

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 06/08/2015
--	---	--	---

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 a post certification revisit to an extended recertification and state licensure survey completed on April 22, 2015.</p> <p>Dates of survey: June 2, 3, 4, 5 and 8, 2015.</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</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 upon observation, interview and record review, the QIDP (Qualified Intellectual Disabilities Professional) failed for 3 of 3 sampled clients (clients #1, #2 and #3), to ensure client #2's needs</p>	W 0159	<p>1. Client#1 and 2 has added shaving goals included within current ISP. All ISP/BSP and data sheets have been placed in the home. Client #1 had just started picking at his sores during</p>	06/08/2015

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 <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2015
--	---	---	---

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>in personal hygiene and client #1's self injurious behavior were addressed in plans. The QIDP failed for 1 of 3 sampled clients (client #1), to identify specific instructions regarding staff supervision requirements. The QIDP failed for 2 of 3 sampled clients (clients #1 and #3), to ensure their updated individual support plans and/or behavior support plans were available for staff. The QIDP failed for 1 of 3 sampled clients (client #1), to ensure his behavior program data was documented. The QIDP failed to ensure written informed consent was obtained for 3 of 3 sampled clients (clients #1, #2 and #3), for the practices of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed for 2 of 3 sampled clients (clients #1 and #2), to address their identified needs in personal hygiene (client #2) and self injurious behavior (client #1). Please see W227. 2. The QIDP failed for 1 of 3 sampled clients (client #1), to identify specific instructions regarding staff supervision 		<p>thesurvey. No incident reports or communication had been received prior. The client does exhibit several OCD behaviors and plans are in place to address these. Staff were currently using these steps to redirect the client when picking however, no specific plan was in place to address his newly acquired picking behavior. Addendum to address "picking" behaviors has been developed. Furthermore, supervision of client has been redefined and includes</p> <ul style="list-style-type: none"> · Client #1 will have a staff (preferably male) assigned to him during awake hours. · During times of no anxiety behaviors being exhibited, assigned staff or a staff must be in close range (within a step or two away from client) of client. · If client is showing signs of anxiousness or has attempted to elope or aggressed towards others - assigned staff must be in arm's length of client. · Client #1 does not like having a staff assigned to him and/or following him and/or prompting him throughout the day. This at times only increases his anxiety. Therefore, only the restrictive action of being in arm's length is implemented only when warranted. Prompting to engage in any de-escalating/calming activities should be given by all. · If incident of leaving bedroom occurs during night – 3rd shift staff should monitor continuously by 	

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 06/08/2015
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>requirements. Please see W240.</p> <p>3. The QIDP failed for 2 of 3 sampled clients (clients #1 and #3), to ensure their updated individual support plans and/or behavior support plans were available for staff. Please see W248.</p> <p>4. The QIDP failed for 1 of 3 sampled clients (client #1), to ensure his behavior program data was documented. Please see W252.</p> <p>5. The QIDP failed to ensure written informed consent was obtained by the Human Rights Committee for 3 of 3 sampled clients (clients #1, #2 and #3), for the practices of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints). Please see W263.</p> <p>This deficiency was cited on April 22, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>		<p>stationingthemselves outside of bedroom door.</p> <p>1.Residential Manager and Lead staff have beenretained in monitoring to ensure ISP/BSP, data sheets and correct task analysisare in place. This should occurweekly. Missing items are to be replacedimmediately. Furthermore, the practiceof removing items from ones book while writing report will no longer bedone. Copies are to be made of theinformation needed. Each home is capableof making copies within their homes</p> <p>2.At the beginning of each month, ResidentialManager and/or Lead staff replace old data sheets with new data sheets. During this time, Residential Manager and/orLead staff will verify that all data sheets and task analysis are in place andcorrect. This includes ensuring anyrevised goal is correctly being monitored and/or any data collection sheetsneeded for behavioral addendums are in place.</p> <p>3.Home checks are done quarterly by Leadstaff. Presence of ISP/BSP, data sheetsand task analysis are included in this check. Items out of compliance are corrected within 7 days and verification ofcorrections are completed by Lead staff and/or Director. Results of home checks; environmental checksand dietary checks are submitted PQI monthly reviews to ensure</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 06/08/2015
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 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based upon observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2), to address their identified needs in personal hygiene (client #2) and self injurious behavior (client #1).</p> <p>Findings include:</p> <p>1. During observation at the group home on 6/3/15 from 6:45 AM until 8:45 AM, staff #1 took client #2's grooming tote into the restroom. The tote included his electric shaver. Client #2 took a shower and went to his room leaving the grooming tote with his electric shaver in the bathroom. Client #2 had a light stubble of whiskers on his chin.</p> <p>Client #2 was interviewed on 6/3/15 at</p>	W 0227	<p>adequate performance level are attained. Those scoring under the criteria must have a POC written and implemented by next monthly review.</p> <p>1. Client #2 plan has been revised to include having. Client's #2 Comprehensive Functioning assessment indicted not independent in the area of shaving, however, this was not deemed a priority need at time of developing ISP. Staffs continue to work on skills not acquired by informal training. Client #1 BSP will be revised to address his "picking" behavior and any new OCD like behaviors. The plan includes using any existing OCD strategy to address any newly exhibited OCD behaviors. New behaviors observed should be communicated to others immediately by using the staff communication book, incident reports (if appropriate) and contacting Residential Manager and Director. Guidance on how to address may be sent by memo</p>	07/08/2015	

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 06/08/2015
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>8:30 AM. When asked if he had shaved, client #2 indicated he did not need to shave. Client #2 indicated he shaved himself.</p> <p>Client #2's record was reviewed on 6/2/15 at 6:12 PM. An ISP (Individual Support Plan) dated 7/9/14 did not include an objective to increase his shaving skills.</p> <p>Client #2's comprehensive functional assessment dated 10/1/14 was reviewed on 6/4/15 at 5:00 PM and indicated client #2 was not independent in shaving himself.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/3/15 at 12:25 PM and indicated client #2's plan had not been updated to address shaving.</p> <p>2. During observations at the group home on 6/2/15 from 5:10 PM until 6:45 PM, client #1 pulled at his eyelashes. During observations at the group home on 6/3/15 from 6:45 AM until 8:45 AM, client #1 scratched his ankle. Staff #1 asked client #1 if he was picking at his leg.</p> <p>Staff #1 was interviewed on 6/3/15 at 6:58 AM in regards to her question of</p>		<p>and will include any additional steps staff should use. This memo will be replaced by an addendum once plan has been developed.</p> <p>2. All staff, Lead staff and Residential Manager has been trained on how to properly communicate the need to address a new behavior. All staff have been trained on the need to provide informal training not custodial care on skills not acquire and not formally addressed.</p> <p>3. Comprehension Functioning Assessments areas that are marked as not independent, will be assessed and grouped as a priority need or not a priority need. Those items scored as not priority will be considered as a projected objective to be implemented once a priority goal has been met and/or need to prioritize has occurred. Items/skills not independent in will be addressed informally when needed. At times, an Interactive Guideline will be developed to address a need not formally in place but should be addressed consistently by all.</p> <p>4. IDT and family members are contacted prior to the development of one's ISP for input and suggestions. Those needs that are a priority to address will be implemented as formal goals. Other skills will be placed as projected objective and/or interactive guidelines will be</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 06/08/2015
--	---	--	---

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>client #1 picking his leg. Staff #1 stated, "He's always got one spot," and indicated client #1 had behaviors of picking at his skin or putting his hands down his pants or picking out his eyelashes. She indicated client #1 had picked at his skin causing a sore on his ankle and she had covered it with a band aid.</p> <p>Client #1's record in the group home was reviewed on 6/2/15 at 6:31 PM. Client #1's Behavior Support Plan (BSP) and his ISP (Individual Support Plan) dated 1/8/15 did not address behaviors of pulling out his eyelashes or picking his skin.</p> <p>Client #1's record at the office was reviewed on 6/2/15 at 12:30 PM. A BSP (Behavior Support Plan) addendum dated 2/11/15 indicated a target objective of repetitive behavior of rubbing his nose until it was chapped, placing his hands down his pants and repeatedly changing his clothes. An addendum dated 5/4/15 indicated a targeted objective of elopement.</p> <p>The QIDP was interviewed on 6/3/15 at 12:25 PM and indicated client #1's behavior plan addressed rubbing the bridge of his nose and putting his hands down his pants, but did not specifically address picking his skin or pulling out his</p>		developed to address.	

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 06/08/2015
--	---	--	---

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 0240 Bldg. 00	<p>eyelashes. The QIDP indicated client #1 had developed the behavior of pulling out his eyelashes and staff were to follow the interventions for rubbing the bridge of his nose if he exhibited the behavior. The QIDP indicated she was unaware of client #1 picking his skin and this behavior was new to client #1.</p> <p>This deficiency was cited on April 22, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review, and interview for 1 of 3 sampled clients</p>	W 0240	1.Client #1 continues to exhibit a wide range of behavioral needs. New behaviors identified are often	07/08/2015

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 06/08/2015
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>(client #1), the facility failed to identify specific instructions regarding staff supervision requirements.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/3/15 at 10:16 AM. A report dated 4/27/15 indicated client #1 left the home without staff permission, attempted to run away and threw rocks at cars. A report dated 4/25/15 indicated client #3 scraped client #1 with a fork after client #1 "teased" him. Client #1 required 7 sutures. Corrective action indicated there was increased supervision for client #1 and there was now one staff assigned to specifically work with client #1.</p> <p>During observations at the group home on 6/2/15 from 5:10 PM until 6:45 PM, client #1 was not kept within arm's length of staff.</p> <p>During observation at the group home on 6/3/15 at 6:45 to 8:45 AM, client #1 was in a bathroom next to client #3's room without staff being in the area. Staff #1 and #4 were in another part of the house while staff #1 got clarification as to where client #1 should take a shower.</p>		<p>communicated to staff via staff communication book, emails, text or memo's until the actual plan can be written. Information regarding steps to take is communicated and/or any other relevant information sure as reinforcers are included in this communication. This initial communication form is to be replaced by the actual plan once developed. In this case, the memo had not been removed which lead to some confusion of steps to be followed. Client #1 strategy has been revised (see w159) to clarify the level of supervision.</p> <p>2. All staff, Lead staff and Residential Manager will receive training on the revised strategy.</p> <p>3. Residential Manager and Lead staff received training on June 22nd regarding implementation and introducing new goals or strategies. This includes but not limited to:</p> <ul style="list-style-type: none"> · How to communicate the need · Gathering of additional information if needed · Example of format to use · Timeline for when to replace with actual plan <p>4. Residential Manager and/or Lead staff are responsible for writing monthly summary. During this time they will ensure that all correct documentation (task analysis, data sheets, addendums etc.) is in place in the home. This also includes ensuring the</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 06/08/2015	
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>Client #1's record at the group home was reviewed on 6/2/15 at 6:31 PM. The first page in client #1's record indicated a memorandum dated 5/6/15. The memorandum indicated "Staff will keep [client #1] in arms (sic) length at all times...." The memorandum indicated staff were to make an exception when client #1 was in the bathroom or his bedroom, and staff "may keep a visual check on [client #1] while he is in his room; remain outside of the bathroom door when using the bathroom."</p> <p>Client #1's record at the office was reviewed on 6/2/15 at 12:30 PM. A BSP (Behavior Support Plan) addendum dated 5/4/15 indicated targeted objectives of elopement and physical aggression. Interventions indicated "having staff close by," but failed to define what the term "close by" meant, including proximity of staff to client #1.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/4/15 at 10:50 AM and indicated client #1's plan was not specific as to the supervision level for client #1.</p> <p>9-3-4(a)</p>		outdateddocumentation has been removed.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2015
--	---	---	---

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 0248 Bldg. 00	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3), to ensure client #3's individual support plan and/or updated behavior support plans for clients #1 and #3 were available for staff.</p> <p>Findings include:</p> <p>1. Client #3's record in the group home was reviewed on 6/2/15 at 6:40 PM. There was no evidence of an ISP (Individual Support Plan) or a BSP (Behavior Support Plan) in the record.</p>	W 0248	<p>1. Client #1and 3 ISP plans have been put in the homes. 2.All charts have been checked to ensure all plansare present 3.Residential Manager and Lead staff have beenretained in monitoring to ensure ISP/BSP, data sheets and correct task analysisare in place. This should occurweekly. Missing items are to be replacedimmediately. Furthermore, the practiceof removing items from ones book while writing report will no longer bedone. Copies are to be made of the informationneeded. Each home is capable of makingcopies</p>	07/08/2015

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 06/08/2015	
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>2. Client #1's record at the group home was reviewed on 6/2/15 at 6:31 PM. A BSP (Behavior Support Plan) dated 1/8/15 indicated target behaviors of exposing genital area, invading others bedrooms without permission, repeating topics, and following directions.</p> <p>Client #1's record at the office was reviewed on 6/2/15 at 12:30 PM. Client #1's BSP dated 1/8/15 included an addendum dated 2/11/15 which indicated a targeted objective of repetitive behavior of rubbing his nose until it was chapped, placing his hands down his pants and repeatedly changing his clothes. An addendum dated 5/4/15 indicated a targeted objective of elopement.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/3/15 at 10:55 AM and indicated client #3's plans may have been removed for review and should have been available for staff to review. She indicated client #1's updated behavior plan should have been available for staff to review.</p> <p>9-3-4(a)</p>		<p>within their homes</p> <p>4. Home checks are done quarterly by lead staff. Verification that ISP/BSP, data sheet and task analysis are items on the checklist. Items out of compliance are corrected by the Residential Manager within a week and corrections are checked by Lead staff and/or Director of Group Home within 2 weeks. Results of home checks are submitted to PQI (Performance Quality Indicators) to ensure adequate performance those under performing.</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 06/08/2015
--	---	--	---

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 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3), to ensure client #1 and #3's plans were implemented to prevent elopement (alarmed doors), and to implement client #1's objective to increase self administration of medications.</p> <p>Findings include:</p> <p>1. The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 6/3/15 at 10:16 AM. A report dated 4/27/15 indicated client #1 left the home without staff permission, attempted to run away and threw rocks at cars.</p>	W 0249	<p>1. The following corrections have been made:</p> <p>1. All door alarms have been activated and the daily environmental checklist has been revised to include verification of checking each door alarm.</p> <p>2. Client #3 plan is present in the home</p> <p>3. All medication knowledge training has been placed in the med books and now included in the process of administering meds</p> <p>1. Residential Manager and Lead staff received training on June 22nd regarding the revised daily environmental sheet and the addition of the med knowledge task analysis into the med book</p> <p>2. All staff will receive training on the revised daily environmental check and completing training along with the passing</p>	07/08/2015

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 06/08/2015
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>During observations at the group home on 6/2/15 from 5:10 PM until 6:45 PM, the alarm on the door leading outside to the back yard from the hallway leading to clients #1 and #3's bedrooms was not activated.</p> <p>Staff #2 was interviewed on 6/2/15 at 6:30 PM. Staff #2 stated, "No one ever uses it," but indicated the door's alarm should be activated. Staff #3 then used a key to activate the alarm box located at the top of the door.</p> <p>Client #1's record at the office was reviewed on 6/2/15 at 12:30 PM. A BSP (Behavior Support Plan) addendum dated 5/4/15 indicated a targeted objective of elopement.</p> <p>2. Client #3's record was reviewed on 6/2/15 at 6:40 PM. There was no evidence of an ISP (Individual Support Plan) or a BSP in the record.</p> <p>A Behavior Support Plan-[Name] House Restrictions dated 1/1/15-12/31/15 for client #3 was reviewed in the facility office on 6/3/15 at 12:20 PM and indicated restrictive interventions of door alarms, window alarms, locked sharps, looked food pantry and/or refrigerator.</p>		<p>of medication.</p> <p>3. Daily environmental checklist are submitted to the Dir. of Maintenance and each Residential Manager daily. Residential Manager verifies that the door alarms were checked and follow ups to ensure any deficiency are corrected. Monthly, overall percentages of the submitted daily checks are calculated to ensure the criteria set by PQI (Quality Performance Indicators) has been achieved. Score under the criteria require a plan of correction and time line of correction to be submitted to the Dir. of Quality Assurance.</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 06/08/2015
--	---	--	---

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>Client #3's record was provided by the QIDP (Qualified Intellectual Disabilities Professional) on 6/5/15 at 1:43 PM. A BSP (Behavior Support Plan) dated 9/14-9/15 included targeted behaviors of physical aggression, verbal aggression, property destruction, self injurious behavior, non-compliance, elopement, excessive crying, agitation and "binge eating" defined as sneaking and taking food without permission and attempting or actually consuming it in a short time span.</p> <p>2. During observation at the group home on 6/3/15 at 6:45 to 8:45 AM, client #1 received Risperidone (Pervasive Developmental Disorder) given by staff #2 without asking client #1 about his medication.</p> <p>Client #1's record at the group home was reviewed on 6/2/15 at 6:31 PM. An ISP dated 1/8/15 indicated the objective client #1 was to identify Risperidone and why it was prescribed.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/3/15 at 12:25 PM and indicated clients' objectives should be implemented at all formal and informal opportunities and the door alarms should be activated at all times.</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 06/08/2015
--	---	--	---

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 0252 Bldg. 00	<p>This deficiency was cited on April 22, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the</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 06/08/2015	
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>criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based upon record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to ensure his behavior program data was documented.</p> <p>Findings include:</p> <p>Client #1's record at the group home was reviewed on 6/2/15 at 6:31 PM. A BSP (Behavior Support Plan) dated 1/8/15 indicated target behaviors of exposing his genital area, entering others' bedrooms without permission, repeating topics, and non-compliance/following directions. Data tracking sheets were available for the targeted behaviors listed in the plan. There was no evidence of tracking sheets for repetitive behavior of rubbing his nose, placing his hands down his pants or of elopement.</p> <p>Client #1's record at the office was reviewed on 6/2/15 at 12:30 PM. A BSP addendum dated 2/11/15 indicated a target objective of repetitive behavior of rubbing his nose until it was chapped, placing his hands down his pants and repeatedly changing his clothes. An addendum dated 5/4/15 indicated a targeted objective of elopement.</p>	W 0252	<p>1. Elopement is a formal goal and incidents are being tracked. The data sheet has been put in place. Repetitive behaviors such as rubbing his nose, placing hands down pants and picking eyelashes are addressed in an "Interactive Guideline" Behaviors addressed with an Interactive Guideline are not formally tracked. The guideline is in place to ensure that the staffs are addressing an identified behavior in the same consistent manner.</p> <p>2. All staff have been retrained on the purpose of an Interactive Guideline versus formal training.</p> <p>3. Residential Manager and Lead staff have been retained in monitoring to ensure ISP/BSP, data sheets and correct task analysis are in place. This should occur weekly. Missing items are to be replaced immediately. Furthermore, the practice of removing items from one's book while writing report will no longer be done.</p> <p>4. Home checks are done quarterly by lead staff. Verification that ISP/BSP, data sheet and task analysis are items on the checklist. Items out of compliance are corrected by the Residential Manager within a week and corrections are checked by Lead staff and/or Director of Group Home within 2</p>	07/08/2015			

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 06/08/2015	
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 0263 Bldg. 00	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/3/15 at 10:40 AM and indicated staff should be tracking client #1's progress on the targeted objectives added as addendums in his BSP.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, record review and interview, the facility failed to ensure written informed consent was obtained for 3 of 3 sampled clients (clients #1, #2 and #3), for the practice of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints).</p>			W 0263	<p>weeks. Results of home checks are submitted to PQI (Performance Quality Indicators) to ensure adequate performance those under performing.</p> <p>1. Legal Guardian approval has been secure for ISP/BSP as required. 2. Residential Managers and Lead staff will review all ISP/BSP and psychotropic plan to ensure documentation of legal guardian approval is present. Approvals missing will be secure. 3. The development of ISP/BSP is done as a team including ones legal guardian or advocate. Often the QIDP will discuss concerns and wishes with the legal</p>		07/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/08/2015
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>Findings include:</p> <p>Observations were completed at the group home on 6/3/15 from 6:45 AM until 8:45 AM. During the observation, staff #4 unlocked a pantry in which snacks, apples and boxed foods including cereal were stored. Staff #4 got out cereal for client #1.</p> <p>1. Client #1's record was reviewed on 6/2/15 at 6:30 PM. The ISP (Individual Support Plan) dated 1/8/15 indicated client #2 had a guardian to assist him in making decisions. A Behavior Support Plan-[Name] House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, locking sharp knives, locked food pantry and/or refrigerator. A Behavior Support Plan (BSP) dated 1/8/15 indicated Lamictal (mood stabilizer) 100 mg (milligrams), Abilify 3 mg (aggression), Olanzapine (bi-polar disorder) 30 mg. There was no evidence of written guardian consent for the restrictive interventions.</p> <p>2. Client #2's record was reviewed on 6/2/15 at 3:15 PM. The ISP (Individual Support Plan) dated 7/9/14 indicated client #2 had a family member to assist him in making decisions. A Behavior Support Plan-[Name] House Restrictions</p>		<p>guardian or advocate before developing and/or at the actual ISP meeting. However, verification of approval could not be located. All consent from legal guardian will be documented in ones' social progress notes if done verbally and followed up with written documentation. Approvals will now be attached to the original documentation and file as required. Furthermore, a copy of consents and HRC approval will be kept in the <u>Approval Note Book</u> located in the QIDP office</p> <p>4. Quarterly chart checks and home checks are completed by Lead staff. Missing items and/or items out of compliance are corrected by Residential Managers and submitted to a Quality Assurance team member to verify corrections are in place. Final report is submitted to QIDP for review and final check.</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 06/08/2015
--	---	--	---

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>dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, locking sharp knives, locked food pantry and/or refrigerator. Client #2's BSP dated 7/1/14-7/1/15 indicated targeted behaviors of physical aggression, non-compliance, stealing, property destruction and self injurious behavior. Interventions for physical aggression included the use of a basket hold or a one-man prone restraint with the potential to use utilize a two-man prone restraint "if [client #2] does not calm down...." Physician's orders dated 3/11/15 included the use of Naltrexone 50 mg (milligrams) to address self injurious behaviors, olanzapine 20 mg to address physical aggression and guafacine 3 mg twice daily to address impulse control. There was no evidence of written guardian consent for the restrictive interventions by client #2 or his family member.</p> <p>3. Client #3's record was reviewed on 6/2/15 at 6:12 PM. There was no evidence of an ISP or of a BSP.</p> <p>Client #3's record provided by the Qualified Intellectual Disabilities Professional (QIDP) was reviewed on 6/5/15 at 1:43 PM. The record indicated client #3 had a family member serving as advocate. A Behavior Support Plan-</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 06/08/2015
--	---	--	---

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>[Name] House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, locked sharps, locked food pantry and/or refrigerator. A BSP dated 9/14-9/15 indicated targeted behaviors of verbal aggression, physical aggression, non-compliance, increased agitation, socially offensive behavior (touching females' hair, body), elopement, inappropriate space (standing too close to others or attempting to touch others), self injurious behavior, binge eating and property destruction. Interventions for physical aggression included the use of a baskethold or a one-man prone restraint. The plan did not include the use of door alarms and locked food or sharps. There was no evidence of written guardian consent for the restrictive interventions by client #3 or his family member.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/3/15 at 1:10 PM. She stated, "It's there, but not there," and indicated though verbal consent had been obtained for the clients' plans, she had not obtained written informed consent by guardians for the restrictive interventions in clients #1, #2 and #3's plans, but planned to do so at an upcoming picnic involving the clients' guardians.</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 06/08/2015
--	---	--	---

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 9999 Bldg. 00	This deficiency was cited on April 22, 2015. The facility failed to implement a systemic plan of correction to prevent reoccurrence. 9-3-4(a)	W 9999	?????	07/08/2015
------------------------	--	--------	-------	------------