

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/25/2013	
NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4716 S ADAMS ST MARION, IN 46953			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: November 18, 19, 20, 21, 22 and 25, 2013.</p> <p>Provider Number : 15G275 AIM Number: 100234970 Facility Number: 000795</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 27, 2013 by Dotty Walton, QIDP.</p>	W000000	W0000 Requires no comment.				

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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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, observation and interview, the facility neglected to implement policy and procedures to protect 1 of 4 sampled clients (client #3) to ensure corrective action was implemented to prevent choking for client #3 and failed to ensure staff immediately reported allegations of staff to client verbal abuse involving 3 of 4 sampled clients (#1, #2, and #4) and 3 additional clients (#5, #6, and #7) for 2 of 82 incidents reviewed.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/18/13 at 4:20 PM and included the following:</p> <p>1. A BDDS report dated 11/5/13 indicated client #3 "got choked on a piece of meat and came running up to staff holding his throat. Staff hit him on the back as he was coughing. He threw up in the trash and a piece of meat come (sic) out." The report indicated client #3 had a dining plan and was prescribed a regular diet with "no dysphgia (sic) (signs of choking)" noted.</p>	W000149	<p>W149 Staff Treatment of Clients This item outlines that the agency failed to implement policies and procedures to protect clients to ensure corrective action was taken to prevent choking for one client and failure to ensure staff immediately reported allegations of staff to client verbal abuse. The plan of correction for this tag is as follows: Sheltered Workshop, Life Skills and Group Home staff will all be trained on High Risk Plans before 12/25/2013. Included in this training are expectations of staff to monitor and assure that Risk Plans are followed. Managers of respective program areas are responsible for overseeing and assuring plans are being followed by staff. Staff will be trained on Abuse, Neglect, Mistreatment and Exploitation before 12/25/2013 emphasizing reporting requirements. The monitoring agent includes manager routine oversight to assure all ANME is reported immediately. Managers will emphasize that all ANME is to be reported immediately to assure that if there is an incident of ANME that the State and the Agency is aware to investigate the situation and assure the safety of all applicable consumers. Managers are</p>	12/25/2013			

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	<p>Corrective action indicated client #3's doctor was made aware of the incident and he "will be continually encouraged to take smaller bites." A follow up report dated 11/8/13 indicated on 11/5/13 client #3 choked on a piece of red meat "of the steak variety. During this occurrence client #3 attempted to consume a piece of meat that was approximately 2 in (inches) x (by) 1 in. Client stated that the meat had been difficult to cut so he attempted to eat a larger piece rather than cut it, also client #3 did not properly chew the piece of meat, or request assistance from staff in cutting the meat, as he is capable of doing." A follow up report dated 11/11/13 indicated client #3's dining plan was revised to "cut food items into bite size pieces-much like the size and shape of dice."</p> <p>During observations at the facility operated day services on 11/19/13 from 11:20 AM until 1:00 PM, client #3 ate his lunch of pasta in 2 inch pieces and an unaltered bread stick. Staff did not provide assistance to cut client #3's food into dice sized pieces.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/19/13 at 12:45 PM, and when asked if the failure to cut client #3's food into dice sized pieces placed him at risk for</p>		<p>responsible to monitor at all times. Additionally, the Day Services Life Skills program and the Sheltered Workshop program will be updating the Daily Documentation Sheets that summarizes all that occurred on a specific shift. This is a mandatory form. There are two added items asking 1) Did any incident of Abuse, Neglect or Exploitation occur today? If Yes, the Manager will see this and immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. 2) Were all applicable Risk Plans followed for this specific resident today? If No, the Manager will see this and immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. This sheet is a part of daily processes. These added components will assure that speedy response is taken in these serious situations. The Group Home will add these two questions to their Daily Logs. Anything that requires action will have action taken immediately to assure the health, safety and welfare of the consumers.</p>				

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	<p>choking she stated, "Yes, very much so."</p> <p>During observations at the group home on 11/19/13 from 3:45 PM until 5:45 PM, client #3 ate a 1 inch diameter piece of meat in one bite without cutting it into the size of a dice.</p> <p>The group home manager was interviewed on 11/19/13 at 5:35 PM. She indicated client #3's food was to be cut into dice sized pieces to prevent choking risk.</p> <p>2. A BDDS report dated 7/5/13 indicated client #2 had reported a Carey employee was verbally abusive. A follow up report (undated) indicated the clients in the home were interviewed and the allegation of abuse could not be substantiated. "There was evidence of a trend of this type of complaint with this specific employee. The agency decided that the employee would separate from the agency."</p> <p>An investigation dated 7/8/13, attached to the 7/5/13 report, included a statement by client #2 which indicated staff #7 had "yelled" at client #2 as he was praying at the dinner table, "yelled" at client #2 to count his money, "yelling and screaming at [client</p>				

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	#5]" and "cursing" at client #4. Staff #2 indicated staff #7 fell asleep while at work. Client #2 reported he was "tearful" over his treatment by staff #7 and stated, "I spent time in my room so I wouldn't be yelled at." Client #6 indicated staff #7 was "hateful," has a "grouchy tone," and "makes me feel uncomfortable." Client #6 reported staff #7 "will threaten telling (or making a meeting with) [the QIDP] on the consumers if they do not do when she asks (sic)." Client #1 indicated staff #7 "dozes off," and indicated staff #7 will often state "write 'em up" and will "threaten a meeting or will threaten to tell [the QIDP] on the consumers as a way to have the consumer comply." A statement by staff #8 indicated staff #8 described staff #7 as "screaming" at the residents continuously. "She heard [staff #7] call [client #7] stupid and telling several consumers to 'shut up'..." Client #7's statement indicated staff #7 called her "stupid." A summary of critical information indicated "The complaints that have risen from the investigation are denied by [staff #7]...[Staff #7] does have a history of this allegation. None of the past allegations were substantiated, however a trend is noted." A recommendation indicated the clients in the group home were "intimidated" by staff #7 and "Testimonies agree that her tone is inappropriate as multiple						

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	<p>informants state she yells/screams/hollers at the consumers." The report indicated staff #7 would be terminated, and "The allegation is not substantiated."</p> <p>The QIDP was interviewed on 11/19/13 at 2:30 PM. When about reporting the previous incidents of staff #7 "screaming" at the clients, she indicated it should have been reported by staff #8 and stated, "Yes definitely."</p> <p>The facility's Abuse, Neglect and Exploitation policy and Procedures for Reporting Abuse and Neglect and other Reportable or Unusual Incidents both dated 6/15/11 were reviewed on 11/18/13 at 2:30 PM. The Abuse, Neglect and Exploitation policy indicated "It is the policy of Carey Services to respect the rights of consumers served and protect them from possible abusive treatment, negligence, or exploitation on the part of staff, volunteers, or other consumers. Abusive treatment and/or negligence of responsibilities with respect to the welfare and safety of consumers are incompatible with the purpose of the agency. Failure of a staff member to immediately report abuse/neglect/exploitation of a client to agency administration also constitutes "neglect" and is subject to disciplinary action up to and including termination...." The Procedures for Reporting Abuse and</p>						

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	<p>Neglect and other Reportable or Unusual Incidents indicated "The Corporate Compliance officer will be responsible for gathering all of the relative information from any staff whom the consumer may have spoken about the incident. A written report is completed by the CCO and is to include...a discussion with the consumer and staff or volunteer involved, as well as involve any other individual including staff, consumers and possible witnesses in both investigating the situation and determining an appropriate remedy."</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to ensure staff immediately reported allegations of staff to client verbal abuse involving 3 of 4 sampled clients (#1, #2, and #4) and 3 additional clients (#5, #6, and #7).</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/18/13 at 4:20 PM and included the following:</p> <p>A BDDS report dated 7/5/13 indicated client #2 had reported a Carey employee was verbally abusive. A follow up report (undated) indicated the clients in the home were interviewed and the allegation of abuse could not be substantiated. "There was evidence of a trend of this type of complaint with this specific employee. The agency decided that the employee would separate from the agency."</p>	W000153	<p>W153 Staff Treatment of Clients This item outlines that the agency failed to ensure staff immediately reported allegations of staff to client verbal abuse. The plan of correction for this tag is as follows: Staff will be trained on Abuse, Neglect, Mistreatment and Exploitation before 12/25/2013 emphasizing reporting requirements. The monitoring agent includes manager routine oversight to assure all ANME is reported immediately. Managers are responsible to monitor at all times. Additionally, the Day Services Life Skills program and the Sheltered Workshop program will be updating the Daily Documentation Sheets that summarizes all that occurred on a specific shift. This is a mandatory form. There are two added items asking 1) Did any incident of Abuse, Neglect or Exploitation occur today? If Yes, the Manager will see this and immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. 2) Were all applicable Risk Plans followed for this specific resident today? If No, the Manager will see this and immediately follow up if there was</p>	12/25/2013	

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	An investigation dated 7/8/13 attached to the report included a statement by client #2 which indicated staff #7 had "yelled" at client #2 as he was praying at the dinner table, "yelled" at client #2 to count his money, "yelling and screaming at [client #5]" and "cursing" at client #4. Staff #2 indicated staff #7 fell asleep while at work. Client #2 reported he was "tearful" over his treatment by staff #7 and stated, "I spent time in my room so I wouldn't be yelled at." Client #6 indicated staff #7 was "hateful," has a "grouchy tone," and "makes me feel uncomfortable." Client #6 reported staff #7 "will threaten telling (or making a meeting with) [the QIDP] on the consumers if they do not do when she asks." Client #1 indicated staff #7 "dozes off," and indicated staff #7 will often state "write 'em up" and will "threaten a meeting or will threaten to tell [the QIDP] on the consumers as a way to have the consumer comply." A statement by staff #8 indicated staff #8 describes staff #7 as "screaming" at the residents continuously. "She heard [staff #7] call [client #7] stupid and telling several consumers to 'shut up'..." Client #7's statement indicated staff #7 called her "stupid." A summary of critical information indicated "The complaints that have risen from the investigation are denied by [staff #7]... [Staff #7] does have a history of this		no action taken prior to having read the Daily Doc Sheet. This sheet is a part of daily processes. These added components will assure that speedy response is taken in these serious situations. The Group Home will add these two questions to their Daily Logs. Anything that requires action will have action taken immediately to assure the health, safety and welfare of the consumers.				

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	<p>allegation. None of the past allegations were substantiated, however a trend is noted." A recommendation indicated the clients in the group home were "intimidated" by staff #7 and "Testimonies agree that her tone is inappropriate as multiple informants state she yells/screams/hollers at the consumers." The report indicated staff #7 would be terminated, and "The allegation is not substantiated."</p> <p>The QIDP was interviewed on 11/19/13 at 2:30 PM. When about reporting the previous incidents of staff #7 "screaming" at the clients, she indicated it should have been reported by staff #8 and stated, "Yes definitely."</p> <p>9-3-2(a)</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review, observation and interview, the facility neglected to implement policy and procedures to protect 1 of 4 sampled client (client #3) to ensure corrective action was implemented to prevent the potential of choking for client #3.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/18/13 at 4:20 PM and included the following:</p> <p>A BDDS report dated 11/5/13 indicated client #3 "got choked on a piece of meat and came running up to staff holding his throat. Staff hit him on the back as he was coughing. He threw up in the trash and a piece of meat come (sic) out." The report indicated client #3 had a dining plan and was prescribed a regular diet with no "dysphgia" (sic) (signs of choking) noted. Corrective action indicated client #3's doctor was made aware of the incident and he "will be continually encouraged to take smaller bites." A follow up report dated 11/8/13 indicated client #3 choked on a piece of red meat "of the steak</p>	W000157	<p>W157 Staff Treatment of Clients This item outlines that the agency failed to implement policy and procedures to ensure corrective action was implemented to prevent the potential of choking. The plan of correction for this tag is as follows: Sheltered Workshop, Life Skills and Group Home staff will all be trained on High Risk Plans before 12/25/2013. Included in this training are expectations of staff to monitor and assure that Risk Plans are followed. Managers of respective program areas are responsible for overseeing and assuring plans are being followed by staff. Managers are responsible to monitor at all times. Additionally, the Day Services Life Skills program and the Sheltered Workshop program will be updating the Daily Documentation Sheets that summarizes all that occurred on a specific shift. This is a mandatory form. There are two added items asking 1) Did any incident of Abuse, Neglect or Exploitation occur today? If Yes, the Manager will see this and immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. 2) Were all applicable Risk Plans followed for this specific resident today? If No, the Manager will see this and</p>	12/25/2013			

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	<p>variety. During this occurrence client #3 attempted to consume a piece of meat that was approximately 2 in (inches) x (by) 1 in. Client stated that the meat had been difficult to cut so he attempted to eat a larger piece rather than cut it, also client #3 did not properly chew the piece of meat, or request assistance from staff in cutting the meat, as he is capable of doing." A follow up report dated 11/11/13 indicated client #3's dining plan was revised to "cut food items into bite size pieces-much like the size and shape of dice."</p> <p>During observations at the facility operated day services on 11/19/13 from 11:20 AM until 1:00 PM, client #3 ate his lunch of pasta in 2 inch pieces and an unaltered bread stick. Staff did not assist him in cutting his food into dice sized pieces.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/19/13 at 12:45 PM, and when asked if the failure to cut client #3's food into dice sized pieces placed him at risk for choking she stated, "Yes, very much so."</p> <p>During observations at the group home on 11/19/13 from 3:45 PM until 5:45 PM, client #3 ate a 1 inch diameter piece of meat in</p>		<p>immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. This sheet is a part of daily processes. These added components will assure that speedy response is taken in these serious situations. The Group Home will add these two questions to their Daily Logs. Anything that requires action will have action taken immediately to assure the health, safety and welfare of the consumers.</p>				

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	<p>one bite without cutting it into the size of a dice.</p> <p>The group home manager was interviewed on 11/19/13 at 5:35 PM. She indicated client #3's food was to be cut into dice sized pieces to prevent the possibility of choking.</p> <p>9-3-2(a)</p>						

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based upon observation, record review and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure his food was prepared to the consistency as specified in his diet plan.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/18/13 at 4:20 PM and included the following:</p> <p>1. A BDDS report dated 11/5/13 indicated client #3 "got choked on a piece of meat and came running up to staff holding his throat. Staff hit him on the back as he was coughing. He threw up in the trash and a piece of meat come (sic) out." The report indicated client #3 had a dining plan and was prescribed a regular diet with no "dysphgia (sic) (signs of choking)" noted. Corrective action indicated client #3's doctor was made aware of the incident and he "will be continually encouraged to take smaller bites." A follow up report dated 11/8/13 indicated client #3 choked on a piece of red meat "of the steak variety. During this occurrence client #3</p>	W000460	W460 Food and Nutrition Services This item outlines that the agency failed to ensure food was prepared to the consistency as specified in a diet plan. The plan of correction for this tag is as follows: Sheltered Workshop, Life Skills and Group Home staff will all be trained on High Risk Plans before 12/25/2013. Included in this training are expectations of staff to monitor and assure that Risk Plans are followed. Managers of respective program areas are responsible for overseeing and assuring plans are being followed by staff. Managers are responsible to monitor at all times. Additionally, the Day Services Life Skills program and the Sheltered Workshop program will be updating the Daily Documentation Sheets that summarizes all that occurred on a specific shift. This is a mandatory form. There are two added items asking 1) Did any incident of Abuse, Neglect or Exploitation occur today? If Yes, the Manager will see this and immediately follow up if there was no action taken prior to having read the Daily Doc Sheet. 2) Were all applicable Risk Plans followed for this specific resident today? If No, the Manager will see this and immediately follow up if	12/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/25/2013	
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	<p>attempted to consume a piece of meat that was approximately 2 in (inches) x (by) 1 in. Client stated that the meat had been difficult to cut so he attempted to eat a larger piece rather than cut it, also client #3 did not properly chew the piece of meat, or request assistance from staff in cutting the meat, as he is capable of doing." A follow up report dated 11/11/13 indicated client #3's dining plan was revised to "cut food items into bite size pieces-much like the size and shape of dice."</p> <p>During observations at the facility operated day services on 11/19/13 from 11:20 AM until 1:00 PM, client #3 ate his lunch of pasta in 2 inch pieces and an unaltered bread stick. Staff did not assist him to cut his food into dice sized pieces.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 11/19/13 at 12:45 PM, and when asked if the failure to cut client #3's food into dice sized pieces placed him at risk for choking, she stated, "Yes, very much so."</p> <p>During observations at the group home on 11/19/13 from 3:45 PM until 5:45 PM, client #3 ate a 1 inch diameter piece of meat in one bite without cutting it into the size of a dice.</p>		<p>there was no action taken prior to having read the Daily Doc Sheet. This sheet is a part of daily processes. These added components will assure that speedy response is taken in these serious situations. The Group Home will add these two questions to their Daily Logs. Anything that requires action will have action taken immediately to assure the health, safety and welfare of the consumers.</p>				

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	<p>The group home manager was interviewed on 11/19/13 at 5:35 PM. She indicated client #3's food was to be cut into dice sized pieces to prevent choking risk.</p> <p>Client #3's Dining/Dysphagia Management Plan dated 11/13 was reviewed on 11/21/13 at 8:11 AM and indicated "encourage to cut food items into bite sized pieces-much like the size and shape of dice to aid in chewing and reduce spillage from mouth."</p> <p>9-3-8 (a)</p>				