

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G148	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/05/2011
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 S COUNTRYBROOK MONTICELLO, IN47960
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W0000	<p>This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00093758 completed on August 16, 2011.</p> <p>Complaint #IN00093758: Not Corrected.</p> <p>This visit was completed in conjunction with the annual recertification and state licensure survey and the investigation of complaint #IN00096473.</p> <p>Dates of Survey: September 26, 27, 28, and October 3, 4, and 5, 2011.</p> <p>Facility Number: 000684 Provider Number: 15G148 AIMS Number: 100243120</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 10/19/11 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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W0249	<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 on record review and interview, the facility failed to follow the Individual Support Plan/Behavior Support Plan ISP/BSP for 2 of 4 sampled clients (clients B and C) according to their</p>	W0249	<p>1. Staff has retrained on Risk plan, which includes gait belt transfers. Day Service Coordinator and Group Home Supervisor will monitor by checking on staff on a routine basis. During Day Service hours, the staff will contact relieve staff to assist while transferring consumer to the restroom as needed. The Group Home Supervisor has trained Group Home staff on consumer routine on October 28, 2011.</p> <p>2. Group Home Supervisor has been counseled and staff retrained on the investigation process, suspension of staff immediately upon knowledge of potential abuse, neglect and mistreatment, and incident reporting on 4-18-2011 and continuously trained during monthly staff meeting.. Group Home Supervisor will monitor staff on a weekly basis by doing random Quality Inspections</p>	10/28/2011	

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	<p>identified needs.</p> <p>Findings include:</p> <p>The facility records were reviewed on 9/26/11 at 2:32 P.M. including the BDDS (Bureau of Developmental Disabilities Services) reports and the Incident/ accident reports.</p> <p>- an incident report dated 9/16/11 at 12:50 P.M. indicated "[client B] has an elopement plan and is required to have 24-7 staff supervision. [Client B] was in the classroom without any staff supervision until this writer walked into the classroom; However please note this was less than 1 (one) minute." The report indicated staff had not followed client B's BSP to maintain constant visual supervision.</p> <p>- a BDDS report dated 9/12/11 for an incident on 9/9/11 at 9:30 P.M. indicated "[Client C] was in the bathroom using the restroom. Staff left the bathroom to assist another consumer. [Client C] yelled to staff that she was done and a couple of seconds later [client C] yelled 'ouch'. Staff found [client C] in a crouching position on the floor; evidence that [client C] had tried to get up from the toilet without assistance from staff in transferring from the toilet to the wheelchair...The staff was</p>						

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	<p>not found to be neglectful in this situation; however were found to be inadequately trained on the risk plan, and gait belt training, and consumer routine." The report indicated staff had not followed client C's transfer/positioning protocol to monitor, utilize two staff and a gait belt.</p> <p>- a BDDS report dated 7/7/11 for an incident on 7/6/11 at 8:10 P.M. indicated "[Client C] was getting out of the shower and onto wheelchair and her foot slipped on the tub mat and fell onto the floor...Staff was not appropriately trained on [client C's] risk plan for falls...not trained on use of gait belt."</p> <p>Client B's record was reviewed 9/28/11 at 1:07 P.M.. Client B's record indicated he had an ISP dated 7/29/11 and a BSP dated 8/8/11. Client B's targeted behaviors included Physical aggression, Self-Injurious behaviors (SIB) and elopement. If client B was to elope a staff was to follow him. He was to have fifteen minute staff checks at all times when in his room. He was to have continuous visual supervision.</p> <p>Client C's record was reviewed on 9/27/11 at 3:00 P.M.. Client C's record indicated she had an ISP dated 6/6/11. Client C's ISP indicated she was a "high risk for</p>				

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	<p>choking." Client C's transfer/positioning protocol dated 5/20/10 indicated she was to be transferred/repositioned every 2-3 hours. Two staff were to assist her, they were to use a gait belt, and monitor her closely.</p> <p>An interview was conducted with the Social Service Coordinator (SSC), the Health and Safety Coordinator (HSC) and the Residential Coordinator / Qualified Developmental Disabilities Professional Designee (QDDPD) on 9/28/11 at 4:10 P.M.. The facility staff indicated the staff had not followed client B and C's plans.</p> <p>This Federal tag relates to complaint #IN00096473.</p> <p>This deficiency was cited on 8/16/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				