

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G132	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 423 WIND RIDGE TR BERNE, IN 46711
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 13, 14, 15 and 16, 2015.</p> <p>Facility number: 000669 Provider number: 15G132 AIM number: 100234280</p> <p>This federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 0000		
W 0209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview, the facility failed to insure participation by the clients' and/or their guardians in the Individual Support Plan process for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p>	W 0209	<p>Wind Ridge (WR) Recertification & Licensure Survey Plan of Correction Survey Event ID MZ8411 August 2015</p> <p>W209- Individual Program Plan Bi-County Services, Inc. (BCS) will assure participation by client and their guardian &/or Health Care Representative(HCR) as</p>	08/15/2015

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.

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	<p>Client #1's record was reviewed on 7/14/15 at 1:30 P.M. Client #1's Individual Support Plan (ISP) dated 10/1/14 indicated he had guardian(s) to assist him with decision making. There was no indication client #1 and/or his guardian(s) had participated in the ISP developmental process.</p> <p>Client #2's record was reviewed on 7/14/15 at 2:20 P.M. Client #2's ISP dated 10/1/14 indicated had a Health Care Representative (HCR) to assist him with decision making. Client #2's HCR signed and dated his ISP on 10/10/14. There was no indication client #2 had participated in the ISP developmental process.</p> <p>Client #3's record was reviewed on 7/14/15 at 3:05 P.M. Client #3's ISP dated 6/1/15 indicated he had a guardian to assist him with decision making. There was no indication client #3 and/or his guardian had participated in the ISP developmental process.</p> <p>Client #4's record was reviewed on 7/14/15 at 3:40 P.M. Client #4's ISP dated 9/1/14 indicated had a HCR to assist him with decision making. Client #4's HCR signed and dated his ISP on 10/31/14. There was no indication client</p>				<p>required unless the participation is unobtainable or inappropriate.</p> <p>This standard was not met as evidenced by failure to ensure participation by consumer and/or guardian & HCR's in the Individual Support Plan (ISP) process for 4 consumers living at WR. Two individuals had not signed their actual ISP's to indicate that they had participated in decision making & development of their plans. The other two consumers & their guardians have no documentation or signature of involvement to the planning and decision making of their ISP's. The focus of the W209 Plan of Correction (POC) will be to ensure participation from all members of the team, especially the individual, as well as the individual's guardian &/or HCR to assist with decision making & development of the ISP. This assures that the ISP is of quality service design and delivery providing each consumer with an appropriate active treatment program.</p> <p>1. Corrective action and follow-up specific to Consumers #1, 2, 3 & 4: 1. Consumer #1. (Will be referred to as C1 henceforth in the POC). Consumer #1 and his guardian(s), who are his parents, will discuss & review his ISP with the "acting" QIDP & Residential Manager (RM) and anyone else</p>		

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	<p>#4 had participated in the ISP developmental process.</p> <p>The Program Director (PD) who was covering the QIDP (Qualified Intellectual Disabilities Professional) position on a temporary basis was interviewed on 7/16/15 at 12:17 P.M. The PD/QIDP stated, "No, we do not have client and/or guardian signatures for all of the clients' ISPs to show they participated in the ISP."</p> <p>9-3-4(a)</p>		<p>he would like to participate. This discussion will be a review of the ISP, opportunity for questions and revisions made if indicated. This will be documented as part of an ISP Special Meeting with narrative of meeting & any recommendations made if indicated. The State formatted ISP Signature sheet will be signed & dated by both C1 & his guardian(s) to indicate participation/input as well agreement with the plans reviewed. If the guardians cannot meet in person, a conference call will be completed with the appropriate team members participating. ISP discussion & decisions about appropriateness of the ISP will be completed with documentation including revisions if indicated by the acting QIDP by 8/13/15. Any training on revisions identified to the plan will also be completed with Direct Care Staff (DCS) working with C1 across all settings by no later than 8/15/15.</p> <p>2.Consumer #2. (Will be referred to as C2 in this POC). The RM &/or acting QIDP will meet with C2 and review his ISP with him and consider any revisions to the plan if indicated/requested. This will be documented as part of a Special ISP Review with narrative/summary of the meeting & any recommendations made. C2 will sign & date the State formatted ISP signature sheet to indicate participation/input as well</p>		

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			<p>as agreement with the plan as written &/or with revisions. This will be completed no later than 8/13/15. The acting QIDP will make any revisions to the plan with HCR notification/approval. HCR signature would be needed for any revision(s) to indicate support of the revised plan. Any training on revision(s) to plan will also be completed with staff working with C2 across all settings no later than 8/15/15.</p> <p>3. Consumer #3. (Will be referred to as C4 in the POC).</p> <p>Following a review of C3's ISP & implementation of the plan, it is the opinion of the Program Director that the QIDP at the time of the case conference developed the plan in isolation without other team members participating in the ISP development. That QIDP is no longer employed with the agency. The RM & acting QIDP will meet with C3 & his guardian/father to discuss & review the current plan and opportunities for questions/concerns will be part of this process. This will be documented as part of an ISP Special Meeting with narrative summarizing the discussion, recommendations and plan approval as indicated. The State formatted signature sheet will be signed & dated. Decisions made at the ISP Special Meeting regarding any revisions to the appropriateness of the program plan will be</p>	

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			<p>completed by the QIDP no later than 8/13/15. Any training due to revisions will be completed with all staff working with C3 across all settings no later than 8/15/15.</p> <p>4. Consumer #4. (Will be referred to as C4 in the POC).</p> <p>The RM &/or acting QIDP will meet with C4 and review his ISP with him & consider any revisions to the plan if indicated/requested. This will be documented as part of a Special ISP Review with narrative/summary of the meeting and any recommendations made. C4 will sign/date the State formatted ISP signature sheet to indicate participation/input to his plan as well as agreement with the plan as written &/or with revisions. This will be completed no later than 8/13/15. The acting QIDP will make revisions to the plan if needed & consult with his HCR for approval of any changes. HCR signature & date would be needed for any revisions to indicate support of the revised plan. Any training on revisions to the plan will be completed with staff working with C4 across all settings by 8/15/15.</p> <p>Person's responsible: Program Director (PD), WR acting QIDP & Residential Manager (RM), Residential Administrator (RA), and Quality Assurance Manager (QAM).</p> <p>Target Completion Date: 8/15/15</p>	

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			<p>1. Corrective action as it relates to BCSpractices agency wide relating to ISP participation:</p> <p>1. Understanding the State Department of Health expectation that every agency will pursue aggressively the attendance of all relevant participants at team meetings, an ISP/Annual Case Conference Checklist was developed in 2014 for Residential QIDP's and Managers, which makeup the Residential Management Teams (RMT's) to assure that meetings are scheduled & conducted to facilitate the participation of all members of the Individual Support Team (IST), especially the consumer unless they are unable or unwilling, and their guardian or HCR. Consumers will be encouraged to ask other people who are important in their lives to attend as well. This ISP Checklist will include, but not be limited to:</p> <p>1. Letter sent to consumer & their designated IST members at least one month prior to the meeting reminding participants of the date/time/location of the meeting. The Bureau of Developmental Disabilities Services (BDDS) Service Coordinator also receives notification of scheduled meetings & is encouraged to attend in person or by conference call. This letter serves as a reminder that should staff working with</p>	

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			<p>the consumer be unable to attend the meeting then any reports will need to be submitted prior to the scheduled meeting so their input is available at the meeting for discussion & incorporation into the plan. The QIDP &/or RM coordinates and sends out the reminder letters.</p> <p>2. There may be attachments to the reminder letter for consumers, guardians & HCR's that provides information which will be used at the meeting to make decisions. For example, a summary of the years progress, recommendations from assessments, an overview of health, safety & well-being. QIDP, RM &/or designated staff will meet with the consumer to review the attachment information & assist the individual with advocacy for their plan. The QIDP or RM is responsible for providing identified team members with notice 30 days in advance of the scheduled meeting.</p> <p>3. 1-2 weeks prior to the scheduled meeting the QIDP &/or RM will contact the guardian or HCR to verify attendance, set up conference call time frames should they be unable to attend and follow-up on any questions or concerns regarding information in the attachment sent.</p> <p>4. If unable to attend, the QIDP &/or RM will schedule a time to re-contact them to review the new ISP & verify their approval to the</p>	

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			<p>plan &/or make changes as needed. This is also the time to do the Annual Satisfaction Survey review if they were not in attendance. They will be given a date to expect the ISP & the State formatted ISP signature sheet provided for ISP & Satisfaction surveys to be returned to the agency.</p> <p>5. The QIDP will include a narrative as part of the ISP summarizing the meeting discussion, input/ participation & recommendations leading to the development of the ISP. The narrative will also indicate if the guardian/HCR was in attendance, involved in a conference call &/or had input in the meeting as a result of contact with management team prior to the meeting.</p> <p>1. The Annual ISP/Case Conference Checklist was reviewed & retrained on with residential QIDP's, RM's, QAM & RA on 7/30/15.</p> <p>2. All Supported Living Management Team (SLMT) members will be retrained on the Checklist & its implementation. Training will also include encouragement of management teams to make a BIG deal out of upcoming annual meetings with their consumers thus engaging them to advocate for themselves & increase their participation in a positive way by 8/15/15.</p> <p>Person's Responsible: PD; RA;</p>		

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

PRINTED: 08/25/2015
FORM APPROVED
OMB NO. 0938-0391

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			QAM;SLMT's & RMT's. Target completion date: 8/15/15		