

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/04/2011
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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2999 WESTLANE RD INDIANAPOLIS, IN46268
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W0000	<p>This visit was for the investigation of complaint #IN00098720.</p> <p>Complaint #IN00098720: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W104, W122 and W149.</p> <p>Survey Dates: 10/20/11, 10/21/11, 10/24/11, 11/3/11 and 11/4/11.</p> <p>Facility number: 001077 Provider number: 15G563 AIMS number: 100245490</p> <p>Surveyor: Keith Briner, Medical Surveyor III/QMRP- Team Leader Brenda Meredith, Public Health Nurse Surveyor III (10/21/11, 10/24/11)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/21/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	<p>Preparation and execution of this Plan of Correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p><u>Credible Allegation of Correction and Compliance:</u> For purposes of any allegation that St. Vincent New Hope ("New Hope") is not in compliance with the regulations as set forth in this statement of deficiencies, this Plan of Correction constitutes New Hope's credible allegation of correction and compliance.</p>	
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C, D) and for 4 additional clients</p>	W0104	<p><i>What corrective action(s) will be accomplished for those residents found to have been</i></p>	12/09/2011

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>(E, F, G and H), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility developed a policy and procedure which addressed staff bathing clients of the opposite sex to ensure client rights, privacy and protection for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 10/20/11 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/17/11 indicated, "Staff were completing morning peri care on [client A] when they noticed spotty vaginal bleeding. [Client A] does not have menses. Staff notified the nurse on call. Nurse then notified [PCP] (Primary Care Physician), [PCP] deferred to the ER (Emergency Room) for further evaluation. During the exam, ER Physician noted a vaginal tear. ER then followed their protocol to implement a possible sexual assault investigation. This protocol included notifying [Police]. [Police] opened an investigation at 1:30 AM today...."</p> <p>Client A's record was reviewed on 10/20/11 at 2:30 PM. Client A's ER form</p>		<p>affected by the deficient practice? All staff members who provided direct care to Client A who have been identified by authorities as persons of interests have been removed from contact with Client A pending the outcome of the authority's investigation and New Hope's investigation. All remaining staff members still caring for Client A will be educated regarding their revised <i>Role Summaries</i> and the following policies: 1) <i>Personal Conduct & Rules</i>; 2) <i>Suspected Abuse</i>; and 3) <i>Incident Management and Reporting</i>. Any staff member who may return to the home after completion of the investigations will also be educated in the same manner.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All clients have the potential to be affected by the alleged deficient practice. The records of all clients will be reviewed to ensure no incidents of potential sexual abuse exist. Any identified issues that have the potential for sexual abuse will be investigated immediately by the Program Director and/or Director of Operations to determine whether corrective action and/or reporting is required. Corrective action will be taken immediately for any reportable incidents discovered</p>		

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	<p>dated 10/17/11 indicated, "vaginal laceration and possible sexual assault." Client A's Medical Social Services form dated 10/18/11 indicated, "...also gave details of residents and staff in [client A's] home. Residents include three more females and four males, all with developmental disability. There are four staff members; one male, three females covering group home in twenty four hour period...."</p> <p>Interview with PD (Program Director) #1 and DO (Director of Operations) #1 on 11/3/11 at 12:15 PM indicated male staff routinely assist female clients with bathing, grooming and dressing. PD #1 and DO #1 indicated there was no protocol or policy regarding male staff performing these duties with female clients or with female staff performing those duties with male clients. PD #1 and DO #1 indicated the facility should develop and implement some guidelines for staff that bathe, groom and/or dress opposite gendered clients.</p> <p>This federal tag relates to complaint #IN00098720.</p> <p>9-3-1(a)</p>		<p>via record review. If necessary, corrective action may include suspension of suspected staff members pending investigation of the incident. <i>What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur?</i> The <i>Role Summary</i> for each staff member has been revised to include "Primary Role Responsibility" of: Demonstrates the ability to assume primary responsibility for individual's direct care needs while maintaining the individual's rights, privacy, and protection. Supervises, trains, and/or assists individuals in accordance with person-centered plans, Individual Support Plans, including personal care (i.e., toileting, bathing, etc.), recreation, and reinforcement of individual habitation objectives. All staff members will be re-educated on the <i>Personal Conduct & Rules</i> policy which prohibits the abuse, neglect, or mistreatment of a client, visitor, co-worker or other New Hope associate or a violation of a client's rights. Any violation of this policy may be grounds for immediate termination. All staff members will be re-educated on the <i>Suspected Abuse</i> policy and <i>Incident Management and Reporting</i> policy to ensure all staff can identify potential injuries or abuse and are aware of the responsibility to report the</p>		

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			<p>potential injuries or abuse. The Preceptor Training Program will also be revised to include that all staff members: "Respect each client's privacy, protection and rights when assisting in shower care as necessary for each individual (drying, styling hair, deodorant, etc.) New Hope will also continue to follow its formal process that allows a client and/or the client's family members/guardians to request same-sex staffing to provide care. Pursuant to that process, a standing committee reviews the request, and in doing so considers the functional level of the client and factors specific to the client, including the client's privacy rights. New Hope must also consider the legality of honoring such request in light of Title VII of the 1964 Civil Rights Act, which prohibits employers from discriminating against employees based on gender.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>The Program Director is responsible for ensuring all client records will be reviewed to ensure client rights, privacy and protection for all clients weekly for four (4) weeks, monthly for three (3) months and quarterly for one (1) year. Any client records that represent a potential violation of a client's rights, privacy or</p>	

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			<p>protection will be referred immediately to the Executive Director for investigation, corrective action, and reporting, as necessary. The Executive Director is responsible for ensuring this Plan of Correction is implemented appropriately.</p> <p>Onsite monitoring to ensure the safety of the clients is done in the following manner:</p> <p>The Team Leader with supervisory authority for the group home is on site approximately 35-40 hours a week overseeing and participating in direct client care. She also makes unannounced drop ins periodically to monitor the care that clients are receiving.</p> <p>The Manager who supervises the Team Leader is in the home 5 to 6 hours a week reviewing, monitoring and participating in direct client care.. The manager also makes unannounced visits to the home to observe the care.</p> <p>The Director who supervises the Manager is in the home weekly to review, observe and participate in client care.</p> <p>The nurse is also in the home several times each week to directly observe clients and also to review all client health issues.</p> <p>In addition to the ongoing oversight noted above, we will add the following protocols.</p> <p>Our confidential client and family satisfaction survey will include a quarterly question asking if the</p>	

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W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (A). The facility failed to implement written policy and procedures to prevent sexual abuse of client A.</p> <p>Findings include:</p> <p>The facility failed to implement written policy and procedures to prevent neglect and possible sexual abuse of client A. Please see W149.</p> <p>This federal tag relates to complaint</p>	W0122	<p>person has been harmed by anyone. Any answers in that survey or information presented at any other occasion which indicate harm or suspicion of harm will be investigated immediately and reported to all required agencies. This report will be completed by the manager/QMRP and/or the Director. The Behavior specialist for the home as part of her one on one consult with clients will ask if the client has been harmed by anyone. Any answer to that question which indicates harm or suspicion of harm will be investigated immediately and reported to all required agencies. This will be completed quarterly.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>New Hope has implemented a Plan of Correction for Tag W149 as indicated below.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>New Hope has implemented a Plan of Correction for Tag W149 as indicated below.</p> <p>What measures will be put into</p>	12/09/2011	

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W0149	<p>#IN00098720.</p> <p>9-3-2(a)</p> <p>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 for 1 of 4 sampled clients (A), the facility neglected to implement their policy to ensure clients were free from possible sexual abuse.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 10/20/11 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/17/11 indicated, "Staff were completing morning peri care on [client A] when they noticed spotty vaginal bleeding. [Client A] does not have</p>	W0149	<p>place or what systemic changes will the facility make to ensure the deficient practice does not recur?</p> <p>New Hope has implemented a Plan of Correction for Tag W149 as indicated below.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>New Hope has implemented a Plan of Correction for Tag W149 as indicated below. The Executive Director is responsible for ensure the Plan of Correction is implemented appropriately.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All staff members who provided direct care to Client A who have been identified by authorities as persons of interests have been removed from contact with Client A pending the outcome of the authority's investigation and New Hope's investigation. All remaining staff members still caring for Client A will be educated regarding their revised <i>Role Summaries</i> and the following policies: 1) <i>Personal Conduct & Rules</i>; 2) <i>Suspected Abuse</i>; and 3) <i>Incident Management and Reporting</i>. Any staff member who may return to</p>	12/09/2011	

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	<p>menses. Staff notified the nurse on call. Nurse then notified [PCP] (Primary Care Physician), [PCP] deferred to the ER (Emergency Room) for further evaluation. During the exam, ER Physician noted a vaginal tear. ER then followed their protocol to implement a possible sexual assault investigation. This protocol included notifying [Police]. [Police] opened and investigation at 1:30 AM today...."</p> <p>Client A's record was reviewed on 10/20/11 at 2:30 PM. Client A's ER form dated 10/17/11 indicated, "vaginal laceration and possible sexual assault." Client A's Medical Social Services form dated 10/18/11 indicated, "...also gave details of residents and staff in [client A's] home. Residents include three more females and four males, all with developmental disability. There are four staff members; one male, three females covering group home in twenty four hour period...." Client A's Physician's order form dated 10/1/11 through 10/31/11 did not indicate a diagnosis of Chlamydia.</p> <p>Interview with PD (Program Director) #1 and DO (Director of Operations) #1 on 11/3/11 at 12:15 PM indicated male staff routinely assist female clients with bathing, grooming and dressing. PD #1 and DO #1 indicated there was no</p>		<p>the home after completion of the investigations will also be educated in the same manner. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All clients have the potential to be affected by the deficient practice. The records of all clients will be reviewed to ensure no incidents of potential sexual abuse exist. Any identified issues that have the potential for sexual abuse will be investigated immediately by the Program Director and/or Director of Operations to determine whether corrective action and/or reporting is required. Corrective action will be taken immediately for any reportable incidents discovered via record review. If necessary, corrective action may include suspension of suspected staff members pending investigation of the incident. What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur? The <i>Role Summary</i> for each staff member has been revised to include "Primary Role Responsibility" of: Demonstrates the ability to assume primary responsibility for individual's direct care needs while maintaining the individual's rights, privacy, and protection. Supervises, trains, and/or assists individuals in</p>		

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	<p>protocol or policy regarding male staff performing these duties with female clients or with female staff performing those duties with male clients. PD #1 and DO #1 indicated the facility should develop and implement some guidelines for staff that bathe, groom and/or dress opposite gendered clients. PD #1 and DO #1 indicated client A did not have a history of being sexually active or express interest in sexual activity. PD #1 and DO #1 indicated client A did not have a prior diagnosis of Chlamydia prior to the 10/18/11 ER visit. PD #1 and DO #1 indicated the ER reported client A now had a diagnosis of Chlamydia. PD #1 and DO #1 indicated the facility is not allowing male staff to work in the home, there are always two staff on duty at the home now and administrative staff have increased their presence in the home.</p> <p>The facility's policy's and procedures were reviewed on 11/3/11 at 12:30 PM. The facility's Suspected Abuse policy dated 1/11 indicated the following: -"In accordance with the Core Value of Reverence, St. Vincent New Hope (SVNH) strives to treat individuals and families served with dignity, respect and consideration... An endangered adult is any individual who is 18 years of age or older who: is incapable of managing his property or caring for himself or both by</p>		<p>accordance with person-centered plans, Individual Support Plans, including personal care (i.e. toileting, bathing, etc.), recreation, and reinforcement of individual habitation objectives. All staff members will be re-educated on the <i>Personal Conduct & Rules</i> policy which prohibits the abuse, neglect, or mistreatment of a client, visitor, co-worker or other New Hope associate or a violation of a client's rights. Any violation of this policy may be grounds for immediate termination. All staff members will be re-educated on the <i>Suspected Abuse</i> policy and <i>Incident Management and Reporting</i> policy to ensure all staff can identify potential injuries or abuse and are aware of the responsibility to report the potential injuries or abuse. The Preceptor Training Program will also be revised to include that all staff members: "Respect each client's privacy, protection and rights when assisting in shower care as necessary for each individual (drying, styling hair, deodorant, etc.) New Hope will also continue to follow its formal process that allows a client and/or the client's family members/guardians to request same-sex staffing to provide care. Pursuant to that process, a standing committee reviews the request, and in doing so considers the functional level of the client and factors specific to</p>		

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	<p>reason of insanity, mental illness, mental retardation, senility, habitual drunkenness, excessive use of drugs, old age, infirmity or other incapacity, of either managing his property or caring for himself or both; is harmed or threatened with harm as a result of neglect battery, or exploitation of the individuals personal series or property... Abuse is the intentional or willful inflection of physical injury, unnecessary physical or chemical restraints or isolation, punishment with resulting physical harm or pain, sexual molestation, rape, sexual misconduct, sexual coercion and sexual exploitation...."</p> <p>This federal tag relates to complaint #IN00098720.</p> <p>9-3-2(a)</p>		<p>the client, including the client's privacy rights. New Hope must also consider the legality of honoring such request in light of Title VII of the 1964 Civil Rights Act, which prohibits employers from discriminating against employees based on gender.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>The Program Director is responsible for ensuring all client records will be reviewed to ensure client rights, privacy and protection for all clients weekly for four (4) weeks, monthly for three (3) months and quarterly for one (1) year. Any client records that represent a potential violation of a client's rights, privacy or protection will be referred immediately to the Executive Director for investigation, corrective action, and reporting, as necessary. The Executive Director is responsible for ensuring this Plan of Correction is implemented appropriately.</p> <p>Onsite monitoring to ensure the safety of the clients is done in the following manner:</p> <p>The Team Leader with supervisory authority for the group home is on site approximately 35-40 hours a week overseeing and participating in direct client care. She also makes unannounced drop ins periodically to monitor the care that clients are</p>		

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			<p>receiving.</p> <p>The Manager who supervises the Team Leader is in the home 5 to 6 hours a week reviewing, monitoring and participating in direct client care.. The manager also makes unannounced visits to the home to observe the care.</p> <p>The Director who supervises the Manager is in the home weekly to review, observe and participate in client care.</p> <p>The nurse is also in the home several times each week to directly observe clients and also to review all client health issues.</p> <p>In addition to the ongoing oversight noted above, we will add the following protocols.</p> <p>Our confidential client and family satisfaction survey will include a quarterly question asking if the person has been harmed by anyone. Any answers in that survey or information presented at any other occasion which indicate harm or suspicion of harm will be investigated immediately and reported to all required agencies. This report will be completed by the manager/QMRP and/or the Director. The Behavior specialist for the home as part of her one on one consult with clients will ask if the client has been harmed by anyone. Any answer to that question which indicates harm or suspicion of harm will be investigated immediately and reported to all required agencies.</p>	

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