

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2012
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1730 OSAGE DR KOKOMO, IN 46902
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 6, 7, and 8, 2012</p> <p>Facility number: 011266 Provider number: 15G732 AIM number: 200840950</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 8/13/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home.</p> <p>Findings include:</p> <p>On 8-6-12 from 3:10 p.m. until 5:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Client #6's bedroom wall had a hole it it 1 inch wide by 6 inches in length at the end of his bed, client #5's dresser had 2 drawers missing, and the 5 drawer dresser had 2 knobs missing, the living room carpet of clients #1, #2, #3, #4, #5, #6, #7, and #8 had a 2 foot snag/run.</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Qualified Mental Retardation Professional indicated the home had some repairs and there was no documentation available for review to ensure the work was completed in a timely manner.</p> <p>9-3-1(a)</p>	W0104	<p>The walls have been repaired and painted. Client #5's dresser has been repaired. The carpeting will be repaired by 08/31/2012. The QDDP sends in weekly reports to the maintenance department with safety issues that need addressed immediately. The House Manager is responsible to report necessary repairs in a timely manner to the maintenance department. The Residential Coordinator and/or Social Service Coordinator completes a "walk through" of the home when completing their routine (PSR) Periodic Service Report. The corrective actions will be completed by August 31, 2012.</p>	08/31/2012			

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the Condition of Participation: Client Protections, was not met as the facility neglected to implement their abuse/neglect policy/procedure and failed to prevent injury or the potential for injury from client to client aggressions for 6 of 8 clients (clients #2, #3, #4, #5, #6, and #8) who lived in the home.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149. The facility failed to follow their abuse/neglect policy resulting in injury or potential for injury to clients #2, #3, #4, #5, #6, and #8. 2. Please refer to W154. The facility failed to thoroughly investigate client to client aggressions with injury or the potential for injury for clients #2, #3, #4, #5, #6, and #8. 3. Please refer to W157. The facility staff failed to ensure appropriate corrective action was sufficiently implemented for clients #2, #3, #4, #5, #6, and #8. <p>9-3-2(a)</p>	W0122	The Neglect, Battery and Exploitation of Individuals policy has been reviewed with staff. Staff are to immediately notify supervisor of client to client aggression. The QDDP will complete a thorough investigation of client to client aggression. The QDDP will notify the VP of Residential Services of client to client aggression via BDDS reports. The QDDP will implement immediate changes (additional staff, additional van trips, move clients proximity, etc) to prevent further aggressive occurrences. When an incident of client to client aggression occurs, the IDT will meet within 5 days to discuss behavior plan revisions, medical reasoning, or other possible causes to the problem. The corrective actions were completed and in place on August 24, 2012.	08/24/2012			

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 record review, and interview for 1 of 4 sampled clients (client #3) the facility failed to ensure a legally sanctioned representative was obtained to assist him with his needs per the assessments.</p> <p>Findings include:</p> <p>On 8-7-12 at 11:30 a.m. a record review for client #3 was conducted. The Individualized Program Plan (IPP) dated 1-9-12 indicated he was emancipated and his diagnosis included but was not limited to, mental retardation, balwle-horton syndrome, growth hormone deficiency, microcephaly, ADHD (Attention Deficit/Hyperactivity Disorder), bipolar disorder, seizure disorder, and hypertension. The IPP indicated client #3 needed assistance in all areas of adult daily living skills, household skills, and required full assistance for laundry and cooking skills. The IPP indicated client #3 needed constant supervision and assistance for support and safety. The IPP indicated client #3 would be involved in</p>	W0125	<p>Bona Vista programs had been working with family previously about Client #3's need for a guardian. Although the family is involved, the family objects to the idea. When Bona Vista staff contacted Client #3's family again about pursuing guardianship, Client #3 family stated they are interested in being the guardian but they do not have the financial means to complete. Bona Vista will pay for Client #3's guardianship to be completed. Bona Vista will contact a lawyer and start the paperwork. Expected completion will be within 3 months to give the lawyer time to gather data, set court date, have hearing, etc. The QDDP completes a functional assessment annually. If an assessment determines that a client needs a guardian, Bona Vista will be persistent with the family to ensure the clients needs are met. The corrective actions will be completed and in place by November 30, 2012.</p>	11/30/2012			

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	<p>the decision process but his "input would not be sufficient at this time to stand alone." The Comprehensive Functional Assessment (CFA) dated 1-9-12 indicated client #3's speech was not understandable by others, he needed assistance with grooming, dressing/undressing, toileting, financial management, personal medication, first aid, health care, telephone skills, and time-telling skills. A dental form dated 6-27-12 indicated client #3 was "extremely agitated and nervous" and no exam, cleaning, or x-rays were able to be completed. Client #3's Behavior Support Plan (BSP) dated 1-2012 indicated he had targeted behaviors of physical aggression, noncompliance, extreme irritability, and throwing objects.</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Qualified Mental Retardation Professional indicated client #3 did not understand the concept of money and he needed complete assistance with his medical and financial needs.</p> <p>9-3-2(a)</p>				

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W0149	<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, the facility neglected to implement their policy and procedures to protect 6 of 8 clients (clients #2, #3, #4, #5, #6, and #8) who lived in the home, to ensure they were free from mistreatment per the facility's abuse/neglect policy.</p> <p>Findings include:</p> <p>On 8-6-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The BDDS reports indicated the following client to client aggressions.</p> <p>-A BDDS report dated 3-29-12 indicated client #3 was pinched by client #5. A red mark was noted</p> <p>-A BDDS report dated 4-29-12 indicated client #3 pushed client #5. No injuries were noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #3 was smacked in the face by client #1 in the van. Redness to the face was noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #4 was hit by client #1 near her eye. No injuries noted an ice pack was given.</p> <p>-A BDDS report dated 4-9-12 indicated</p>	W0149	The Neglect, Battery and Exploitation of Individuals policy has been reviewed with the staff. The QDDP was retained on the "Investigation of Injury" form to be used for allegations, injuries and other investigatory purposes. Management staff will continue to contact their supervisor immediately whenever allegations of abuse/neglect occurs. The policy was reviewed with the Direct Support Professionals at the staff meetings on 8/14/12. The QDDP will notify the VP of Residential Services of client to client aggression. The VP reviews all BDDS reports. Families/Guardians will be notified of all BDDS reportable incidents. BDDS reports are shared agency wide to ensure proper communication. The corrective actions were completed and in place on August 24, 2012. For clients #1, #5 and #6 the group home has implemented additional trips to and from day programming to accommodate clients that are unable to tolerate the noise and congestion in the van. For clients #1, #5, and #6 there is an additional staff member during transports to assist with redirecting and diffusing behaviors before aggression	08/24/2012			

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	<p>client #4 was hit by client #2 in her left shoulder. No injuries were noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #4 was hit on the right side of her face. Peers were removed from van and no injuries were noted.</p> <p>-A BDDS report dated 4-26-12 indicated client #4 was hit in the face by client #1. No injuries noted.</p> <p>-A BDDS report dated 5-29-12 indicated client #4 was pinched on the left side of her face by client #5. A red mark the size of a nickel was noted.</p> <p>-A BDDS report dated 7-13-12 indicated client #4 was hit in her face by client #1. Slight redness of the face noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #2 was hit in the face by client #1. Reddening of the skin was noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #2 was hit by client #1. No injuries were noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #8 was hit on the left side of her face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-17-12 indicated client #8 was hit in the face. Redness was noted.</p> <p>-A BDDS report dated 5-4-12 indicated client #8 was scratched on her right arm by client #5.</p> <p>-A BDDS report dated 6-27-12 indicated client #6 was hit in the left side of his head by client #5 when exiting the van.</p>		occurs.		

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	<p>No injuries noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #5 was hit on the left side of his face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-18-12 indicated client #5 was bitten on his knee by client #6. A small scratch was noted. Staff cleaned and bandaged the knee.</p> <p>-A BDDS report dated 7-12-12 indicated client #5 was hit on his shoulder after pulling the hair of a peer.</p> <p>On 8-6-12 at 1:50 p.m. a review of the agency's Abuse/Neglect Policy dated 3-08 indicated "the agency has in effect the following policy prohibiting neglect, batter, exploitation of individuals, or psychological abuse by agency staff or outside persons....." The policy indicated "It is the responsibility of any employee who possesses knowledge of an alleged case of neglect, battery, exploitation or violation of individual right to report immediately, verbally and/or in writing to the President or, if the President is unavailable, the Director, Human Resources."</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Qualified Mental Retardation Professional indicated the facility's abuse/neglect policy should be implemented which included abuse, neglect or battery.</p>						

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W0154	<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, the facility failed for 6 of 8 clients (clients #2, #3, #4, #5, #6, and #8) to ensure allegation of abuse/neglect were thoroughly investigated.</p> <p>Findings include:</p> <p>On 8-6-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The BDDS reports indicated the following client to client aggressions.</p> <p>-A BDDS report dated 3-29-12 indicated client #3 was pinched by client #5. A red mark was noted</p> <p>-A BDDS report dated 4-29-12 indicated client #3 pushed client #5. No injuries were noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #3 was smacked in the face by client #1 in the van. Redness to the face was noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #4 was hit by client #1 near her eye. No injuries noted an ice pack was given.</p> <p>-A BDDS report dated 4-9-12 indicated client #4 was hit by client #2 in her left shoulder. No injuries were noted.</p>	W0154	<p>Direct care staff are aware they need to notify supervisor immediately when client to client aggression has occurred. Staff will complete an accident/incident form if an injury has occurred during the aggression. The QDDP will investigate all client to client aggression and document. The "investigation" form will be attached to the BDDS report. The QDDP will notify the VP of Residential Services of client to client aggression. The VP reviews all BDDS reports. The corrective actions were completed and in place on August 24, 2012.</p>	08/24/2012			

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	<p>-A BDDS report dated 4-17-12 indicated client #4 was hit on the right side of her face. Peers were removed from van and no injuries were noted.</p> <p>-A BDDS report dated 4-26-12 indicated client #4 was hit in the face by client #1. No injuries noted.</p> <p>-A BDDS report dated 5-29-12 indicated client #4 was pinched on the left side of her face by client #5. A red mark the size of a nickel was noted.</p> <p>-A BDDS report dated 7-13-12 indicated client #4 was hit in her face by client #1. Slight redness of the face noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #2 was hit in the face by client #1. Reddening of the skin was noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #2 was hit by client #1. No injuries were noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #8 was hit on the left side of her face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-17-12 indicated client #8 was hit in the face. Redness was noted.</p> <p>-A BDDS report dated 5-4-12 indicated client #8 was scratched on her right arm by client #5.</p> <p>-A BDDS report dated 6-27-12 indicated client #6 was hit in the left side of his head by client #5 when exiting the van. No injuries noted.</p> <p>-A BDDS report dated 2-28-12 indicated</p>			

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	<p>client #5 was hit on the left side of his face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-18-12 indicated client #5 was bitten on his knee by client #6. A small scratch was noted. Staff cleaned and bandaged the knee.</p> <p>-A BDDS report dated 7-12-12 indicated client #5 was hit on his shoulder after pulling the hair of a peer.</p> <p>On 8-6-12 at 1:45 p.m. a review of the facility's investigations was conducted. There were no investigations available for review pertaining to client to client aggressions.</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Residential Coordinator indicated there were no investigation to review for client to client aggressions for clients #2, #3, #4, #5, #6, or #8. The Residential Coordinator indicated investigations should be completed for client to client aggressions.</p> <p>9-2-3(a)</p>				

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 6 of 8 clients (clients #2, #3, #4, #5, #6, and #8) to ensure appropriate corrective action was taken for client to client aggression.</p> <p>Findings include:</p> <p>On 8-6-12 at 1:45 p.m. a review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted. The BDDS reports indicated the following client to client aggressions.</p> <p>-A BDDS report dated 3-29-12 indicated client #3 was pinched by client #5. A red mark was noted -A BDDS report dated 4-29-12 indicated client #3 pushed client #5. No injuries were noted. -A BDDS report dated 4-17-12 indicated client #3 was smacked in the face by client #1 in the van. Redness to the face was noted. -A BDDS report dated 2-28-12 indicated client #4 was hit by client #1 near her eye. No injuries noted an ice pack was given. -A BDDS report dated 4-9-12 indicated client #4 was hit by client #2 in her left shoulder. No injuries were noted. -A BDDS report dated 4-17-12 indicated</p>	W0157	The group home has implemented additional trips to and from day programming to accommodate clients that are unable to tolerate the noise and congestion in the van. There is an additional staff member during transports to assist with redirecting and diffusing behaviors before aggression occurs. The QDDP will continue to report incidents of client to client aggression. When an aggression against another consumer occurs, the QDDP will review the clients behavior plans, behavior meds, and medical issues to look for a possible cause. Incidents will continue to be tracked and monitored for patterns. The IDT will meet to discuss possible solutions to prevent further aggressive acts and to keep clients safe. The corrective actions were completed and in place on August 24, 2012.	08/24/2012			

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	<p>client #4 was hit on the right side of her face. Peers were removed from van and no injuries were noted.</p> <p>-A BDDS report dated 4-26-12 indicated client #4 was hit in the face by client #1. No injuries noted.</p> <p>-A BDDS report dated 5-29-12 indicated client #4 was pinched on the left side of her face by client #5. A red mark the size of a nickel was noted.</p> <p>-A BDDS report dated 7-13-12 indicated client #4 was hit in her face by client #1. Slight redness of the face noted.</p> <p>-A BDDS report dated 4-17-12 indicated client #2 was hit in the face by client #1. Reddening of the skin was noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #2 was hit by client #1. No injuries were noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #8 was hit on the left side of her face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-17-12 indicated client #8 was hit in the face. Redness was noted.</p> <p>-A BDDS report dated 5-4-12 indicated client #8 was scratched on her right arm by client #5.</p> <p>-A BDDS report dated 6-27-12 indicated client #6 was hit in the left side of his head by client #5 when exiting the van. No injuries noted.</p> <p>-A BDDS report dated 2-28-12 indicated client #5 was hit on the left side of his</p>						

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	<p>face by client #1. An ice pack was given.</p> <p>-A BDDS report dated 4-18-12 indicated client #5 was bitten on his knee by client #6. A small scratch was noted. Staff cleaned and bandaged the knee.</p> <p>-A BDDS report dated 7-12-12 indicated client #5 was hit on his shoulder after pulling the hair of a peer.</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Qualified Mental Retardation Professional indicated the facility had increased staffing, had implemented 3 separate van transportation's to decrease client to client aggression on the van, and had followed client behavior plans but client to client aggressions were still occurring.</p> <p>9-3-2(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #4) to ensure her medication administration goal per her Individualized Support Plan (ISP) was implemented as written.</p> <p>Findings include:</p> <p>On 8-7-12 at 8:41 a.m. an observation of client #4's medication administration was conducted. Direct Care Staff (DCS) #12 punched out the medications, tore open the pill packets, placed the medications in the medication cup and prompted client #4 to take her Seasoniques for birthcontrol, Topamax for seizures, Depakote for behaviors, and Zyprexa for hypertension. DCS #12 did not ask client #4 any questions about her Seasoniques or what the name of it was.</p> <p>On 8-7-12 at 10:30 a.m. a record review for client #4 was conducted. The ISP dated 1-4-12 indicated client #4 had a medication administration goal to state</p>	W0249	<p>At the staff meeting on 08/14/12, staff were retrained on the importance of interacting with consumers during med pass. This includes but is not limited to completing consumer med programs during the time of the med pass, asking the name of medication, number of pills consumer takes, the consumers name, etc. Clients will participate in med programming to the best of their ability as determined in the functional assessment. The Nurse and House Mgr. complete random observations of med passes to ensure staff are following the protocols set forth in Core A&B training and the consumers personal goals. The corrective actions were completed and in place on August 24, 2012.</p>	08/14/2012

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	<p>the name of her medication independently for 30 trials.</p> <p>On 8-7-12 at 12:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #4's medication objective should be implemented at each medication administration possible.</p> <p>9-3-4(a)</p>			

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good 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 1 clients (client #5) who used a helmet, to ensure it was in maintained and in good condition.</p> <p>Findings include:</p> <p>On 8-6-12 from 3:10 p.m. until 5:15 p.m. an observation at the home of client #5 was conducted. Client #5 held his helmet which had silver tape covering it, a piece of the foam missing (bite size), and no chin strap.</p> <p>On 8-7-12 at 9:00 a.m. a record review for client #1 was conducted. The Behavior Support Plan dated 11-11 indicated client #5 was to wear his helmet when he began banging his head and the strap was to be fastened.</p> <p>On 8-7-12 at 12:30 p.m. an interview with the Qualified Mental Retardation Professional indicated client #5's helmet should be kept in good condition and it should have a strap on it per the guidelines in his BSP.</p>	W0436	<p>Client #5 has 2 helmets. A new helmet was purchased for Client #5 several months ago because his other helmet was not in good condition. Client #5 is very routine oriented and does not accept change. Both the new and old helmets are kept in the same closet to help Client #5 with the adjustment of having a new helmet. Client #5 prefers the old helmet. Per his behavior plan, Client #5 packs his helmet in his backpack each day on his way to day programming. Client #5 will be encouraged to pack the new helmet since the old helmet has found a new home elsewhere in the group home. The QDDP and House Mgr will ensure that equipment is available for staff at all times. The House Mgr and QDDP will ensure that all staff are trained on the clients adaptive equipment and where it is located in the homes. The corrective actions were completed and in place on August 24, 2012.</p>	08/24/2012			

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