

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G088	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--MAIN ST	STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN 46168
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/27/14, 2/28/14, 3/3/14, 3/4/14 and 3/5/14.</p> <p>Facility Number: 000629 Provider Number: 15G088 AIMS Number: 100239570</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/12/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p>			

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>Based on record review and interview for 2 of 3 sampled clients (#2 and #3) with restrictive programs, the facility's HRC (Human Rights Committee) failed to review, monitor and approve clients #2 and #3's use of psychotropic medications for behavior management.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 3/4/14 at 8:15 AM. Client #2's POF (Physician's Orders Form) dated 1/31/14 indicated the following orders:</p> <p>-"Divalproex 500 milligram tablet (bipolar). Give 2 tablets (1000 milligrams) orally daily at bedtime with 250 milligram tablets for mood stabilizer."</p> <p>-"Intuniv ER (Extended Release) 4 milligram tablet (ADHD (Attention Deficit/Hyperactivity Disorder)). Give one tablet orally daily at 4:00 PM for anger."</p> <p>-"Lamotrigine 200 milligram tablet (mood disorder). Give one tablet orally two times a day for mood stabilization."</p> <p>-"Risperidone 2 milligram tablet (bipolar). Give one tablet orally at bedtime for aggression."</p>	W000262	<p>1. HRC approval has been secured for client #2 and client #3 Psychotropic Medication Plan.</p> <p>2. Residential Manager will review all POF's to ensure they are part of the individuals Psychotropic Medication Plan. In addition, Residential Manager will review all files to ensure HRC and guardian's approvals are in place and up to date. Those with HRC and/or guardian's approval beyond a year of one's annual ISP date will be updated and new approvals will be secured.</p> <p>3. Upon all Psychotropic review appointments, the Residential Manager will checks to ensure:</p> <p>a) Current medications are part of the Psychotropic plan</p> <p>b) HRC approval are in place and up to date</p> <p>c) Guardian's approval are in place</p> <p>If any are missing the above items, they will immediately be secured. All approvals will be filed in the active charts under "APPROVAL(s)" tab.</p>	04/04/2014			

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	<p>Client #2's record did not indicate documentation of HRC review or approval of client #2's use of Divalproex 500 milligram tablet, Intuniv ER 4 milligram tablet, Lamotrigine 200 milligram tablet or Risperidone 2 milligram tablet for behavior management.</p> <p>2. Client #3's record was reviewed on 3/4/14 at 9:16 AM. Client #3's POF dated 2/8/14 indicated, "Seroquel XR (extended release) 300 milligram tablet (depression). Give one tablet orally daily at 8:00 PM for aggression." Client #3's record did not indicate documentation of HRC review or approval of client #3's use of Seroquel XR 300 milligram tablet for behavior management.</p> <p>GHD (Group Home Director) #1 was interviewed on 3/4/14 at 9:43 AM. GHD #1 indicated the use of psychotropic medication should be reviewed and approved by the facility's HRC prior to use. GHD #1 indicated there was not documentation of HRC review or approval regarding clients #2 and #3's psychotropic medications.</p> <p>9-3-4(a)</p>		<p>4. Quarterly charts checks will be conducted by Residential Manager to ensure all charts are up to date with required items. HRC and guardian approvals for psychotropic medication and annual BSP/ISP have been added to the check list. Completed chart checks will be submitted to the Dir. Of Group Home and missing items (if any) should be secured within 10 days.</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 2 of 3 sampled clients (#2 and #3) with restrictive programs, the facility's HRC (Human Rights Committee) failed to obtain the written informed consent of clients #2 and #3's guardians before the use of restrictive programs and psychotropic medications for the behavior management.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 3/4/14 at 8:15 AM. Client #2's POF (Physician's Orders Form) dated 1/31/14 indicated the following orders:</p> <p>-"Divalproex 500 milligram tablet (bipolar). Give 2 tablets (1000 milligrams) orally daily at bedtime with 250 milligram tablets for mood stabilizer."</p> <p>-"Intuniv ER (Extended Release) 4 milligram tablet (ADHD (Attention Deficit/Hyperactivity Disorder)). Give one tablet orally daily at 4:00 PM for anger."</p>	W000263	<p>1. Written guardian's approval has been secured for client #2 and client #3 Psychotropic Medication Plan.</p> <p>2. Residential Manager will review all clients' files to ensure HRC and guardian's approvals are in place and up to date for psychotropic medication plans. Those with HRC and/or guardian's approval for the psychotropic plan that is beyond a year of one's annual ISP date - will be updated and new approvals will be secured.</p> <p>3. Upon all Psychotropic review appointments, the Residential Manager will checks to ensure:</p> <p>a) Current medications are part of the Psychotropic plan</p> <p>b) HRC approval are in place and up to date</p> <p>c) Guardian's approval are in place</p>	04/04/2014
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	<p>-"Lamotrigine 200 milligram tablet (mood disorder). Give one tablet orally two times a day for mood stabilization."</p> <p>-"Risperidone 2 milligram tablet (bipolar). Give one tablet orally at bedtime for aggression."</p> <p>Client #2's ISP (Individual Support Plan) dated 10/10/13 indicated client #2 had a guardian. Client #2's record did not indicate documentation of the written informed consent of client #2's guardian regarding client #2's use of Divalproex 500 milligram tablet, Intuniv ER 4 milligram tablet, Lamotrigine 200 milligram tablet or Risperidone 2 milligram tablet for behavior management.</p> <p>2. Client #3's record was reviewed on 3/4/14 at 9:16 AM. Client #3's POF dated 2/8/14 indicated, "Seroquel XR (extended release) 300 milligram tablet (depression). Give one tablet orally daily at 8:00 PM for aggression." Client #3's ISP dated 1/30/14 indicated client #3 had a guardian. Client #3's record did not indicate documentation of the written informed consent of client #3's guardian regarding client #3's use of Seroquel XR 300 milligram tablet for behavior management.</p>		<p>If any are missing the above items, they will immediately be secured. All approvals will be filed in the active charts under "APPROVAL(s)" tab.</p> <p>4. Quarterly charts checks will be conducted by Residential Manager to ensure all charts are up to date with required items. HRC and guardian approvals for psychotropic medication and annual BSP/ISP have been added to the check list. Completed chart checks will be submitted to the Dir. Of Group Home and missing items (if any) should be secured within 10 days.</p>				

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W000331	<p>GHD (Group Home Director) #1 was interviewed on 3/4/14 at 9:43 AM. GHD #1 indicated the written informed consent of clients #2 and #3's guardians should be obtained prior to the use of psychotropic medication. GHD #1 indicated there was not documentation of written informed consent by clients #2 or #3's guardians regarding clients #2 and #3's use of psychotropic medications for behavior management.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#3), the facility's nursing services failed to ensure client #3's dental recommendations were followed.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/4/14 at 9:16 AM. Client #3's dental examination form dated 7/22/13 indicated the recommendation for client #3 to return for a cleaning and examination in 6 months. Client #3's record did not contain documentation of</p>	W000331	<p>1. Clients #3 had missed his January 2014 dental appointment due to a snow storm. The makeup date for this appointment was again cancelled in February, due to the agency vans being grounded. At the time of the survey, we were awaiting communication from the dentist office of a cancellation appointment that we could utilize. However, we were able to secure an appointment on April 11, 2014 at 9:30am.</p> <p>2. Residential Manager will review all clients medical notes to</p>	04/04/2014			

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	<p>additional dental examinations.</p> <p>RM #1 (Resident Manager) was interviewed on 3/4/14 at 10:00 AM. RM #1 indicated he would contact the facility nurse to follow up regarding client #3's 7/22/13 dental recommendations. RM #1 called Nurse #1 with his cell phone at 10:10 AM and relayed that Nurse #1 had indicated client #3 had not returned to the dentist since the 7/22/13 visit.</p> <p>DGH (Director of Group Homes) #1 was interviewed on 3/4/14 at 11:15 AM. DGH #1 indicated client #3 had been scheduled for a dental appointment in January 2014, however, the appointment had been canceled due to the weather.</p> <p>9-3-6(a)</p>		<p>ensure follow –up appointments are in place if recommended. Any new appointments made will be communicated to the nurse and nurse’s Medical Appointment chart will be updated</p> <p>3. All physician orders notes will be copied and submitted to nurse after an appointment. Follow up appointments needed will be documented on the nurse’s yearly <u>Medical Appointment Chart</u>. Medical appointment made will have the date and time of the appointment entered on the chart. A yellow highlighted area will be placed on the chart indicating an appointment needs to be made. All Residential Managers have received training on how to access the <u>Medical Appointment Chart</u> created by the nurse and kept on the global drive. At the beginning of each month, the chart will be checked to ensure all appointments needed are scheduled. At the end of each month, Residential Manager will check the chart again to ensure all appointments were completed as scheduled.</p> <p>4. Monthly, the nurse will review the Medical Appointment Chart. At the beginning of each month, the chart will be checked to</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility failed to conduct evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 3/4/14 at 8:00 AM. The</p>	W000440	<p>ensure all appointments needed are scheduled. Nursing will verify with each Residential Manager or designee that the scheduled appointments are on the house calendar. At the end of each month, nursing will check the chart again to ensure all appointments were completed as scheduled. We have revised the protocol for missed appointments. We will continue to work with our businesses to secure a make-up appointment for missed events. This typically includes being notified of the next available time slot form others that have missed an appointment. However, if a date cannot be secured within 30 days of the missed appointment, a new appointment will be made.</p> <p>1. The 2014 fire drill schedule has been developed by the Director of Maintenance and is in place within the home. Schedule includes an evacuation drill for each shift each quarter.</p> <p>2. All evacuation drills are conducted monthly as scheduled and upon completion a copy is</p>	04/04/2014	

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	<p>review indicated the facility failed to conduct an evacuation drill for 6 of 6 clients (#1, #2, #3, #4, #5 and #6) for the third quarter, July 2013 through September 2013 for the day and evening shifts.</p> <p>RM (Resident Manager) #1 was interviewed on 3/4/14 at 8:05 AM. RM #1 indicated clients #1, #2, #3, #4, #5 and #6 should be evacuated one time per quarter on each shift. RM #1 indicated there was not additional documentation of fire/evacuation drills available for review.</p> <p>9-3-7(a)</p>		<p>submitted to the Dir. Of Maintenance. At the beginning of each month – the date of the drill will be documented on the monthly calendar. Furthermore, within the staff communication book – the date of the drill will be documented on the correct date reminding all of the drill and shift to participate. The original copy of the drill will be maintained in the house Evacuation Notebook. The Dir. Of Group Home will complete monthly checks to ensure the required drill was completed.</p> <p>3. All evacuation drills are conducted monthly as scheduled and upon completion a copy is submitted to the Dir. Of Maintenance. Mid- month, the Dir. Of Maintenance will send out a list to all Residential Manager’s and Directors verifying the drills that have been completed. A reminder will be given to all those yet be completed. This will be done again at the end of the third week of the month. All outstanding evaluation drills listed at this time will be completed within 48 hours.</p> <p>4. The Dir. of Maintenance will alert the Dir of Group Homes if there are any outstanding evacuation drills as of the third week of the month.</p>		

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W009999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c) Resident Protections</p> <p>(3) The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5, and three references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review an interview for 2 of 3 facility staff (#1 and #3), the facility failed to obtain three references prior to employment.</p>	W009999	<p>The Dir. of Group Home will verify with the Residential Manager that the drill is scheduled and completed by the end of the month.</p> <p>1. Reference checks for the two staff will be completed as required. Staff #1 personnel file had two employee and one personal reference list. Two more personal references will be secure to ensure a total of three references. Staff #3 personnel file had one employee and two personal references. An additional personal reference will be attained.</p> <p>2. All Group Home staff personnel files will be checked to ensure all staff have three complete personal references in addition to any employment reference. If needed, additional references will be attained</p> <p>3. Human Resource (HR) was made away of the need to have three personal reference during a survey the previous year. According to the HR Manager – they were instructed to secure this many</p>	04/04/2014	

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	<p>Findings include:</p> <p>1. Staff #1's PR (Personnel Record) was reviewed on 2/27/14 at 12:53 PM. Staff #1's PR indicated the facility had completed one (1) reference check on staff #1. Staff #1's PR indicated staff #1's DOH (Date of Hire) was 7/24/13. Staff #1's PR did not indicate documentation of three (3) reference checks prior to employment.</p> <p>2. Staff #3's PR was reviewed on 2/27/14 at 1:00 PM. Staff #3's PR indicated the facility had completed two (2) reference checks on staff #3. Staff #3's PR indicated staff #3's DOH was 7/30/13. Staff #3's PR did not indicate documentation of two (2) reference checks prior to employment.</p> <p>DGH (Director of Group Homes) #1 was interviewed on 2/27/14 at 1:31 PM. DGH #1 stated, "We had some staff transfer from the main campus to the group home. There may be some (staff) that don't have three." DGH #1 indicated there was not any additional documentation of reference checks for staff #1 and #3.</p> <p>9-3-2(c)(3)</p>		<p>reference going forward. Those that had been hired for many years prior did not have to be corrected. Therefore, only those hired after 2013 were complete with three personal references in addition to employment reference. The practice of securing three personal reference remains in effect and is the protocol used when hiring staff</p> <p>4. HR conducts annual personnel files checks one time a year. All required items from criminal history, sex offender checks and three personal references are verified to be in place. Any missing items are immediately secured. Damar operates under several different licenses. From time to time a staff member from another department may transfer to the Group Homes. When this happens, the personnel file is checked to ensure all requirements are in place. All outstanding items (if any) and additional personal reference (if need) are noted. A transfer may not occur until outstanding items are secured.</p>				