

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G403	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2015
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--BRADFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 8835 E CR 200 S AVON, IN 46168
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00182220.</p> <p>Complaint #IN00182220 - Substantiated. Federal/State deficiencies related to the allegation(s) are cited at W149 and W154.</p> <p>Dates of Survey: October 26, 27, 30, 2015</p> <p>Provider Number: 15G403 Aims Number: 100249320 Facility Number: 000917</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/13/15.</p>	W 0000		
W 0149 Bldg. 00	<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 record review and interview, for 2 of 3 investigations reviewed (clients B, C), the facility failed to implement policy and procedures to ensure thorough</p>	W 0149	<p>1. Residential Manager has received documented training regarding requirements of a complete investigation which</p>	12/03/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>investigations were completed.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/27/15 at 4:10p.m. A reportable incident report, dated 9/30/15, indicated client B and client C had an altercation in which client C was pushed on the stairs and received a bloody lip. The facility's 9/30/15 investigation did not have documented staff interviews. A reportable incident report on 10/21/15 for client B, indicated during a behavior client B had physical aggression to staff and peers. The incident report investigation indicated staff had used an approved 2 person restraint to help calm client B. The investigation indicated client B had a 3 centimeter bruise on her right wrist. The facility's 10/21/15 investigation report did not have documented staff interviews and did not indicate the probable cause of the bruise.</p> <p>The facility's policy and procedures were reviewed on 10/27/15 at 4:30p.m. The facility's 11/1/11 policy and procedure "Abuse and Neglect of Children and Adults" indicated the "highest priority is to ensure safety and to protect the well being and human rights of all clients in care." The policy defined Neglect as : "the failure of a caregiver to provide an</p>		<p>includes but not limited to:</p> <ul style="list-style-type: none"> · Required witness statement from all staff and clients involved and/or witnessed the incident · Conclusion of incident based on all statements · Available forms for investigation, how to utilize them and where to locate <p>2. All Lead Staff and other Residential Manager will receive documented training on required parts of an investigation for a reportable incident (see above)</p> <p>3. All Staff will receive training on the require witness statement needed per reportable incidents. Training includes but not limited to:</p> <ul style="list-style-type: none"> · Requirements of witness statements · Where witness statement forms are kept in office · Time allowed to complete statement · How to submit 	

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	<p>endangered child with adequate food, clothing, shelter, medical care or supervision." The policy indicated the facility's procedure for investigations included: "(b) a clear statement of the event or alleged event in a time line format including, what, where, and when the event happened or is alleged to have happened; (d) signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event."</p> <p>Staff #1 was interviewed on 10/27/15 at 5:17p.m. Staff #1 indicated there were no documented staff interviews for the 9/30/15 and 10/21/15 incidents of client to client aggression with client injury. Staff #1 indicated all staff present at the time of the incident should have a documented interview.</p> <p>This federal tag relates to complaint #IN00182220.</p> <p>9-3-2(a)</p>		<p>statements/do not attach to IR</p> <p>In addition, new staff training module has been revised to include the requirement of witness statement when a reportable incident has occurred. Yearly ongoing training requirements of incident reports, reportable incidents and requirement of investigations will be discussed.</p> <p>4. Weekly, incident reports, allegations and reportable incidents are reviewed by PQI member, Behaviorists, nurses and team members. Types of incidents, trends and actions needed (i.e. investigation, suspensions, retraining or disciplinary action needed) are discussed. IR's that were discussed should be turned in with all required documentation unless the incident is still "open" in the system. Once incident is closed – complete documentation should be submitted at the next meeting. End of month Dir. of Group Home will review each month notes to ensure all documentation has been completed and submitted.</p>		

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed to thoroughly investigate 2 of 3 incidents reviewed (clients B, C) for client to client aggression with injury.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 10/27/15 at 4:10p.m. A reportable incident report, dated 9/30/15, indicated client B and client C had an altercation in which client C was pushed on the stairs and received a bloody lip. The facility's 9/30/15 investigation did not have documented staff interviews. A reportable incident report on 10/21/15 for client B, indicated during a behavior client B had physical aggression to staff and peers. The incident report investigation indicated staff had used an approved 2 person restraint to help calm client B. The investigation indicated client B had a 3 centimeter bruise on her right wrist. The facility's 10/21/15 investigation report did not have documented staff interviews and did not indicate the probable cause of the bruise.</p>	W 0154	<p>1. Residential Manager has received documented training regarding requirements of a complete investigation which includes but not limited to:</p> <p>a. Required witness statement from all staff and clients involved and/or witnessed the incident</p> <p>b. Conclusion of incident with injuries should be based on probable causes indicated in witness statements, nursing assessment; activity client was participating in and other documentation such as body maps.</p> <p>c. Available forms for investigation, how to utilize them and where to locate</p> <p>2. All Lead Staff and other Residential Manager will receive documented training on required parts of an investigation for a reportable incident (see above)</p>	12/03/2015			

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	<p>Staff #1 was interviewed on 10/27/15 at 5:17p.m. Staff #1 indicated there were no documented staff interviews for the 9/30/15 and 10/21/15 incidents of client to client aggression with client injury. Staff #1 indicated all staff present at the time of the incident should have a documented interview.</p> <p>This federal tag relates to complaint #IN00182220.</p> <p>9-3-2(a)</p>		<p>3. All staff, Lead staff and Residential Managers will receive training on Body <u>Maps</u>. Training will include but not limited to:</p> <ul style="list-style-type: none"> · Who is required to have daily body maps completed (any client with S.I.B., all non verbal residents) · When they should be completed (daily at bath time) · Where forms are located in charts · Purpose of body maps. <p>Residential Manage now may use this information and other information such as the nurse's assessment to determine probable cause to all injuries. Conclusion will document within summary.</p> <p>4. Residential Manager will complete weekly ensures check to verify body mapping are completed as required. In addition ongoing quality checks completed by Lead staff will check to ensure body mapping is being consistently done. Staff that fail to complete this duties (or others) may be subject to retraining, reminder memo and/or disciplinary actions.</p>	

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

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FORM APPROVED

OMB NO. 0938-0391

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