

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G289	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2012
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 75 EAST OAK DR SALEM, IN 47167
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W000C	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 23, 24 and 25, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000808 AIM Number: 100385640 Provider Number: 15G289</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/31/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the Governing Body failed to exercise general operating direction over the facility by failing to ensure a fire exit was well lit and the handrail and door handle were in good repair; and by failing to include/implement policies and procedures which included/addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>During observations at the facility on 1/23/2012 from 4:30 PM until 5:30 PM and on 1/24/2012 from 5:00 AM until 8:00 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility.</p> <p>According to review of the agency's</p>	W0104	<p>To ensure safety around the group home's fire exit, the external lights were replaced and the handrail was repaired. To exercise operating/policy direction, the policy addressing the Elder Justice Act will be filed in the home after Board approval is attained in March 2012.</p> <p>To protect other clients and prevent recurrence: Our monthly maintenance checklist will include checking the fire exit for safety. Once the Elder Justice Act has Board approval and is filed, the home will be notified of any changes to the document. If any changes are made, a revised copy will be filed.</p> <p>Quality assurance: A monthly checklist will ensure the fire exit is safe. The Elder Justice Act will be filed upon receipt. The Board will review the policy regularly and, if changes are made, the staff will be notified and a revised policy will be filed.</p> <p>Responsible party: Group home manager</p>	02/24/2012			

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	<p>Operational Policy and Procedure Manual revisions (undated) on January 23, 2012 at 2:30 PM, the Governing Body failed to exercise general policy and operating direction over the facility in that the governing body failed to approve and include the Elder Justice Act (as defined above) in their agency's written policies and procedures.</p> <p>Human Resources Director #4 was interviewed on 1/23/2012 at 2:45 PM regarding the required implementation of the Elder Justice Act. The interview indicated the agency was aware of the Elder Justice Act, had commenced procedural changes for training and policy changes; but the agency's Executive Board of Directors had not yet approved the new policy/procedures so they could not be fully implemented at the time of the survey.</p> <p>During an environmental tour of the facility on 1/23/2012 at 5:15 PM, client #1's eastern exit door leading from her bedroom was observed. The outside light had a bulb which did not work, a sharp, rusted metal fixture was exposed on the handrail's newel post, and the outside handle to the stormdoor was broken with sharp edges.</p> <p>Interview with House Manager staff #5 on</p>			

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	1/24/2012 at 9:15 AM indicated the eastern exit door area from client #1's bedroom required repairs of the light fixture, the hand railing and the door handle. 9-3-1(a)			
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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the agency failed to include, fully develop and implement written policies and procedures which addressed the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>During observations at the facility on 1/23/2012 from 4:30 PM until 5:30 PM and on 1/24/2012 from 5:00 AM until 8:00 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility.</p> <p>According to review of the agency's Operational Policy and Procedure Manual revisions (undated) on January 23, 2012 at 2:30 PM, the Governing Body failed to exercise general policy and operating direction over the facility in that the</p>	W0149	<p>To exercise operating/policy direction, the policy addressing the Elder Justice Act will be filed in the home after Board approval is attained in March 2012.</p> <p>To protect other clients and prevent recurrence: Upon receipt of the Elder Justice Act, staff will be trained on the policy immediately. Additionally, there will be annual training for the group home staff on policy implementation. If any changes are made, a revised copy will be filed and staff will be made aware of these changes.</p> <p>Quality assurance: The Elder Justice Act will be filed upon receipt and any changes to the policy will be filed.</p> <p>Responsible party: Group home manager</p>	02/24/2012			

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	<p>governing body failed to approve and include the Elder Justice Act (as defined above) in their agency's written policies and procedures.</p> <p>Human Resources Director #4 was interviewed on 1/23/2012 at 2:45 PM regarding the required implementation of the Elder Justice Act.</p> <p>The interview indicated the agency was aware of the Elder Justice Act, had commenced procedural changes for training and policy changes; but the agency's Executive Board of Directors had not yet approved the new policy/procedures so they were not fully developed nor fully implemented at the time of the survey.</p> <p>9-3-2(a)</p>			
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W0189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to provide each current employee with initial training regarding the Elder Justice Act and failed to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Findings include:</p> <p>During observations at the facility on 1/23/2012 from 4:30 PM until 5:30 PM and on 1/24/2012 from 5:00 AM until 8:00 AM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to be living in the facility. During the various times of the observation periods, direct contact staff #6, #9, #10 and #11 worked with the clients.</p> <p>A list of employees, who worked at the facility with clients #1, #2, #3, #4, #5, #6, #7 and #8, was reviewed on 1/23/12 at 2:00 PM. The list indicated the current direct contact staff working in the facility: #6, #7, #8, #9, #10, #11, and #12.</p> <p>Employee files for Qualified Intellectual Disabilities Professional #1 and Direct</p>	W0189	<p>Staff will be trained on the Elder Justice Act as soon as Board approval for this policy is attained.</p> <p>To protect other clients and prevent recurrence: Upon receipt of the Elder Justice Act, staff will be trained on the policy immediately. Additionally, there will be annual training for the group home staff on policy implementation. If any changes are made, a revised copy will be filed and staff will be made aware of these changes.</p> <p>Quality assurance: The Elder Justice Act will be filed upon receipt. The Board will review the policy regularly and, if changes are made, the staff will be notified and a revised policy will be filed.</p> <p>Responsible party: Group home manager</p>	02/24/2012			

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	<p>Contact staff #10 and #11 were reviewed on 1/23/2012 at 3:45 PM. The review indicated no training regarding the Elder Justice Act.</p> <p>House Manager staff #5 was interviewed on 1/23/2012 at 2:15 PM and indicated he had not trained his staff (direct contact: #6, #7, #8, #9, #10, #11, and #12) regarding the rights and responsibilities of the Elder Justice Act.</p> <p>Interview with Human Resources staff #4 on 1/23/2012 at 2:45 PM indicated the agency was aware of the Elder Justice Act and the Human Resources Department was working on new policy and procedures including training materials for staff in all departments of the agency. The interview indicated no evidence current direct contact staff #6, #7, #8, #9, #10, #11, and #12 had been trained regarding the Elder Justice Act.</p> <p>9-3-3(a)</p>			
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