

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/24/2012
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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 CORYDEN RAMSEY RD CORYDON, IN 47112
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 14, 15, 16, 21, 23 and 24, 2012</p> <p>Facility Number: 001017 Provider Number: 15G503 AIM Number: 100385650</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 3/13/12 by Tim Shebel, 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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W0129	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation, record review and interview for 1 of 7 clients living in the home (client #5), the facility failed to provide personal privacy.</p> <p>Findings include:</p> <p>During the observation period on 2/14/12 from 4:20 PM to 7:00 PM and on 2/15/12 from 6:10 AM to 8:40 AM conversations of clients in hallway could be heard over the monitor that was in the living room. Staff could be heard talking with clients.</p> <p>The record review for client #3 was conducted on 2/15/12 at 3:31 PM. The record indicated that client #3 and #5 were roommates and a monitor was in their room. The Behavior Support Plan (BSP) for client #3 revised 11/16/11 indicated "An auditory monitor will be kept in [client #3's] room, with the receiver in the staff office. Whenever [client #3] is home, the monitor is in operation." The guardian approval letters for client #3 was reviewed on 2/15/12 at 4:10 PM. The letter dated 9/22/11, contained the following: "[Client #3] has had incidents where he has been physically aggressive towards other clients and/or had incidents where he has touched another client when they did not want to be touched. Several incidents of aggression or sexually inappropriate behaviors have occurred in his bedroom with his roommate. Baby monitors are in place in [client #3's] room so that staff can monitor or hear inappropriate activity in the room if it occurs."</p> <p>Interview with staff #3 on 2/15/12 at 6:45 AM</p>	W0129	<p>A staff meeting at the group home was conducted, during which the group home manager explained the personal privacy issue caused by the monitor constantly being on. It was decided that client 3 will be moved to a private room.</p> <p>To protect other clients and prevent recurrence: Because of client 3's incidents involving unwanted physical contact, the Interdisciplinary Team decided it would be in the home's best interest to move client 3 into a private room. Use of the monitor will discontinue. Additionally, staff will physically check on client 3 every 15 minutes when he is in his room.</p> <p>Quality assurance: Client 3's Behavior Support Plan and Human Rights Committee approvals will be reviewed annually to ensure no incidents have occurred resulting from the clients move. In the event an incident occurs, the Interdisciplinary Team will meet for a satisfactory resolution.</p> <p>Responsible party: Group home manager</p>	03/25/2012			

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	<p>indicated the monitor for client #3 was left on all the time. Staff #3 indicated the monitor was never turned off. Interview with staff #2, Program Coordinator (PC) on 2/16/12 at 3:00 PM indicated the monitor was left on all the time to ensure they never forgot to turn it on. Staff #2, PC, indicated the monitor was left on even when client #3 wasn't in the home. Staff #2, PC, indicated the monitor was installed for client #3. Staff #2, PC, indicated client #3's roommate, client #5, did not have a behavior that required a monitor.</p> <p>9-3-2(a)</p>				

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 7 clients living in the home (client #5), the facility failed to ensure client #5 had free access to his personal computer.</p> <p>Findings include:</p> <p>During the observation period on 2/15/12 from 6:10 AM to 8:40 AM, client #5 went to the office/medication room and tried to open a safe with a key. Staff #3 assisted client #5 with opening the safe. Client #5 indicated the safe held his computer and it was kept in the safe because it had been stolen. Client #5 indicated the computer was new and he wanted to to make sure it didn't get taken again.</p> <p>The facility incident reports were reviewed on 2/14/12 at 2:00 PM. The Bureau of Developmental Disability Services (BDDS) incident report dated 10/14/11 indicated client #5 had a laptop computer stolen from the office area. The BDDS report indicated the facility would replace the stolen computer.</p> <p>Interview with staff #2, Program Coordinator (PC), on 2/15/12 at 3:00 PM indicated the computer was stolen from the locked office. Staff #2, PC, indicated a safe was purchased to keep the computer in and the client could get it any time he wanted. Staff #2 indicated the staff knew to let client #5 into the office/medication room anytime he asked to get his computer. Staff #2, PC, indicated they kept the computer in the office to</p>	W0137	<p>The group home manager and staff met to discuss the issues associated with keeping client 5's laptop in the group home office.</p> <p>To protect other clients and prevent recurrence: The Interdisciplinary Team, along with group home staff, determined that client 5's laptop will be moved to his room and kept in a locked box (to which only client 5 would have the key). This will ensure client 5 has full access to his computer, while still maintaining measures to keep the laptop from being taken.</p> <p>Quality assurance: The group home manager and staff will occasionally check with client 5 to make sure he is not having any problems with accessing his laptop. Inquiring about the laptop will also ensure it is still being kept safely in his room.</p> <p>Responsible party: Group home manager</p>	03/25/2012	

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	<p>ensure the staff would know when client #2 was using the computer and to ensure another client wouldn't get it and use it inappropriately. Interview with client #5 on 2/15/12 at 8:40 AM indicated staff had suggested the office would be safer than in his room.</p> <p>9-3-2(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.</p> <p>Based on record review and interview for 1 of 7 clients living in the group home (client #5), the facility failed to ensure client #5 was safe from inappropriate behavior of his roommate (client #3).</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 2/15/12 at 3:31 PM. The facility incident reports dealing with client #3's inappropriate behavior with his roommate were as follows:</p> <p>1. May 4, 2011 - "Staff was in office and heard yelling coming from [client #3's initials] room. Staff asked why there was yelling. His roommate state that [client #2] was trying to touch him on his private parts. When staff asked [client #3] about it he denied it and then refused to talk about it. Staff told him that it was very inappropriate to touch others, especially in that area. He had no response."</p> <p>2. January 15, 2011 - [Staff initials] went to client #3's room to remind him that he needed to put his cereal bowl in the dishwasher. When [staff initials] walked to his doorway, [staff initials] saw client stretched across his roommate who was lying on his own bed. Client #3 gave his roommate (client #5) a quick kiss on the cheek when he saw [staff initials] and got off his roommate. Both were fully clothed in pajamas. [Staff initials] informed client that he should not be on his roommate's bed at all and never 'on' his roommate. Client said they were just being "friends" and then he went to put his cereal bowl in the dishwasher," The facility Neglect, Abuse, Mistreatment and Exploitation or Residents Policy</p>	W0149	<p>A new Woodvale Sexuality Assessment was conducted for client 3 to assess whether any significant changes have been noticed since his move to the group home.</p> <p>To protect other clients and prevent recurrence: Client 3 will be moved to a private room to limit the potential for unwanted contact. Staff will physically check on client 3 every 15 minutes when he is in his room. The group home manager will attempt to locate a sexual counselor for client 3. Whether or not a counselor is found, we will train Matt on appropriate interaction.</p> <p>Quality assurance: Client 3's sexuality assessment will be reviewed annually to ensure that there are no changes.</p> <p>Responsible party: Group home manager, QDDP</p>	03/25/2012			

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	<p>dated 5/2011 indicated "Neglect - knowingly, placing a resident in a situation that may endanger his/her life or health; abandoning or cruelly confining a resident of necessary support including food clothing, shelter, or medical care. Failure to provide goods or services to avoid physical harm."</p> <p>Interview with client #5 on 2/15/12 at 4:25 PM stated client #3 was his roommate and that he liked to "joke around". Client #5 indicated he didn't like some of the things client #3 did and he had to get staff to talk to client #3. Interview with staff #2 on 2/16/12 at 3:00 PM stated client #3 liked to "horse play" and he did have a behavior plan addressing inappropriate interactions with others. Telephone interview with staff #1, Administrator, on 2/23./12 at 11:30 AM indicated they already had 3 clients in a single room and they felt that client #5 would be able to report any inappropriate behavior to staff.</p> <p>9-3-2(a)</p>				

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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #3), the facility failed to update the sexuality assessment.</p> <p>Findings include:</p> <p>The record review for client #3 was conducted on 2/15/12 at 3:31 PM. The record indicated client #3 did not have a sexuality assessment in the file provided for review. Staff #6, Administrator, provided a copy of the Woodvale Sexuality Assessment dated April 11, 2007. Staff #6, Administrator, indicated the assessment was in her file and it had not been updated. The assessment had recommendation for immediate training of "Try to explain we're trying to figure out why he 'peeps over stall' or does inappropriate touching, kissing or hugging at work." The 2007 assessment also recommended "Train in appropriate sexual behavior. How to distinguish between work behavior and play."</p> <p>Interview with staff #2, Program Coordinator (PC), on 2/16/12 at 1:30 PM indicated client #3 had a monitor in his bedroom because of an incident he had with his roommate of aggression or sexually inappropriate behaviors. Staff #2, PC, indicated client #3 was going to a counselor and she thought they were discussing relationships. Staff #2, PC, indicated she did not know why they didn't have a current sexuality assessment.</p> <p>9-3-4(a)</p>	W0214	<p>The QDDP and Social Worker met to complete a new Woodvale Sexuality Assessment for client 3.</p> <p>To protect other clients and prevent recurrence: The Interdisciplinary Team determined that no other sexuality assessments were needed for the remaining clients. On the basis of client 3's sexuality assessment, measures have been taken to protect other group home residents, including placing client 3 in a private room and increasing monitoring by occasionally checking on him every 15 minutes when he is in his room.</p> <p>Quality assurance: Client 3's sexuality assessment will be reviewed annually to ensure that there are no changes.</p> <p>Responsible party: Group home manager, QDDP</p>	03/25/2012			

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