

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G513	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/17/2014
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NAME OF PROVIDER OR SUPPLIER  RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2375 W US HWY 36 DANVILLE, IN 46122
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/11/14, 12/15/14, 12/16/14 and 12/17/14.</p> <p>Facility Number: 001027 Provider Number: 15G513 AIMS Number: 100245180</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/23/14 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 2 additional clients (#5 and #7), the facility failed to implement its policy and procedures to ensure an investigation of an alleged incident of client to client abuse regarding clients #5 and #7 was thoroughly investigated.</p> <p>Findings include:  The facility's BDDS (Bureau of</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 all subjects are interviewed regarding the alleged abuse Residential CRF QIDP and Supervisor will review the incident reports on a daily basis to ensure that any incident requiring investigative action is investigated and interviews are completed Staff Responsible: QIDP,	01/16/2015

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>Developmental Disabilities Services) reports and investigations were reviewed on 12/15/14 at 12:42 PM. The review indicated the following:</p> <p>-BDDS report dated 6/24/14 indicated, "[Client #7] had been taunting [client #5] during the afternoon. [Client #5] had gone to take his shower, upon exiting the bathroom [client #7] yelled at [client #5] again. [Client #5] walked over to [client #7] and punched him in the jaw."</p> <p>-Investigation report dated 6/23/14 indicated the investigation of clients #5 and #7's 6/23/14 incident of client to client abuse. The 6/23/14 Investigation did not indicate documentation of clients #5 and #7 being interviewed and if clients #5 and #7's BSP (Behavior Support Plans) had been reviewed.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 12/15/14 at 1:55 PM. QIDPD #1 indicated the facility's abuse and neglect policy should be implemented. QIDPD #1 indicated she had completed the 6/23/14 Investigation. QIDPD #1 indicated investigations should be thorough. QIDPD #1 indicated documentation of interviews of witnesses and potential witnesses should be included in the investigation of incidents</p>		Supervisor	

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W000154	<p>of alleged client to client abuse.</p> <p>The facility's policy and procedures were reviewed on 12/15/14 at 4:00 PM. The facility's undated policy and procedure entitled, "Consumer Abuse Policy and Incident Reporting" indicated, "Residential CRF, Incorporated will have evidence that all alleged violations are thoroughly investigated...."</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.</p> <p>Based on record review and interview for 1 of 1 allegation of client to client abuse reviewed, the facility failed to conduct a thorough investigation regarding an incident of alleged client to client abuse for clients #5 and #7.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/15/14 at 12:42 PM. The review indicated the following:</p>	W000154	<p>In order to ensure that all alleged violations are thoroughly investigated, Residential CRF will be certain to implement and follow their Policy and Procedures regarding abuse allegations Any allegation of abuse,neglect, mistreatment , exploitation and injuries of unknown origin will be reported. Interviews with victim(s),perpetrator(s) and and witnesses will be completed thoroughly. A review of current BMPs will be completed, as well. Residential CRF QIDP and Supervisor will review incident reports on a daily basis to ensure that all alleged violations are</p>	01/16/2015			

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W000436	<p>-BDDS report dated 6/24/14 indicated, "[Client #7] had been taunting [client #5] during the afternoon. [Client #5] had gone to take his shower, upon exiting the bathroom [client #7] yelled at [client #5] again. [Client #5] walked over to [client #7] and punched him in the jaw."</p> <p>-Investigation report dated 6/23/14 indicated the investigation of clients #5 and #7's 6/23/14 incident of client to client abuse. The 6/23/14 Investigation did not indicate documentation of clients #5 and #7 being interviewed and if clients #5 and #7's BSP (Behavior Support Plans) had been reviewed.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 12/15/14 at 1:55 PM. QIDPD #1 indicated investigations should be thorough. QIDPD #1 indicated documentation of interviews of witnesses and potential witnesses should be included in the investigation of incidents of alleged client to client abuse.</p> <p>9-3-2(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good</p>		<p>investigated , interviewed and reviewed. Staff Responsible: QIDP, Supervisor</p>		

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	<p>repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 4 clients with adaptive equipment (#1), the facility failed to provide client #1 with dentures.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/16/14 from 3:20 PM through 5:30 PM. Client #1 did not wear upper or lower dentures.</p> <p>Observations were conducted at the group home on 12/17/14 from 6:30 AM through 8:30 AM. Client #1 did not wear upper or lower dentures.</p> <p>Client #1's record was reviewed on 12/17/14 at 9:30 AM. Client #1's Physician's Orders form diagnosis/summary dated 2/12/14 indicated, "Exam. Panograph for approval of dentures."</p> <p>Client #1's Dental Examination form dated 6/24/14 indicated, "Request sent for upper and lower dentures to Medicaid. Medicaid has claim in review (2/12/14). [Dentist] will contact them to check status."</p>	W000436	<p>Client#1 was taken to the dentist on January 7, 2015 to be fitted for dentures Residential Nurse will monitor the monthly appointments of each client to ensure that all recommendations by their physicians are being followed in a timely manner Current appointments will be reviewed to ensure that any recommendations for adaptive equipment is being addressed Residential nurse will monitor client's appointments on a weekly basis to ensure that each client's needs are being met Staff Responsible: QIDP, Nurse, Supervisor</p>	01/16/2015

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	<p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 12/17/14 at 9:53 AM. QIDPD #1 indicated client #1 did not have upper or lower dentures. QIDPD #1 indicated the facility was in the process of obtaining Medicaid funding for client #1's dentures since 2/12/14.</p> <p>9-3-7(a)</p>						