

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G256	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6155 W 800 N FOUNTAIN TOWN, IN 46130
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 18, 19 and 20, 2015.</p> <p>Facility Number: 000776 Provider Number: 15G256 AIMS Number: 100243510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was maintained and in good repair for all clients living in the home.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W 0104	<p>W104 Governing Body</p> <p>Residential CRF governingbody will provide, monitor, and revise, as necessary, policies and operatingdirection which insure the necessary staffing, training</p>	06/19/2015

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>group home of clients #1, #2, #3, #4, #5 and #6 on 5/18/15 between 4:45 PM and 6:30 PM. During this observation period the following was observed:</p> <p>__ The carpet in the dining room was beige in color and was worn, matted and stained.</p> <p>__ The plaster around the wall socket in the dining room was cracked.</p> <p>__ There was a hole in the plaster approximately one to two inches in diameter in the dining room near the base board.</p> <p>__ Upon opening the cabinet door under the kitchen sink a strong odor was noticed. The base of the cabinet was covered with a particle board and a large area of the particle board was black in color. There was a plastic bag with used scrub sponges that were also black and foul smelling.</p> <p>__ The refrigerator crisper drawers were missing and one of the shelves in the refrigerator was broken.</p> <p>Staff #1 and #2 on were interviewed on 5/18/15 at 5 PM.</p> <p>__ Staff #1 and #2 indicated they had not noticed the damage under the sink.</p> <p>__ Staff #1 stated, "It looks like some kind of water damage."</p> <p>__ Staff #2 stated, "I think there was a leak under the sink at one point. I'm not sure."</p>		<p>resources, equipment and environment to provide individuals with active treatment and to provide for their health and safety. Further, the governing body will ensure that the facility is in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health, safety, and sanitation.</p> <p>In regard to those deficient practices as they relate to the governing body cited in the survey dated 5/20/2015, the following actions have been taken:</p> <p>1. Home Maintenance. 1a) all house staff have been retrained in regard to the procedure for reporting needed repairs to the home. For any noted need for repair, a work order will be completed and forwarded to the maintenance department. The maintenance department will complete needed work and</p>	

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	<p>__ Staff #1 stated, "I hope that's not mold."</p> <p>__ Staff #2 maintenance requests were completed by the staff and taken to the main office.</p> <p>__ Staff #2 stated, "We are supposed to be getting a new refrigerator."</p> <p>__ Staff #1 and #2 indicated they did not know when the carpet had been replaced and/or cleaned last.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/18/15 at 6 PM, the QIDP:</p> <p>__ Stated the carpet in the dining room "needs to be replaced."</p> <p>__ Indicated the stains and condition of the carpet were due to high traffic areas around the dining room table and going in and out of the kitchen.</p> <p>__ Stated the area under the sink had a "foul odor" and "I think it's because they (the staff and clients) are putting the dish pan they use to wash the dishes away without letting it dry first and it's soaked into the wood."</p> <p>__ Stated the bag "of old scrub pads was thrown away and they (the staff) were trying to clean it, but my guess is it (the base of the cabinet) needs to be replaced."</p> <p>__ Indicated the maintenance requests were filled out by the staff and routed to</p>		<p>assign a completion date on the work order. The head of the maintenance department will keep a record of all work orders they receive for the governing body to review on a monthly basis or as needed. 1b) the home maintenance quality assurance checklist has been reviewed and revised to include a thorough reporting of needed repairs. The area supervisor will do a monthly inspection of the home in order to complete this QA checklist. The checklist will be forwarded to the IDT and reviewed weekly. The IDT will review with the governing body monthly, or as needed. In the event of an emergency repair, the governing body will be contacted immediately for proper approvals. Any needed repairs will be noted in a work order and the above mentioned procedure (1a) will be followed for completion of repairs.</p> <p>The governing body has reviewed the deficiency report in reference to the condition of 6155 W 800 N, Fountain town, IN. The following repairs/updates have been completed or will be completed by or prior to June 19, 2015.</p> <ul style="list-style-type: none"> · Carpet in dining room was worn, matted and stained: The carpet will be professionally cleaned and/or replaced in the event it cannot be cleaned. · Plaster around wall socket in 		

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	<p>the maintenance department for repairs. ___ Indicated the homes were to be maintained and in good repair at all times.</p> <p>9-3-1(a)</p>		<p>diningroom was cracked: The plaster/caulking around the wall outlet will be repaired, and replaced if needed.</p> <ul style="list-style-type: none"> ·Hole in the plaster (approx 1" diam.) in the dining room near the base board: The hole in the plaster will be repaired. (The hole is directly below the outlet mentioned above) ·The base of the cabinet below the kitchen sink was particle board and covered with a black foul smelling substance: The plastic dish pan used for washing/rinsing dishes is stored here. The client's were storing these dish pans without insuring that they were dry, allowing the cabinet base to stay wet and become mildewed. The wooden base will be replaced. The client's and staff were instructed to assure that any items stored here were completely dry. Staff will monitor daily to prevent this from happening again. ·A plastic bag of scrub sponges was stored under the sink also: The bag of old scrub sponges was not being used and was discarded. ·Refrigerator crisper drawers were missing and a shelf was broken: The refrigerator had been put into use temporarily to replace one that was defective. The refrigerator was replaced with a brand new one on May 19, 2015. <p>This corrective action will address all of the affected</p>		

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W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to provide the clients with a choice of community based activities, the opportunity to attend</p>	W 0136	<p>residents in the 6155 W 800 N home in Fountain town, IN. This would also apply to any new consumers who may be admitted to the home in the future with any vacancies that may occur. The use of the QA review will assist in assuring that this home and other homes in the Residential CRF system will be maintained and routine and emergency repairs will be completed in a timely manner. This will enhance the quality of life of the clients as well as preserve the integrity and value of the home. The QA procedure will be monitored weekly, monthly and as needed to assure that maintenance work is completed as directed in a timely manner.</p> <p>Responsible- QIDP, Maintenance, Supervisor, Governing Body</p> <p>W136 Protection of Clients Rights The facility failed to ensure that all clients have the opportunity to participate in social, religious and community group activities. The facility does somewhat disagree with the findings of this citation due to</p>	06/19/2015	

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	<p>the religious services of their choice and the opportunity to participate in a community based activities individually and/or with others.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/18/15 between 4:40 PM and 6:30 PM and on 5/19/15 between 6:15 AM and 7:30 AM. Clients #2, #3, #4 and #6 were active, involved young women that were able to hold a conversation. Clients #4 and #6 wore leg and/or arm braces and were independent with their mobility and able to go up and down steps. Clients #2, #3, #4, #5 and #6 took their showers, prepared the evening meal and participated in the post meal clean up with minimum verbal prompting from the staff.</p> <p>Review of client #1's, #2's, #3's, #4's, #5's and #6's finances on 5/19/15 at 1 PM indicated:</p> <p>On 1/10/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 1/17/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 1/24/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p>				<p>the fact that the consumers do participate in a variety of community activities and do choose as a group their destination for eating out, shopping, and most activities on the weekends. In order to complete the correction for this citation, the facility will assist clients in completing a Monthly activity calendar which includes more variety in activities made available to them. Residential CRF QIDP will assist in surveying client activity requests and relaying to staff. Residential CRF will provide supervision and guidance for selection of activities and will allow for opportunity for individual activities of their choice or for activities/programs/events/religious activities with friends or in a small group outing (1 or 2 or 3 individuals). Residential CRF will assist clients in knowing what is available in their local community and planning for these events. This will be an on-going activity which will include all staff, family and friends, if necessary, and possibly community members or volunteers who could assist with event planning. An activity calendar will be proposed for all Residential CRF homes to assure that clients can participate in a variety of activities in small and large group numbers. Responsible- QIDP, House staff, Supervisor</p>		

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	<p>On 2/7/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 2/14/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 3/7/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant and shopping at a local department store.</p> <p>On 3/21/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 3/28/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 4/18/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant and shopping at a local department store.</p> <p>On 4/25/15 clients #1, #2, #3, #4, #5 and #6 went out to eat at a local restaurant.</p> <p>On 5/19/15 at 2 PM the QIDP was asked to provide an activity calendar of the clients' choices of activities to participate in for the month of May, 2015. The QIDP indicated no activity calendar for review and/or a list of activities provided to the clients for the clients to choose from.</p> <p>Client #1's, #2's and #3's Daily Activity Schedules (no date on schedule) were</p>			

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	<p>reviewed on 5/20/15 at 11:30 AM. The schedule indicated:</p> <p><u> </u> Sunday:</p> <p>8:30 AM arise and get dressed. 9:00 AM eat and clean room. 10:00 AM chores. 11:00 AM church. 12:30 PM eat. 1:00 PM walk, rest, individual or group leisure activity or an outing. 3:00 PM to 4:00 PM group activity. 4:15 PM to 5:00 PM IPPs (Individualized Program Plans). 5:00 PM eat. 6:00 PM group activity and prepare lunches. 7:00 PM leisure activity and shower. 8:00 PM snack and medications. 9:00 PM free time in room and prepare for bed.</p> <p><u> </u> Saturday</p> <p>8:30 AM arise and get dressed. 9:00 AM eat and clean room. 10:00 AM chores. 10:45 AM to 4:30 PM go out to eat, personal shopping and individual/group outing. 5:00 PM eat. 6:00 PM exercise, showers and IPPs. 7:00 PM to 8:00 PM leisure activity. 8:00 PM snack and medications. 9:00 PM free time.</p> <p>During interview with client #2 on</p>			

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	<p>5/19/15 at 7:30 AM, client #2: ___ Indicated she did not go to church but would like to have the opportunity and/or choice to be able to if she wanted. ___ Stated, "We (clients #1, #2, #3, #4, #5 and #6) used to go to church but haven't for a long time." ___ Indicated on weekends the clients in the home (clients #1, #2, #3, #4, #5 and #6) and the staff would go out to eat and/or go shopping. ___ Indicated no choice of activities was provided to her and/or her housemates (clients #1, #3, #4, #5 and #6) except for where they were going to eat. ___ Stated she and her housemates "always" went out into the community as a group and were never offered the opportunity or choice to do something by themselves, with a friend and/or with one or two of their housemates.</p> <p>During interview with client #3 on 5/19/15 at 11 AM, client #3: ___ Indicated she did not go to church but would like to have the opportunity and/or choice to be able to if she wanted. ___ Indicated the staff did not ask her if she wanted to go to church. ___ Indicated she had not been to a movie in a long time and stated, "That would be nice." ___ Indicated no choice of activities was provided to her and/or her housemates</p>						

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	<p>(clients #1, #2, #4, #5 and #6) except for where they were going to eat.</p> <p>__ Stated, "We (clients #1, #2, #3, #4, #5 and #6) just mostly go out to eat and go shopping."</p> <p>During interview with client #4 on 5/19/15 at 11:10 AM, client #4:</p> <p>__ Indicated she did not go to church but would like to have the opportunity and/or choice to be able to if she wanted.</p> <p>__ Indicated the staff did not ask her if she wanted to go to church.</p> <p>__ Indicated on the weekends the staff would take them (clients #1, #2, #3, #4, #5 and #6) out to eat and they would sometimes go shopping.</p> <p>__ Indicated no choice of activities was provided to her and/or her housemates (clients #1, #2, #3, #5 and #6) except for where they were going to eat.</p> <p>During interview with client #6 on 5/19/15 at 10:50 AM, client #6:</p> <p>__ Indicated she did not go to church but would like to have the opportunity and/or choice to be able to if she wanted.</p> <p>__ Indicated the staff did not ask her if she wanted to go to church.</p> <p>__ Indicated on the weekends the staff would take them (clients #1, #2, #3, #4, #5 and #6) out to eat and they would sometimes go shopping.</p> <p>__ Indicated no choice of activities was</p>			

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	<p>provided to her and/or her housemates (clients #1, #2, #3, #4 and #5) except for where they were going to eat.</p> <p>During telephone interview with client #3's guardian on 5/20/15 at 2:30 PM, client #3's guardian stated, "I would like to see them (clients #1, #2, #3, #4, #5 and #6) be able to go to church more often." Client #3's guardian indicated a desire for client #3 to have more choices of activities.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/19/15 at 3 PM, the QIDP: ___ Stated, "I'm pretty sure they go to church." ___ Indicated the home was staffed with two married couples. ___ Indicated the staff worked 7 days on and 7 days off. ___ Stated, "I know when [staff #3 and staff #4] work they took them to church." ___ During this interview, the QIDP called staff #3. Staff #3 was asked if the clients were given the option to go to church. The QIDP indicated staff #3 and staff #4 had not taken the clients to church in a long time and had not asked if they wanted to go. The QIDP asked staff #3 who chooses where they go out to eat on the weekends. Staff #3 indicated the</p>			

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	<p>clients choose where they go out to eat.</p> <p>__ Indicated the clients should be given a choice of community based activities.</p> <p>__ Indicated the clients should be given the opportunity to attend the religious services of their choice.</p> <p>__ Indicated the clients should be given the choice to participate in a community based activity by themselves, with a friend and/or with one or more of their house mates.</p> <p>9-3-2(a)</p>			