

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN47018
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W0000	<p>This visit was for an investigation of complaint #IN00099206.</p> <p>Complaint #IN00099206 - Substantiated, Federal/state deficiencies related to the allegation(s) are cited at W118, W120, W149 and W153.</p> <p>Dates of survey: 10/31/11, 11/01/11, 11/02/11 and 11/10/11.</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>Facility Number: 000839 AIMS Number: 100244000 Provider Number: 15G321</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/8/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0118	<p>The written agreement must contain the responsibilities, functions, objectives, and other terms agreed to by both parties. Based on interview and record review for 1 of 1 outside program services attended by sampled clients A, B, C, and D, the facility neglected to ensure a current written</p>	W0118	<p>Corrective Action:</p> <ul style="list-style-type: none"> Contract has been 	12/13/2011

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>agreement was in effect that specified the outside service program's adherence to state and federal rules and regulations, responsibilities for conducting investigations of allegations of abuse/neglect, unknown injury, peer to peer abuse, responsibilities for providing and deploying staff to meet client needs and current monitoring procedures.</p> <p>Findings include:</p> <p>On 11/01/11 at 1:00 PM the outside agency Executive Director provided a copy of the contract between the Intermediate Care Facility for Mental Retardation and the outside service (to provide vocational and adult activity programs), dated 11/18/08. The contract did not include any documentation the contract had been reviewed since 2008 to determine continued accuracy. The contract did not stipulate timelines for the provision of investigations of abuse/neglect, injuries of unknown origin, peer to peer abuse and responsibilities for providing/deploying staff to meet the needs of the clients and the specific requirements of the Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR).</p> <p>On 11/01/11 at 1:30 PM, the Executive Director could not provide a more current copy of the agreement. During the same interview the Executive Director indicated clients A, B, C and D attended the outside service.</p> <p>This federal tag related to complaint</p>		<p>reviewed (Attachment A).</p> <ul style="list-style-type: none"> New Horizons Executive Director has been inserviced on Incident reporting protocol and their responsibility to follow all regulations, policies, and procedures (Attachment B). <p>How we will identify others: Director of Supervised Group Living will review workshop contracts to ensure that all are current.</p> <p>Measures to be put in place: Executive Director will review workshop contracts annually to ensure that all are current.</p> <p>Monitoring of Corrective Action: Executive Director will review contracts annually to ensure that all are current.</p> <p>Completion Date: 12-13-2011</p>	

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W0120	<p>#IN00099206.</p> <p>9-3-1(a)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients attending the Day Vocational/Activity Program (clients A, B, C, D), the outside service failed to immediately notify the administrator of the group home of the allegation of sexual abuse occurring on 10/25/11.</p> <p>Findings include:</p> <p>On 10/31/11 at 11:00 AM the Administrative Staff #1 indicated clients A, B, C, D, attended a Day Program owned and operated by another Agency.</p> <p>On 11/01/11 at 1:00 PM the outside agency Executive Director provided a copy of the contract between the Intermediate Care Facility for Mental Retardation and the outside service (to provide vocational and adult activity programs), dated 11/18/08. The</p>	W0120	<p>Corrective Action: · Contract has been reviewed (Attachment A). · New Horizons Executive Director has been inserviced on Incident reporting protocol and their responsibility to follow all regulations, policies, procedures, timely notification (Attachment B). · Bathroom Monitoring protocol has been implemented and workshop staff inserviced on protocol (Attachment C). · New Horizons staff have been inserviced on Components of a thorough investigation (Attachment D). How we will identify others: Program Coordinators will review workshop plans to ensure that all client needs are being met. Director of Supervised Group Living will review workshop contracts to ensure that all are current. Measures to be put in</p>	12/13/2011	

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	<p>contract did not include any documentation the contract had been reviewed since 2008 to determine continued accuracy. The contract did not stipulate timelines for the provision of investigations of abuse/neglect, injuries of unknown origin and peer to peer abuse, responsibilities for providing/deploying staff to meet the needs of the clients and the specific investigative requirements of the Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR).</p> <p>On 10/31/11 at 11:07 AM the facility's 10 reportable initial incident reports, 15 internal incident reports and 1 investigation were reviewed for the time period of 08/01/11 to 10/31/11.</p> <p>Client A, Initial Incident Report, dated 10/25/11, indicated " Consumer [client H, not a resident of the group home] went to his supervisor and informed her that he saw [client A] and [client I] in the same stall in the men's restroom" The Initial Incident Report indicated other supervisors were notified and by that time clients A and I were back at their work stations.</p> <p>The Investigative Report, dated 11/01/11 was reviewed on 11/02/11 at 10:00 AM. The Investigative Report indicated the administrator for the Group Homes was notified of the allegation/incident occurring on 10/25/11 on 10/27/11. The investigation was started by the outside Vocational Program on 10/31/11. In an interview with the outside agency Executive Director on</p>		<p>place: Director of Supervised Group Living, Quality Assurance Director will review New Horizons incident reports to ensure that regulations have been followed. Executive Director will review workshop contracts annually to ensure that all are current.</p> <p>ADDENDUM: New Horizons has implemented a Daily Attendance Communication (Attachment E) to ensure supervision and Home Managers have been inserviced (Attachment E)12-22-2012</p> <p>Monitoring of Corrective Action: Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop incident reports will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee. Executive Director will review contracts annually to ensure that all are current.</p> <p>ADDENDUM: Day Training Observations (Attachment F) will be performed at New Horizons weekly by Program Coordinators, Home Managers, and periodically by Director Of</p>		

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	<p>11/03/11 at 9:10 AM, she indicated the Administrator was notified on 10/27/11. The investigation indicated: "1. Outside Agency staff were not specifically monitoring the exact location of their consumers on returning to work to know who left their group to take a side trip to the bathroom, 2. The questions and investigation done by [Outside Agency name] left further questions and 3. [Outside Agency name] lack specific monitoring oversight guidelines for the bathrooms."</p> <p>This federal tag related to complaint #IN00099206.</p> <p>9-3-1(a)</p>		<p>supervised Group Living, Quality Assurance, to ensure active treatment, including Behavior Support plans, is being implemented per client's plans. 12-22-2012 Completion Date: 12-13-2011</p>		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 1 of 15 Incident Initial Injury Reports and 1 of 1 investigative reports affecting clients A, H and I, the facility neglected to implement its policy and procedures to prevent neglect and meet the needs of clients A by not</p>	W0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of client. Corrective Action: · New Horizons Executive Director has been inserviced on Incident</p>	12/13/2011	

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	<p>immediately notifying the group home administrator of an allegation of sexual abuse.</p> <p>Findings include:</p> <p>The facility Operation Standard, "Investigations," dated 06/12/07 was reviewed on 10/31/11 at 2:15 PM. The Operation Standard, "Abuse and Neglect" and "Incident Reporting Process," dated 09/14/07, were reviewed. The policy indicated, "... will ensure that support/services will be free of abuse and neglect. ... abuse and neglect is strictly prohibited and will not be tolerated. ... " Director of Operation will e-mail Executive Director with information regarding suspected abuse, neglect, exploitation... ."</p> <p>On 10/31/11 at 11:07 AM the facility's 10 reportable initial incident reports, 15 internal incident report and 1 investigation were reviewed for the time period of 08/01/11 to 10/31/11.</p> <p>- 10/25/11 at 12:00 PM, BDDS (Bureau of Developmental Disability Services) report, indicated for clients A, H and I, " Consumer [client H, not a resident of the group home] went to his supervisor and informed her that he saw [client A] and [client I] in the same stall in the men's restroom ..." The report did not indicate the administrator was immediately notified of allegation.</p> <p>On 10/31/11 at 1:30 PM the administrator of the group home indicated the outside service</p>		<p>reporting protocol and their responsibility to follow all regulations, policies, procedures, including timely notification (Attachment B). · New Horizons staff have been inserviced on Components of a thorough investigation (Attachment D). How we will identify others: Quality Assurance Director will review incidents reports to ensure timely notification. Measures to be put in place: Director of Supervised Group Living, Quality Assurance Director will review New Horizons incident reports to ensure that regulations have been followed, including timely notification. ADDENDUM: New Horizons has implemented a Daily Attendance Communication (Attachment E) to ensure supervision and Home Managers have been inserviced (Attachment E). 12-22-2012</p> <p>Monitoring of Corrective Action: Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop incident reports will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee to ensure timely notification.</p>				

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	<p>did not notify her of the allegation that occurred on 10/25/11 until 10/27/11.</p> <p>This federal tag relates to complaint #IN00099206.</p> <p>9-3-2(a)</p>		<p>ADDENDUM: Day Training Observations (Attachment F) will be performed at New Horizons weekly by Program Coordinators, Home Managers, and periodically by Director Of supervised Group Living, Quality Assurance, to ensure active treatment, including Behavior Support plans, is being implemented per client's plans.</p> <p>12-22-2012 Completion Date: 12-13-2011</p>		

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W0153	<p>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.</p> <p>Based on interview and record review of 1 of 10 Reportable Incident Reports of 1 peer to peer incident (clients A, H), the facility to ensure the outside service immediately reported an allegation of sexual abuse to the Administrator (Director of Residential Services) in accordance with state law.</p> <p>Findings include:</p> <p>On 10/31/11 at 11:07 AM the facility's 10 reportable initial incident reports, 15 internal incident report and 1 investigation were reviewed for the time period of 08/01/11 to 10/31/11.</p> <p>- 10/25/11 at 12:00 PM, BDDS report, indicated for clients A, H and I, "Consumer [client H, not a resident of the group home] went to his supervisor and informed her that he saw [client A] and [client I] in the same stall in the men's restroom" The BDDS (Bureau of Developmental Disabilities) report and Incident Investigation (dated 11/01/11) did not indicate the Director of Residential Services had been immediately notified of the incident.</p>	W0153	<p>W153: 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.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · New Horizons Executive Director has been inserviced on Incident reporting protocol and their responsibility to follow all regulations, policies, procedures, including timely notification (Attachment B). · New Horizons staff have been inserviced on Components of a thorough investigation (Attachment D). <p>How we will identify</p>	12/13/2011

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	<p>Client A's records were reviewed on 11/02/11 at 1:30 PM. Client A's records did not indicate the incident was immediately reported to the Director of Residential Services.</p> <p>The Investigative Report, dated 11/01/11 was reviewed on 11/02/11 at 11:00 AM. The Investigative Report indicated the administrator for the Group Homes was notified of the allegation/incident occurring on 10/25/11 on 10/27/11. The investigation was started by the outside Vocational Program on 10/31/11. In an interview with the outside agency Executive Director on 11/03/11 at 9:10 AM, she indicated the Administrator was notified on 10/27/11. The investigation indicated: "1. Outside Agency staff were not specifically monitoring the exact location of their consumers on returning to work to know who left their group to take a side trip to the bathroom, 2. The questions and investigation done by [Outside Agency name] left further questions and 3. [Outside Agency name] lacked specific monitoring oversight guidelines for the bathrooms."</p> <p>This federal tag related to complaint #IN00099206.</p> <p>9-3-2(a)</p>		<p>others:</p> <p>Quality Assurance Director will review incidents reports to ensure timely notification.</p> <p>Measures to be put in place:</p> <p>Director of Supervised Group Living, Quality Assurance Director will review New Horizons incident reports to ensure that regulations have been followed, including timely notification.</p> <p>Monitoring of Corrective Action:</p> <p>Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop incident reports will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee to ensure timely notification.</p> <p>Completion Date: 12-13-2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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