

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G789	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2012
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3770 W 80 N KOKOMO, IN 46901
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 7, 8, and 9, 2012</p> <p>Facility number: 012485 Provider number: 15G789 AIM number: 201012970</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality review completed November 19, 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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) which lived in the group home.</p> <p>Findings include:</p> <p>On 11-7-12 an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Clients #3 and #7's bedroom carpet had two black stains 8 inches by 6 inches in the doorway and four 4 inch by 4 inch black stains by client #3's bed. The living room carpet had five black stains 4 inch by 4 inch and two 1 foot by 1 foot. The vents in the kitchen were rusted. The hallway carpet going to the family room had 10 quarter size black stains and a 1 foot by 1 foot black stain. The bathroom off the kitchen had a rusted towel rack, the paint by the toilet was cracked and chipped in a 1 foot by 1 foot area, the metal vent was rusted, the paint by the sink was chipped and had 3 holes in a 6 inch by 6 inch area, the paint was chipped by the towel rack in a 2 inch by 2 inch area and the toilet paper</p>	W0104	<p>Repairs have been completed to fix the vents, towel racks, and paint in the bathroom off of the kitchen. The items were completed as of 11/30/12 however the vent and towel rack have been broken already and are in the process of being repaired again. These items will be completed by 12/7/12. The carpets have been cleaned in an effort to reduce the stains. We have received estimates for replacing the carpeting throughout the house. Additionally, we are looking at removing the carpeting and refinishing the original hardwood floors. Once the final decision has been made either a carpet pattern will be picked and ordered, then the carpet company will install or the carpet will be removed and the floor will be restored. The estimated time for completion either way is December 28, 2012. The House Manager completes maintenance requests as needed to complete repairs.</p>	12/28/2012			

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	<p>holder was rusted. The family room carpet had brown, black, and orange stains in a 10 feet by 2 feet area.</p> <p>On 11-9-12 at 2:00 p.m. a review of the facility's maintenance requisitions was conducted. The above mentioned items were not on the list.</p> <p>On 11-9-12 at 2:15 p.m. an interview with the Qualified Mental Retardation Professional indicated the carpet, bathroom and vents needed to be taken care of for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>9-3-1(a)</p>			

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W0149	<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, the facility failed for 3 of 4 sample clients (clients #1, #3, and #4) and 1 additional client (#7) to ensure the facility's abuse/neglect policy was implemented for 7 of 39 Bureau of Developmental Disabilities Services reports reviewed.</p> <p>Findings include:</p> <p>On 11-7-12 at 1:20 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was reviewed. The reports indicated the following:</p> <p>-A BDDS report dated 10-1-12 for client #4 indicated client #3 hit client #4 in the back of the head with some boxes. Client #4 swung his arm and hit client #3 on the right side of his face with the back of his hand. Client #3 hit client #4 in the back of the head with the boxes again. Client #4 hit client #3 on his right cheek with a closed fist. Client #3 had a red area on his right cheek and 3 scratches.</p> <p>-A BDDS report dated 8-27-12 for client #1 indicated she called client #3 "retarded" and he punched her in the left side of the face with a closed fist. Client</p>	W0149	<p>Client #3 had some personal matters which affected his behaviors. Bona Vista arranged and transported Client #3 to visit his father in an effort to help him deal with his personal matters. Client #3 had a change in his behavior plan in an effort to decrease the physical aggression. The behavior plan was changed to include repayment (or a portion) for items he broke (of his housemates) and an apology letter for his actions. Once client #3 realized how the new behavior plan worked, he has had a decrease in physical aggression. Client #3 attends group counseling sessions with his peers to discuss anger management, coping strategies, dealing with frustrations, etc. Client #3 continues to be monitored at least quarterly by a psychiatrist for medication review. All behavior medications and behavior plans are HRC approved. IDT members from the group home and workshop meet monthly to discuss progression/regression. Incident reports are tracked looking for patterns. In the event that Client #3 has an increase in behaviors again, the IDT will meet and his behavior plan will be revised. Corrections were in place as of</p>	12/03/2012			

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	<p>#1 had a red area on her face.</p> <p>-A BDDS report dated 8-12-12 for client #4 indicated he hit, kicked, and used a foot stool to hit client #3 in the legs. Client #3 had a small scratch on his right arm, redness in the middle of his back, redness on the side of the palm of his hand, and a slight redness on his chin.</p> <p>-A BDDS report dated 8-8-12 for client #4 indicated he took a cigarette out of client #3's mouth and client #3 punched client #4 in the left side of his head with a closed fist. No injuries were noted.</p> <p>-A BDDS report dated 7-25-12 for client #3 indicated he punched client #1 in the left cheek with a closed fist. Client #1 had a red mark the size of a half dollar on her left cheek. An ice pack was applied to her left cheek.</p> <p>-A BDDS report dated 7-14-12 for client #7 indicated he was hit in the nose by client #3 and client #3 threw his coffee at client #7. Client #7 had a small cut on the inside of his nose.</p> <p>-A BDDS report dated 5-18-12 for client #7 indicated client #3 kicked client #7 in the face. Client #7's glasses were bent and he had a 1/4 inch scrape on the bridge of his nose.</p> <p>On 11-7-12 at 1:15 p.m. a review of the facility's abuse/neglect policy dated 4-11 was conducted. The abuse/neglect policy indicated all clients would be free from</p>		December 3, 2012		

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	<p>neglect, battery, exploitation or psychological abuse. Abuse was defined as "intentionally touching another person in a rude, insolent or angry manner...."</p> <p>On 11-8-12 at 9:30 a.m. a record review for client #3 was conducted. The Behavior Management Plan (BMP) dated 7-12 indicated client #3 had physical aggression. The BMP indicated to redirect him to calm down, request client #3 to calm down and use deep breathing, journaling, drawing, listening to music, etc. If client #3 did not calm down Crisis Physical Intervention (CPI) was to be used to assist client #3 until he was calm. After client #3 was calm he was to write an apology letter to any person he had physically harmed with his behavior.</p> <p>On 11-9-12 at 1:45 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the facility's abuse/neglect policy should be implemented at all times. The QMRP indicated direct care staff should intervene to ensure clients did not assault each other. The QMRP indicated staff neglected to implement the facility's abuse/neglect policy.</p> <p>9-3-2(a)</p>			

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W0218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) who required equipment for mobility, to have a sensorimotor assessment.</p> <p>Findings include:</p> <p>On 11-7-12 at 2:00 p.m. client #2 sat in a wheelchair at his work station. Client #2's fingers were bent and would straighten if client #2 physically unfolded his fingers. At 2:30 p.m. client #2 indicated he had arthritis in his fingers and they stayed bent unless he physically opened them.</p> <p>On 11-7-12 from 3:30 p.m. until 6:15 p.m. an observation at the home of client #2 was conducted. During the observation times, client #2 used a walker when he ambulated. Client #2's fingers were bent in half and did not straighten unless client #2 physically unfolded his fingers.</p> <p>Client #2's records were reviewed on 11-8-12 at 9:00 a.m. Client #2's record review did not include a physical therapy evaluation or an occupational therapy evaluation. Client #2's admission date was 9-25-12.</p>	W0218	Client #2 has an OT/PT eval scheduled for 12/11/12. The QDDP and Nurse will assess clients needs on a regular basis to ensure all required evaluations have been completed and staff are following recommendations. Staff will be trained on the results of Client #2's evaluation and any recommendations made by PT/OT. A Quality assurance review will be completed for each new client file to ensure that all necessary appointments are scheduled within 30 days of admission.	12/11/2012			

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	<p>On 11-08-12 at 11:10 a.m., an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated there were no physical therapy or occupational therapy evaluations for client #2 since admission to the facility.</p> <p>9-3-4(a)</p>			