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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G656 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/12/2012 |
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| NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 227 E UNION ST PORTLAND, IN 47371 |
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| W0000 | <p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: April 11 and 12, 2012.</p> <p>Provider number: 15G656 Facility number: 001193 AIM number: 100446910</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/19/12 by Ruth Shackelford, 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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| W0122 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, the Condition of Participation: Client Protections, was not met as the facility neglected to protect 1 of 6 clients living in the home (client #6) from being physically aggressed upon, by failing to implement their abuse and neglect policy, and by not implementing effective corrective action to stop the aggression.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149. The facility neglected to follow their Individual Protection Policy by failing to prevent incidents of client to client aggression for 1 of 6 clients living in the home (client #6). 2. Please refer to W157. The facility failed to implement appropriate corrective actions by failing to prevent incidents of client to client aggression for 1 of 6 clients living in the home (client #6). <p>9-3-2(a)</p> | W0122 | <p>W122 Now and in the future, JRDS staff will implement the Individual Protection Policy when appropriate. JRDS staff will also implement effective corrective action to prevent aggression. Both Day Program and Residential staff have been retrained on the Individual Protection Policy. Also all staff have been trained to identify the indicators and to take appropriate action in regard to the indicators that occur prior to the onset of aggression. These indicators have been added to the BMP. The staff supervisors of both programs will monitor and train at least annually on the Protection Policy and behavior management plans. Group Home Staff, Day Service Staff, and QMRP responsible</p> | 05/03/2012 | |

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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 6 clients living in the home (client #6), the facility neglected to follow their Individual Protection Policy by failing to prevent client #6 from being physically aggressed upon by client #1.</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/11/12 at 2:20 P.M. including the facility's Bureau of Developmental Disabilities Services (BDDS) reports and the facility Incident/Accident (I & A) reports and indicated the following:</p> <p>A BDDS report dated 8/25/11 for an incident on 8/25/11 at 8:25 A.M. indicated "[Client #1] and [client #6] were boarding the van to go to work. [Client #1] unbuckled her seat belt, walked over to [client #6], who was on the first step getting ready to board. [Client #1] smacked [client #6] on the left cheek." The report indicated "there were no marks."</p> <p>A BDDS report dated 8/30/11 for an incident on 8/30/11 at 8:30 A.M. indicated at the day program "[Client #1]</p> | W0149 | <p>W149</p> <p>Now and in the future, JRDS staff will implement the Individual Protection Policy and Procedures to protect potential victims.</p> <p>Both Day Program and Residential staff have been retrained on the JRDS Individual Protection Policy and behavior management procedures and, will be retrained at least annually. Also all staff have been trained to identify the indicators and how to take appropriate action in regard to the indicators that occur prior to the onset of aggression. These indicators have been added to the BMP.</p> <p>Group Home Staff, Day Service Staff, and QMRP responsible</p> | 05/03/2012 | | | |

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| | <p>stood up from her seat, walked over to [client #6] and grabbed a handful of hair and attempted to strike her. Staff intervened before the hit." The report indicated "[client #6] did not appear to have any injuries...."</p> <p>A BDDS report dated 9/2/11 for an incident on 9/1/11 at 8:40 A.M. indicated at the day program "While putting away her bags, [client #1] smacked [client #6] on the face by her left eye. Staff moved between them and [client #1] reached over and then smacked [client #6] on the shoulder... There were no marks found on [client #6]."</p> <p>A BDDS report dated 9/20/11 for an incident on 9/19/11 at 8:05 P.M. indicated "[Client #1] was asked by staff to go to the living room so they (staff) could mop up a spill on [client #1's] floor. After [client #1] went to the living room she went right over to [client #6] who was in the recliner and smacked her 3 (three) times across the face...Staff applied cold cloth to [client #6's] face."</p> <p>A BDDS report dated 11/9/11 for an incident on 11/8/11 at 9:00 A.M. indicated "At the work center [client #1] walked up behind [client #6] pulled her hair and slapped her face...[client #6] did not receive any marks from the slaps."</p> | | | | | | |

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| | <p>The I & A report for this incident dated 11/8/11 indicated client #6's "Right cheek and forehead was (sic) red."</p> <p>A BDDS report dated 11/17/11 for an incident on 11/16/11 at 8:00 A.M. indicated "[Client #1] pushed [client #6] into a chair and slapped her right cheek when [client #6] passed by [client #1]. [Client #1] also attempted to hit another client (unidentified) on the van going to work...She (client #6) does have a bruise on her right cheek." The I & A report for this incident dated 11/16/11 indicated client #6 had a " 1" x 1" (one inch by one inch) bruise on her right butt (buttocks) cheek."</p> <p>A BDDS report dated 11/22/11 for an incident on 11/21/11 at 8:50 A.M. indicated at the workshop "[client #1] reached across the table at work and smacked [Peer #2] in the face. A few minutes later [client #1] ran over to [client #6] and slapped her in the face...Neither (peer #2) nor [client #6] received injuries from the aggression."</p> <p>A BDDS report dated 12/5/11 for an incident on 12/3/11 at 6:00 P.M. indicated "[Client #6] was taking her 6 pm medications. [Client #1] wanted her medication. Staff explained to [client #1] that her medication was to be taken at 8</p> | | | | | | |

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| | <p>pm. [Client #1] started to cry and sat in a chair in another room away from [client #6]. A few moments later [client #1] quickly got up went into the living room and smacked [client #6] on the left cheek...[Client #6] did not have any marks from the incident...."</p> <p>An Incident/Accident report dated 1/9/12 at 7:45 A.M. indicated at the group home "[Client #1] went over and began to hit [client #6]." The report indicated there were no marks. There was no further documentation available for review at the time regarding this incident.</p> <p>Review on 4/12/12 at 11:40 A.M. of the facility's Individual Protection Policy, revision date 1/11 indicated "JRDS [Jay-Randolph Developmental Services] personnel are required to preserve an individual's rights, dignity, health, and safety. As such JRDS prohibits the abuse, neglect, exploitation, mistreatment of an individual served or the violation of the individual's rights..." "Individuals served must not be subjected to abuse by anyone, including, but not limited to, JRDS staff, other consumers, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals."</p> <p>Client #1's record was reviewed on</p> | | | | | | |

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| | <p>4/12/12 at 8:25 A.M.. Client #1's diagnoses included, but were not limited to, Profound Mental Retardation, Abnormal Uterine Bleeding, possible Peri-Menopause, Intermittent Explosive Disorder, and Psychotic Disorder NOS (not otherwise specified). Client #1 had a Behavior Management Plan (BMP) dated 11/2/11, which addressed "periods of intense physical aggression...including hitting, kicking, pushing, etc." The BMP indicated the following proactive interventions: "...have [client #1] drink 8-10 glasses of water each day, look for signs of being unwell or UTI (urinary tract infection), validate [client #1's] feelings." The following interventions were to be done when client #1 became aggressive: staff were to "separate [client #1] from other individuals to keep them safe, tell [client #1] 'that is not ok,' redirect to a quiet area, cease interaction with [client #1] for approximately 20 minutes, and allow other housemates to go home early from work to reward them and not [client #1]." After an aggressive incident staff were to have client #1 checked for a possible UTI.</p> <p>Interviews were conducted on 4/12/12 at 2:30 P.M. with the facility Residential Department Head (RDH), the Qualified Mental Retardation Professional (QMRP), facility LPN and Home Manager (HM).</p> | | | | |

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| | <p>The RD and QMRP indicated client to client aggressive behaviors had continued to occurred after interventions had been taken. The QMRP and HM indicated the policy of JRDS (Jay-Randolph Developmental Services) did indicate client abuse would not be tolerated by anyone.</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.</p> <p>Based on record review and interview for 1 of 6 clients living in the home (client #6), the facility neglected to take appropriate corrective actions by failing to prevent client #6 from client #1's physical aggression.</p> <p>Findings include:</p> <p>Facility records were reviewed on 4/11/12 at 2:20 P.M. including the facility's Bureau of Developmental Disabilities Services (BDDS) reports and the facility Incident/Accident (I & A) reports and indicated the following:</p> <p>A BDDS report dated 8/25/11 for an incident on 8/25/11 at 8:25 A.M. indicated "[Client #1] and [client #6] were boarding the van to go to work. [Client #1] unbuckled her seat belt, walked over to [client #6], who was on the first step getting ready to board. [Client #1] smacked [client #6] on the left cheek." The report indicated "there were no marks." Client #1 was seen by her physician in the afternoon and ...it was found (client #1) had an Urinary Tract Infection (UTI). Staff were to continue to monitor her health and keep her and her</p> | W0157 | <p>W157</p> <p>Now and in the future, JRDS staff will implement effective corrective action to prevent aggression. All staff have been trained to identify the indicators and how to take appropriate action in regard to the indicators that occur prior to the onset of aggression. These indicators have been added to the BMP. Also weekly meetings are held between</p> <p>Group Home Staff, Day Service Staff, and QMRP responsible</p> | 05/03/2012 | | | |

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| | <p>housemates separated.</p> <p>A BDDS report dated 8/30/11 for an incident on 8/30/11 at 8:30 A.M. indicated at the day program "[Client #1] stood up from her seat, walked over to [client #6] and grabbed a handful of hair and attempted to strike her. Staff intervened before the hit." The report indicated "[client #6] did not appear to have any injuries..." After the incident staff sat with client #1 one on one. The report did not indicate how long staff were to provide one on one supervision for client #1.</p> <p>A BDDS report dated 9/2/11 for an incident on 9/1/11 at 8:40 A.M. indicated at the day program "While putting away her bags, [client #1] smacked [client #6] on the face by her left eye. Staff moved between them and [client #1] reached over and then smacked [client #6] on the shoulder... There were no marks found on [client #6]." Client #1 was taken home and to be seen by her physician. Results are pending regarding her UA (urine analysis). Client #1 was kept at home for the rest of the week. "Historically [client #1] is aggressive when she is ill... Client #1's Behavior Management Plan (BMP) is being revised."</p> <p>A BDDS report dated 9/20/11 for an</p> | | | |

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| | <p>incident on 9/19/11 at 8:05 P.M. indicated "[Client #1] was asked by staff to go to the living room so they (staff) could mop up a spill on [client #1's] floor. After [client #1] went to the living room she went right over to [client #6] who was in the recliner and smacked her 3 (three) times across the face...Staff applied cold cloth to [client #6's] face... Client #1's Interdisciplinary Team (IDT) are meeting to discuss changes to the BMP. Staff will continue to monitor [client #1's] movements and keep her separate from [client #6]."</p> <p>A BDDS report dated 11/9/11 for an incident on 11/8/11 at 9:00 A.M. indicated "At the work center [client #1] walked up behind [client #6] pulled her hair and slapped her face...[client #6] did not receive any marks from the slaps." The I & A report for this incident dated 11/8/11 indicated client #6's "Right cheek and forehead was red." Staff sat one-on-one with (client #1) the rest of the day.</p> <p>A BDDS report dated 11/17/11 for an incident on 11/16/11 at 8:00 A.M. indicated "[Client #1] pushed [client #6] into a chair and slapped her right cheek when [client #6] passed by [client #1]. [Client #1] also attempted to hit another client (unidentified) on the van going to</p> | | | | | | |

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| | <p>work...She (client #6) does have a bruise on her right cheek." The I & A report for this incident dated 11/16/11 indicated client #6 had a" 1" x 1" (one inch by one inch) bruise on her right butt (buttocks) cheek." Client #1's IDT met to discuss ...increased aggression with the following conclusions: "[Client #1] will provided one/one (one staff to one client) staffing at the group home. [Client #1] will be allowed to sleep in the mornings and be taken into work at a later time. [Client #1] has been diagnosed with a UTI which may be a factor in this increase aggression (sic)."</p> <p>A BDDS report dated 11/22/11 for an incident on 11/21/11 at 8:50 A.M. indicated at the workshop "[client #1] reached across the table at work and smacked [Peer #2] in the face. A few minutes later [client #1] ran over to [client #6] and slapped her in the face...Neither (peer #2) nor [client #6] received injuries from the aggression... [Client #1] was taken home and later to the doctor. She is currently being treated for an UTI but was found to still have a severe UTI. She was prescribed another antibiotic... she will stay home the rest of the week." Staff are considering a change in work schedule where client #1 and client #6 will not be at work at the same time.</p> | | | | | | |

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| | <p>A BDDS report dated 12/5/11 for an incident on 12/3/11 at 6:00 P.M. indicated "[Client #6] was taking her 6 pm medications. [Client #1] wanted her medication. Staff explained to [client #1] that her medication was to be taken at 8 pm. [Client #1] started to cry and sat in a chair in another room away from [client #6]. A few moments later [client #1] quickly got up went into the living room and smacked [client #6] on the left cheek...[Client #6] did not have any marks from the incident..." The BDDS report indicated "It was later found that [client #1] had not received her daily dosage of Clozaril (anti-psychotic) on 12/1 and 12/2...Clozaril is used to assist in treating [client #1's] Impulse control issues. The missed doses of Clozaril might have caused [client #1] to be more impulsive."</p> <p>An Incident/Accident report dated 1/9/12 at 7:45 A.M. indicated at the group home "[Client #1] went over and began to hit [client #6]." The report indicated there were no marks. There was no further documentation available for review at the time regarding this incident.</p> <p>Client #1's record was reviewed on 4/12/12 at 8:25 A.M.. Client #1's diagnoses included, but were not limited</p> | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G656 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/12/2012 |
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| | <p>to, Profound Mental Retardation, Abnormal Uterine Bleeding, possible Peri-Menopause, Intermittent Explosive Disorder, and Psychotic Disorder NOS (not otherwise specified). Client #1 had a Behavior Management Plan (BMP) dated 11/2/11, which addressed "periods of intense physical aggression...including hitting, kicking, pushing, etc." The BMP indicated the following proactive interventions: "...have [client #1] drink 8-10 glasses of water each day, look for signs of being unwell or UTI (urinary tract infection), validate [client #1's] feelings." The following interventions were to be done when client #1 became aggressive: staff were to "separate [client #1] from other individuals to keep them safe, tell [client #1] 'that is not ok,' redirect to a quiet area, cease interaction with [client #1] for approximately 20 minutes, and allow other housemates to go home early from work to reward them and not [client #1]." After an aggressive incident staff were to have client #1 seen by her physician to be checked for a possible UTI .</p> <p>Interviews were conducted on 4/12/12 at 2:30 P.M. with the facility Residential Department Head (RDH), the Qualified Mental Retardation Professional (QMRP), facility LPN and Home Manager (HM). The QMRP indicated client to client</p> | | | |

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| | <p>aggressive behaviors had continued to occurred after interventions had been taken. The RDH stated, "Yeah, the aggression did continue for awhile, we had taken many measures, the process of elimination takes time. We were trying to identify the factors of causation." The RDH indicated there had been no recent incidents between client #1 and client #6.</p> <p>9-3-2(a)</p> | | | | |

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| W0440 | <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) who lived in the home, the facility failed to hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>Record review on 4/12/12 at 9:50 A.M. of facility evacuation drill records for clients #1, #2, #3, #4, #5, and #6 indicated there were no evacuation drills completed for the day shift (7:00 A.M. to 3:00 P.M.) during the months of November 2011, December 2011 and January 2012, and no evacuation drills for the evening shift (3:00 P.M. to 11:00 P.M.) for the months of September 2011, October 2011, November 2011, December 2011 and January 2012.</p> <p>During interview on 4/12/12 at 2:45 P.M. with the Home Manager (HM), when asked about the missing drills, the HM stated, "I was aware there were some drills missing." The HM indicated she knew drills were to be conducted on each shift each quarter.</p> <p>9-3-7(a)</p> | W0440 | <p>W440 Now and in the future, the facility will hold evacuation drills at least quarterly for each shift of personnel. The attached Evacuation Drill Schedule is currently being followed to ensure compliance. Evacuation Drill reports are reviewed by the Home Manager and submitted monthly to the QMRP. Group Home Staff were retrained on the timeliness of evacuation drills. Group Home Staff, Home Manager, QMRP responsible</p> | 04/25/2012 | | | |

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