

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 2, 3, 4, 5, 8, 2016</p> <p>Provider Number: 15G287 Aims Number: 100243520 Facility Number: 000806</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/17/16.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 1 of 12 facility reportable incidents reviewed, to implement its policy and procedures to prevent client exploitation/mistreatment, for missing client funds (#2) entrusted to the facility and failed to immediately report an allegation of possible</p>	W 0149	<p>After this reportable incident was communicated to the Director of Compliance and Risk Management, this Director retrained the Program Manager on the immediate reporting of incidents to this Director, for purposes of investigation, and to BDDS. In reviewing past reportable incidents, this Program Manager has</p>	02/29/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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
	<p>exploitation/mistreatment to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 2/2/16 at 2:10p.m. The review included the following incident for client #2:</p> <p>A reportable incident report on 5/12/15 indicated client #2 had \$300 of personal funds missing from the facility entrusted money lock box at the group home. The incident report indicated the program manager had identified the money as missing on 5/8/15. The report indicated the administrator and BDDS were not notified until 5/12/15 and the investigation began on 5/13/15. The report indicated client #2 had made a spend down purchase (mattress) and the \$300 leftover funds were put into the lock box and client #2 was to make another spend down purchase. The facility investigation indicated it was unable to identify the theft/cause of the missing funds entrusted to the facility from the lock box. Client #2 was reimbursed for the missing funds.</p> <p>The facility's policy and procedures were</p>		<p>typically reported incidents in a timely manner so that investigations could be initiated. No other clients were affected by this negative practice. To ensure this moving forward, Tangram now employs a separate QIDP who assists the Director of Compliance and Risk Management with the investigation process in Tangram's group homes. As a member of the compliance staff, the QIDP works as a team member with program staff and as a support to the Program Manager to help ensure that incidents are reported and investigated in a timely manner, and to help notify the appropriate Directors within Tangram.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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 0153	<p>reviewed on 2/2/16 at 2:15p.m. The facility's policy titled "Investigations" dated 2/28/14 indicated: "All staff are required to report any alleged, suspected or known abuse, neglect, or exploitation of an individual; a violation of rights; client to client abuse; and all injuries of an unknown origin to their supervisor immediately." The policy also indicated, "Any alleged, suspected, or actual abuse, neglect or exploitation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin must be reported accordingly to Bureau of Developmental Disabilities Services (BDDS) while following appropriate reporting process."</p> <p>Staff #1 was interviewed on 2/2/16 at 2:58p.m. Staff #1 indicated client #2's missing funds were discovered by group home staff on 5/8/15 and it was not reported to the administrator and BDDS until 5/12/15. Staff #1 indicated the administrator and BDDS should have been notified on 5/8/15.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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
Bldg. 00	<p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>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.</p> <p>Based on record review and interview, the facility failed for 1 of 12 facility reportable incidents (client #2) reviewed, to immediately report an allegation of possible mistreatment to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 2/2/16 at 2:10p.m. The review included the following incident for client #2:</p> <p>A reportable incident report on 5/12/15 indicated client #2 had \$300 of personal funds missing from the facility entrusted money lock box at the group home. The incident report indicated the program manager had identified the money as missing on 5/8/15. The report indicated the administrator and BDDS were not notified until 5/12/15 and the investigation began on 5/13/15. The report indicated client #2 had made a spend down purchase (mattress) and the</p>	W 0153	<p>After this reportable incident was communicated to the Director of Compliance and Risk Management, this Director retrained the Program Manager on the immediate reporting of incidents to this Director, for purposes of investigation, and to BDDS. In reviewing past reportable incidents, this Program Manager has typically reported incidents in a timely manner so that investigations could be initiated. No other clients were affected by this negative practice. To ensure this moving forward, Tangram now employs a separate QIDP who assists the Director of Compliance and Risk Management with the investigation process in Tangram's group homes. As a member of the compliance staff, the QIDP works as a team member with program staff and as a support to the Program Manager to help ensure that incidents are reported and investigated in a timely manner, and to help notify the appropriate Directors within Tangram.</p>	02/29/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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 0369 Bldg. 00	<p>\$300 leftover funds were put into the lock box and client #2 was to make another spend down purchase. Client #2 was reimbursed for the missing funds.</p> <p>Staff #1 was interviewed on 2/2/16 at 2:58p.m. Staff #1 indicated client #2's missing funds were discovered by group home staff on 5/8/15 and it was not reported to the administrator and BDDS until 5/12/15. Staff #1 indicated the administrator and BDDS should have been notified on 5/8/15.</p> <p>9-3-2(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 clients (#2) observed to receive medication administered by staff (#4), to ensure client #2 received his medication without error.</p> <p>Findings include:</p> <p>Observation was done at the group home</p>	W 0369	Tangram's policy is to retrain staff after a medication error. Retraining occurs by the Program Manager and involves reviewing Tangram's Medication and Treatment Administration policy. Program Manager will ensure that staff is retrained in accordance with Tangram policy to ensure that medication errors do not recur. Program Manager will continue to monitor the	03/07/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
---	---

(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
	<p>on 2/2/16 from 3:40p.m. to 5:54p.m. Client #2 was observed to receive medication at 4:35p.m. Client #2 received Flomax .4 milligrams for benign prostatic hyperplasia (BHP). Client #2 was observed to eat supper at 5:38p.m.</p> <p>Record review of the facility's 2/16 medication administration record (MAR) on 2/2/16 at 4:42p.m. indicated client #2 was to receive Flomax .4 milligrams "1/2 hour following same meal each day for BHP."</p> <p>Interview of staff #4 on 2/2/16 at 4:42p.m. indicated they thought they could pass the Flomax with the 5p.m. medications.</p> <p>Interview of staff #2 (nurse) on 2/4/16 at 10:06a.m. indicated client #2 should have received his Flomax 1/2 hour after supper, as was written in client #2's physician's orders on the 2/16 MAR.</p> <p>9-3-6(a)</p>		<p>MARS/TARS for each client on a weeklybasis to ensure that no further medication error occur for any client in thehome. There have been no furthermedication errors in the home since this error occurred and the Program Managerdiscussed with all staff in the home the importance of administering this medicationpost-meal instead of pre-meal.</p>	