STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G403	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAMAR SERVICES INC--BRADFORD	8835 E CR 200 S AVON, IN46168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	This visit was for a recertification and state licensure survey. Date of Survey: December 6, 9, 12, 14, 2011 Provider Number: 15G403 Aims Number: 100249320 Facility Number: 000917 Surveyor: Mark Ficklin, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-20-11 by C. Neary, Program Coordinator.	W0000		
W0104	The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview, the facility failed to exercise operating direction over the facility to provide a safe and clean environment for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8) living in the group home. Findings include: Observation of clients #1, #2, #3, #4, #5, #6, #7 and #8 in the group home on 12/6/11 from 4:28p.m. to 6:04p.m. included the following environmental	W0104	**W104 483.410 Governing Body The governing body must exercise general policy, budget, and operating direction over the facility.** 1. New carpeting has been replaced in the living room and recreation room at the Bradford group home. It was replaced on 12/28/11. 2. The Residential Manager and staff will ensure that work orders are documented and completed in a timely manner. The Residential Manager will follow up with the Maintenance Supervisor on any issues that are	01/13/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	condition: the living room and a recreation room had worn, stained and ripped carpeting. Interview of staff #2 on 12/12/11 at 1:02p.m. indicated the living room carpet was torn and stained. Staff #2 indicated the facility had attempted to patch up some of the carpet areas in the past. Staff #2 indicated they were not aware of any work orders in place to acquire replacement carpet. 9-3-1(a)		not resolved and require immediate action. The Residential Manager will ensure that any on-going maintenance concerns are immediately brought to the attention of the Residential Director or the Program Director for immediate resolution and repair. 3. The Residential Director will provide documented training to the Residential Manager and the staff to ensure they are properly trained on the procedures regarding identification and the timely reporting of maintenance issues. The Residential Manager will ensure that any on-going maintenance concerns are immediately brought to the attention of the Residential Director or the Program Director for immediate resolution and repair. 4. The Group Home Manager and Residential Director shall conduct monthly inspections of the facility and identify potential environmental deficiencies to ensure all maintenance issues are being addressed in a timely fashion and work orders conpleted, when needed, during these inspections. These inspections shall be documented and kept in a binder within the group home. 5. Systemic changes will be completed by: January 13, 2012	
W0149	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,	W0149	**W149 483.420 (d)(1) Staff**	01/13/2012

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	for 1 of 1 injury of an unknown origin (client #2), the facility failed to implement policy and procedures to immediately report a significant client injury of an unknown origin to the Bureau of Developmental Disabilities Services (BDDS). Findings include: Record review of the facility incident reports was done on 12/13/11 at 12:14p.m. The incident report review indicated the following: An incident report dated 10/19/11 indicated client #2 had been found on 10/19/11 with the following injuries of unknown origin: red bruise on top of nose, minor cuts and scratches on her right hand, a bruise to her lower stomach, bruise on left elbow and a bruise on right arm above the wrist. The facility documented BDDS reportable incident report regarding the 10/19/11 injury of unknown origin was dated and submitted to BDDS on 10/24/11. The facility's policy and procedures were reviewed on 12/14/11 at 11:14a.m. The facility policy "Incident Reporting to Governing bodies- Bureau of Developmental disability Services (BDDS), Department of Child Services, child protective Services,		**Treatment of Clients The facility must develop and implement written policy and procedures that prohibit mistreatment, neglect, or abuse of a client.** 1. Damar Services, Inc. has a written Policy and procedure in place for Incident Reporting to Governing Bodies (BDDS). The Residential Manager will ensure that any incident of injury of unknown origin or any other reportable incident is reported to BDDS within 24 hours of the incident occurring. Staff will notify the Residential Manager of the incident and ensure that all injuries or other reportable incidents are reported clearly and accurately. If nursing notification is warranted the Group Home Residential Manger will notify the nurse for medical advisement immediately. 2. Incident reports from the home have been reviewed by the Residential Director to identify the potential need for reporting additional follow-up and/or further investigation. At this time, all other incidents have been documented and reported appropriately. All documentation will be completed, including an agency Incident Report (immediately), BDDS Incident Report (within 24 hours) and a thorough investigation (within 5 days) for all incidents requiring a BDDS reportable. 3. The agency policy regarding Incident	

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	Adult protective Services" dated 3/21/11, indicated: reportable incidents included injuries of unknown origin. Incidents that require the submission of a BDDS Incident Form will always include completion of the Damar Incident Report Form and shall follow all policy and procedure requirements for the reporting of incidents. All incidents are to be reported to BDDS within, via the BDDS Incident Report Form, within 24 hours by the Residential director. Staff #1 was interviewed on 12/14/11 at 11:18a.m. Staff #1 indicated the above identified incident of injury of an unknown origin had not been immediately reported to BDDS. Staff #1 indicated the injury of unknown origin was found by staff on 10/19/11, with a facility incident report done on 10/19/11, and reported to BDDS on 10/24/11. 9-3-2(a)		Reporting to governing bodies has been reviewed to ensure it complies with current State and Federal regulations. The Residential Manager and group home staff will receive documented training by the Residential Director on the Agency Policy for Incident Reporting to governing bodies 4. All reportable incidents will be reported to the Residential Manager, Residential Director and Group Home Administrator immediately following the incidents occurrence. The initial investigation will begin immediately in the form of an Agency Incident Report. Additional information will be gathered within 24 hours of the incidents occurrence and reported to the Bureau of Developmental Disabilities by the Residential Manager. BDDS incident report notifications regarding closure or the need for additional follow-up are received electronically from the State by the Group Home Administrator and disseminated to the QDDP and Home Manager for appropriate action. 5. Systemic changes will be completed by: January 13, 2012	
W0153	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	W0153	**W 153 483.420 1.1-3-2(a)(d)(2)**	01/13/2012

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	facility failed for 1 of 1 facility reportable incident (client #2) of injury of unknown origin, to immediately report injuries of an unknown origin to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include: Record review of the facility incident reports was done on 12/13/11 at 12:14p.m. The incident report review indicated the following: An incident report dated 10/19/11 indicated client #2 had been found on 10/19/11 with the following injuries of unknown origin: red bruise on top of nose, minor cuts and scratches on her right hand, a bruise to her lower stomach, bruise on left elbow and a bruise on right arm above the wrist. The facility documented BDDS reportable incident report regarding the 10/19/11 injury of unknown origin was dated and submitted to BDDS on 10/24/11. Staff #1 was interviewed on 12/14/11 at 11:18a.m. Staff #1 indicated the above identified incident of an injury of an unknown origin had not been immediately reported to BDDS. Staff #1 indicated the injury of unknown origin was found on 10/19/11 and reported to BDDS on 10/24/11. 9-3-1(b)(5)		**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 the other officials in accordance with State law through established procedures.** 1. A BDDS report was completed on 10/24/22 regarding client #2's injuries of unknown origin. Subsequent follow up reports have been completed and submitted to BDDS for review. 2. All Incident reports from the Bradford Group Home have been reviewed by the Residential Director to identify the potential need for reporting additional follow-up and/or further investigation. At this time, all other incidents have been documented and reported appropriately. All documentation of reportable incidents will be completed, including an agency Incident Report (immediately), BDDS Incident Report (within 24 hours) and a thorough investigation (within 5 days) for all incidents requiring a BDDS reportable. 3. The agency policy regarding Incident Reporting to governing bodies has been reviewed to ensure it complies with current State and Federal regulations. The Residential Manager and group home staff will receive documented training	

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	9-3-2(a)		from the Residential Director on the Agency Policy for Incident Reporting to Governing Bodies. All reportable incidents will be reported to the Residential Manager, Residential Director and Group Home Administrator immediately following the incidents occurrence. The initial investigation will begin immediately in the form of the completion of an Agency Incident Report. Additional information will be gathered within 24 hours of the incident occurring and reported to the Bureau of Developmental Disabilities by the Residential Manager. BDDS incident report notifications regarding closure or the need for additional follow-up are received electronically from the State by the Group Home Administrator and disseminated to the Residential Director and Home Manager for appropriate action. 4. All reportable incidents will be reported to the Residential Manager, Residential Director and Group Home Administrator immediately following the incidents occurrence. The initial investigation will begin immediately in the form of the completion of an Agency Incident Report. Additional information will be gathered within 24 hours of the incident occurring and reported to the Bureau of Developmental Disabilities by the Residential Manager. BDDS	

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			incident report notifications regarding closure or the need for additional follow-up are received electronically from the State by the Group Home Administrator and disseminated to the Residential Director and Home Manager for appropriate action. 5. Systemic changes will be completed by: January 13, 2012	
W0331	The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (#4) to ensure a physician order to discontinue a medication was followed up by the facility (with documentation) in a timely manner. Findings include: Record review for client #4 was done on 12/12/11 at 10:48a.m. Client #4 had a physician's order on 10/15/11 to discontinue the medication Zoloft 25mg. for depression. Review of client #4's 10/11 medication administration record (MAR) indicated client #4 had received Zoloft 25mg until 10/23/11. The MAR noted on 10/24/11 Zoloft discontinued. Interview of staff #3 (nurse) on 12/12/11 at 2:00p.m. indicated client #4 had received physician's orders on 10/15/11 to discontinue Zoloft. Staff #3 indicated the	W0331	**W331 483.460(c) Nursing Services The facility must provide clients with nursing services in accordance with their needs.** 1. The group home nurse has ensured that Client #4's Zoloft has removed from the group home to ensure no further administration of this discontinued medication occurs. The group home nurse will ensure that all discontinued medications are removed from the home immediately and destroyed once they are discontinued by the physician.2. The Group Home Nurse will review all client charts including nursing notes and Medical order sheets to ensure all documentation is completed, appointments are current, and physician recommendations are followed up on. The Residential Manager and group home staff will receive documented training on discontinuing medications and following physicians orders as	01/13/2012

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	medication (Zoloft) had not been timely discontinued and client #4 continued to receive the medication through 10/23/11. 9-3-6(a)		written by the prescribing doctor. 3. The Group Home Nurse will review all client charts including nursing notes and medical order sheets once a month to ensure all documentation is completed, appointments are current and physician recommendations followed up on. Current Agencies Policies and Procedures regarding Medication Administration have been reviewed and meet regulatory standards. The Residential Manager will conduct weekly MAR reviews of all clients Medication Administration Records. 4. The Group Home Nurse will review all client charts each month including nursing notes and medical order sheets to ensure all documentation is completed, appointments are current, and all physician recommendations/orders are followed. The nurse will document in each clients nurses notes that she has reviewed them and sign off. The Group Home Nurse, in conjunction with Safe-Dose Pharmacy, will conduct quarterly medical record/medication reviews to ensure that all client medication and medical needs are addressed. The Residential Manager will conduct weekly MAR's reviews on all clients Medication Administration Records.5. Systemic changes will be completed by: January 13, 2012	