

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G744	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/12/2016
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NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2453 S 100 E PERU, IN 46970
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W 0000  Bldg. 00	<p>This visit was for a post-certification revisit survey (PCR) to the investigation of complaint #IN00185316 completed on 2/15/16.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey.</p> <p>Complaint #IN00185316-Not corrected.</p> <p>Dates of Survey: 4/5, 4/6, 4/7 and 4/12/16.</p> <p>Facility Number: 006630 Provider Number: 15G744 AIM Number: 200902110</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/18/16.</p>	W 0000		
W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review for 1 of 4 investigations of injuries of</p>	W 0153	<b>W153 Finding(s):</b> <b>1. "Based on interview and</b>	05/12/2016

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>unknown source reviewed, the facility failed to immediately report injuries of unknown source to the administrator for client #8.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, internal incident reports and/or investigations were reviewed on 4/5/16 at 1:37pm. The 3/15/16 reportable incident report indicated "[Client #8] has a bruise on her right bottom cheek that is 2 1/2 inches in a circular shape. It is believed that this bruise occurred from the day before when she was having a behavior and fell." The reportable incident report indicated the bruise was found on 2/19/16 but not reported to state officials until 3/15/16.</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked when injuries of unknown source should be reported to the administrator, the AD stated "When it is discovered."</p> <p>This deficiency was cited on 2/15/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p><b>record review for 1 of 4 investigations of injuries of unknownsource reviewed, the facility failed to immediately report injuries of unknownsource to the administrator for client #8".</b></p> <p><b>CorrectiveAction(s): Toensure that all injuries of unknown source are reported to administrationimmediately:</b></p> <p>1.Allstaff located in the home will be retrained on reportable incidents,accident/injury reports and the policy and procedure for reporting thoseimmediately to administration. Record of Training forms will be completedfollowing staff trainings and will be submitted to the Residential Director foradministrative oversight.</p> <p>2.Allaccident/injury reports are signed by the Residential Director and TheExecutive Vice President for review to ensure that all reportable incidentshave been reported and investigated. Any accident/injury that has not beenreported immediately will result in staff retraining and disciplinary measures.Record of Training forms will be completed following staff trainings and willbe submitted to the Residential Director for administrative oversight.</p>		

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W 0249  Bldg. 00	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review, and interview for 2 of 4 sampled clients (#1 and #2) and 1 additional client (#6) the facility to ensure the clients' vision programs and/or objectives were implemented when opportunities were present. Findings include:  1. During the 4/5/16 observation period between 4:00pm and 6:15pm and the 4/6/16 observation period between 6:30am and 8:21am client #1 walked independently with no assistive devices.  Client #1's record was reviewed on 4/6/16 at 11:58am. Client #1's 12/22/14 physical indicated client #1 had a</p>	W 0249	<p><b>W249 Finding(s):</b> <i>1. "Based on observation, record review, and interview the facility failed to ensure the clients' programs and/or objectives were implemented when opportunities were present and that active treatment was program was consistent of the needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the Individual program plan."</i> <b>Corrective Action(s):</b> <i>1. To ensure that all clients' programs and/or objectives were implemented when opportunities were present and that active treatment was program was consistent of the</i></p>	05/12/2016	

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	<p>diagnosis of blindness. Client #1's 9/29/15 vision plan indicated client #1's staff will "assist [client #1] with walking from place to place to insure his safety, prompt [client #1] to use his walking stick at all times, will document [client #1's] progress with his walking stick in their daily notes, and will make sure the areas that they are walking are free of obstacles or any hazards for [client #1]".</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked if client #1 should use his walking stick, the AD stated "He has it, but he doesn't like to use it".</p> <p>2. During the Medication pass on 4/6/16 at 6:50am client #2 was brought to the medication room. Before client #2 was brought to the medication room Staff #1 prepared his medications for him. Staff #1 spoon fed client #2 his medication without communicating to client #2.</p> <p>Client #2's record was reviewed on 4/6/16 at 1:35pm. Client #2's 2/8/16 ISP (Individualized Support Plan) indicated client #2 had the following formal objective "I will identify which pill is my clonazepam (yellow pill) and why I take it (seizures) with 3 or less verbal</p>		<p><b>needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the Individual program plan."</b></p> <p>1. All staff located in the home will be retrained on all persons served formal and informal programs and/or objectives and implementing these formal and informal programs when opportunities are present. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p>2. The Residential House Manager and The Residential Lead DSP are in the group home seven days a week and will monitor, supervise, and observe staff to ensure that all formal and informal programs and/or objectives are being provided when opportunities are present.</p> <p>3. All formal and informal programming goals that are completed are documented in the clients' goal book. This goal book is monitored weekly by the Lead Direct Support professional and the Residential house Manager. The Residential Qualified Intellectual Disabilities Provider (QIDP) reviews all informal and formal program goal documentation monthly and puts the information in a monthly report that is handed in to the Residential Director for</p>				

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	<p>prompts".</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked when client #2 should participate in med training, the QIDP stated "He has a goal to be run at every med pass."</p> <p>3. During the 4/6/16 observation period between 12:59pm and 2:48pm client #6 was the only client home for day services. At 12:59pm client #6 was prompted by staff #1 to get into his wheelchair to change his clothes. At 1:07pm staff #1 returned with client #6 and assisted him back into his recliner. At 1:22pm staff #1 fixed client #6 a drink in the kitchen and brought it to him in the living room. At 1:25pm staff #1 took client #6 back to the med room for his medication pass. At 1:30pm client #6 was brought back into the living room and assisted back into the recliner. At 1:43pm staff #1 told client #6 that she needed to go check his clothes. Staff #1 brought client #6's clothes back out into the kitchen and put them on the island in the kitchen. Staff #1 folded and put away client #6's clothes while he remained in the recliner. At 1:53pm staff #1 assisted client #6 into his wheelchair to take him back and change</p>		review.				

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	<p>him again. At 2:02pm staff #1 returned with client #6 and assisted him back into the recliner. At 2:13pm client #6 was prompted by staff #1 to sit properly in his seat. At 2:29pm staff #5 arrived at the home and refilled client #6's cup for him. At 2:48pm client #6 was assisted into the kitchen and had a snack. Client #6 was not prompted to participate in any objectives.</p> <p>Client #6's record was reviewed on 4/7/16 at 12:47pm. Client #6's 5/18/15 ISP (Individualized Support Plan) indicated client #6 had the following objectives (not all inclusive): "I will identify currency from various coins starting with a penny with 3 or less verbal prompts". "I will place the spoon in my mouth with medications with 3 or less verbal prompts". "I will prepare my drink with three or less verbal prompts". "I will sit on the toilet with 5 or less verbal prompts". "I will use the sign for drink with one or less verbal prompt". "I will display appropriate ways to gain attention with five or less verbal prompts". "I will identify the hot water faucet when prompted with three or less verbal prompts". "I will display appropriate community interaction with five or less verbal prompts".</p> <p>An interview with the Area Director</p>			

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W 0263  Bldg. 00	<p>(AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked if client #6 had goals and objectives that he should have been working on during the day program observation, the AD stated "Yes".</p> <p>This deficiency was cited on 2/15/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to obtain written informed consent from client #2's legal guardian for the use of bed alarms and from client #4 for an increase in behavior medication.</p> <p>Findings include:</p> <p>1. During the 4/5/16 observation period</p>	W 0263	<p><b>W263 Finding(s):</b> 1. "Based on observation, record review, and interview for 2 of 4 sampled clients' (#2 and #4), the facility failed to obtain written informal consent from client #2's legal guardian for the use of bed alarms and from client #4 for an increase in behavior medication." <b>Corrective Action(s):</b> To ensure that written informal consent is obtained from the guardian of client #2's guardian for the use</p>	05/12/2016	

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	<p>between 4:00pm and 6:15pm client #2 had a bed alarm attached to his bed.</p> <p>Client #2's record was reviewed on 4/6/16 at 1:35pm. Client #2's 2/8/16 ISP (Individualized Support Plan) indicated client #2's sister acted as his legal guardian. Client #2's record indicated client #2 received a prescription on 2/29/16 for the use of the bed alarms. Client #2's record did not indicate client #2's guardian gave written informed consent for the use of the bed alarms.</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked if client #2's guardian gave written informed consent for the use of the bed alarms, the QIDP stated "I know we got it, I'll find it". The facility was unable to provide written informed consent for review.</p> <p>2. Client #4's record was reviewed on 4/7/16 at 10:34am. Client #4's March 2016 BSP (Behavior Support Plan) indicated client #4 was his own guardian. Client #4's BSP indicated he took Depakote, Clonazepam, Risperidone, and Prozac for behaviors.</p> <p>Client #4's 12/2/15 Counselors note</p>		<p><b>of bed alarms and client #4's guardian for anincrease in behavior medication.</b></p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will obtain written informed consent from client #2's guardian for the use of bed alarms. The QIDP will submit a copy of the written informed consent to the Residential Director to ensure completion and for administration oversight.</p> <p>2. The Qualified Intellectual Disabilities Professional (QIDP) will obtain written informed consent from client #4's guardian for the increase in behavior medication. The QIDP will submit a copy of the written informed consent to the Residential Director to ensure completion and for administration oversight.</p> <p>3. The Assistant Residential Director will do a Periodic Service Review on a quarterly basis. The Assistant Director will ensure clients' that have guardians will have obtained written informed consent when required. All Periodic Service Reviews will be turned into the Residential Director for additional oversight and administrative monitoring.</p>	

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W 0331 Bldg. 00	<p>indicated client #4 had increased agitation and aggression and his Prozac was increased. Client #4's record did not indicate client #4 gave written informed consent for the medication increase.</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked if client #4 gave written informed consent for the increase in his Prozac, the AD stated "No, not written down anywhere".</p> <p>This deficiency was cited on 2/15/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#2) the facility's nursing staff failed to update client #2's seizure management plan to include the use of the bed alarms.</p>	W 0331	<p><b>W331 Finding(s):</b> <b>1. "Based on observation, interview and record review for 1 of 4 sampled clients' (#2) the facility's nursing staff failed to update client #2's seizure management plan to include the</b></p>	05/12/2016	

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W 0436 Bldg. 00	<p>Findings include:</p> <p>During the 4/5/16 observation period between 4:00pm and 6:15pm client #2 had a bed alarm attached to his bed.</p> <p>Client #2's record was reviewed on 4/6/16 at 1:35pm. Client #2's record indicated client #2 received a prescription on 2/29/16 for the use of the bed alarms. Client #2's record did not indicate client #2's 3/10/16 seizure management plan included the use of the bed alarms.</p> <p>An interview with the Area Director (AD), the House Manager (HM), QIDP (Qualified Intellectual Disabilities Professional), and the Nurse was conducted on 4/7/16 at 2:21pm. When asked if client #2's seizure management plan was updated to include the use of the bed alarms, the nurse stated "No".</p> <p>This deficiency was cited on 2/15/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good</p>		<p><b>use of the bed alarms."</b></p> <p><b>CorrectiveAction(s): Toensure that client #2's seizure management plan is updated including the bedalarms.</b></p> <p>1. TheResidential Nurse will update client #2's seizure management plan to includethe bed alarms.</p> <p>2. Allstaff located in the home will be trained on the revised seizure managementplan. Record of Training forms will be completed following staff trainings andwill be submitted to the Residential Director for administrative oversight.</p> <p>3. TheAssistant Residential Director will do a Periodic Service Review on a quarterlybasis. The Assistant Director will ensure plans have been updated and revisedaccording to their needs and doctor orders and recommendations. All PeriodicService Reviews will be turned into the Residential Director for additionaloversight and administrative monitoring.</p>		

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	<p>repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 2 of 4 sampled clients with adaptive equipment (#1 and #4) the facility failed to encourage clients #1 and 4 to use their adaptive equipment.</p> <p>Findings include:</p> <p>During the 4/5/16 observation period between 4:00pm and 6:15pm and the 4/6/16 observation period between 6:30am and 8:21am client #4 did not wear eye glasses. Staff did not prompt client #4 to wear his eye glasses at anytime.</p> <p>Client #4's record was reviewed on 4/7/16 at 10:34am. Client #4's 2/9/16 risk management assessment and plan indicated client #4 wears prescription glasses. Client #4's 11/13/15 eye exam indicated client #4 had "new glasses prescribed/bifocals".</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked when client #4</p>	W 0436	<p><b>W436 Finding(s):</b></p> <p><b>1. "Based on observation, interview and record review for 2 of 4 sampled clients' with adaptive equipment (#1 and #4) the facility failed to encourage clients #1 and #4 to use their adaptive equipment"</b></p> <p><b>Corrective Action(s): To ensure clients #2 and #4 use their adaptive equipment according to doctor orders and to their plans.</b></p> <p>1. The Qualified Intellectual Disabilities Professional and the Residential Nurse will ensure that all client plans are in accordance to doctor orders and their individual specific needs in regards to their required adaptive equipment. All staff located in the home will be retrained on all client plans in regards to their adaptive equipment and the correct use for that adaptive equipment. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p>	05/12/2016

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	<p>should wear his eye glasses, the AD stated " He should wear them at all times".</p> <p>During the 4/5/16 observation period between 4:00pm and 6:15pm and the 4/6/16 observation period between 6:30am and 8:21am client #1 walked independently with no assisted devices.</p> <p>Client #1's record was reviewed on 4/6/16 at 11:58am. Client #1's 12/22/14 physical indicated client #1 had a diagnosis of blindness. Client #1's 9/29/15 vision plan indicated client #1's staff will "assist [client #1] with walking from place to place to insure his safety, prompt [client #1] to use his walking stick at all times, will document [client #1's] progress with his walking stick in their daily notes, and will make sure the areas that they are walking are free of obstacles or any hazards for [client #1]".</p> <p>An interview with the Area Director (AD), the House Manager (HM) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/7/16 at 2:21pm. When asked if client #1 should use his walking stick, the AD stated "He has it, but he doesn't like to use it".</p> <p>This deficiency was cited on 2/15/16. The facility failed to implement a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G744	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED  04/12/2016
NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2453 S 100 E PERU, IN 46970		
(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	
	systemic plan of correction to prevent recurrence.  9-3-7(a)				