STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G611		03/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIVER SERVICES INC	281 MCGRAIN ST CORYDON, IN 47112

(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
W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: March 15, 16 and 17, 2016. Facility number: 001162 Provider number: 15G611 AIM number: 100385630 This federal deficiency reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/24/16.	W 0000		
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure methodologies were present in the client's	W 0227	W227 The Behavioral Support Plan was updated by adding a new goal for client #4 to include training on the area of personal boundaries of others. All staff will	04/16/2016

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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	program plans to address his inappropriate boundaries with women. Findings include: During observations at the facility on the morning of 3/16/16, staff #1 arrived at 6:20 AM to assist staff #4 with clients #1, #2, #3, #4, #5, #6, #7 and #8 with the morning routine which included administering medications. At 6:30 AM, client #4 came to the office/medication room to have his medications. Client #4 (male client) kissed staff #1 (female) on the cheek. Staff #1 was in a small, confined space in the office/desk area and could not move away from client #4. The medications were administered. Client #4 again kissed staff #1 on the cheek and left the medication room going back to his apartment. On both occasions (kisses), staff #1's body language clearly indicated how uncomfortable she felt about being kissed. Staff #1 did not verbally redirect client #4. Staff #1 had no room to maneuver herself away from client #4 due to the limited area of the office as she was seated at a desk. Staff #1 was asked about the kisses from client #4 on 3/16/16 at 6:40 AM. Staff #1 indicated she did not feel comfortable about being kissed (personal space being invaded) but she did not want to provoke an angry response from client #4 (hurt his		be trained on client #4's revised Behavioral Support Plan. To protect other clients and prevent recurrence the QIDP will review the functional assessments for each client annually. The QIDP will add goals as necessary to address priority needs identified in the functional assessment. Goals will also be added as necessary based on daily staff observation of the residents during the normal routine. Staff will report issues to the QIDP who can assess the issue further to determine if a goal is necessary and the same procedure would occur for behavior issues with the Behavior Specialist. This would typically be done by conducting a baseline documentation. Quality Assurance: The interdisciplinary team will meet annually to review the ISP/BSP and to ensure that they are current with the needs of the clients. If needs have not been met the team will ensure that a goal is put in place to address each need. Responsible Parties: QIDP, Behavior Specialist and IDT.	

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	feelings) which could possibly lead to agitation or physical aggression from him. Staff #1 was interviewed again regarding client #4's inappropriate boundaries (kissing her on the cheek) on 3/16/16 at 11:15 AM. The interview indicated staff #1 had become the day shift staff recently after a transfer (1/2016) and client #4 had been kissing her on the cheek. The interview indicated staff was unsure how to address the issue of boundaries without embarrassing client #4 or inadvertently provoking agitation/anger from him. Review of client #4's record on 3/16/16 at 11:08 AM and 3/17/16 at 2:30 PM indicated an Individual Support Plan dated 3/26/15 and a Behavior Support Plan/BSP dated 3/26/15. The BSP indicated client #4's challenging behaviors included an anxious mood (body tension, physical shaking, and repetitive questions/statements). The BSP indicated verbal aggression, (cursing, yelling, making threats), and physical aggression (striking others, pushing or "chest-bumping" others, or striking objects. There was no methodology in regards to inappropriate social boundaries with women in the ISP/BSP.			

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	Interview with Social Worker #1 on 3/17/16 at 4:00 PM indicated there was nothing in client #4's BSP in regards to inappropriate social boundaries (kissing women on the cheek). The interview indicated the interdisciplinary team would be meeting next week in regards to program planning for client #4 and the issue of boundaries would be discussed. 9-3-4(a)			