

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G277	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2014
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1887 S SR 1 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: February 19, 20 and 27, 2014.</p> <p>Surveyor: Vickie Kolb, RN</p> <p>Facility Number: 000797 Provider Number: 15G277 AIM Number: 100243560</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/6/14 by Ruth Shackelford, QIDP.</p>	W000000		
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 record review and interview for 1 additional client (#6), the facility failed to implement written policy and procedures to ensure all allegations of client to client abuse were reported to the administrator, the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective</p>	W000149	<p>The facility policy which states that allegations of abuse, neglect, exploitation and mistreatment will be reported and thoroughly investigated was not followed by this QIDP. The QIDP was made aware of the stated incident between client#6 and the housemate but did not report, following the BDDS guidelines due to no significant injury. Also</p>	03/28/2014

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>Services (APS) in accordance with state law and all injuries of unknown origin and allegations of abuse were thoroughly investigated for client #6.</p> <p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 2/19/14 at 2 PM. The undated "Consumer Abuse Policy and Incident Reporting" indicated "Abuse, neglect, exploitation and mistreatment of a consumer are unacceptable and will not be tolerated at Residential CRF, Inc..... Residential CRF, Inc. will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source... reported immediately to the supervisor and to other officials in accordance with State Law. Residential CRF, Inc. will have evidence that all alleged violations are thoroughly investigated...." The policy indicated all injuries of unknown origin were to be thoroughly investigated "no matter how minor."</p> <p>Please see W153: For 1 of 2 allegations of client to client abuse for client #6, the facility failed to immediately report the allegations of abuse to the administrator, to the BDDS and to APS in accordance with state law.</p>		<p>the policy as related to incidents of unknown origin being investigated (consumer changed his story on how scratch happened) was not followed. Staff were retrained on 3/5/2014 on Investigation Training given by Steve Corya. This staff failed to follow federal guidelines on these incidents, following BDDS guidelines instead on reporting procedures. The QIDP and supervisor have been retrained on reporting and investigation procedures. QIDP will assure that incidents will be reported per company and federal guidelines. QIDP will notify staff of differences of BDDS and federal guidelines and assure that all necessary individuals are notified in the event of a reportable or unknown incident. Responsible: QIDP, Supervisor, Administrator</p>				

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W000153	<p>Please see W154: For 1 of 1 injury of unknown origin and for 1 of 1 client to client abuse for client #6, the facility failed to ensure all injuries of unknown origin and all client to client abuse were thoroughly investigated.</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 1 of 2 allegations of client to client abuse for client #6, the facility failed to immediately report the allegations of abuse to the administrator, to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/19/14 at 2 PM. The facility records indicated an I/A (Incident/Accident) report of 9/7/13 at 6:30 PM that client</p>	W000153	The QIDP and Supervisor have been retrained on incident reporting guidelines for Reporting Mistreatment, Neglect and Abuse and Incidents of Unknown Source on March 5, 2014 by Steve Corya. This QIDP was following BDDS guidelines and since there was no injury, the incident was not formally reported. The QIDP and supervisor will assure that such incidents will be reported and thoroughly investigated per federal guidelines and company policy. QIDP will notify staff of differences of BDDS and federal guidelines and assure that all necessary individuals are notified in the event of a reportable or unknown incident. Responsible: QIDP, Supervisor, Administrator	03/28/2014

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W000154	<p>#6's housemate "punched him (client #6) in the upper arm with his fist." The facility records indicated the administrator, BDDS and APS were not notified of the client to client abuse.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 2/19/14 at 3 PM indicated the facility followed the guidelines sent out from BDDS. The QIDP stated, "We understood it to mean we only had to report it (client to client abuse) if there was a significant injury." The QIDP indicated BDDS and APS were not notified of the client to client abuse of 9/7/13.</p> <p>9-3-2(a)</p> <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 for 1 of 1 injury of unknown origin and for 1 of 2 client to client abuse incidents for client #6, the facility failed to ensure all injuries of unknown origin and all client to client abuse incidents were investigated.</p>	W000154	The QIDP and Supervisor have received retraining on thorough investigation procedures of unknown incidents and incidents involving client to client abuse, neglect or mistreatment. The QIDP will be responsible for assuring that any incidents of client to client abuse are investigated thoroughly and	03/28/2014	

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	<p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/19/14 at 2 PM. The facility records indicated:</p> <p>__I/A (Incident/Accident) report of 9/7/13 at 6:30 PM indicated client #6's housemate "punched him (client #6) in the upper arm with his fist." The facility records indicated no investigation of the client to client abuse.</p> <p>__I/A of 10/17/13 at 9:45 PM indicated the staff noted client #6 had a one inch scratch on his left foot. Client #6 indicated to the staff he scratched his foot when he was getting out of the tub but then changed and said he injured his foot while he was drying off. The facility records indicated no investigation of client #6's injury of unknown origin.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 2/19/14 at 3 PM indicated all allegations of abuse and injuries of unknown origin were to be investigated. The QIDP stated she had talked to client #6 after the incident on 9/7/13 but had not conducted a "formal investigation." The QIDP indicated client #6 was not reliable in reporting the origin of his injuries to the staff. The QIDP indicated</p>		<p>reported to the administrator as directed by Federal guidelines and company policy. In addition QIDP will assure that incidents which are classified as "Unknown" in origin will be investigated formally. QIDP will notify staff of differences of BDDS and Federal guidelines and assure that documentation of interviews with consumers is included with the investigation process. Responsible: QIDP, Supervisor, Administrator</p>		

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	<p>client #6's injury to his foot was not observed by the staff and an investigation had not been conducted in regard to client #6's injury of unknown origin.</p> <p>9-3-2(a)</p>			