

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G548	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/18/2015
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NAME OF PROVIDER OR SUPPLIER  BLUE RIVER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 KLERNER LN NEW ALBANY, IN 47150
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W 000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: March 16, 17 and 18, 2015.</p> <p>Facility Number: 001062 Provider Number: 15G548 AIM Number: 200385660</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/20/15 by Ruth Shackelford, QIDP.</p>	W 000		
W 125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and</p>	W 125	W125 An advocate will	04/17/2015

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>interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client had a surrogate to assist him in decision making.</p> <p>Findings include:</p> <p>Observations of client #1 were done on 3/16/15 from 4:40 PM to 6:45 PM and on 3/17/15 from 6:25 AM until 7:45 AM. Client #1 was observed to require staff redirection to stay on task with all areas of his daily routine, medications, mealtime, setting the dining table, and choosing appropriate attire (green shirt) for St. Patrick's Day. Client #1 required redirection to refrain from hugging the visitor (surveyor) who was a stranger to him. Client #1 came behind the surveyor and "startled" her with his voice and manner. Staff #5 indicated (3/16/15 5:30 PM) the facility staff were working with client #1 not to "startle" people so as to increase his appropriate social skills.</p> <p>Record review for client #1 was done on 3/17/15 at 12:30 PM. The review indicated the client had a 4/15/14 CFA/Comprehensive Functional Assessment which included an assessment of his ability to make informed decisions. The decision making assessment, done by Social Worker/SW #1 indicated client #1 had no</p>		<p>be established for client #1 by the correction date. To protect: All other clients files will be reviewed to ensure that they have advocates. If not, one will be assigned to them by the correction date. To prevent recurrence: Upon the new clients' move in to the group homes, an assessment will be done by the social worker to see if an advocate is in place. If one is not assigned to them at that time, then an advocate will be located for them by the social worker. Quality assurance: The IDT team will review the assessment to check that an advocate is in place for the new client, at the client's 30-day move in conference. Responsible parties: Social worker and IDT team</p>	

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W 252 Bldg. 00	<p>family involvement and "[Client #1] needs an advocate assigned." SW#1 indicated client #1 was unable to make informed decisions in the areas of medical risks/treatment, money, behavior controlling drugs, and civil rights.</p> <p>Interview with the house manager (who also was a Qualified Developmental Disabilities Professional/QIDP) #1 on 3/17/15 at 2:00 PM indicated client #1 required a surrogate to assist him as he was vulnerable to exploitation. A surrogate had not been had not been found for the client at the time of the survey.</p> <p>9-3-2(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure all program data was collected to reflect individual performance.</p>	W 252	W252 The QIDP will rewrite the ISP goal for client #1 by the correction date. It will contain a measurement for the identification of coins. To protect the other clients: The QIDP will review all other clients' goals for	04/17/2015			

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	<p>Findings include:</p> <p>Record review for client #1 was done on 3/17/15 at 12:30 PM. The review indicated the client had an Individual Support Plan/ISP dated 4/15/14. The client had a training objective to identify coins but the data collection sheet did not reflect which coin/coins the client was being trained upon. The client's data for 1/19/15 through 3/16/15 indicated he scored at 0 (no ability to identify the coin/coins). On 1/20/15, 1/27/15, 1/29/15, 2/21/15, and 3/15/15 "VA" was documented signifying he required verbal assistance from staff. On 2/23/15 "I" was documented indicating he was independent in the skill of identifying coin/coins. The data sheet did not reflect the actual training which took place so there could be no measurement of which coins he could or could not identify.</p> <p>Interview with the house manager (who also was a Qualified Developmental Disabilities Professional/QIDP) #1 on 3/17/15 at 2:00 PM indicated QIDP #2 was the one who wrote the ISPs for the facility. The interview indicated the data collection reliability would be discussed with QIDP #2 for action.</p> <p>9-3-4(a)</p>		<p>appropriate measurement and meet the criteria of their ISPs. Any goals without measurable terms will be rewritten by the correction date. To prevent recurrence: A review of the ISP goals for the clients will be done every quarter. The quarterly date being based on the annual conference date of the client. The QIDP will review these goals to ensure of their measurement and rewrite those goals that may not contain that. Quality assurance: The IDT team will meet annually and review the goals in the clients' ISP to ensure that they are in measurable terms. Responsible parties: QIDP and IDT team</p>		

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

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