

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 11/09/2012
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 29, 30, 31, November 7, 8 and 9, 2012.</p> <p>Facility number: 000806 Provider number: 15G287 AIM number: 100243520</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed 11/13/12 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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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure informed consent was obtained for 3 of 3 sampled clients (clients #1, #2, and #3) with restrictive interventions for plans which addressed behavior which included restrictive interventions (psychotropic medications).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/30/12 at 3:27 PM. Client #1's record indicated she had a legal guardian. Client #1's 8/2012 Behavior Support Plan (BSP) approval sheet was signed by the facility's HRC (Human Rights Committee) on 8/23/12. The plan included the use of Prozac to treat symptoms of depression. There was no evidence of consent by client #1's legal guardian for the BSP.</p> <p>Client #2's record was reviewed on 10/30/12 at 4:07 PM. Client #2's records indicated he did not require assistance in making decisions. Client #2's BSP dated July 31, 2012 included the use of Zyprexa (psychosis), Xanax (agitation) and Wellbutrin (agitation). There was no</p>	W0263	<p>The Behavior Consultant working with the clients in this home have met with the clients and guardians, when applicable, and reviewed their Behavior Support Plans with them again. After reviewing the BSPs with the clients and guardians, when applicable, the individuals were able to sign their BSPs, thus giving their informed consent. Tangram will continue to follow its Informed Consent policy by ensuring that clients and their guardians, when applicable, are able to provide their informed consent for their BSPs.</p>	11/26/2012	

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	<p>evidence of informed consent by client #2 for the plan. The facility's HRC signed approval of client #2's plan on 8/23/12.</p> <p>Client #3's record was reviewed on 10/31/12 at 3:40 PM. Client #3's record indicated he did not require assistance in making decisions. Client #3's BSP dated October 11, 2012 included the use of Tegretol (anti-convulsant) for behaviors (not specified), Celexa (anti-depressant), Risperdal (anti-psychotic) and Buspar (anti-anxiety). There was no evidence of informed consent by client #3 for his plan. The facility's HRC signed approval of client #3's plan on 9/27/12.</p> <p>The Program Manager was interviewed on 10/31/12 at 4:30 PM and indicated there was no evidence of consent for the clients' BSPs.</p> <p>9-3-4(a)</p>				

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and interview, the facility failed for 1 additional client (client #4), to promote dignity by inquiring about client #4's bowel movements within earshot of client #3.</p> <p>Findings include:</p> <p>Observations were completed in the group home on 10/30/12 from 6:13 AM until 7:55 AM. During the administration of medication at 6:46 AM, staff #1 asked client #4 if he had a BM (bowel movement) that morning within earshot of client #3.</p> <p>The Program Manager was interviewed on 10/3/12 at 4:26 PM and indicated staff should not have asked client #4 about his bowel movements within earshot of other clients.</p> <p>9-3-5(a)</p>	W0268	<p>The Program Manager/QDPP for this home has discussed the importance of client confidentiality and promoting the dignity of clients and their health information with the staff person responsible for asking client #4 about his bowel movements in front of another client. The Program Manager/QDPP will cover this topic again with all staff at the next team meeting. Additionally, the Director of Compliance and Risk Management, who is also the HIPAA Privacy Officer, will ensure that all staff in the home receive a copy of Tangram's confidentiality policies so that they can re-read the policies and sign off that they have read and understood them.</p>	12/09/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview for 2 of 3 sampled clients (clients #1 and #3), the facility failed to encourage, teach, and include clients in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/30/12 from 6:13 AM until 7:55 AM. During the morning meal, staff #3 prepared client #3's oatmeal and stirred it before placing it in front of him at the table. Staff #3 prepared coffee and placed it in front of client #1 on the table. Staff #1 brought juice, toasted bread and spread butter on the toast before serving it to client #1. Neither client #1 or client #3 were encouraged to assist in preparing their breakfast during the observation.</p> <p>Client #1's record was reviewed on 10/30/12 at 3:27 PM. Client #1's comprehensive functional assessment dated 10/6/12 indicated she was capable of preparing a simple snack with physical assistance.</p> <p>Client #3's record was reviewed on 10/31/12 at 3:40 PM. Client #3's</p>	W0488	The Program Manager/QDPP for this home has discussed with staff the importance of clients assisting in their meal and snack preparation and has emphasized with staff that clients should be encouraged to assist with their meal and snack preparation to the best of their abilities. Program Manager/QDPP has also discussed the importance of this with clients and about the importance of promoting their own independence. Program Manager/QDPP will continue to encourage clients to assist staff during meal and snack preparation times to the best of their abilities.	11/26/2012			

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	<p>comprehensive functional assessment dated 10/6/12 indicated he was capable of preparing a simple snack with physical assistance.</p> <p>The Program Manager was interviewed on 10/31/12 at 4:40 PM and indicated clients #1 and #3 should have been prompted to assist in preparing their breakfast.</p> <p>9-3-8(a)</p>			