP, Supervisor, Administrator	03/29/2014	

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	<p>popped on floor." The report indicated client #5 sat on her left foot.</p> <p>__ The BDDS (Bureau of Developmental Disabilities Services) report of 10/13/13 indicated on 10/12/13 at 8:30 PM client #5 was walking to her bedroom, stopped and sat down on the floor. The staff assisted client #5 up off the floor and monitored the client as she got into bed. The following morning, the staff noticed client #5's left foot was swollen. Client #5 was taken to the ER (Emergency Room) and was found to have a fractured left foot and was fitted with a cast and released to return to the group home. On 10/23/13 client #5 saw her orthopedic surgeon and was fitted with a walking cast for her left foot.</p> <p>__ The BDDS report of 12/11/13 indicated on 12/10/13 at 9 PM client #5 was in the bathroom with the staff and became angry. Client #5 stomped her feet and in doing so client #5 stomped her left foot onto her right foot. Later the staff noted client #5's right foot was bruised. On 12/11/13 the staff noted client #5's foot "continued to bruise and seemed to be getting worse." Client #5 was taken to the ER where it was determined client #5 had fractured her right foot. "[Client #5] has a dx (diagnosis) of osteoporosis (bone</p>						

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	<p>disease) and has brittle bones thus causing easy fractures. [Client #5] is being admitted for rehabilitation to [name of rehabilitation center]."</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 2/19/14 at 2 PM indicated no investigations had been conducted in regard to client #5's injuries resulting in fractures on 10/12/13 and 12/11/13. The QIDP stated investigations had not been conducted "Because we know how it happened." The QIDP indicated client #5 has Osteoporosis and brittle bones.</p> <p>9-3-2(a)</p>			