

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2014
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2999 WESTLANE RD INDIANAPOLIS, IN 46268
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/30/14, 7/1/14 and 7/2/14.</p> <p>Facility Number: 001077 Provider Number: 15G563 AIMS Number: 100245490</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 7, 2014 by Dotty Walton, 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 of 2 allegations of abuse and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure the results of an investigation of an incident of injuries of unknown origin regarding client #2 were reported to the administrator within 5 business days of the incident.</p>	W000149	<p>The dated signature on this investigation was a dating error made by administrator. Administrator was notified and a part of the investigation from the initial report. Administrator has reviewed all other facility investigations, timeframes are appropriate. Administrator will review the investigation completion timeframes with all associates conducting</p>	07/18/2014

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>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/30/14 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 3/1/14 indicated on 2/18/14 "[DSP #1 (Direct Support Professional)], contacted [on call manager], stating that she was assisting [client #2] with his shower and noticed that he had several scratches on his lower left back and a half dollar sized bruise with scratches on his left hip. [DSP #1] also reported that [client #2] has a bump on his right temple. [DSP #1] asked [client #2] what happened and he stated that he fell getting off of the [public transportation] bus when arriving at [workshop] that morning."</p> <p>-Investigation Summary form dated 3/9/14 indicated the facility had conducted an investigation regarding client #2's 2/28/14 injuries of unknown origin. The Investigation Summary dated 3/9/14 indicated the administrator's review of the investigation was 3/12/14.</p> <p>Administrative Staff (AS) #1 was interviewed on 7/1/14 at 12:20 PM. AS</p>		investigations.				

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W000156	<p>#1 indicated the facility's abuse, neglect, mistreatment, exploitation and injuries of unknown origin policy should be implemented. AS #1 indicated the results of all investigations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the administrator within 5 business days of the alleged incident.</p> <p>The facility's policy and procedures were reviewed on 7/2/14 at 9:00 AM. The facility's Suspected Abuse policy dated 1/2014 indicated, "GH (Group Home) director must review, as administrator, the results of all GH investigations within 5 days of the incident."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 1 of 2 allegations of abuse and injuries of unknown origin reviewed, the facility failed to ensure the results of an investigation of an incident of injuries of unknown origin regarding client #2 were reported to the administrator within 5</p>	W000156	The dated signature on this investigation was a dating error made by administrator. Administrator was notified and a part of the investigation from the initial report. Administrator has reviewed all other facility investigations, timeframes are appropriate. Administrator will	07/18/2014

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	<p>business days of the incident.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/30/14 at 2:10 PM. The review indicated the following:</p> <p>-BDDS report dated 3/1/14 indicated on 2/18/14 "[DSP #1 (Direct Support Professional)], contacted [on call manager], stating that she was assisting [client #2] with his shower and noticed that he had several scratches on his lower left back and a half dollar sized bruise with scratches on his left hip. [DSP #1] also reported that [client #2] has a bump on his right temple. [DSP #1] asked [client #2] what happened and he stated that he fell getting off of the [public transportation] bus when arriving at [workshop] that morning."</p> <p>-Investigation Summary form dated 3/9/14 indicated the facility had conducted an investigation regarding client #2's 2/28/14 injuries of unknown origin. The Investigation Summary dated 3/9/14 indicated the administrator's review of the investigation was 3/12/14.</p> <p>Administrative Staff (AS) #1 was</p>		<p>review the investigation completion timeframes with all associates conducting investigations.</p>		

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W000382	<p>interviewed on 7/1/14 at 12:20 PM. AS #1 indicated the results of all investigations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the administrator within 5 business days of the alleged incident.</p> <p>9-3-2(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review and interview for 1 of 4 sampled clients (#3) plus 1 additional client (#7), the facility failed to ensure clients #3 and #7's prescription medications were secured/locked while not being administered.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/1/14 from 6:15 AM through 8:00 AM. At 7:10 AM, client #3 received her morning medications in the group home's medication administration room. Upon completion of administering client #3's morning medications, DSP (Direct Support Professional) #2 removed client #3's 7/1/14 12:00 PM pharmacy</p>	W000382	The process for sending medications in lunchboxes was stopped on 7/3/14. The process for transporting medications was changed to lock these in a locking money bag and that be the secure method of transport. The money bags are on order and will be utilized as soon as they arrive and staff are trained. In the interim, staff are transporting the medications to the respective day programs so that no individual has access to medications while transporting. After change in procedure when money bags arrive, Team Leader will conduct weekly observation that transporting of medications is being done appropriately.	07/18/2014

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	<p>pre-packaged medication envelope from client #3's medication storage container and placed the medication envelope inside a backpack that was attached to the back of client #3's wheelchair. Client #3 exited the medication administration area and joined her housemates in the group home's dining room area. Client #3's medication envelope was not locked or secured.</p> <p>At 7:30 AM, client #7 received her morning medications in the group home's medication administration room. Upon completion of administering client #7's morning medications, DSP #2 removed client #7's 7/1/14 12:00 PM pharmacy pre-packaged medication envelope from client #7's medication storage container and placed the medication envelope inside a backpack that was attached to the back of client #7's wheelchair. Client #7 exited the medication administration area and joined her housemates in the group home's dining room area. Client #7's medication envelope was not locked or secured. Clients #3 and #7 remained in the group home's dining room area with their housemates through 8:00 AM with their medications in their individual backpacks attached to the back of their wheelchairs.</p> <p>DSP #2 was interviewed on 7/1/14 at 7:15 AM. DSP #2 indicated clients #3</p>			

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	<p>and #7's 12:00 PM medications were placed in their backpacks to be taken to their day service provider.</p> <p>1. Client #3's record was reviewed on 7/1/14 at 10:50 AM. Client #3's POF (Physician's Order Form) dated 5/31/14 indicated client #3 received a Divalproex capsule 125 milligrams (seizures), Gabapentin capsule 400 milligrams (spasticity) and Baclofen tablet 20 milligram (spasticity) daily at 12:00 PM.</p> <p>2. Client #7's record was reviewed on 7/1/14 at 9:25 AM. Client #7's POF dated 5/31/14 indicated client #7 received a Gabapentin capsule 300 milligram (seizures) daily at 1:00 PM.</p> <p>HM (Home Manager) #1 was interviewed on 7/1/14 at 12:20 PM. HM #1 indicated clients #3 and #7's daily 12:00 PM medications were sent in their backpacks with them to their day services.</p> <p>9-3-6(a)</p>			
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