

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G487	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2011
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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4822 ALAMEDA ST INDIANAPOLIS, IN46208
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(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
W0000	<p>This visit was for the post certification revisit (PCR) to the fundamental recertification and state licensure survey completed on 10/7/11.</p> <p>Dates of Survey: 12/20/11 and 12/21/11.</p> <p>Facility Number: 001001 Provider Number: 15G487 AIMS Number: 10024500</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 12/22/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0130	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p>	W0130	<p>Privacy was reviewed again with staff. This time an additional competency and understanding of responsibility was included. The Team Leader of the site will conduct visual oversight that privacy is being maintained. This</p>	01/05/2012

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 observation and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client's privacy was protected during toileting.</p> <p>Findings include:</p> <p>Observations were done at the group home on 12/20/11 from 4:15 PM through 5:30 PM. At 4:50 PM client #1 independently walked to the group home restroom, removed his pants and underwear and sat down on the toilet with the restroom door open. At 4:52 PM DSP (Direct Support Professional) #1 walked past the restroom, stopped in front of the restroom door and looked at client #1 seated on the toilet then continued walking down the group home hallway to client #2's bedroom. DSP #1 prompted client #2 to report to the medication administration area. At 4:53 PM DSP #1 and client #2 walked past the group home restroom with client #1 seated on the toilet with the restroom door open. DSP #1 was not observed prompting and/or encouraging client #1 to close the</p>		<p>will occur several times per week during his regular home supervision, no less than 3 times per week. The Team Leader will monitor and address any further privacy violations with disciplinary action to associates who continue to overlook this area.</p>		

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	<p>restroom door for privacy.</p> <p>Interview with Administrative staff #1 on 12/21/11 at 11:45 AM indicated DSP #1 should have prompted client #1 to close the restroom door for privacy.</p> <p>This deficiency was cited on 10/7/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)</p>				