

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G545	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2015
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9001 N HOLLIDAY DR INDIANAPOLIS, IN 46260
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/1/15, 6/2/15 and 6/8/15.</p> <p>Facility Number: 001059 Provider Number: 15G545 AIMS Number: 100245370</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</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 1 additional client (#7), the facility failed to implement its policies and procedures to prevent neglect of client #7.</p> <p>Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 6/2/15 at 8:43 AM. The review</p>	W 0149	New Hope of Indiana addressed the breach of proper transfer procedure with the responsible staff at the time of the incident. She was retrained and observed to use proper transfer and use of hoier and sling at that time. All other facility and day service staff were retrained on all high risk plans for all facility individuals 5/1/15. All risk plans are available and viewed daily by staff assigned to work with the	06/26/2015

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>indicated the following:</p> <p>-BDDS report dated 3/25/15 indicated, "[Client #7] was being assisted in the restroom. Staff was assisting [client #7] with putting a Hoyer sling (mechanical lifting device) behind her back in order to transfer her from her chair. [Client #7] fell from her chair to the floor and hit her head on the floor. [Client #7] was transported by ambulance to the hospital for further evaluation."</p> <p>-Follow up BDDS report dated 3/30/15 indicated, "[Client #7] did sustain a laceration on her left eyebrow. This required 3 sutures." The 3/30/15 follow up BDDS report indicated, "Staff was in the process of leaning [client #7] forward to adjust the sling behind her, staff was not standing in front of her per the training...[Client #7] leaned to (sic) far forward and fell out of (the) chair."</p> <p>-Investigation Summary form dated 3/30/15 indicated staff did not implement client #7's fall risk plan which indicated staff should stand in front of client #7 while transferring her from her wheelchair.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/2/15 at 1:15 PM. QIDP #1 indicated the</p>		<p>individual in all programs. Upon any change to the risk plan, the staff immediately see that change when viewing the risk plan through an acknowledgment document. New Hope of Indiana has also created a Safety subcommittee of the Board of Directors to review all incident reports on a monthly basis, focused particularly of falls, fall prevention and medication administration improvements. Director of Group Homes is present to this subcommittee and in addition, reviews all falls, allegations and breaches in procedure immediately upon report, during investigation and monthly to monitor for trends, improvements and needed changes to procedure. This process for ongoing monitoring will continue. The New Hope of Indiana Board of Directors reviews incidents during their quarterly meeting at which time incidents and trends, as well as policy change or resolutions, are reported.</p>	

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W 0247 Bldg. 00	<p>facility's abuse and neglect policy should be implemented. QIDP #1 indicated staff working with client #7 failed to implement client #7's fall risk plan.</p> <p>The facility's policy and procedures were reviewed on 6/8/15 at 9:49 AM. The facility's Suspected Abuse Policy dated 2/2015 indicated the following:</p> <p>- "In accordance with the core value of reverence, New Hope of Indiana (NHI) strives to treat all individuals and families with dignity, respect and consideration. All NHI associates receive training at hire, and annually thereafter, addressing the prevention of abuse, neglect and exploitation and reporting procedures for allegations...."</p> <p>- "Neglect includes, but is not limited to, the following acts: Failure of a caregiver to provide supervision; Failure of a caregiver to provide appropriate care...."</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and</p>			

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	<p>self-management.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure clients #1, #2, #3 or #4 where given the opportunity to choose their preferred food items during the morning meal.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/2/15 from 6:30 AM through 8:00 AM. At 7:00 AM, staff #2 made toast and applied butter and jelly to the tops of the toast before setting the plate of toast on the dining room table. Clients #1, #2, #3 or #4 were not offered a choice of jelly for their toast. Staff #2 selected packets of maple/brown sugar oatmeal from a container of a variety of pre-flavored individual oatmeal packets. Staff #2 did not offer clients #1, #2, #3 or #4 a choice of the flavor of oatmeal. Staff #2 selected from two types/flavors of cereal and placed one type into a serving bowl and then placed the serving bowl on the dining room table. Clients #1, #2, #3 or #4 were not offered a choice of cereal.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/2/15 at 1:15 PM. QIDP #1 indicated clients #1, #2, #3 and #4 should be offered choices regarding their jelly for</p>	W 0247	<p>Team Leader of home will retrain staff on enhancing the choice opportunities for individuals in meals and all other life areas, as well as increasing the participation in preparing meals. Team Leader redesigned the mealtime active treatment goals for all individuals and retrained staff on those goals. A visual aid of mealtime goals is also posted on the refrigerator for easy reference during meals. Team Leader will observe 2 meals a week, minimum, to ensure that choices and meal prep participation continues to advance. This will continue for 4 weeks. Team Leader will also observe day to day activities to ensure opportunities of choice in other life areas are maximized. At that time, Team Leader will reduce observations to at least one per month, ensuring the best practices continue. QIDP will monitor the observation completion and progress of the meal and choice opportunities.</p>	07/08/2015

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W 0488 Bldg. 00	<p>toast, flavor of oatmeal and cereal.</p> <p>9-3-4(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure clients #1, #2, #3 or #4 participated in the preparation of their meals to the fullest extent of their abilities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/1/15 from 3:45 PM through 5:30 PM. At 3:45 PM, staff #1 was preparing the evening meal. Clients #1, #3 and #4 had not yet returned to the group home from their day service programs. At 4:00 PM, clients #1, #2, #3 and #4 returned to the group home. Staff #1 prepared a bean casserole, wax beans and canned fruit from 3:45 PM through 4:45 PM. Clients #1, #3 and #4 did not participate in the preparation of the evening meal.</p>	W 0488	<p>Team Leader of home will retrain staff on enhancing the choice opportunities for individuals in meals and all other life areas, as well as increasing the participation in preparing meals. Team Leader redesigned the mealtime active treatment goals for all individuals and retrained staff on those goals. A visual aid of mealtime goals is also posted on the refrigerator for easy reference during meals. Team Leader will observe 2 meals a week, minimum, to ensure that choices and meal prep participation continues to advance. This will continue for 4 weeks. Team Leader will also observe day to day activities to ensure opportunities of choice in other life areas are maximized. At that time, Team Leader will reduce observations to at least one per month, ensuring the best practices continue. QIDP will monitor the observation completion and progress of the meal and choice opportunities.</p>	07/08/2015

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	<p>Observations were conducted at the group home on 6/2/15 from 6:30 AM through 8:00 AM. At 6:30 AM, staff #2 began the morning meal preparation and set the dining room table with plates, utensils and cups. Staff #2 prepared the morning meal and began putting dishes from the dishwasher into cabinets. At 7:00 AM, staff #2 made toast and applied butter and jelly to the tops of the toast before setting the plate of toast on the dining room table. Staff #2 prepared oatmeal and placed a serving bowl of cereal on the table. At 7:25 AM, clients #1, #2, #3 and #4 were encouraged to participate in the morning meal. Clients #1, #2, #3 or #4 did not participate in the preparation of the morning meal.</p> <p>1. Client #1's record was reviewed on 6/2/15 at 11:43 AM. Client #1's FSA (Functional Skills Assessment) dated 1/8/15 indicated with physical assistance from staff, client #1 could: make a simple sandwich, stir contents of a pan or bowl, pour liquid from one container to another, crack an egg, combine 2 or more ingredients, identify/retrieve ingredients, measure with measuring cups, measure with measuring spoons, use can opener, use mixer, use coffee maker, use food processor, use hot pad, avoid contact with hot surfaces, set oven/stove temperature correctly and use a microwave.</p>			

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	<p>2. Client #2's record was reviewed on 6/2/15 at 10:22 AM. Client #2's FSA dated 1/8/15 indicated with verbal prompts/coaching from staff, client #2 could make a simple sandwich. Client #2's FSA dated 1/8/15 indicated with physical assistance from staff, client #2 could: stir contents of a pan or bowl, pour liquid from one container to another, crack an egg, combine 2 or more ingredients, identify/retrieve ingredients, measure with measuring cups, measure with measuring spoons, use can opener, use mixer, use coffee maker, use food processor, use hot pad, avoid contact with hot surfaces, set oven/stove temperature correctly and use a microwave.</p> <p>3. Client #3's record was reviewed on 6/2/15 at 11:05 AM. Client #3's FSA dated 1/8/15 indicated with verbal prompts/coaching from staff, client #3 could make a simple sandwich and avoid direct contact with hot surfaces. Client #3's FSA dated 1/8/15 indicated with physical assistance from staff, client #3 could: stir contents of a pan or bowl, pour liquid from one container to another, crack an egg, combine 2 or more ingredients, identify/retrieve ingredients, measure with measuring cups, measure with measuring spoons, use can opener, use mixer, use coffee maker, use food</p>			

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	<p>processor, use hot pad, set oven/stove temperature correctly and use a microwave.</p> <p>4. Client #4's record was reviewed on 6/2/15 at 9:49 AM. Client #4's FSA dated 1/8/15 indicated with physical assistance from staff, client #4 could: make a simple sandwich, stir contents of a pan or bowl, pour liquid from one container to another, crack an egg, combine 2 or more ingredients, identify/retrieve ingredients, measure with measuring cups, measure with measuring spoons, use can opener, use mixer, use coffee maker, use food processor, use hot pad, avoid contact with hot surfaces, set oven/stove temperature correctly and use a microwave.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/2/15 at 1:15 PM. QIDP #1 indicated clients #1, #2, #3 and #4 should be encouraged to participate in meal preparation to the extent of their capabilities. QIDP #1 indicated with staff assistance clients #1, #2, #3 and #4 could participate in meal preparation.</p> <p>9-3-8(a)</p>			

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

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