

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G148	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2014
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NAME OF PROVIDER OR SUPPLIER CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 S COUNTRYBROOK MONTICELLO, IN 47960
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W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: September 23, 24, 26, 29 and October 1 and 3, 2014.</p> <p>Facility number: 000684 Provider number: 15G148 AIM number: 100243120</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 23, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 3 additional clients (#5, #6 and #7), the facility's governing body failed to exercise general policy and operating direction over the facility to develop a policy and procedure on addressing</p>	W000104	<p>Tag104: As for Tag 104, aBug Infestation procedure has been developed and staff have been trained byGroup Supervisor on the procedure as of 11-4-2014. CDC Resources had Orkin personnelcome out and do a training of staff on 10-30-2014 as what to look for aninfestation of</p>	11/04/2014

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>infestation of bed bugs.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations was conducted on 9/24/14 at 11:30 A.M. The facility's reports indicated the following:</p> <p>-BDDS report dated 7/23/14 indicated: "On 7/23/14 [Facility name] had [Exterminator] come out to inspect [Facility name] vehicles for bedbugs. The [Group home name] vehicle failed inspection for bedbugs and it was suggested that [Exterminator] also inspect the home as well. [Exterminator] then inspected the [Group home name] and it was found that the living room and two bedrooms had bedbugs in them. [Facility name] will obtain a date of when [Exterminator] will be able to come out and treat the group home."</p> <p>An interview with administrative staff #1 was conducted at the facility's administrative office on 9/24/14 at 3:00 P.M. Administrative staff #1 indicated the facility had not developed a policy and procedure on how to address the infestation and prevention of bed bugs.</p>		<p>bed bug. Training will be done upon hire and annually thereafter. Monitoring of the training will be done by Group Home Supervisor. Monitoring of the procedure is being followed will be done by a team of Group Home supervisor, Habilitative Coordinator and the Quality Assurance Specialist. Monitoring will begin with a weekly check of the home for 60 days by Group Home Supervisor, Habilitative Coordinator and Quality Assurance will start a monthly check of the homes for the first Quarter then continue monthly checks by the Quality Assurance Specialist. Group Home Supervisors will also do a monthly check after the 60 days. A Professional will be contracted to check the home Bi-Annually.</p>				

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W000130	<p>9-3-1-(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4), and 1 additional client (#6), observed during the morning medication administration, to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/23/14 from 5:45 A.M. until 7:30 A.M.. Beginning at 7:26 A.M., Direct Support Professional (DSP) #5 began administering client #4's morning medication in the open kitchen area while DSP #6 walked in and out of the kitchen area and clients #1, #2, #4 and #6 walked in and out of the kitchen, where client #4's medication information could be heard. As DSP #5 administered each of client #4's prescribed medications, she stated the names,</p>	W000130	As for Tag 130. For the immediate plan of correction the staff are to request other consumers to leave the area prior to administering meds to the consumer. As we explore ways to provide privacy Monitoring of this will be done on a weekly basis for 60 days then Bi-monthly for 60 days by Group Home Supervisor. Quality Assurance Specialist will monitor weekly for 60 days then monthly. Staff have been trained on these plans and procedure on 11-3-2014. Addendum to Tag 130 Work orders have been submitted for enclosed areas that will ensure privacy during medication administration on 11-4-2014. Maintenance will ensure measurements, and purchase all needed supplies by 11-14-2014. Completion of private medication areas will be potentially completed by 12-01-2014. Monitoring of work progress will be done by Quality Assurance Specialist. Quality Assurance Specialist will monitor	11/10/2014

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	dosage, reason for each medication and side effects for each medication. At 7:31 A.M., DSP #5 began administering client #1's morning medication in the open kitchen area while DSP #6 walked in and out of the dining area and clients #2, #4, #5 and #6 stood in the kitchen, where client #1's medication information could be heard. As DSP #5 administered each of client #1's prescribed medications, she stated the names, dosage, reason for each medication and the side effects of each medication. At 7:34 A.M., DSP #5 began administering client #6's morning medication in the open kitchen area while clients #1, #2 and #4 stood in the dining area where client #6's medication information could be heard. As DSP #5 administered each of client #6's prescribed medications, she stated the names, dosage, reason for each medication and side effects of each medication. At 7:41 A.M., DSP #5 began administering client #3's morning medication in the open dining area while clients #1, #2 and #4 stood in the kitchen area where client #3's medication information could be heard. As DSP #5 administered each of client #3's prescribed medications, she stated the names, dosage, reason for each medication and side effects of each medication. At 7:46 A.M., DSP #5 began administering client #2's morning		progress of work orders progression weekly until completed.				

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W000149	<p>medication in the open kitchen area while clients #1 and #4 stood in the kitchen area where client #2's medication information could be heard. As DSP #5 administered each of client #2's prescribed medications, she stated the names, dosage, reason for each medication and side effect of each medication. There was no staff redirection regarding privacy observed during medication administration.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/3/14 at 2:45 P.M. The QIDP indicated while staff are administering client's medications, the other clients should be directed out of the area to ensure privacy. The QIDP further indicated all clients should have privacy during medication administration.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS 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 for 2 of 4 sampled clients(#2 and #4), and 2 additional clients (#5 and #7), the facility</p>	W000149	As for Tag 149 (Part 1) Consumers schedules have beendeveloped to ensure consistency to prevent further	11/04/2014			

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	<p>neglected to implement written policy and procedures to prevent alleged abuse/neglect regarding providing supervision and preventing staff abuse.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations was conducted on 9/24/14 at 11:30 A.M. The facility's reports indicated the following:</p> <p>1. -BDDS report dated 4/2/14 involving client #5 indicated: "[Client #5] was unattended for a duration of 2 to 3 minutes while staff used the bathroom. Staff was suspended pending investigation. This incident is substantiated. The investigation concluded that the consumers in this incident did not receive adequate staffing per their plans....The failure of the staff caused a potential health and safety risk to the consumers."</p> <p>--BDDS report dated 7/30/14 involving client #4 indicated: "Staff 1 was coming in to work and saw [client #4] walking across the [Facility] parking lot alone. Staff 1 asked [client #4] to come with her inside the building and went to find his staff, [Client #4] was fine and went with</p>		<p>issues of unattended consumers. Day Service staff were trained to have the consumers stop working and turn off machinery and move to area where staff can supervise in the event they need to leave work area. Monitoring of this will be done by Day Services Supervisor and Quality Assurance Specialist weekly thru Quality Inspections (Part 2) Staff has been retrained on Abuse, Neglect, and Exploitation and a staff counseling on 8-29-2014. Consumer's BSP has been updated to address the behavior, Monitoring to ensure issue doesn't arise again Group Home Supervisor will do weekly Quality Inspections along with Quality Assurance Specialist doing a Quality Inspection weekly for 60 days then monthly thereafter..</p>				

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	<p>Staff 1 back in to the building. Staff 2 and 3 were suspended immediately."</p> <p>2. -BDDS report dated 4/22/14 involving client #7 indicated: "Staff 1 alleges Staff 2 was walking out of group home due to an incident that occurred. [Client #7] asked Staff 2 a question. Staff 2 replied 'F---k you, I don't care.' Staff 2 suspended pending investigation."</p> <p>-BDDS report dated 4/22/14 involving client #2 indicated: "Staff 1 was assisting [client #2] out of her recliner into her wheelchair. [Client #2] stated to Staff 1 'I don't f----g want to.' Staff 1 in a raised harsh tone stated 'I'm tired of you talking back to me. This is the third time you have disrespected me today. You are going to your quiet area now.' [Client #2] has a behavior plan which addresses inappropriate social behaviors. Incident was reported by Staff 2. Staff has been suspended pending investigation."</p> <p>-BDDS report dated 4/23/14 involving client #5 indicated: "Staff 1 observed that [client #5] was not being cooperative as staff 2 was redirecting [client #5] to the lunchroom. [Client #5] told staff that he did not want to eat lunch and wanted to buy a pop. [Client #5] did not have enough money for a pop. Staff 2 kept telling [client #5] to go to the lunchroom.</p>			

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	<p>[Client #5] became argumentative and staff continued to argue with [client #5] to a point where staff was yelling at him. Staff 2 stepped up to [client #5]'s face and yelled 'I don't care.' [Client #5] walked into lunchroom and staff 2 walked away. Staff 2 has been suspended pending investigation."</p> <p>A review of the facility's "Policy on Abuse and Neglect," dated 4/22/14, was conducted on 9/23/14 at 7:30 P.M. Review of the policy indicated:</p> <p>"Each person receiving services and supports from CDC Resources, Inc. will receive humane care and protection from harm. Services shall be provided in safe, secure and supportive environments. CDC Resources, Inc. shall provide services that are meaningful and appropriate and that comply with all applicable standards of professional practice, guidelines established by accredited professional organizations and budgetary constraints. Employees of CDC Resources, Inc. have a professional and legal mandate to report suspected abuse, neglect, or violation of civil rights....Abuse, neglect, exploitation, and mistreatment and violation of any rights of an individual are prohibited, including: Failure to provide appropriate supervision, care or training, according to</p>			

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W000189	<p>the ISP (Individual Support Plan) ...The Adult Service Manager will assign someone to complete the investigation. The results of all investigations must be reported to the Executive Director or the Adult Services Manager if the Executive Director is not available or to other officials in accordance with State law within 5 working days of the incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/3/14 at 2:45 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated all clients should be free from abuse and neglect at all times. The QIDP indicated all staff are to provide supervision at all times to all clients.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM 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 record review and interview,</p>	W000189	As for Tag 189 a Bug Infestation procedure has beendeveloped	11/04/2014			

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	<p>the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4), and 3 additional clients (#5, #6 and #7), to ensure staff were sufficiently trained to assure competence in monitoring, detecting and preventing infestation/reinfestation of bed bugs.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations was conducted on 9/24/14 at 11:30 A.M. The facility's reports indicated the following:</p> <p>-BDDS report dated 7/23/14 indicated: "On 7/23/14 [Facility name] had [Exterminator] come out to inspect [Facility name] vehicles for bedbugs. The [Group home name] vehicle failed inspection for bedbugs and it was suggested that [Exterminator] also inspect the home as well. [Exterminator] then inspected the [Group home name] and it was found that the living room and two bedrooms had bedbugs in them. [Facility name] will obtain a date of when [Exterminator] will be able to come out and treat the group home."</p> <p>A review of employee records was conducted on 9/24/14 at 2:00 P.M.</p>		<p>and staff have been trained by Group Supervisor on the procedure as of 11-4-2014. CDC Resources had Orkin personnel come out a train staff on 10-30-2014 as what to look for an infestation of bed bug. Training of this will be done on hire and annually from this point on. Monitoring of the training will be done by Group Home Supervisor. Monitoring of the procedure is being followed will be done by a team of Group Home Supervisor, Habilitative Coordinator and the Quality Assurance Specialist. Monitoring will begin with a weekly check of the home for 60 days by Group Home Supervisor, Habilitative Coordinator and Quality Assurance will start a monthly check of the homes for the first Quarter then continue monthly checks by the Quality Assurance Specialist. Group Home Supervisors will also do a monthly check after the 60 days. A Professional will check the home Bi-Annually</p>		

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W000227	<p>Review of the employee records failed to indicate the facility trained staff on monitoring and necessary precautions to prevent infestation/reinfestation of bed bugs at the group home.</p> <p>An interview with administrative staff #5 was conducted at the facility's administrative office on 9/24/14 at 3:00 P.M. Administrative staff #5 indicated the facility had not trained staff on monitoring, detecting and the necessary precautions to prevent infestation/reinfestation of bed bugs.</p> <p>9-3-3(a)</p> <p>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 record review and interview, the facility failed for 1 of 4 sampled clients (client #3), to have recommended changes to his bathroom completed to prevent him from falling.</p>	W000227	As for Tag 227 a work order has been submitted to look at ways to comply with Occupational Therapy recommendations. Monitoring for answers will be done by Quality Assurance and Habilitative	11/04/2014	

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	<p>Findings include:</p> <p>-BDDS report dated 7/12/14 indicated: "[Client #3] had just finished his shower and was beginning to get out of the shower when he slipped and fell. Staff were following [client #3]'s risk plan at the time of the incident. A fall assessment was completed and [client #3] was checked for injuries and none were noted.</p> <p>A review of client #3's record was conducted on 10/1/14 at 1:30 P.M. Client #1's record indicated an Occupational Therapy (OT) assessment dated 12/10/12 which indicated:</p> <p>"The objective of this visit is to provide recommendations for changes to the bathroom to make showering less troublesome for [client #3].</p> <p>[Client #3] is accompanied by a staff member (often female) for showering. He comes into the bathroom naked having completely undressed in the bedroom. [Client #3] very often hits the wall of the shower with his hand repeatedly upon entering to shower, and now does not sit on the available shower seat, which he did previously use. There are several possible explanations for</p>		Coordinatorcommunicating weekly with Maintenance.				

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	<p>[client #3]'s apparent frustration in the shower, and the following are examples of what might make the showering routine more pleasant for him.</p> <p>The existing molded shower seat can be made more comfortable and safer by placing a non skid mat on the seat. A reasonable adaption might be to trim a shower floor mat to fit the seat.</p> <p>Regardless of the water temperature, the tactile and temperature shock of the shower can be unpleasant until one becomes accustomed to the water, and this phenomenon is more dramatic for the elderly. This is ameliorated by installing a hand held shower head on a vertical bar so that the shower head can be removed by [client #3] before entering, the shower aimed at the floor, and then allowing him the opportunity to slowly shower his body, making the sensation more comfortable. The hand held shower also gives him an additional opportunity to be more independent with his showers.</p> <p>The 6 inch lip at the front of the shower presents risk for a fall. The risk can be reduced by securely placing a vertical grab bar 18 inches to 24 inches in length on the wall at the edge of the shower insert to the right as you face the shower, placed at a height that is appropriate for</p>			

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	<p>the height of an average adult.</p> <p>In addition, sitting, standing, and turning in the shower can be made safer by securely installing a horizontal grab bar on the wall opposite the entrance, 32 inches to 36 inches from the shower floor, depending on the existing wall framing.</p> <p>A rubber backed bath mat outside the shower is preferred over using a towel for [client #3] to step onto out of the shower.</p> <p>For future consideration, the narrow door of the bathroom will not allow a standard walker to enter the bathroom, and should be widened to 36 inches for accessibility.</p> <p>The low seat design of the existing toilet makes lowering to sit and coming back to standing more difficult for the elderly individual. One possible remedy is to place a riser on the toilet seat, and another is to replace the toilet with a tall seat design. In addition, toilet mounted side bars help the elderly come to standing.</p> <p>The suggestion of including a shower chair in the shower is impractical because the existing molded shower seat leaves a small floor space such that if an additional shower chair is placed on the</p>			

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NAME OF PROVIDER OR SUPPLIER CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 S COUNTRYBROOK MONTICELLO, IN 47960
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W009999	<p>floor of the shower, the transfer into the shower will be more difficult for [client #3]."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/26/14 at 12:35 P.M. The QIDP indicated the recommended changes to client #3's personal bathroom had not been completed.</p> <p>9-3-4(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the</p>	W009999	As for Tag 9999 Human Resources Team will be doing a Qualitycheck on all TB forms prior to orientation for hire to ensure compliance. Monitoring will done by the Human Resources team by reviewing staff TB forms ona quarterly basis to ensure compliance.	11/04/2014

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	<p>Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and record review for 1 of 3 staff personnel records reviewed (staff #12), the facility failed to ensure staff #12 received an annual Mantoux test/screening.</p> <p>Findings include:</p> <p>The facility's employee records were reviewed on 9/24/14 at 12:15 P.M.. Review of staff #12's personnel file indicated a start date of 4/29/14. Staff #12's personnel file did not indicate a Mantoux test/screening. A review of the group home schedule dated 9/1/14 to 9/23/14 indicated Staff #12 worked at the group home with clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>The Human Resource Staff (HRS) was</p>				

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	interviewed on 9/24/14 at 12:45 P.M. The HRS indicated there was no documentation to indicate staff #12 had an annual Mantoux skin test. When asked how often staff are to get Mantoux test/screening, she indicated annually. 9-3-3(e)						