

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G744	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/10/2012
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2453 S 100 E PERU, IN46970
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W0000	<p>This visit was for the investigation of complaint #IN00101864.</p> <p>COMPLAINT #IN00101864 SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W122, W149, W153, W249, and W268.</p> <p>Dates of Survey: January 9 and 10, 2012</p> <p>Facility number: 006630 Provider number: 15G744 AIM number: 200902110</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 1/17/2012 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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W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement their abuse/neglect policy/procedure by failing to ensure staff did not purposefully feed a non edible item to client A and by failing to ensure staff reported the incident to the administrator in a timely manner.</p> <p>Findings include:</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) to ensure the facility's Abuse/Neglect policy was implemented by failing to monitor staff to ensure they did not purposefully feed a non edible item to client A and by failing to ensure staff reported the incident to supervisory staff.</p> <p>1. Please refer to W149. The facility failed to ensure staff did not purposefully feed a non edible item to "teach him a lesson" for client A and to implement the facility's abuse/neglect policy which "strictly prohibited" abuse, neglect or mistreatment.</p> <p>2. Please refer to W153. The facility</p>	W0122	<p>All group home staff will continue to attend the agency orientation where they are trained on respect/dignity, abuse/neglect, reporting allegations, individual rights, dealing with behaviors in a positive manner, etc. After the agency orientation, the staff complete a departmental orientation in which they receive client specific training such as risk plans, behavior plans, ISP, goals, etc. Training of staff is an ongoing process. The House manager and QDDP will continue to train staff in all areas of client needs through observation, text, role play, video, etc. The House Manager completes one - on- one monthly meetings with each individual staff asking if they have any concerns, questions or need for additional training. Staff will be reminded of the abuse/neglect policy on an ongoing basis at staff meetings and agency trainings.</p>	01/29/2012	

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W0149	<p>failed to report 1 of 1 incident pertaining to abuse/neglect immediately to the Administrator and to the Bureau of Developmental Disabilities Services in accordance with state law for client A.</p> <p>This federal tag relates to complaint #IN00101864</p> <p>9-3-1(b)(5) 9-3-2(a)</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 3 sampled clients (client A) to ensure the facility's Abuse/Neglect policy was implemented by monitoring staff to ensure they did not purposefully feed a non edible item to client A.</p> <p>Findings include:</p> <p>On 1-9-12 at 2:20 p.m. record review of the facility's Bureau of Developmental</p>	W0149	The agency will continue to follow it's policy for abuse/neglect. Staff were retrained on 1/11/12 during a mandatory staff meeting which included an inservice on respect/dignity and teamwork by the Guardian of Client #1. Staff were also disciplined (per policy) for not reporting abuse/neglect to supervisor. The staff will be monitored by the House Manager and QDDP on an ongoing basis to ensure they follow policies as written. The House Manager completes one - on- ones monthly	01/11/2012	

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	<p>Disabilities Services (BDDS) reports from 11-1-11 through 1-9-12 was conducted. A BDDS report with an incident date of 12-22-11 and a report date of 12-30-11 indicated direct care staff (dcs) #1 had fed client A a Styrofoam ball with icing on it. An investigation dated 12-30-11 indicated dcs #1 had placed a Styrofoam ball with icing on it out on the counter for client A to eat. The investigation indicated dcs #1 admitted it was a "bad choice" and she was just trying to "teach him a lesson" since he ate a lot and would grab food off the counters. Dcs #3 indicated dcs #1 used a Styrofoam ball from a craft kit and placed icing on it. Dcs #3 indicated dcs #1 told him about it after client A had ate the Styrofoam ball. Dcs #3 indicated dcs #1 told him not to worry about it because "it wouldn't kill him." Dcs #1 indicated the Styrofoam ball was a "corn based product" and she should have used a "rice cake instead."</p> <p>On 1-9-12 at 2:20 p.m. a review of the facility's Abuse/Neglect Policy dated 5-11 indicated abuse, neglect, or mistreatment, to any clients served, was "strictly prohibited."</p> <p>On 1-10-12 at 8:45 a.m. an interview with the Director of Residential Services indicated dcs #1 should have implemented the abuse/neglect policy and</p>		meetings with staff asking if they have any concerns, questions or need for additional training. The Elder Justice Act is posted in the group home for all staff to read and reference in future situations.		

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W0153	<p>des #1 did not abide by the policy by feeding client A Styrofoam.</p> <p>This federal tag relates to complaint #IN00101864.</p> <p>9-3-2(a)</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 3 sampled clients (client A) to ensure staff reported abuse/neglect immediately to the Administrator and to the Bureau of Developmental Disabilities Services for 1 of 1 allegations of abuse/neglect.</p> <p>Findings include:</p> <p>On 1-9-12 at record review of the facility's Bureau of Developmental Disabilities Services (BDDS) from 11-1-11 through 1-9-12. A BDDS report</p>	W0153	<p>During the investigation, staff were reminded that they must immediately report any allegations of abuse/neglect to supervisors. All staff were also reminded that they must report immediately any suspicion of abuse when they were disciplined for their actions because they did not report this incident immediately to supervisors. Staff were retrained on 1/11/12 on the Elder Justice Act, the agency policy and the reporting guidelines. On 1/11/12 client #1 guardian spoke to all staff and stated her disappointment that this behavior could happen and</p>	01/11/2012	

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W0249	<p>with an incident date of 12-22-11 and a report date of 12-30-11 indicated direct care staff (dcs) #1 had fed client A a Styrofoam ball with icing on it. An investigation dated 12-30-11 indicated dcs #2, #3, #4, and #5 had known or heard about dcs #1 feeding client A Styrofoam but none of them reported it until 12-30-11.</p> <p>On 1-10-12 at 8:45 a.m. an interview with the Director of Residential Services indicated dcs should report all allegations of abuse/neglect immediately to their supervisor.</p> <p>This federal tag relates to complaint #IN00101864.</p> <p>9-3-1(b)(5) 9-3-2(a)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview, the</p>	W0249	<p>no one report it. She said staff have a duty to all the consumers in the home and to please report anything that isn't right.</p> <p>Staff were retrained on client #1</p>	01/11/2012	

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	<p>facility failed for 1 of 3 sampled clients (client A) to ensure his Individualized Program Plan (IPP) was implemented by assisting him at meal/snack times.</p> <p>Findings include:</p> <p>On 1-9-12 at 2:00 p.m. record review of the facility's Bureau of Developmental Disability Services (BDDS) reports from 11-1-11 through 1-9-12. A BDDS report with an incident date of 12-22-11 and a report date of 12-30-11 indicated direct care staff (dcs) #1 had fed client A a Styrofoam ball with icing on it.</p> <p>On 1-9-12 at 3:50 p.m. a record review for client A was conducted. The IPP dated 7-15-11 indicated client A had a choking risk and had a choking protocol. The choking protocol indicated client A's food was to be cut into small bite sized pieces, he was to be reminded to eat small bites, and staff were to be present when he was eating or drinking.</p> <p>On 1-10-12 at 8:45 a.m. an interview with the Director of Residential Services indicated client A's choking protocol was not followed when staff allowed him to eat a styrofoam ball with icing.</p> <p>This federal tag relates to complaint #IN00101864.</p>		<p>risk plan. Staff are to follow the dietitians approved menu options, cut food into bite size pieces, and observe client when eating to remind him to take small bites. The clients are weighed monthly. The client has a Bowel movement chart. The nurse monitors the clients weight and bowel movements. The nurse notifies the Dr. of any discrepancies. Client #1 will be offered alternative snacks choices such as fruits/vegetables if still hungry instead of purchasing sugary snacks which are not on the approved menu. Client #1 will be redirected to an activity when obsessing over food items.</p>		

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W0268	<p>9-3-4(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) to ensure he was treated with dignity at snack time in his home.</p> <p>Findings include:</p> <p>On 1-9-12 at 2:00 p.m. record review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports from 11-1-11 through 1-9-12 was conducted. A BDDS report with an incident date of 12-22-11 and a report date of 12-30-11 indicated direct care staff (dcs) #1 had fed client A a Styrofoam ball with icing on it. An investigation dated 12-30-11 indicated dcs #1 had placed a Styrofoam ball with icing on it, out on the counter for client A to eat. The investigation indicated dcs #1 admitted it was a "bad choice" and she was just trying to "teach him a lesson" since he ate a lot and would grab food off of the counters. Dcs #3 indicated dcs #1 used a Styrofoam ball from a craft kit and</p>	W0268	<p>Staff are to follow all clients risks plans as written. Staff are to follow the dietitians approved menu options. The staff will treat clients with respect and dignity at all times in their home. Staff have been re-trained on risk plans, following dietitian recommendations and respect/dignity. All clients will be offered other alternative snacks choices such as fruits/vegetables if still hungry instead of purchasing sugary snacks which are not on the approved menu. All clients will be redirected to an activity when obsessing over food items. Clients will continue to be taken for outings of their choice where they can purchase snacks of their choosing. The House Manager and QDDP will work random shifts to observe staff and ensure they are implementing the risk plans, following menus and treating clients respectfully.</p>	01/29/2012	

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	<p>placed icing on it. Dcs #3 indicated des #1 told him about it after client A had ate the Styrofoam ball. Dcs #3 indicated des #1 told him not to worry about it because "it wouldn't kill him." Dcs #1 indicated the Styrofoam ball was a "corn based product" and she should have used a "rice cake instead."</p> <p>On 1-10-12 at 8:45 a.m. an interview with the Director of Residential Services indicated des #1 did not promote dignity to client A by feeding him a Styrofoam ball with icing on it.</p> <p>This federal tag relates to complaint #IN00101864.</p> <p>9-3-5(a)</p>				