

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G453	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/18/2013
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3261 ALMQUIST KOKOMO, IN 46902		
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: January 16, 17, and 18, 2013.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Facility Number: 000967 Provider Number: 15G453 AIMS Number: 100235220</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/28/13 by Ruth Shackelford, 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, record review, and interview, for 4 of 4 sample clients (clients #1, #2, #3, and #4) and for 4 additional clients (clients #5, #6, #7, and #8), the governing body failed to ensure clients #3 and #7 were not charged fees for a hearing aid (#3) and lawn furniture and decor (#7). The governing body failed to ensure routine maintenance was completed for the cleaning of the living room carpet.</p> <p>Findings include:</p> <p>1. On 1/17/13 at 10:05am, client #3's facility financial records were reviewed for the period from 1/2012 through 1/17/13. Client #3's financial records included a 10/11/12 "Invoice" from the "Hearing Center" which indicated the purchase of a hearing aid, the receipt of a check dated 1/2013 in the amount "600.00," and a pending balance "Amount due from patient 699.35". Client #3's 1/2013 "Consumer Ledger" indicated on 1/11/13 a personal check from client #3 was written to the hearing center for \$600.00.</p> <p>On 1/16/13 from 3:50pm until 5:10pm, on</p>	W0104	<p>1. Client #3 was reimbursed for her hearing aid in the amount of \$600.00. The Senior VP reviewed with the DRS, and nursing staff that any expense not paid for by Medicaid is the responsibility of the provider. The Social Services Coordinator will review the consumer budget sheets on a monthly basis to ensure that clients are not purchasing items for which the agency is responsible. Should the Social Services Coordinator discover a client has purchased an item that is the responsibility of the provider, the Social Services Coordinator will report this to the DRS and Senior VP immediately. The Senior VP will ensure that the client is reimbursed. 2. Client #7 budgeted to purchase the gardening and outdoor items in pursuit of his hobby of gardening. Consumer #7 elected to purchase the items and will take all items with him when he moves. Additionally, consumer #7 enjoys spending time outside and elected to purchase outside furniture to participate in this pursuit. 3. The carpets for clients #1, #2, #3, #4, #5, #6, #7, #8 were cleaned on February 13, 2013. On February 15, 2013, the RHM indicated the stains had lifted. The RHM will ensure that</p>	02/15/2013			

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	<p>1/16/13 from 5:13pm until 6:30pm, and on 1/17/13 from 6am until 8:15am, client #3 was observed and was not wearing her right hearing aid.</p> <p>On 1/17/13 at 2:05pm, an interview with the Director of Residential Services (DRS) was conducted. The DRS indicated client #3 wore right and left prescribed hearing aids. The DRS indicated client #3 had paid for her right hearing aid to be replaced and client #3 remained without her hearing aid. The DRS indicated the agency had submitted the cost of client #3's hearing aid to medicaid and the agency was waiting for client #3 to be reimbursed.</p> <p>2. On 1/17/13 at 10:05am, client #7's facility financial records were reviewed for the period from 1/2012 through 1/17/13. Client #7's financial records indicated receipts from a local builders mart which included lawn furniture and decor for the following: a portable canister hose reel for \$29.98, a garden trellis for \$49.88, two black Urns for \$99.94, a grill for \$99.00, a heavy duty grill cover for \$26.97, a fire log for \$8.99, a Nozzle metal loop \$10.98, glider for \$188.00, a 3 person cushion swing for \$188.00, a striped green furniture set for \$143.88, and an assembly charge for \$10.00. Client #7's 4/5/2012 "Budget"</p>		the carpets are cleaned once every quarter and/or on an as needed basis.				

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	<p>sheet for his personal checking account indicated a check request withdrawal for "Personal Expenses: Other: Garden Decor and Patio Furniture \$2500.00" withdrawn from client #7's personal account. Client #7's check request expenditure was signed by the House Manager (HM), client #7, and a direct care staff member.</p> <p>On 1/16/13 at 5:40pm, client #7 was interviewed and he stated had purchased the "backyard furniture and a gas grill" during 2012. Client #7 stated "everyone uses it."</p> <p>On 1/17/13 at 2:05pm, an interview with the DRS was conducted. The DRS indicated client #7 had been referred to a waiting list for a different placement. The DRS indicated client #7 had purchased from his personal funds account: backyard furniture, lawn decor items, and supplies for gardening at the group home. The DRS indicated client #7's \$2500.00 was spent to purchase gardening, patio furniture, and backyard decor items.</p> <p>3. On 1/16/13 from 3:50pm until 5:10pm, on 1/16/13 from 5:13pm until 6:30pm, and on 1/17/13 from 6am until 8:15am, clients #1, #2, #3, #4, #5, #6, #7, and #8 independently walked throughout the group home. During both observation periods, the living room carpet had three</p>			

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	<p>(3) oval shaped brown stains and one (1) round red stain on the carpet. On 1/16/13 at 6pm, DCS (Direct Care Staff) #1 and client #3 indicated the three (3) brown stains were one foot by one foot (1' x 1'), one half foot by one half foot (1/2' x 1/2'), and one foot by one half foot (1' x 1/2'). At 6pm, DCS and client #3 indicated the red stain was one foot by one half foot (1' x 1/2'). On 1/17/13 at 6am, DCS #2 and DCS #3 both indicated the living room carpet was stained and the carpet needed to be cleaned.</p> <p>On 1/17/13 at 2:05pm, the facility's Maintenance and Repair log/communication information was requested from the agency's Director of Residential Services (DRS). The DRS indicated the maintenance information was submitted on 1/17/13 for the living room carpet to be cleaned. The DRS indicated clients #1, #2, #3, #4, #5, #6, #7, and #8's living room carpet needed to be cleaned.</p> <p>9-3-1(a)</p>			

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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 observation, interview and record review for 3 of 4 sampled clients (clients #1, #2, and #3), and for 4 additional clients (clients #5, #6, #7, and #8), the facility failed to teach and allow clients to access the locked chemicals inside the group home.</p> <p>Findings include:</p> <p>On 1/16/13 from 3:50pm until 5:10pm, on 1/16/13 from 5:13pm until 6:30pm, and on 1/17/13 from 6am until 8:15am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked independently throughout the group home. On 1/16/13 at 5:30pm, the laundry area was observed to have a 3.78 quart bottle of bleach on the floor beside the washer. At 5:30pm, the House Manager (HM) picked up the bottle of bleach carried it into the medication office, unlocked the closet inside the room, and placed the bottle of bleach onto the floor where the HM indicated the facility kept locked chemicals. On 1/16/13 at 6:25pm, the HM opened the locked closet inside the medication office. The HM indicated</p>	W0125	<p>1. The chemicals locked in the staff office will be placed in a location where Clients #1, #2, #3, #4, #5, #6, #7, #8 can access them. The Communication book was updated to inform all staff that chemicals must be stored in a location that is accessible to clients. As part of the monthly periodic service review, access to chemicals will be reviewed. In the event the Director of Ancillary Services discovers that chemicals are stored in a location from clients, the Director of Ancillary Services will ensure the chemicals are moved to a accessible location and report it to the DRS. The DRS will retrain home staff in this area should this occur.</p>	02/17/2013			

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	<p>the chemicals locked inside the group home office were bleach, toilet bowl cleaner, and other cleaning supplies. At 6:30am, the HM indicated clients #1, #2, #3, #5, #6, #7, and #8 did not have keys to the locked closet and clients ask facility staff who supervise clients when chemicals were used in the group home.</p> <p>Client #1's record was reviewed on 1/17/13 at 12:45pm. Client #1's 6/6/12 ISP (Individual Support Plan) did not indicate client #1 had been assessed in regard to the need to lock the chemicals at the group home. Client #1's 6/6/12 ISP indicated she had a Healthcare Representative (HCR). Client #1's record did not indicate the client and/or her HCR had given written informed consent to locked cleaning chemicals.</p> <p>Client #2's record was reviewed on 1/17/13 at 12:20pm. Client #2's 6/6/12 ISP did not indicate client #2 had been assessed in regard to the need to lock the chemicals at the group home. Client #2's 6/6/12 ISP indicated he had a HCR. Client #2's record did not indicate the client and/or his HCR had given written informed consent to locked cleaning chemicals.</p> <p>Client #3's record was reviewed on 1/17/13 at 11am. Client #3's 9/20/12 ISP</p>			

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	<p>did not indicate client #3 had been assessed in regard to the need to lock the chemicals at the group home. Client #3's 9/20/12 ISP indicated she had a HCR. Client #3's record did not indicate the client and/or her HCR had given written informed consent to locked cleaning chemicals.</p> <p>Client #4's record was reviewed on 1/17/13 at 11:45am. Client #4's 1/8/13 ISP had a goal/objective to identify different chemicals 50% of the time by reading the label. Client #4's record indicated in 2004 client #4 had removal of part of colon and stomach due to the ingestion of drain cleaner.</p> <p>On 1/17/13 at 2:05pm, an interview with the Director of Residential Services (DRS) was conducted. The DRS indicated client #4 had a past history of drinking drain cleaner and chemicals were kept locked inside the group home. The DRS indicated no client in the group home had a key to access the locked chemicals. The DRS indicated clients #1, #2, #3, #5, #6, #7, and #8 did not have an assessment for the locked chemical closet. The DRS indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 did not have consents for the locked chemical closet.</p> <p>9-3-2(a)</p>			

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, interview, and record review, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and for 4 additional clients (clients #5, #6, #7, and #8), the facility's HRC (Human Rights Committee) failed to review and approve the restrictive practice of the locked cleaning chemicals restriction to ensure clients' rights were protected for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>Findings include:</p> <p>On 1/16/13 from 3:50pm until 5:10pm, on 1/16/13 from 5:13pm until 6:30pm, and on 1/17/13 from 6am until 8:15am, clients #1, #2, #3, #4, #5, #6, #7, and #8 walked independently throughout the group home. On 1/16/13 at 5:30pm, the laundry area was observed to have a 3.78 quart bottle of bleach on the floor beside the washer. At 5:30pm, the House Manager (HM) picked up the bottle of bleach, carried it into the medication office, unlocked the closet inside the room, and</p>	W0264	The Human Rights Committee for the agency reviews and discusses restrictions and concerns for clients served. The Human Rights Committee has switched to monthly meetings rather than quarterly meetings to allow the group additional opportunities to review agency policies. Additionally, any findings of the monthly periodic service review of a restrictive nature will be reported to the Senior VP immediately and investigated to ensure that the Human Rights Committee has approved the restriction. In the event the restriction does not have Human Rights Committee approval, the restriction will be lifted immediately and forwarded to the Human Rights Committee for review. The Human Rights Committee will ensure that any restriction has the appropriate assessment and/or risk plan and that any client guardian/advocate has agreed with the restriction. The DRS will ensure that restrictive plans or practices will be brought forth to the Human	02/17/2013	

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	<p>placed the bottle of bleach onto the floor where the HM indicated the facility kept locked chemicals. On 1/16/13 at 6:25pm, the HM opened the locked closet inside the medication office. The HM indicated the chemicals locked inside the group home office were bleach, toilet bowl cleaner, and other cleaning supplies. At 6:30am, the HM indicated clients #1, #2, #3, #5, #6, #7, and #8 did not have keys for the locked closet and clients ask facility staff who supervise clients when chemicals were used in the group home.</p> <p>Client #1's record was reviewed on 1/17/13 at 12:45pm. Client #1's 6/6/12 ISP (Individual Support Plan) did not indicate client #1 had been assessed in regard to the need to lock the chemicals at the group home. Client #1's 6/6/12 ISP and record did not indicate the facility's Human Rights Committee (HRC) reviewed and approved the rights restriction.</p> <p>Client #2's record was reviewed on 1/17/13 at 12:20pm. Client #2's 6/6/12 ISP did not indicate client #2 had been assessed in regard to the need to lock the chemicals at the group home. Client #2's 6/6/12 ISP and record did not indicate the facility's Human Rights Committee (HRC) reviewed and approved the rights restriction.</p>		Rights Committee prior to putting the plan in place.		

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	<p>Client #3's record was reviewed on 1/17/13 at 11am. Client #3's 9/20/12 ISP did not indicate client #3 had been assessed in regard to the need to lock the chemicals at the group home. Client #3's 9/20/12 ISP and record did not indicate the facility's Human Rights Committee (HRC) reviewed and approved the rights restriction.</p> <p>Client #4's record was reviewed on 1/17/13 at 11:45am. Client #4's 1/8/13 ISP indicated a goal/objective to identify different chemicals 50% of the time by reading the label. Client #4's record indicated in 2004 client #4 had removal of part of colon and stomach due to the ingestion of drain cleaner. Client #4's 6/6/12 ISP indicated he had a HCR. Client #4's record did not indicate the client and/or his HCR had given written informed consent to locked cleaning chemicals and did not indicate the facility's Human Rights Committee (HRC) reviewed and approved the rights restriction.</p> <p>On 1/17/13 at 2:05pm, an interview with the Director of Residential Services (DRS) was conducted. The DRS indicated client #4 had a past history of drinking drain cleaner and chemicals were kept locked inside the group home. The</p>						

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	<p>DRS indicated no client in the group home had a key to access the locked chemicals. The DRS indicated clients #1, #2, #3, #5, #6, #7, and #8 did not have an assessment for the need of the locked chemicals. The DRS indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 did not have consents available for review for the locked chemical closet. The DRS indicated the facility's HRC had not reviewed and/or approved the locking of chemicals at the group home.</p> <p>9-3-4(a)</p>			

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W0454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview, for 7 of 8 clients (clients #2, #3, #4, #5, #6, #7, and #8) who lived in the group home, the facility staff failed to teach and encourage clients to use sanitary methods during dining opportunities.</p> <p>Finding include:</p> <p>On 1/16/13 at 6:05pm, client #1 served herself with the white plastic scoop placed inside the pan of Lasagna and passed the Lasagna with the white scoop to client #2 at the dining room table. At 6:05pm, client #2 served himself Lasagna with the white plastic scoop from the pan and dropped sauce and lasagna from the scoop onto the table surface. Client #2 used the white plastic scoop to scrape the table. Client #2 used his fingers to gather the noodles from the edges of the table, the edges of the scoop, and licked his fingers each time. Client #2 emptied the scoop contents onto his plate, replaced the white plastic scoop into the Lasagna, and passed the pan to DCS #3 who assisted client #4 with scooping his Lasagna. DCS (Direct Care Staff) #3 stood beside client #2 and no redirection was observed.</p>	W0454	<p>The RHM reminded DSPs for the group home at the completion of the survey and again via the communication book on February 15, 2013, of the guidelines of family dining and appropriate infection control practices. Additionally, the RHM, DRS, and QDDP will retrain staff of such guidelines at the staff meeting on February 19, 2013. The RHM, QDDP, or nurse observe random meals on at least a weekly basis and will continue to do so ensure that appropriate family dining and infection control guidelines are met.</p>	02/15/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G453	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/18/2013
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	<p>From 6:05pm until 6:20pm, clients #3, #4, #5, #6, #7, and #8 served themselves Lasagna after client #2 and no scoop replacement was observed. At 6:20pm, clients #2, #3, #4, #5, #6, #7, and #8 consumed their Lasagna.</p> <p>Interview with the Director of Residential Services (DRS) was conducted on 1/17/13 at 2:05pm. The DRS indicated staff should have prompted client #2 to replace the scoop in the pan of Lasagna.</p> <p>9-3-7(a)</p>			