

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G483	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2016
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NAME OF PROVIDER OR SUPPLIER HOPEWELL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 MILLSTREAM ROAD ANDERSON, IN 46011
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/17, 5/18, 5/19 and 5/23/16.</p> <p>Facility number: 000997 Provider number: 15G483 AIM number: 100249410</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/31/16.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 2 allegations of abuse/neglect and injuries of unknown source, the facility failed to complete an investigation for an allegation of abuse in regards to client #2.</p>	W 0154	In regards to W154, facility did complete investigation as reported in IR # 748867, but was not in a separate investigation format. Conclusions determined after investigation that client #2 would visit his mother for only a	06/09/2016

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>The facility's reportable incidents and investigations were reviewed on 5/18/16 at 9:43am. The 1/7/16 reportable incident indicated "[Client #2] reported the incident to QIDP (Qualified Intellectual Disabilities Professional) and HM (House Manager) that occurred on 01-03-16 while staying at his mother's home. [Client #2] reported that his mother has Alzheimer's. [Client #2] reported that his mother, [Name of Mother], had prepared spaghetti on the evening on 1-2-16. [Client #2] stated that after dinner, his mother stated that she was tired and needed to go to bed and did not clean, do the dishes, etc. [Client #2] stated that he put the leftovers in a container in the refrigerator. Upon waking on 1-3-16, [Client #2] reported that his mother began yelling at him for making a mess in the kitchen. [Client #2] told his mother that he did not make a mess. [Client #2] reported that he went to his room and that his mother followed him and attempted to pull his hair. [Client #2] stated that he held his Mom's hands down for her to calm down in which she did. [Client #2] states no further incident occurred. [Client #2] has 2 scratches on his right hand, less than an inch long, on the surface and very thin. QIDP asked [Client #2] if his mother had</p>		<p>24 hour period with his sister periodically observing. Since this time, client #2's mother has passed. As stated below, all future investigations will be put on newly revised investigation form. Person Responsible: QIDP To assure ongoing compliance with W154 for all clients, new form was developed to assist QIDP to assure a more thorough investigation is completed for any allegations of abuse and neglect (Attachment A). This will assure consistency of questions asked to all parties involved which will assist reaching a thorough conclusion. Person Responsible: QIDP</p>		

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	<p>attempted to be physically aggressive prior to this incident. [Client #2] stated no. He stated that she acts different since having Alzheimer's. She did not used to get mad. [Client #2] reports that his sister assists his mother with driving her to the grocery and to doctor appointments. QIDP will phone [Client #2's] sister to discuss his mother's current health status. QIDP asked [Client #2] if he desires to visit Mom again soon. [Client #2] stated that he probably should wait a while".</p> <p>The 1/7/16 Reportable incident follow up indicated on 1/8/16 "QIDP spoke with [client #2's] sister, [Name of Sister]. Sister was aware of the incident. She explained that she goes to their mother's home each evening. Sister stated that he (sic) is unaware of additional incidents that involved physical aggression. At the time of the incident, [Client #2] had stayed several days in a row for the holidays. Sister stated that it would be best to have shorter visits in the future, stating that the longer visit may have stressed their mother".</p> <p>The review of the 1/7/16 reportable incident did not indicate an investigation was completed for the alleged abuse for client #2.</p>			

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W 0210 Bldg. 00	<p>An interview with the QIDP was conducted on 5/19/16 at 2:32pm. When asked if an investigation was completed for the alleged abuse for client #2, the QIDP stated "No".</p> <p>9-3-2(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on interview and record review for 1 of 4 sampled clients (#1), the client's IDT (interdisciplinary team) failed to assess the client's vision within 30 days of being admitted to the group home. The IDT failed to reassess client #1's need for behavior medication after the client displayed zero behaviors.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/19/16 at 1:12pm. Client #1's 4/15/16 Behavior Improvement Program indicated client #1 moved into the group home on 10/17/15.</p> <p>Client #1's record did not indicate client</p>	W 0210	To assure compliance with W210, personal physician for client #1 was contacted. Although physician had completed physical on client in November 2015, facility failed to receive completed physical form that included a vision and hearing assessment (Attachment B). Additionally, client #1 was seen by optometrist on 5-26-16 for a complete vision assessment (Attachment C). To continue assurance of compliance with W210 for client #1, a Behavior Management Plan targeting physical aggression and agitation was developed to address the medications prescribed for Intermittent Explosive Disorder and Oppositional Defiance Disorder (Attachment D). Staff	06/09/2016	

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	<p>#1 had his vision assessed since moving into the group home.</p> <p>An interview with the QIDP was conducted on 5/19/16 at 2:32pm. When asked if client #1 had his vision assessed within 30 days of moving into the group home, the QIDP stated "I'll check". The facility was unable to provide a vision assessment for review.</p> <p>2. Client #1's record was reviewed on 5/19/16 at 1:12pm. Client #1's May 2016 physician order indicated client #1 took Lexapro (Mood Stabilizer) 20mg (milligrams) tab and Invega (Mood Stabilizer) 9mg tab.</p> <p>Client #1's 4/15/16 Behavior Improvement Program indicated client #1 had diagnoses of Mild Intellectual Functioning, Intermittent Explosive Disorder, Oppositional-Defiant Disorder, and Encopresis (Involuntary defecation, especially associated with emotional disturbance or psychiatric disorder). Client #1's Behavior Improvement Program indicated "[Client #1] currently receives Lexapro and Invega to assist in mood stabilization and for reduction of aggressive behavior". Client #1's Behavior Improvement Program indicated client #1 has a target behavior of incontinence. Client #1's 4/15/16 did</p>		<p>were trained on client #1's BMP targeting physical aggression and agitation (Attachment E). Psychotropic Treatment Plan was revised and the IDT is in agreement with current medications and plan of reduction (Attachment F). Person Responsible: QIDP and Facility Nurse To assure future compliance with W210 for all residents, QIDP revised New Admission Checklist to clarify Physical Exam (includes vision and hearing assessments) (Attachment G). Additionally, to assure that the IDT and psychiatrist are consistently reviewing behavior data in relation to psychotropic medications, a Psych Med Review form was developed and will be sent with client to each psychiatrist appointment for physician review and signature (Attachment H). Person Responsible: QIDP</p>				

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W 0369 Bldg. 00	<p>not indicate client #1 had programs for depression, oppositional defiant disorder, and intermittent explosive disorder.</p> <p>An interview with the QIDP was conducted on 5/19/16 at 2:32pm. When asked if client #1 had an intervention program for client #1's depression, oppositional defiant disorder, and intermittent explosive disorder, the QIDP stated "No. We haven't seen him display any behaviors".</p> <p>9-3-4(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview for 1 additional client (#8), the facility failed to assure client #8 had his prescribed Chlorhexidine (medicated mouthwash). Findings include: During the medication pass observation</p>	W 0369	To assure compliance with W369 for client #8, prescribing dentist clarified the prescription of mouthwash to read "two 16 ounce bottles a month of Perioguard (brand name for Chlorhexidine Gluconate Solution) twice daily" (Attachment I). The prescription was previously written to "use twice daily", but only provided for one	06/09/2016

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W 9999 Bldg. 00	<p>on 5/18/16 at 6:13am, the HM (House Manager) administered client #8's medications. At the end of his medication pass at 6:18am, the HM stated to client #8, "You are out of your medicated mouthwash, do you want to use regular mouthwash"? Client #8 said "Yes".</p> <p>Client #8's record was reviewed on 5/19/16 at 3:05pm. Client #8's May 2016 physician order indicated client #8 took "Chlorhexidine Gluconate Solution 0.12%. Use as directed- rinse with 15ml (milliliter) for 30 seconds twice daily after brushing his teeth".</p> <p>An interview with the QIDP (Qualified Intellectual Disability Professional) was conducted on 5/19/16 at 2:32pm. When asked if clients should run out of prescribed medication, the QIDP stated "No".</p> <p>9-3-6(a)</p>		<p>bottle per month. Facility Nurse also requested and received an additional bottle of Perioguard for anytime that house supply is low. Person Responsible: Facility Nurse To assure future compliance with W369 for all residents, Facility Nurse will now request a written prescription of liquid medications in addition to the electronic script sent to the pharmacy. Facility nurse will evaluate the prescription for dosage and quantity prescribed to assure the quantity is adequate. Person Responsible: Facility Nurse</p>				
	The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not	W 9999	To assure immediate compliance with W9999, Facility Nurse has been re-trained on BDDS reporting protocol to assure	06/09/2016			

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	<p>met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>"Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>15. A fall resulting in injury, regardless of the severity of the injury."</p> <p>THE STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 additional client (#7), the facility failed to report a fall with injury.</p> <p>Findings include:</p> <p>The facility's reportable incidents and investigations were reviewed on 5/18/16 at 9:43am.</p> <p>The 3/23/16 reportable incident report</p>		<p>understanding that all falls with injury must be reported within 24 hours and that multiple falls may not be combined into 1 report(Attachment J). Personal Responsible: QIDP To further assist compliance with W9999, the Fall Assessment form has been revised to include the procedure of notifying Facility Nurse immediately of any falls (Attachment K). The nurse will then determine extent of injury and submit IR in compliance with BDDS protocol. QIDP trained Facility Nurse on the Fall Assessment form revision and her responsibility with all falls. Facility staff received training on the revised Fall Assessment form and protocols that are to be followed (Attachment L). Person Responsible: Facility Nurse</p>				

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	<p>indicated "Staff reported that on 3/18/16 [Client #7] came in the house and told staff that he lost his balance and fell on his bottom while he was hanging his coat up in the garage. Staff checked for injuries and found a small red area (nickel size) on left elbow. Skin not broken. No treatment needed. Staff reported a roommate of [client #7] alerted them on 3/19/16 that [client #7] had fallen in the closet of his bedroom while trying to get his clothes for a shower. When staff entered closet [client #7] was laying on the floor. Staff checked for injuries, none found. Assisted [client #7] to his feet. No treatment needed.</p> <p>3/22/16 staff reported [Client #7] was doing his exercise program and misjudged the distance between himself and a chair which resulted in him missing the chair and landing on is bottom. He hit his right elbow on the chair. Staff noted red area quarter size was noted on right elbow and small red area on left buttock. Ice pack applied to elbow and Acetaminophen given for discomfort per nurses instructions".</p> <p>The facility's reportable incidents did not indicate client #7's fall with injury that occurred on 3/18/16 was reported.</p> <p>An interview with the QIDP was conducted on 5/19/16 at 2:32pm. When</p>			

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	asked if client #7's 3/18/16 fall with injury was reported to state officials, the QIDP stated "Not before the 3/23/16 report was filed". 9-3-1(a)				