

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/18/2011
NAME OF PROVIDER OR SUPPLIER  IN-PACT INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5802 VERMONT ST MERRILLVILLE, IN46410		
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W0000	<p>This visit was for investigation of complaint #IN00096717.</p> <p>Complaint #IN00096717: Substantiated, no deficiencies related to the allegation(s) were cited.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: October 17 and 18, 2011.</p> <p>Facility Number: 000650 Provider Number: 15G113 AIMS Number: 100243070</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/4/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III</p>	W0000			
W0149	<p>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</p>	W0149	W149A.This incident occurred at the day service placement. All staff were trained on direct line of	11/17/2011	

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>2 of 2 BDDS (Bureau of Developmental Disability Services) reports regarding client protection, safety and injuries of unknown sources, the facility neglected to implement the facility's policy and procedure and neglected to supervise client B. The facility also neglected to report alleged client abuse immediately to the Administrator.</p> <p>Findings include:</p> <p>On 10/17/11 at 12:53 PM the facility's BDDS Reports were reviewed from 07/15/11 through 10/17/11 and indicated the following:</p> <p>1. A BDDS report submitted 10/03/11 for an incident on 10/03/11 at 1:40 PM indicated, "[Client B] and his 4 to 1 (4 clients and 1 staff) group went for a walk over at the fairgrounds to get some fresh air since it was a beautiful day. While at the Gazebo area where the group was throwing frisbees, [client B] was told that he could walk around the gazebo while the staff was in the center of the gazebo. Staff turned to answer a question asked by another consumer and when she turned back to look for [client B] one to two minutes later, [client B] was gone. Because of a history of elopement behavior, [client B] wears a locater which is attached to his belt. This is written into</p>		<p>sight verses line of site. Responsible person: Samantha Baker, Supervisor. Whenever client B is in the community, he must remain within arm's length of staff. Responsible person: Samantha Baker, Supervisor and Peggy Buchanan, Group Home Manager. Steps for intervention were put in writting to prevent elopement in each environment. Responsible person: Traci HardestyTo ensure future compliance, all staff were trained on the level of supervision Client B is to recieve while at the different locations. Responsible person: Traci HardestyB. All instances of suspected abuse, neglect or mistreatment of consumers shall be immediately reported to the Program Director/Administrator who will promptly investigate the occurrence and report timely per policy. Responsible persons: Peggy Buchanan &amp; Traci Hardesty, Program Coord/QDDPSupervision note was completed on the staff who did not report the incident immediately for investigation. Responsible person: Traci Hardesty, Program Corrd/QDDPThe staff was retrained on the reporting policies on abuse &amp; neglect/mistreatment. Responsible person: Traci Hardesty, Program Coord/QDDP To ensure future compliance, a reliability will be completed to show competency in our abuse,</p>		

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	<p>his behavior management plan and approved by HRC (Human Rights Committee). Staff immediately called the clubhouse (dayservice area) at 1:40 (PM) and the locater was activated. Staff tracked his movements using the locater and sent out three search teams. [Client B] was located at 1:55 PM and brought back to the clubhouse. [Client B] was uninjured. [Client B] has a history of elopement behavior which occurs rarely. Staff followed the proticol (sic) set up in the eventuality of this behavior." The BDDS "Plan to Resolve (Immediate and Long Term)" indicated the following: "The behavior management plan has been set up with the use of the locater. This devise (sic) was effective in quickly finding [client B] and returning him to his day program. Although [client B] is in a 4 to 1 group, staff will endeavor to keep him in direct line of sight and at arm's length when he is in the community. He will be kept in direct line of sight when he is in the building. If his staff has to leave the room, she will find someone to cover her supervision of her group until she returns."</p> <p>The follow-up BDDS report dated 10/11/11 indicated, "[Client B] was gone for 15 minutes, however for 10 of those, staff were on his trail based on the results we were getting from the locater website...[Client B] was found</p>		<p>neglect/mistreatment policy. Responsible person: Traci Hardesty, Program Coord/QDDP</p>		

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	<p>approximately 6 blocks from the starting point of his elopement, in a residential neighborhood. He was not hurt, although he was quite sweaty and a bit dirty... [Client B] is always at risk when he elopes because he does not think about the danger he is putting himself into...When he is in the community, he will remain within staff's line of sight and an arm's length away."</p> <p>Client B's records were reviewed on 10/17/11 at 6:00 PM. Client B's ISP (Individual Support Plan) dated 03/16/11 indicated client B had a BSP (Behavior Support Plan). The BSP dated 07/29/11 indicated client B's target behaviors included elopement. The BSP did not indicate the type of staff supervision client B was to have outdoors. It indicated client B was to "stay by staff" but did not indicate how staff were to observe client B's presence with them. Client B's record did not contain an updated plan after the 10/03/11 elopement to include the plan according to the BDDS report.</p> <p>2. A BDDS report submitted 07/24/11 for an incident on 07/23/11 at 10:00 AM indicated, "[Client C] made an allegation that staff member [staff #1] broke his arm while trying to get [client C] out of bed in the morning. Staff immediately called the Group Home Manager to report the</p>				

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	<p>allegation." In the "Plan to Resolve" the BDDS report indicated, "The QMRP (Qualified Mental Retardation Professional) was notified a day after the allegation was made and the Administrator was called by the QMRP, per [agency] policy. The staff in question was suspended today and an investigation has begun. Another staff on duty when the allegation occurred witnessed the situation and stated that [staff #1] never touched [client C]."</p> <p>The BDDS follow-up report dated 07/29/11 indicated, "[Agency] policy regarding reporting of an allegation of abuse was not followed. The Program Administrator was not immediately notified, per our policy...".</p> <p>On 10/17/11 at 1:15 PM, a review of the facility's undated Policy on Reporting and Investigating Incidents and Allegations of Abuse and Neglect indicated, "Abuse and or neglect or any mistreatment of any consumer who resides in an [agency] residential setting is strictly prohibited...any staff member witnessing or suspecting abuse or neglect of a consumer...is required to immediately report the incident for investigation to the Program Director/Administrator who will immediately notify the Program Manager..Neglect - includes failure to provide appropriate care, food, medical</p>				

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W0153	<p>care or supervision...".</p> <p>On 10/17/11 at 2:00 PM an interview with the QMRP conducted. The QMRP indicated client B has a history of elopement, requires 24 hour staff supervision and is at risk when he is in the community without staff supervision. The QMRP also indicated staff did not follow the policy/procedure and failed to report the 07/23/11 incident immediately to the Program Director/Administrator.</p> <p>9-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 1 BDDS (Bureau of Developmental Disability Services) report regarding alleged client abuse (client A), the facility failed to report the allegation of client abuse immediately to the Administrator in</p>	W0153	<p>W153All instances of suspected abuse, neglect or mistreatment of consumers shall be immediately reported to the Program Director/Administrator who will promptly investigate the occurrence and report timely per policy. Responsible persons: Peggy Buchanan &amp; Traci</p>	11/17/2011	

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	<p>accordance with state law.</p> <p>Findings include:</p> <p>On 10/17/11 at 12:53 PM the facility's BDDS Reports were reviewed from 07/15/11 through 10/17/11 and indicated the following:</p> <p>A BDDS report submitted 07/24/11 for an incident on 07/23/11 at 10:00 AM indicated, "[Client C] made an allegation that staff member [staff #1] broke his arm while trying to get [client C] out of bed in the morning. Staff immediately called the Group Home Manager to report the allegation." In the "Plan to Resolve" the BDDS report indicated, "The QMRP (Qualified Mental Retardation Professional) was notified a day after the allegation was made and the Administrator was called by the QMRP, per [agency] policy. The staff in question was suspended today and an investigation has begun. Another staff on duty when the allegation occurred witnessed the situation and stated that [staff #1] never touched [client C]."</p> <p>The BDDS follow-up report dated 07/29/11 indicated, "[Agency] policy regarding reporting of an allegation of abuse was not followed. The Program Administrator was not immediately notified, per our policy..."</p>		<p>Hardesty, Program Coord/QDDPSupervision note was completed on the staff who did not report the incident immediately for investigation. Responsible person: Traci Hardesty, Program Corrd/QDDPThe staff was retrained on the reporting policies on abuse &amp; neglect/mistreatment. Responsible person: Traci Hardesty, Program Coord/QDDP To ensure future compliance, a reliability will be completed to show competency in our abuse, neglect/mistreatment policy. Responsible person: Traci Hardesty, Program Coord/QDDP</p>		

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W0157	<p>On 10/17/11 at 2:00 PM an interview with the QMRP conducted. The QMRP indicated staff did not follow the policy/procedure and failed to report the 07/23/11 incident immediately to the Program Director/Administrator.</p> <p>9-3-2(a) 9-3-1(b)(5)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review, and interview for 1 of 1 BDDS (Bureau of Developmental Disability Services) reports regarding client elopement, the facility neglected to initiate the planned documented immediate corrective action to prevent future potential incidents of elopement by client B.</p> <p>Findings include:</p> <p>On 10/17/11 at 12:53 PM the facility's BDDS Reports were reviewed from 07/15/11 through 10/17/11 and indicated the following:</p> <p>1. A BDDS report submitted 10/03/11 for</p>	W0157	<p>W157This incident occurred at the day service placement. All staff were trained on direct line of sight verses line of site. Responsible person: Samantha Baker, Supervisor. Whenever client B is in the community, he must remain within arm's length of staff. Responsible person: Samantha Baker, Supervisor and Peggy Buchanan, Group Home Manager. Steps for intervention were put in writing to prevent elopement in each environment. Responsible person: Traci HardestyTo ensure future compliance, all staff were trained on the level of supervision Client B is to recieve while at the different locations. Responsible person: Traci Hardesty</p>	11/17/2011

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	<p>an incident on 10/03/11 at 1:40 PM indicated, "[Client B] and his 4 to 1 (4 clients to 1 staff) group went for a walk over at the fairgrounds to get some fresh air since it was a beautiful day. While at the Gazebo area where the group was throwing frisbees, [client B] was told that he could walk around the gazebo while the staff was in the center of the gazebo. Staff turned to answer a question asked by another consumer and when she turned back to look for [client B] one to two minutes later, [client B] was gone. Because of a history of elopement behavior, [client B] wears a locater which is attached to his belt. This is written into his behavior management plan and approved by HRC (Human Rights Committee. Staff immediately called the clubhouse (dayservice area) at 1:40 (PM) and the locater was activated. Staff tracked his movements using the locater and sent out three search teams. [Client B] was located at 1:55 PM and brought back to the clubhouse. [Client B] was uninjured. [Client B] has a history of elopement behavior which occurs rarely. Staff followed the proticol (sic) set up in the eventuality of this behavior." The BDDS "Plan to Resolve (Immediate and Long Term)" indicated the following: "The behavior management plan has been set up with the use of the locater. This devise (sic) was effective in quickly</p>				

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	<p>finding [client B] and returning him to his day program. Although [client B] is in a 4 to 1 group, staff will endeavor to keep him in direct line of sight and at arm's length when he is in the community. He will be kept in direct line of sight when he is in the building. If his staff has to leave the room, she will find someone to cover her supervision of her group until she returns."</p> <p>The follow-up BDDS report dated 10/11/11 indicated, "[Client B] was gone for 15 minutes, however for 10 of those, staff were on his trail based on the results we were getting from the locator website...[Client B] was found approximately 6 blocks from the starting point of his elopement, in a residential neighborhood. He was not hurt, although he was quite sweaty and a bit dirty... [Client B] is always at risk when he elopes because he does not think about the danger he is putting himself into...When he is in the community, he will remain within staff's line of sight and an arm's length away."</p> <p>Client B's records were reviewed on 10/17/11 at 6:00 PM. Client B's ISP (Individual Support Plan) dated 03/16/11 indicated client B had a BSP (Behavior Support Plan). The BSP dated 07/29/11 indicated client B's target behaviors included elopement. The BSP did not</p>			

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	<p>indicate the type of staff supervision client B was to have outdoors. It indicated client B was to "stay by staff" but did not indicated how staff were to observe client B's presence with them. Client B's record did not contain an updated plan after the 10/03/11 elopement to include the plan according to the BDDS report. No record of documented effective corrective action was available for review.</p> <p>On 10/17/11 at 6:15 PM and interview was conducted with the House Manager (HM). The HM indicated the BSP dated 07/29/11 was the current BSP and it did not contain any written information that he was to be within staff's line of sight when out of the home. She also indicated there had not been an inservice after the 10/03/11 incident regarding that staff were to keep him in line of sight.</p> <p>On 10/18/11 at 9:30 AM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client B has a history of elopement, requires 24 hour staff supervision and is at risk when he is in the community without staff supervision. She indicated the BDDS report dated 10/03/11 under the "plan to resolve" was a new plan and an inservice had not been done yet.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2011

FORM APPROVED

OMB NO. 0938-0391

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	9-3-2(a)				