

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G088	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2011
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES, INC.--MAIN ST	STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN46168
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W0000	<p>This visit was for the investigation of complaint #IN00096229.</p> <p>Complaint #IN00096229: Substantiated, Federal/State deficiency related to the allegation(s) is cited at W154.</p> <p>Dates of survey: 9/16/11, 9/29/11 and 10/3/11</p> <p>Facility number: 000629 Provider number: 15G088 AIMS number: 100239570</p> <p>Surveyor: Keith Briner, Medical Surveyor III/QMRP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 10/12/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 1 incident report, BDDS (Bureau of Developmental Disabilities Services)</p>	W0154	W154-483.420(d) (3) Staff Treatment of Clients	11/02/2011

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>report and/or investigations reviewed for client A, the facility failed to conduct a thorough investigation of an allegation of sexual abuse.</p> <p>Findings include:</p> <p>The facility's incident reports, BDDS reports, and/or investigations were reviewed on 9/16/11 at 3:45 PM. The review included the following incident report:</p> <p>-BDDS report dated 9/1/11 indicated, "[Client A] reported that he and a peer engaged in sexual acts. Those acts included [client A] putting his mouth on his peers penis and the peer inserting his penis into his anus. He reported that the acts occurred in his room. [Client A] reported that a staff member was downstairs and the other staff member was picking up another peer from work. [Client A] reported that he and two other peers in the home were downstairs watching television. [Client A] was unsure of how long they were in the room together. The peer has denied the incident but indicated that [client A] did expose himself to the peer while walking out of the bathroom. The peer reported that no other action occurred between the two of them."</p>		<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>1.Damar Services, Inc. has completed and documented a thorough investigation of the incident involving [Client #A] on 9/2/11. The investigation was thoroughly completed by the Residential Manager on 10/4/11.</p> <p>1.Incident reports from the home have been reviewed by the QMRP to identify the potential need for additional follow up and/or further investigation. At this time, all other incidents have been documented completely. 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.</p> <p>1.The Residential Manager and QMRP will receive documented training by the Group Home Administrator on the requirements of incident reporting and incident investigation documentation including the requirement to complete a thoroughly documented investigation within 5 working days of the incident .The Group Home Incident Investigation form has been revised to ensure complete and thorough investigations are performed</p>		

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	<p>-Investigation report dated 9/2/11 was reviewed on 9/26/11 at 2:00 PM. The investigation indicated HM (Home Manager) #1 had completed the investigation of the 9/1/11 incident regarding client A's allegation. The investigation indicated client A, client B and therapist #1 were interviewed during the investigation. The investigation did not indicate former staff #1, staff #1, client C and/or client D were interviewed during the investigation. The investigation indicated HM #1 had completed the investigation.</p> <p>Interview with client A on 9/29/11 at 4:50 PM indicated former staff #1 and staff #1 were both working on 9/1/11. Client A indicated client C and client D were both present in the home on 9/1/11.</p> <p>Interview with HM #1 on 9/29/11 at 5:00 PM indicated the staff working on 9/1/11 were former staff #1 and staff #1 and client C and D were both in the home during the alleged incident. When asked if former staff #1, staff #1, client C and/or client D were interviewed during the investigation process, HM #1 indicated he had completed the investigation and he had interviewed the staff, but did not include the interviews in the investigation report. HM #1 indicated the investigation should include the interviews of former</p>		<p>without involvement of individuals involved in the incident. The group home investigation/reporting policy has been reviewed to ensure it is current and reflective of the regulatory standards.</p> <p>1.All incidents requiring an investigation will be reported to the Residential Manager, QMRP 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. The Residential Manager and QMRP will be responsible for completing the documented investigation including a summery for submission to the Group Home Administrator within 5 working days of the incident. The group home investigation regarding the incident on 7/26/11 was completed by the Residential Director/QDDP who was not directly involved in the incident.</p> <p>1.Date Systemic changes will be completed: November 2, 2011</p>				

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	<p>staff #1, staff #1 and the other clients in the home at the time of the alleged incident.</p> <p>Interview with PD #1 (Program Director) on 9/29/11 at 2:30 PM indicated former staff #1, staff #1 and clients C and D were both in the home during the alleged incident. When asked if former staff #1, staff #1, client C and/or client D were interviewed during the investigation process, PD #1 indicated the investigation report did not include interviews with these staff and/or clients. PD #1 indicated the investigation should include the interviews of former staff #1, staff #1 and the other clients in the home at the time of the alleged incident. When asked if the investigation was thorough, PD #1 indicated the investigation was not thorough.</p> <p>This federal tag relates to complaint #IN00096229.</p> <p>9-3-2(a)</p>				