

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G377	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/04/2014
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NAME OF PROVIDER OR SUPPLIER  CORVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 52549 MYRTLE ST SOUTH BEND, IN 46637
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W000000	<p>This visit was a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 28, 29, 30, 31, and August 1 and 4, 2014.</p> <p>Facility number: 000891 Provider number: 15G377 AIM number: 100244320</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 7, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review, and interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to modify or change, in a timely manner, the Behavior Support plan of 1 of 3 sampled clients (client #1) to address the behavioral needs of client #1.</p>	W000159	To ensure there are no other deficiencies of this nature in the future; the QIDP will be responsible for ensuring Client #1's Behavior Support Plan will be modified and/or changed as needed in a timely manner. If or when there are any modifications or changes the QIDP will be	09/03/2014

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>Findings include:</p> <p>Client #1 was observed during the group home observation period on 7/29/14 from 3:28 P.M. until 6:15 P.M. During the observation, client #1 said the following phrases to client #4, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #4 six times during the observation period. Staff #1, #2, and #3 redirected client #1 from saying these phrases to client #4 two times during the 7/29/14 observation period.</p> <p>Direct care staff #2 was interviewed on 7/29/14 at 6:07 P.M. When asked what staff were to do when client #1 says these phrases to client #4, direct care staff #2 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No."</p> <p>Client #1 was observed during the group home observation period on 7/30/14 from 6:41 A.M. until 8:00 A.M. During the observation, client #1 said the following phrases to client #4, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client</p>		responsible for seeking approval from the IDT, Guardian and HRC when necessary to carry out changes. The QIPD will also be responsible for monitoring the changes and ensuring they are effective and are being implemented correctly				

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	<p>#1]!" Client #1 stated these phrases to client #4 eight times during the observation period. Staff #4, #5, and #6 redirected client #1 from saying these phrases to client #4 two times during the 7/30/14 observation period.</p> <p>Direct care staff #6 was interviewed on 7/30/14 at 6:55 A.M. When asked what staff are to do when client #1 says these phrases to client #4, direct care staff #6 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No, [client #1] won't stop antagonizing [client #4] until he (client #4) screams."</p> <p>Client #1's records were reviewed on 8/1/14 at 10:44 A.M. Review of the client's 11/24/13 Behavioral Support Tracking Plan indicated direct care staff were to redirect client #1 from making inappropriate statements to other staff or clients to other appropriate activities. Review of client #1's behavior data from March, 2014 through June, 2014 indicated client #1 had the following frequency of resisting (not following) redirection from direct care staff: March, 2014 - 35 incidents of resisting redirection, April, 2014 - 25 incidents of resisting redirection, May, 2014 - 40 incidents of resisting redirection, June,</p>				

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W000249	<p>2014 - 32 incidents of resisting redirection.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/1/14 at 11:11 A.M. QIDP #1 stated, "Staff (direct care staff ) are to redirect [client #1] when he is antagonizing (making inappropriate statements) [client #4]." When asked if redirection is successful in stopping the 'antagonizing' statements client #1 makes toward client #4, QIDP #1 stated, "No, not really." When asked if any modifications or changes had been made to client #1's Behavior Support Tracking Plan to address the continued behaviors, QIDP #1 stated, "No."</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and</p>	W000249	To ensure Client #1 receive	09/03/2014

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	<p>interview, the facility failed to implement the Behavior Support plan of 1 of 3 sampled clients (client #1) during times of opportunity.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 7/29/14 from 3:28 P.M. until 6:15 P.M. During the observation, client #1 said the following phrases to client #4, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #4 six times during the observation period. Staff #1, #2, and #3 redirected client #1 from saying these phrases to client #4 two times during the 7/29/14 observation period.</p> <p>Direct care staff #2 was interviewed on 7/29/14 at 6:07 P.M. When asked what staff were to do when client #1 says these phrases to client #4, direct care staff #2 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No."</p> <p>Client #1 was observed during the group home observation period on 7/30/14 from 6:41 A.M. until 8:00 A.M. During the</p>		<p>continuous active treatment programming, the QIDP will re-trained the Manager and staff on Client #1's Behavior Support Plan. The staff will be instructed to implement Client #1 Behavior Support Plan at all times under all circumstances (frustration, when the Client is not responsive or if unsuccessful) and opportunities. To ensure there are no other deficiencies of this nature in the future; the QIDP will be responsible for the monitoring the home(s) weekly and the Manger(s) will be responsible for monitoring daily. Thereby, ensuring Client #1 Behavior Support Plan is being run appropriately and that all programs in the home(s) are being effectively implemented.</p>				

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	<p>observation, client #1 said the following phrases to client #4, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #4 eight times during the observation period. Staff #4, #5, and #6 redirected client #1 from saying these phrases to client #4 two times during the 7/30/14 observation period.</p> <p>Direct care staff #6 was interviewed on 7/30/14 at 6:55 A.M. When asked what staff were to do when client #1 says these phrases to client #4, direct care staff #6 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No, [client #1] won't stop until [client #4] screams."</p> <p>Client #1's records were reviewed on 8/1/14 at 10:44 A.M. Review of the client's 11/24/13 Behavioral Support Tracking Plan indicated direct care staff were to redirect client #1 from making inappropriate statements to other staff or clients to other appropriate activities.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/1/14 at 11:11 A.M. QIDP #1 stated, "Staff (direct care staff ) are to redirect</p>			

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W000257	<p>[client #1] when he is antagonizing (making inappropriate statements) [client #4]."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on observation, record review, and interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to modify or change the Behavior Support plan of 1 of 3 sampled clients (client #1) to address client #1's ongoing negative comments toward client #4.</p> <p>Findings include:</p> <p>Client #1 was observed during the group home observation period on 7/29/14 from 3:28 P.M. until 6:15 P.M. During the observation, client #1 said the following phrases to client #4, "Hey, Grandpa."</p>	W000257	The QIDP and the Consultant Psychologist will review and revise Client #1 Behavior Support Plan as needed. The QIDP will seek approval to implement revised Program from the IDT and HRC. The QIDP has reviewed the Behavior Support Plans and data for Corvilla's other residents and found no similar deficiencies. To ensure effective and viable Behavior Support Plans for all residents; the QIDP will be responsible for monitoring, reviewing, implementing and reporting the status of the Plans to each IDT quarterly. The QIDP with	09/03/2014

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	<p>"You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #4 six times during the observation period. Staff #1, #2, and #3 redirected client #1 from saying these phrases to client #4 two times during the 7/29/14 observation period.</p> <p>Direct care staff #2 was interviewed on 7/29/14 at 6:07 P.M. When asked what staff were to do when client #1 says these phrases to client #4, direct care staff #2 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No."</p> <p>Client #1 was observed during the group home observation period on 7/30/14 from 6:41 A.M. until 8:00 A.M. During the observation, client #1 said the following phrases to client #4, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #4 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #4 eight times during the observation period. Staff #4, #5, and #6 redirected client #1 from saying these phrases to client #4 two times during the 7/30/14 observation period.</p>		input from the IDT and Consultant Psychologist will revise Behavior Support Plans quarterly or when deemed necessary.				

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	<p>Direct care staff #6 was interviewed on 7/30/14 at 6:55 A.M. When asked what staff were to do when client #1 says these phrases to client #4, direct care staff #6 stated, "We are supposed to redirect [client #1]." When asked if redirection is successful in stopping the behavior, direct care staff #2 stated, "No, [client #1] won't stop antagonizing [client #4] until he (client #4) screams."</p> <p>Client #1's records were reviewed on 8/1/14 at 10:44 A.M. Review of the client's 11/24/13 Behavioral Support Tracking Plan indicated direct care staff were to redirect client #1 from making inappropriate statements to other staff or clients to other appropriate activities. Review of client #1's behavior data from March, 2014 through June, 2014 indicated client #1 had the following frequency of resisting (not following) redirection from direct care staff: March, 2014 - 35 incidents of resisting redirection, April, 2014 - 25 incidents of resisting redirection, May, 2014 - 40 incidents of resisting redirection, June, 2014 - 32 incidents of resisting redirection.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/1/14 at 11:11 A.M. QIDP #1 stated, "Staff (direct care staff ) are to redirect</p>			

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W000436	<p>[client #1] when he is antagonizing (making inappropriate statements) [client #4]." When asked if redirection is successful in stopping the 'antagonizing' statements client #1 makes toward client #4, QIDP #1 stated, "No, not really." When asked if any modifications or changes had been made to client #1's Behavior Support Tracking Plan to address the continued behaviors, QIDP #1 stated, "No."</p> <p>9-3-4(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, the facility failed to provide eyeglasses in good repair for 1 of 3 sampled clients who wore eyeglasses (client #2).  Findings include:  Client #2 was observed during the group home observation periods on 7/29/14</p>	W000436	To assisted and ensure Client #2 learns to make informed choices regarding the caring and wearing of his glasses; the QIDP and Manager will train the staff on the directing and encouraging Client #2 to do so. The staff will also be trained on the importance of having Client #2's eye glasses in a timely manner. The QIDP will also develop a goal to enhance Client #2's ability to care	09/03/2014

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	<p>from 3:28 P.M. until 6:15 P.M. and on 7/30/14 from 6:41 A.M. until 8:00 A.M., and during the day program observation period on 7/30/14 from 11:22 A.M. until 12:30 P.M. During all observation periods, client #2 did not wear her eyeglasses nor did direct care staff #1, #2, #3, #4, and #5 and workshop staff #1 and #2, prompt or assist client #2 to wear her eyeglasses.</p> <p>Client #2's record was reviewed on 7/31/14 at 8:45 A.M. A review of the client's 10/15/13 vision exam indicated client #2 was to be wearing eyeglasses - "Constant Wear."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/31/14 at 10:30 A.M. QIDP #1 stated, "[Client #2's] eyeglasses are broken. He breaks them all of the time and we are constantly replacing them."</p> <p>9-3-7(a)</p>		<p>for and recognize the need to wear his eye glasses. The staff will also be trained on the implementation of Client #2's new goal.</p> <p>To ensure that no other deficiency similar to this occur again; the QIDP will train the Manager regarding the need for each resident to be given the opportunity to learn to make informed choices.</p>		