

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/25/2012
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NAME OF PROVIDER OR SUPPLIER  ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10264 N COLLEGE INDIANAPOLIS, IN 46280
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W0000	<p>This visit was for the investigation of Complaint #IN00115557</p> <p>Complaint #IN00115557: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W157.</p> <p>Survey dates: September 20, 21, 24, and 25, 2012</p> <p>Facility Number: 001036 Provider Number: 15G522 AIM Number: 100245250</p> <p>Survey Team: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor</p> <p>These deficiencies reflect state findings cited in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/28/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		
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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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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 to implement their policy and procedures to prevent neglect for 1 of 4 sampled clients by not adequately supervising a client and ensuring her safety when leaving a client unattended in the group home (client A).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident reports from 07/17/2012-08/22/2012 were reviewed on 09/20/2012 at 1:14 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 08/22/2012 at 2:15 p.m. indicated, "...On 08/22/12, Staff [Direct Support Professional (DSP) #5] left her shift at 1:30 p.m. and left [client A] in bed asleep without supervision. Staff [DSP #4], came in at 1:55 p.m. and found [client A] home alone in bed...."</p> <p>An "Investigation Summary," dated 08/24/2012, indicated the facility</p>	W0149	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The isolated event for this individual was corrected to address staff training and disciplinary action related to breach of policy and procedure.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>St. Vincent New Hope developed a procedure for the prevention of neglect in leaving someone home unattended. The attached procedure and form is to be utilized whenever the home is going to be left unattended (empty). All staff were trained Standards of Conduct, Policy on Abuse and Neglect and the newly developed procedure to prevent leaving someone home alone and it is posted in the office of the group home.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will routinely check the form for times that home was empty to ensure consistency with notifying</p>	10/04/2012			

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	<p>substantiated allegations of neglect and suspended DSP #5 for 1 shift on 08/25/2012.</p> <p>A July 2012 policy, titled "Suspected Abuse" was reviewed on 09/20/2012 at 12:00 p.m. The policy indicated, "...SVNH (St. Vincent New Hope) will not condone abuse or violation of individual rights by anyone serving the individual...In the event there is an incident of suspected abuse, SVNH will comply will all applicable laws, statutes, and/or regulations with respect to reporting to authorities, investigation and warranted follow-up action to assure resolution...."</p> <p>A "Preceptor Training Program" record for DSP #5 was reviewed on 09/20/2012 at 5:30 p.m. The record indicated DSP #5 was trained on 08/26/2012 in regard to facility practice that "no one is to be left alone."</p> <p>Client A's record was reviewed on 09/20/2012 at 1:30 p.m. An ISP Demographic Page, dated 02/23/2012, indicated the group home provided 24 hour supervision.</p> <p>During an interview on 09/20/2012 at 5:40 p.m., Team Lead (TL) #1 indicated client A was normally at Day Services</p>		<p>her.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>QMRP and Team Leader will continue random home visits and checks to ensure that the individuals are safe and not left unattended. Form will be reviewed and maintained in the QMRP office.</p>	

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	<p>during the day. TL #1 stated. "[DSP #5] forgot client A was in bed sleeping." TL #1 indicated a corrective action was implemented where DSP #5 was required to call the on-call supervisor and verify no clients are being left home alone prior to leaving her shift. TL #1 indicated the facility had not implemented a procedure for all staff to verify no clients remained unsupervised in the group home when leaving the facility.</p> <p>During an interview on 09/21/2012 at 1:00 p.m., Group Home Director #1 indicated a systemic corrective action plan for verifying a resident was not left unattended in the group home had not been implemented.</p> <p>This Federal tag relates to complaint #IN00115557</p> <p>9-3-2(a)</p>				

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on interview and record review, the facility failed to implement systemic corrective action to prevent neglect for 1 of 4 sampled clients by not adequately supervising a client and ensuring her safety when leaving a client unattended in the group home (client A).</p> <p>Findings include:</p> <p>Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident reports from 07/17/2012-08/22/2012 were reviewed on 09/20/2012 at 1:14 p.m.</p> <p>An Indiana Division of Disability and Rehabilitative Services/Bureau of Developmental Disabilities Services incident report, dated 08/22/2012 at 2:15 p.m. indicated, "...On 08/22/12, Staff [Direct Support Professional (DSP) #5] left her shift at 1:30 p.m. and left [client A] in bed asleep without supervision. Staff [DSP #4], came in at 1:55 p.m. and found [client A] home alone in bed...."</p> <p>An "Investigation Summary," dated 08/24/2012, indicated the facility substantiated allegations of neglect and</p>	W0157	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>The isolated event for this individual was corrected to address staff training and disciplinary action related to breach of policy and procedure.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>St. Vincent New Hope developed a procedure for the prevention of neglect in leaving someone home unattended. The attached procedure and form is to be utilized whenever the home is going to be left unattended (empty). All staff were trained Standards of Conduct, Policy on Abuse and Neglect and the newly developed procedure to prevent leaving someone home alone and it is posted in the office of the group home.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will routinely check the form for times that home was empty to ensure consistency with notifying her.</p>	10/04/2012			

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