

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G270	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/18/2013
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 W COUNTRY CLUB RD CONNERSVILLE, IN 47331
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 16, 17 and 18, 2013.</p> <p>Surveyor: Vickie Kolb, RN</p> <p>Facility Number: 000790 Provider Number: 15G270 AIM Number: 100243550</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 11/1/13 by Chris Greeney, QIDP and Ruth Shackelford, QIDP.</p>	W000000		

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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 1 of 3 sampled clients (#1) plus 1 additional client (#4), the facility failed to implement its policy and procedures to ensure all allegations of client to client abuse were thoroughly investigated and to ensure corrective action was taken to prevent further abuse.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/17/13 at 11 AM. The BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 1/17/13 at 6:10 PM "[Client #1] and his roommate (client #4) got into a fight at the group home. [Client #1] was making his bed when his roommate entered the room and began picking at [client #1]. His roommate then started pinching [client #1]. [Client #1] became angry and hit his roommate in the face. [Client #1's] roommate then attacked him by hitting him, pushing him to the ground and biting him. Staff separated [client #1] both [client #1] and his roommate calmed down following the incident. Dtaff (sic)</p>	W000149	Residential CRF will implement it's policy and procedures to ensure that all allegations of client to client abuse are thoroughly investigated and will ensure that corrective action is outlined to prevent further abuse. Residential CRF QIDP and Supervisor will review the incident reports on a daily basis to ensure any incident requiring investigative action is investigated. The QIDP and Supervisor will review the incident reports on a daily basis to ensure that all incidents requiring an investigation will be investigated. Staff Responsible: QIDP, Supervisor	11/17/2013			

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	<p>took [client #1] to the ER (Emergency Room) for treatment for the bite wounds. At [name of hospital] [client #1] was given a tetanus shot and antibiotics...."</p> <p>The 1/17/13 I/A (Incident/Accident) reports indicated client #1 obtained 3 bites to his right inner arm, large pinch marks over an area of 5 inches on his right arm, a 3 inch reddened/bruise on his right chest, scratch marks on his forehead and back and red marks on his mid lower chest area, back, left shoulder and left arm. The reports indicated client #4 obtained a "black eye" and redness to his left cheek and chin. The reports indicated client #4 "physically assaulted" client #1. The facility records indicated the QIDP (Qualified Intellectual Disabilities Professional) interviewed both clients and both clients verified the incident and said they were sorry. The facility records indicated no staff interviews, no other client interviews, no record reviews and no investigative summary. The facility records indicated no thorough investigation was conducted.</p> <p>9/15/13 at 11:45 AM indicated "[Client #1] was attacked in the van by another consumer [client #4]. They were returning home from church when the two consumers had words with one another. Then the consumer (client #4) attacked [client #1]. The consumer bit, punched</p>				

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	<p>and kicked him (client #1).... [Client #1] was taken to the ER for treatment for his wounds..." The I/A report of 9/15/13 indicated client #1 obtained bites to his outer right wrist and right shoulder, scrapes to the back of his neck, left shoulder and right cheek and right cheek bone was bruised and swollen. The report indicated "Peer (client #4) bit, pinched and kicked him repeatedly." The report indicated client #4 "had to be held in a basket hold to prevent further injury to himself and/or others." The facility records indicated the QIDP interviewed both clients and both clients verified the incident and said they were sorry. The facility records indicated no staff interviews, no record reviews and no investigative summary. The facility records indicated no thorough investigation was conducted.</p> <p>Interview with the QIDP on 10/18/13 at 1 PM indicated no staff interviews were conducted. When asked how many clients were home on 1/17/13 and how many staff were in the home, the QIDP stated, "I assume they were all there." The QIDP indicated 2 staff and 6 clients would have been in the group home at the time of the incident on 1/17/13. When asked who was on the van during the incident of 9/15/13, the QIDP stated, "Well, they were coming back from church, so I</p>						

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	<p>would say all of them (all 6 clients that live in the group home). When asked how many staff were on the van at the time, the QIDP stated "I suppose two." The QIDP indicated no investigative report and or summary for review in regard to the client to client abuse of 1/17/13 and 9/15/13. The QIDP indicated no IDT (Interdisciplinary Team) review was conducted and/or corrective action was taken in regard to client #4's abuse toward client #1 to prevent further injury from abuse.</p> <p>Review of the facility records on 10/17/13 at 11 AM indicated an undated "Consumer Abuse Policy and Incident Reporting" indicated all alleged incidents of abuse were to be thoroughly investigated. The policy indicated the investigation was to include witness statements from all involved persons, including alleged victim and perpetrator. The report indicated necessary actions were to be taken to prevent further occurrences.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 2 allegations of abuse reviewed, the facility failed to ensure all allegations were thoroughly investigated in regard to clients #1 and #4.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/17/13 at 11 AM. The BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 1/17/13 at 6:10 PM "[Client #1] and his roommate (client #4) got into a fight at the group home. [Client #1] was making his bed when his roommate entered the room and began picking at [client #1]. His roommate then started pinching [client #1]. [Client #1] became angry and hit his roommate in the face. [Client #1's] roommate then attacked him by hitting him, pushing him to the ground and biting him. Staff separated [client #1] both [client #1] and his roommate calmed down following the incident. Dtaff (sic) took [client #1] to the ER (Emergency Room) for treatment for the bite wounds. At [name of hospital] [client #1] was</p>	W000154	In order to ensure that all alleged violations are thoroughly investigated, Residential CRF will be certain to implement and follow their Policy and Procedures Any allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source will be reported to appropriate authorities per BDDS Incident Reporting Policies, investigated thoroughly and followed to resolution. Investigative reporting will be completed following the most recent guidelines given by Components of A Thorough Investigation. Interviews with victims and witnesses will be completed thoroughly. Residential CRF QIDP and Supervisor will review the incident reports on a dailt basis to ensure that all alleged violations are investigated with written documentaion with corrective action and follow through. .Staff Responsible: QIDP, Supervisor	11/17/2013			

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	<p>given a tetanus shot and antibiotics...."</p> <p>The 1/17/13 I/A (Incident/Accident) reports indicated client #1 obtained 3 bites to his right inner arm, large pinch marks over an area of 5 inches on his right arm, a 3 inch reddened/bruise on his right chest, scratch marks on his forehead and back and red marks on his mid lower chest area, back, left shoulder and left arm. The reports indicated client #4 obtained a "black eye" and redness to his left cheek and chin. The reports indicated client #4 "physically assaulted" client #1. The facility records indicated the QIDP (Qualified Intellectual Disabilities Professional) interviewed both clients and both clients verified the incident and said they were sorry. The facility records indicated no staff interviews, no other client interviews, no record reviews and no investigative summary. The facility records indicated no thorough investigation was conducted.</p> <p>9/15/13 at 11:45 AM indicated "[Client #1] was attacked in the van by another consumer [client #4]. They were returning home from church when the two consumers had words with one another. Then the consumer (client #4) attacked [client #1]. The consumer bit, punched and kicked him (client #1).... [Client #1] was taken to the ER for treatment for his wounds...." The I/A report of 9/15/13</p>			

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	<p>indicated client #1 obtained bites to his outer right wrist and right shoulder, scrapes to the back of his neck, left shoulder and right cheek and right cheek bone was bruised and swollen. The report indicated "Peer (client #4) bit, pinched and kicked him repeatedly." The report indicated client #4 "had to be held in a basket hold to prevent further injury to himself and/or others." The facility records indicated the QIDP interviewed both clients and both clients verified the incident and said they were sorry. The facility records indicated no staff interviews, no record reviews and no investigative summary. The facility records indicated no thorough investigation was conducted.</p> <p>Interview with the QIDP on 10/18/13 at 1 PM indicated no staff interviews were conducted. When asked how many clients were home on 1/17/13 and how many staff were in the home, the QIDP stated, "I assume they were all there." The QIDP indicated 2 staff and 6 clients would have been in the group home at the time of the incident on 1/17/13. When asked who was on the van during the incident of 9/15/13, the QIDP stated, "Well, they were coming back from church, so I would say all of them (all 6 clients that live in the group home). When asked how many staff were on the van at the time,</p>			

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	<p>the QIDP stated "I suppose two." The QIDP indicated no investigative report and or summary for review in regard to the client to client abuse of 1/17/13 and 9/15/13.</p> <p>9-3-2(a)</p>			

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 2 incidents of client to client abuse reviewed in regards to clients #1 and #4, the facility failed to ensure corrective action was taken to prevent further abuse.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 10/17/13 at 11 AM. The BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>On 1/17/13 at 6:10 PM "[Client #1] and his roommate (client #4) got into a fight at the group home. [Client #1] was making his bed when his roommate entered the room and began picking at [client #1]. His roommate then started pinching [client #1]. [Client #1] became angry and hit his roommate in the face. [Client #1's] roommate then attacked him by hitting him, pushing him to the ground and biting him. Staff separated [client #1] both [client #1] and his roommate calmed down following the incident. Dtaff (sic) took [client #1] to the ER (Emergency Room) for treatment for the bite wounds. At [name of hospital] [client #1] was given a tetanus shot and antibiotics...."</p>	W000157	<p>Following a thorough investigation Residential CRF will ensure that a summary for review is completed and followed to resolution. The IDT will meet to develop a plan to prevent any further harm to noted client. Staff training will reflect changes in programming that will help prevent further abuse, as well as, protect the other clients In this particular incident the consumers are not to sit next to each other on the van. Staff will be seated with the clients on the van. Behavior documentation will be reviewed monthly or more frequently if necessary to address any issues. The IDT will address any issues and if necessary reviewed by the HRC. Residential QIDP will review incident reports on a daily basis to ensure that any incident report requiring investigative action is thoroughly investigated with a corrective action plan and is completely documented. Staff Responsible: QIDP, Supervisor, Behavior Clinician</p>	11/17/2013			

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	<p>The 1/17/13 I/A (Incident/Accident) reports indicated client #1 obtained 3 bites to his right inner arm, large pinch marks over an area of 5 inches on his right arm, a 3 inch reddened/bruise on his right chest, scratch marks on his forehead and back and red marks on his mid lower chest area, back, left shoulder and left arm. The reports indicated client #4 obtained a "black eye" and redness to his left cheek and chin. The reports indicated client #4 "physically assaulted" client #1.</p> <p>9/15/13 at 11:45 AM indicated "[Client #1] was attacked in the van by another consumer [client #4]. They were returning home from church when the two consumers had words with one another. Then the consumer (client #4) attacked [client #1]. The consumer bit, punched and kicked him (client #1)... [Client #1] was taken to the ER for treatment for his wounds..." The I/A report of 9/15/13 indicated client #1 obtained bites to his outer right wrist and right shoulder, scrapes to the back of his neck, left shoulder and right cheek and right cheek bone was bruised and swollen. The report indicated "Peer (client #4) bit, pinched and kicked him repeatedly." The report indicated client #4 "had to be held in a basket hold to prevent further injury to himself and/or others."</p>						

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	<p>Interview with the QIDP on 10/18/13 at 1 PM indicated no investigative report and or summary for review in regard to the client to client abuse of 1/17/13 and 9/15/13. The QIDP indicated no IDT (Interdisciplinary Team) review was conducted and/or corrective action was taken in regard to client #4's abuse toward client #1 to prevent further injury from abuse.</p> <p>9-3-2(a)</p>				

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 1 of 3 sample clients (#1), the facility failed to ensure the client's ISP (Individual Support Plan) included the client's identified training need in regard to toilet training.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/17/13 at 12 PM. Client #1's 9/1/13 physician's orders indicated client #1 was taking Oxybutynin 5 milligrams a day for bladder control. Client #1's ISP (Individualized Support Plan) of 5/8/13 did not indicate a toileting plan or any training objectives to assist client #1 with his toileting needs.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/18/13 at 1 PM indicated client #1 did not have a toileting plan or training objectives in place to assist client #1 with</p>	W000242	Residential CRF nursing staff will review each client's record to ensure that any client taking medication for bladder control has a toileting plan implemented ,as well.When a client is prescribed medication for bladder control the nurse will ensure that a toileting plan becomes part of that client's program plan. Staff Responsible: Nurse, QIDP	11/17/2013

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	bladder control and/or toileting needs.  9-3-4(a)			

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W000263	<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 interview and record review for 1 of 2 sampled clients (#2) with restrictive programs, the facility failed to obtain written informed consent from the client's guardian in regard to the client's restrictive program.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/17/13 at 1 PM. Client #2's BSP (Behavior Support Plan) of 5/9/13 indicated client #2 received Adderall XR 30 mg (milligrams), Depakote 750 mg and Seroquel 500 mg every day for behavior control. Client #2's 7/29/13 physician's order indicated client #2 was started on Prozac (an antidepressant). Client #2's record indicated client #2's mother served as client #2's legal guardian. Client #2's record indicated the facility had not obtained written informed consent for client #2's restrictive program and/or the use of Prozac.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/18/13 at 1 PM indicated the QIDP had</p>	W000263	Residential CRF will ensure that programs are conducted only with the written informed consent of the client, parents or legal guardian. As an agency we had received verbal consent from the guardian but failed to follow through with the written consent. Residential CRF will follow its Policy and Procedures which require the signature of the client and/or guardian prior to implementing any restrictive program. When new medication is prescribed or restrictive programming is deemed necessary the IDT will meet and develop a plan with the consent of the guardian. The QIDP will review the records on a monthly basis to ensure all programming has written informed consent by the guardian. Staff Responsible: QIDP, Behavior Clinician	11/17/2013

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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 W COUNTRY CLUB RD CONNERSVILLE, IN 47331
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	spoken with client #2's guardian and obtained verbal consent over the telephone, but had not obtained a written formal consent.  9-3-4(a)			

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients receiving medications to control behaviors (#2), the facility failed to ensure the use of Prozac (a behavior modification medication) was included in client #2's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/17/13 at 1 PM. Client #2's 7/29/13 physician's order indicated client #2 was to start taking Prozac (an antidepressant) 20 mg (milligrams) a day. Client #2's 9/26/13 physician's orders indicated client #2 was taking Prozac 20 mg a day for IED (Intermittent Explosive Disorder). Client #2's consent for treatment indicated client #2 was taking Prozac for behaviors of aggression. Client #2's BSP of 5/9/13 indicated client #2 had targeted behaviors of verbal and physical aggression, destruction of property, obsessive thoughts/words and inappropriate touching. Client #2's BSP indicated the plan had not been revised to include the</p>	W000312	Residential CRF will implement a medication reduction plan for Prozac for Client#2. Residential CRF will ensure that each client's program plan has a plan of reduction in place when using medication to control behaviors. The plan of reduction will be included in the client's BMP. The behavior clinician will review each client's program on a monthly basis to ensure that all client's taking medication to control behaviors have a plan of reduction in their BMP. Staff Responsible: Behavior Clinician, QIDP	11/17/2013	

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	<p>use of Prozac, the behaviors for which the medications was taken and/or a plan of removal for the Prozac.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/17/13 at 1 PM indicated client #2's BSP had not been revised to include the use of Prozac.</p> <p>9-3-5(a)</p>			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure the client's hearing was evaluated annually.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 10/16/13 between 4 PM and 6 PM. Client #1 conversed in a loud tone of voice whenever talking.</p> <p>Interview with staff #1 on 10/16/13 at 5 PM stated client #1 would "sometimes" talk louder than he realized.</p> <p>Client #1's record was reviewed on 10/17/13 at 12 PM. Client #1's annual nursing report dated May 2012 to May 2013 indicated client #1 had "slight" loss of hearing due to aging. Client #1's hearing evaluation of 9/14/09 indicated "Normal gradually sloping to moderately severe SNHL (Sensorineural Hearing Loss). Client #1's annual General Physical Examination dated 6/11/13 indicated hearing was abnormal. Client #1's record indicated no thorough hearing evaluation since the one conducted on 6/11/13.</p>	W000323	Residential CRF will continue to ensure that each client's hearing is evaluated annually. Client #1 will have a thorough hearing evaluation completed by an audiologist. Client #1 had his hearing evaluated by his primary care physician on 6-11-13. Historically, this client has always talked loud. The surveyor felt his loud tone of voice warranted a more extensive examination. Residential nursing staff will monitor each client's overall health on a regular basis and will follow up with issues of concern. Staff Responsible: Nursing staff, QIDP	11/17/2013			

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	<p>Interview with the facility LPN (Licensed Practical Nurse) on 10/17/13 at 3 PM indicated client #1's physician looked in client #1's ears with a scope at his annual physical but did not conduct a complete and thorough hearing evaluation.</p> <p>9-3-6(a)</p>			