

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 01/20/2012
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--MAIN ST			STREET ADDRESS, CITY, STATE, ZIP CODE 411 E MAIN ST PLAINFIELD, IN 46168		
(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	
W0000	<p>This visit was for a post certification revisit (PCR) to complaint #IN00096229 investigated on 10/03/11.</p> <p>Complaint #IN00096229: Not corrected.</p> <p>This visit was in conjunction with a recertification and state licensure survey.</p> <p>This visit was in conjunction with a post certification revisit (PCR) to complaint #IN00094232 investigated on 8/30/11.</p> <p>Survey Dates: January 17, 18, 19, 20, 2012</p> <p>Facility Number: 000629 Aim Number: 100239570 Provider Number: 15G088</p> <p>Surveyor: Mark Ficklin, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 1/27/2012 by Dotty Walton, 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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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 6 facility investigations of reportable incidents (alleged neglect, client #1) reviewed, to ensure all allegations were thoroughly investigated.</p> <p>Findings include:</p> <p>Record review of the facility incident reports was done on 1/18/12 at 10:07a.m. The incident report review indicated the following allegation of staff neglect:</p> <p>An incident report dated 10/29/11 indicated client #1 had eloped from the facility. The incident report indicated staff had used a basket hold and physical escort restraint on client #1. The incident report indicated client #1 had kicked out a window in the van. The incident report indicated staff #2 had been involved with the elopement incident and with the implementation of client restraint. The incident investigation report indicated staff #2 (whom had been involved in the incident) had done/completed the facility investigation of the elopement and staff interventions.</p> <p>Interview of staff #1 on 1/19/12 at</p>	W0154	<p>W154-483.420(d) (3) Staff Treatment of Clients The facility must have evidence that all alleged violations are thoroughly investigated. 1. Damar Services, Inc. has completed and documented a thorough investigation of the incident involving client #1 on 1/24/12. The Group Home Investigation form was revised in 1/12 to include the following statement "If you were a person directly involved in this incident STOP and seek out the next appropriate person to complete the investigation and investigation form"</p> <p>2. 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 through investigation (within 5 days) for all incidents requiring a BDDS reportable. The Group Home Investigation form has been revised to call attention to the person investigating the incident that if you are involved you are to stop and refer the investigation to the next appropriate person for</p>	02/19/2012			

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	<p>11:02a.m. indicated the facility failed to complete a thorough investigation of the 10/29/11 incident. Staff #1 indicated the facility staff (staff #2) involved in the incident should not have been the facility staff used to conduct the investigation of the 10/29/11 allegation of neglect.</p> <p>This federal tag relates to Complaint #IN00096229.</p> <p>This deficiency was cited on 10/03/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>completions. The form was revised in 1/12.</p> <p>3. 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 by someone not involved in the incident. The Group Home Incident Investigation form has been revised to ensure complete and thorough investigations are performed and completed by the correct person. The group home investigation/reporting policy has been reviewed to ensure it is current and reflective of the regulatory standards.</p> <p>4. All incidents requiring an investigation 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. The Residential Manager and Residential Director or an assigned designee who was not</p>	
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			involved in the incident will be responsible for completing the documented investigation including a summary for submission to the Group Home Administrator within 5 working days of the incident. 5. Date Systemic changes will be completed: February 19, 2012	