

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00183880.</p> <p>Complaint #IN00183880 - Substantiated. Federal/State deficiency related to the allegation was cited at W159.</p> <p>Dates of Survey: October 26, 27, 30, 2015</p> <p>Provider Number: 15G482 Aims Number: 100235460 Facility Number: 000996</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/10/15.</p>	W 0000		
W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 1 of 3 sampled clients (B) to ensure client B's active treatment programs were coordinated and monitored by the facility's qualified</p>	W 0159	<p>1.Client's# B BSP has been addendum. De-escalation strategy has been revised toincluded more effective redirection steps and reinforce plan with input fromclient # B. Staff will receive trainingby</p>	11/29/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2015	
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD				STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>intellectual disabilities professional (QIDP). The QIDP failed to have documentation in client B's behavior support plan (BSP) in regards to the interdisciplinary team meeting (IDT) recommendation for client B to have sitting in his closet on a bean bag as a relaxation technique preferred by client B.</p> <p>Findings include:</p> <p>Record review for client B was done on 10/27/15 at 1:38p.m. Client B had an incident report on 9/30/15 in which client B had gone to his room to calm himself. Client B had sat in his bedroom closet on his bean bag and staff #5 prompted him out of his closet. Client B had an 10/2/15 investigation for the behavior and review of his BSP. The relaxation technique of client B going to his closet was not part of his BSP. The investigation summary made a recommendation for the relaxation technique of client B going to his closet to be part of his plan. Client B's current BSP dated 8/6/15 reviewed on 10/27/15 did not include the relaxation technique of client B going to his closet to calm himself.</p> <p>Staff #1 was interviewed on 10/27/15 at 4:02p.m. Staff #1 indicated the technique for client B to calm himself by going to</p>		<p>Residential Manager regarding these revisions upon next program meeting.</p> <p>2. All BSP strategies been reviewed to ensure they are effective. If needed, any plan that requires a revision/addendum will be completed by the Dir. of Program/QDDP and, staff will receive training on the new or revised goals.</p> <p>3. Monthly summaries are written by Residential Manager to monitor effectiveness of a program. Data that indicates behavioral rate have increase for consecutive months will be evaluated for possible changes that could be made to increase effectiveness. In addition, Program/staff meeting are held monthly. During meetings each resident's progress and concerns are discussed. Input from other that indicate a revision may improve a strategy and/or need for new goal will be discussed and developed. All addendum or revisions will be written in rough draft and posted within 48 hours for all staff to review. Signature documentation will be secured to ensure all have been up dated. If additional training is required, this will be provided by the Lead staff, Resident Manager or Dir. of Program with 48 hours and verification of receiving training will be done.</p> <p>4. Monthly reviews will monitored</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2015
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD			STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>his closet had not been added to client B's BSP. Staff #1 indicated the QIDP was responsible to update the client programs and this technique should be in client B's plan.</p> <p>This federal tag relates to complaint #IN00183880.</p> <p>9-3-3(a)</p>		<p>by the Dir. ofProgram/QDDP to determine if programs in place are producing progress or needfor revisions. Data that indicates anincrease of behavioral rates will be assessed for possible reasons (environmentchange, new or reduced medication, etc.). If need, addendum or revisions will be written by Dir. of Program/QDDP in rough draft andposted within 48 hours for all staff to review. Signature documentation will be secured to ensure all have been updated. If additional training isrequired, this will be provided by the Lead staff, Resident Manager or Dir. ofProgram with 48 hours and verification of receiving training will be done</p>		