

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G306	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/27/2012
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1004 RANCH RD CONNERSVILLE, IN 47331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: 1/23/12, 1/24/12, 1/25/12, 1/26/12 and 1/27/12.</p> <p>Facility Number: 000825 Provider: 15G306 AIMS Number: 100243840</p> <p>Surveyor: Keith Briner, Medical Surveyor III/QMRP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed on 2/03/2012 by Dotty Walton, 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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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 1 allegation of abuse/mistreatment reviewed, the facility failed to conduct an investigation in regards to client #6's allegation of abuse.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 1/23/12 at 1:30 PM. The facility's reportable incident report indicated the following:</p> <p>-BDDS (Bureau of Developmental Disabilities Services) report dated 12/1/11, "[Client #6] came out (sic) said roommate hit him. Both staff went back to ask what happened (sic) roommate denies hitting him. No marks were found on [client #6] (sic) called QMRP (Qualified Mental Retardation Professional) she talked with roommate. Roommate apologized to [client #6]."</p> <p>Interview with QMRP #1 on 1/23/12 at 2:45 PM indicated there were no additional investigations to review. QMRP #1 indicated an investigation was not conducted because client #6 did not sustain any injury as a result of the incident.</p>	W0154	<p>W 154 The incident was reported to the QMRP shortly after it occurred. Qmrp talked to roommate who said "he was sorry for hitting Client #6. QMRP spoke with staff to report that Client #6 indicated he had hit his roommate. Staff checked both consumers for injury, and there were none. QMRP referred to DDRS Policy Manual for Reportable Incidents. QMRP determined that incident "DID NOT have potential to result in significant injury, thus was not reported under #1a. QMRP then referred to #4 which reads...Peer to peer aggression that results in SIGNIFICANT INJURY by one individual receiving services, to another individual receiving services." According to evaluation of the situation, the risk for SIGNIFICANT INJURY did not exist, and incident was not reported to BDDS. A Residential CRF, Inc. Incident report remains on file for the incident. Incident was investigated by QMRP but determined to not be a reportable event. In the future, Residential CRF will condust an investigation in regard to allegations of abuse. Administrative staff will provide inservice in regard to reportable indicent procedures.Responsible: Admininistrative staff, QMRPDate: 2/17/2012</p>	02/17/2012	

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	9-3-2(a)			