STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G563	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST VINCENT NEW HOPE INC	2999 WESTLANE RD INDIANAPOLIS, IN 46268

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	This visit was for investigation of complaint #IN00104671. This visit was in conjunction with a PCR (Post Certification Revisit) to the recertification and state licensure survey completed on 01/26/2012. Complaint #IN00104671: Substantiated, Federal and State deficiency related to the allegation(s) is cited at W154. Dates of Survey: March 22, 23, and 26, 2012. Facility Number: 001077 Provider Number: 15G563 AIMS Number: 100245490 Surveyor: Brenda Nunan, RN, CDDN, PHNS III This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 4/2/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review, the facility failed to conduct a thorough investigation for 1 of 1 allegation of neglect (client A). Findings include: The facility's reportable incident reports and/or investigations were reviewed on 03/22/12 at 12:30 p.m. An Indiana Division of Disability and Rehabilitative Services Incident Report, dated, 01/31/2012 at 12:00 p.m., indicated Day Service Staff (DSS) #1 lifted client A onto the toilet, then left her unsupervised in the bathroom stall for an unspecified time. A facility Investigation Summary, dated 02/01/2012, indicated the facility interviewed client A and obtained a written statement from DSS #1 describing the incident. The Investigation Summary indicated, "...[Client A] stated that a staff [DSS #1] had physically lifted her directly to the toilet...and stepped out of the stall...." DSS #1's written statement indicated, "...I stayed in the bathroom the entire time she was on the toilet...." The Investigation Summary indicated,	W0154	What corrective action will be accomplished for these residents found to have been affected by the deficient practiceThe investigation was reviewed with the team involved with that individual, including day service staff. All facility managers, nurses and Team Leaders were retrained and reviewed this investigation and established that in future cases, other day service individuals will be interviewed when a procedure or protocol has been implemented incorrectly to ensure other individuals have not been affected. How will facility identify other residents who have the potential to have been affected by this action and what corrective action will be takenOther residents have the potential to be affected by this action. Each individual in day program has identified care plan that the staff assigned have during their shift. Transfer protocols are a part of this. In future investigations, the GH QDDP will take the lead on the investigation and work collaboratively with the day service staff to determine if procedures have been breached impacting other individuals as well. This individual is a competent reporter and at the time of the investigation, the	04/10/2012

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	"..Partially substantiated, the findings support part of how the event/allegation was described but not entirely...." During an interview on 03/22/2012 at 1:40 p.m., the Residential Director (RD) indicated other clients were not interviewed to determine if additional clients who required toileting assistance were unsupervised in the bathroom. The RD stated, "[Client A] is a reliable reporter." During an interview on 03/22/2012 at 4:50 p.m., client A indicated DSS #1 picked her up from her wheelchair and placed her on the toilet seat. She indicated DSS #1 left her alone in the bathroom stall. She indicated she was frightened and yelled for staff. Client A indicated DSS #1 came back and helped her off the toilet seat. During an interview on 03/23/2012 at 10:30 a.m., the Qualified Developmental Disabilities Professional (QDDP) indicated he did not interview other individuals who required toileting assistance to determine if any other clients had been unsupervised in the bathroom. This Federal tag relates to complaint #IN00104671.		scope of the allegation did not seem to warrant further investigation. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recurInvestigation format was recently revised and remains helpful in guiding the investigation.How the corrective actions will be monitored to ensure the practice does not recur. Director and Quality Assurance Coordinator will continue to review all investigations.	

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	9-3-2(a)			