

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G479	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2011
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 422 MARQUETTE TR MICHIGAN CITY, IN 46360
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 28, 29, 30, December 2, 5, 2011.</p> <p>Facility number: 000993 Provider number: 15G479 AIM number: 100244950</p> <p>Surveyor: Susan Reichert, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/7/11 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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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 2 of 5 reportable incidents involving 1 of 4 sampled clients (client #1), the facility failed to provide evidence client #1's guardian had been immediately notified.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/29/11 at 4:20 PM and included the following reports involving client #1:</p> <p>-A report dated 8/14/11 indicated client #1 left staff's eyesight for 30 seconds after going to the mailbox. Client #1 went the to neighbor's yard, "screaming and throwing rocks." A neighbor called police after client #1 refused to leave the yard and staff were unable to redirect client #1 back to her house. The police escorted client #1 back to her house, and once there, she "flipped her bed and dresser over." Plan to resolve indicated there were no precipitating events that staff could determine would "upset" client</p>	W0148	<p>Corrective Action: The PD/QMRP will be re-trained on the expectation that the family or guardian are notified of any significant incidents or changes in the client's condition. The Program Director/QMRP will send all incident reports to the Program Coordinator. The Program Coordinator will ensure that the family or guardian was notified of the incident. Responsible Staff: Program Coordinator Timeline for Completion: 12/21/11 Systematic Correction: The Program Coordinator will re-train all PD/QMRP staff on the expectation that the family or guardian are notified of any significant incidents or changes. The PD/QMRPs will send all incident reports to their respective Program Coordinators to be reviewed to ensure that the family or guardian was notified of the incident. Responsible Staff: Program Coordinator Timeline for Completion: 1/10/12</p>	01/10/2012			

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	<p>#1, and her behavior support plan was followed. A GER (General Events Report) dated 8/14/11 regarding the incident indicated client #1 "picked up rocks, a brick, and a 2 by 4 (inches) and threw them at staff" and also ripped staff's shirt in addition to breaking a bench, bird feeder and "tearing up the rock pit" in the neighbor's yard. The section to note guardian notification was marked NA (not applicable).</p> <p>-A report dated 10/13/11 indicated client #1 "got upset" when staff arrived at day services to pick her up, and refused to get into the van. After day services staff encouraged client #1 to get into the van, she hit client #4 in the right arm. Clients #4 and #1 slapped each other 3 times, then client #1 kicked the van roof causing a dent mark the size of a heel. Client #1 got out of the van and walked to a fish store and sat down in the doorway refusing to move and blocking customer's egress. Staff explained to client #1 "that if she didn't get up, they may have to call police," and client #1 left the store, sat in a pile of rocks and started throwing them at cars as they drove by, missing each one. Client #1 attempted to go into another store, but was blocked by staff and tried unsuccessfully to rip down a sign, and punched windows until staff were able to get her to stop. Client #1</p>			

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	<p>then went to a rock garden and cried until another staff arrived and was able to get her into the van. The report indicated client #1 received first aid for a bruise, small cut to her right wrist and a scrape to her right arm. The section to note guardian notification was marked NA (not applicable).</p> <p>Client #1's record was reviewed on 11/29/11 at 8:00 AM. Client #1's 9/21/11 informed consent assessment indicated she had a legal guardian. There was no evidence in the record of client #1's guardian being notified of the incidents involving client #1 on 8/14/11 and on 10/13/11.</p> <p>The Program Coordinator was interviewed on 12/5/11 at 12:40 PM and indicated there was no additional information available to review to indicate client #1's guardian had been informed of the behavioral incidents on 8/14/11 and 10/13/11.</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 implement immediate and effective corrective action to protect 1 of 4 sampled clients (client #1) from property destruction and elopement.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/29/11 at 4:20 PM and included the following reports involving client #1:</p> <p>-A report dated 8/14/11 indicated client #1 left staff's eyesight for 30 seconds after going to the mailbox. Client #1 went the to neighbor's yard, "screaming and throwing rocks." A neighbor called police after client #1 refused to leave the yard and staff were unable to redirect client #1 back to her house. The police escorted client #1 back to her house, and once there, she "flipped her bed and dresser over." Plan to resolve indicated there were no precipitating events that staff could determine would "upset" client #1, and her behavior support plan was</p>	W0149	<p>Corrective Action: The Program Coordinator will re-train the Program Director on the importance of ensuring that all issues displayed by the individuals is discussed and appropriate actions are taken. The Program Director will ensure that any events such as property destruction and elopement are addressed to prevent the likelihood from the occurrence of the events in the future. Responsible Person: Program Coordinator Timeframe for Completion: 12/21/11 Systematic Correction: The Program Coordinator will re-train the Program Directors/QMRPs on the expectation that all issues displayed by individuals are addressed appropriately. If an individual displays behaviors such as elopement or property destruction, the Program Director/QMRP will ensure that these behaviors are addressed in a formal Behavioral Support Plan. In the event that the behavior is addressed in a plan, then the Program Director/QMRP will ensure that the current plan is appropriate and any changes are made as needed. Responsible Person: Program Coordinator Timeframe for</p>	01/10/2012	

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	<p>followed. The report indicated client #1 was to receive a Depo-Provera (hormone) shot within a week and had a history of displaying target behaviors "in a cluster" just prior to her menstrual cycle. The report indicated client #1 had been treated in the past with medication to control behaviors associated with hormones, and would follow up with her physician. A GER (General Events Report) dated 8/14/11 regarding the incident indicated client #1 "picked up rocks, a brick, and a 2 by 4 (inches) and threw them at staff" and also ripped staff's shirt in addition to breaking a bench, bird feeder and "tearing up the rock pit" in the neighbor's yard.</p> <p>-A report dated 9/17/11 indicated client #1 "was in behaviors since earlier that day...," hit her housemate (unidentified), then after taking her medication and appearing to go to sleep, pulled the vanity light down causing it to break and glass to shatter. A follow up report dated 9/24/11 indicated client #1 did not sustain an injury during the incident, and staff continued to monitor client #1's safety and followed her BSP (behavior support plan).</p> <p>-A report dated 10/13/11 indicated client #1 "got upset" when staff arrived at day services to pick her up, and refused to get into the van. After day services staff</p>		Completion: 1/10/12		

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	encouraged client #1 to get into the van, she hit client #4 in the right arm. Clients #4 and #1 slapped each other 3 times, then client #1 kicked the van roof causing a dent mark the size of a heel. Client #1 got out of the van and walked to a fish store and sat down in the doorway refusing to move and blocking customer's egress. Staff explained to client #1 "that if she didn't get up, they may have to call police," and client #1 left the store, sat in a pile of rocks and started throwing them at cars as they drove by, missing each one. Client #1 attempted to go into another store, but was blocked by staff and tried unsuccessfully to rip down a sign, and punched windows until staff were able to get her to stop. Client #1 then went to a rock garden and cried until another staff arrived and was able to get her into the van. The report indicated client #1 received first aid for a bruise, small cut to her right wrist and a scrape to her right arm. Plan to resolve indicated "staff was not aware of what could have happened to cause [client #1's] outburst. Staff followed [client #1's] behavior plan and had [client #1] within their line of sight at all times during incident. [Client #1] has regularly scheduled appointments with her psychiatrist and this incident will be reported at her next visit. Staff will continue to follow [client #1's] behavior plan and report all incidents."			

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	<p>No additional corrective action was available to review regarding the incidents or steps to prevent future occurrence.</p> <p>Client #1's record was reviewed on 11/29/11 at 8:00 AM. Her BSP (Behavior Support Plan) dated 7/8/11 included the target behaviors of aggression, picking at skin, property destruction, intrusive behavior, and elopement. There was no evidence to revision to her behavior plan since 7/8/11. Psychiatrist reviews on 8/26/11 and on 11/28/11 indicated there were no changes to her medications to treat her target behaviors. Physician's orders for the 8/26/11 review included: "no need for additional medication intervention for...moderately aggressive episode. Will re-evaluate if it recurs and pattern develops."</p> <p>The house manager was interviewed on 11/30/11 at 9:20 AM and indicated there had been no changes to client #1's plan since 7/8/11 and corrective action included retraining staff formally and informally regarding techniques to address client #1's behaviors. She indicated the incidents had involved newer staff who were not as familiar as older staff with client #1 and client #1 had a history of increased behaviors near her</p>				

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	<p>menstrual cycle. She indicated client #1's physician had reviewed her medications on 8/26/11 and on 11/28/11, but did not recommend any changes. She indicated there were no additional steps to prevent future occurrence of client #1's behaviors.</p> <p>The facility's policy and procedure Concerning Individual Abuse, Neglect and Exploitation dated 4/11 was reviewed on 11/29/11 at 3:10 PM and indicated in part, "Neglect or abuse of any consumer is strictly prohibited."</p> <p>9-3-2(a)</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 for 2 of 2 incident reports involving injuries of unknown origin, affecting 2 of 4 sampled clients (clients #3 and #4), the facility failed to provide evidence of a thorough investigation to determine cause of the injuries.</p> <p>Findings include:</p> <p>The facility's General Event Reports (GER) were reviewed on 11/29/11 at 2:35 PM and included the following reports:</p> <p>-A report dated 6/12/11 indicated client #4 returned from her sister's house with a bruise on her lower back (size not identified) undetermined in cause. The report indicated client #4 received Ibuprofen 200 mg (milligrams) for pain and was to be seen by her physician for a back X-Ray. No further information was available to review regarding an investigation into the cause of client #4's bruising to her back.</p> <p>-A report dated 11/25/11 indicated client #3 returned from home and her mother showed staff a small bruise on client #3's</p>	W0154	<p>Corrective Action: The Program Coordinator will re-train the Program Director/QMRP on the system established by Dungarvin to investigate all injuries of unknown origin. The Program Coordinator will review all reports that are made and follow-up with the Program Director/QMRP to ensure that the investigation was completed and documented. The Program Coordinator will ensure that the investigation completed was thorough and review the actions recommended to be taken. Responsible Staff: Program Coordinator Timeframe for Completion: 12/21/11 Systematic Correction: The Program Coordinator will re-train all Program Director/QMRPs on the system established by Dungarvin to investigate injuries of unknown origin. The Program Coordinator will re-train on the expectation that all injuries of unknown origin are investigated and the findings documented on an investigative report. The investigations will be sent to the Program Coordinator for review to ensure the investigation was thorough and that all recommended corrective actions are implemented. Responsible Staff: Program Coordinator Timeframe</p>	01/10/2012			

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	<p>left front foot at the crease where the foot and leg connect about a half an inch long and as wide as a pencil found at her mother's house. The bruise was undetermined in cause. No further information was available to review regarding an investigation into the cause of client #3's bruising to her foot.</p> <p>The Program Director was interviewed on 11/29/11 at 3:05 PM and indicated there was no evidence of investigation into the incidents of injury of unknown origin and the incidents should have been investigated.</p> <p>9-3-2(a)</p>		for Completion: 1/10/12		

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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.</p> <p>Based on record review and interview, the facility failed to implement immediate and effective corrective action to protect 1 of 4 sampled clients (client #1) from property destruction and elopement.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/29/11 at 4:20 PM and included the following reports involving client #1:</p> <p>-A report dated 8/14/11 indicated client #1 left staff's eyesight for 30 seconds after going to the mailbox. Client #1 went the to neighbor's yard, "screaming and throwing rocks." A neighbor called police after client #1 refused to leave the yard and staff were unable to redirect client #1 back to her house. The police escorted client #1 back to her house, and once there, she "flipped her bed and dresser over." Plan to resolve indicated there were no precipitating events that staff could determine would "upset" client #1, and her behavior support plan was followed. The report indicated client #1 was to receive a Depo-Provera (hormone)</p>	W0157	<p>Corrective Action: The Program Coordinator will re-train the Program Director on the importance of ensuring that all issues displayed by the individuals is discussed and appropriate actions are taken. The Program Director will ensure that any events such as property destruction and elopement are addressed to prevent the likelihood from the occurrence of the events in the future. Responsible Person: Program Coordinator Timeframe for Completion: 12/21/11 Addendum to original response: The PD/QMRP will schedule a Team meeting for the individual displaying property destruction to the neighbor's property. The Team will discuss the individual's history of property destruction and discuss past actions that have been effective in reducing the property destruction acts. Once the Team agrees on the actions, the PD/QMRP will update the individual's BSP with the additional supports for property destruction. If the additional steps are not effective in reducing the property destruction, Dungarvin Indiana will contract with a Behaviorist to come in and evaluate the situation and develop a BSP to address these</p>	01/31/2012			

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	<p>shot within a week and had a history of displaying target behaviors "in a cluster" just prior to her menstrual cycle. The report indicated client #1 had been treated in the past with medication to control behaviors associated with hormones, and would follow up with her physician. A GER (General Events Report) dated 8/14/11 regarding the incident indicated client #1 "picked up rocks, a brick, and a 2 by 4 (inches) and threw them at staff" and also ripped staff's shirt in addition to breaking a bench, bird feeder and "tearing up the rock pit" in the neighbor's yard.</p> <p>-A report dated 9/17/11 indicated client #1 "was in behaviors since earlier that day...", "hit her housemate (unidentified), then after taking her medication and appearing to go to sleep, pulled the vanity light down causing it to break and glass to shatter. A follow up report dated 9/24/11 indicated client #1 did not sustain an injury during the incident, and staff continued to monitor client #1's safety and followed her BSP (behavior support plan).</p> <p>-A report dated 10/13/11 indicated client #1 "got upset" when staff arrived at day services to pick her up, and refused to get into the van. After day services staff encouraged client #1 to get into the van, she hit client #4 in the right arm. Clients</p>		<p>behaviors.Systematic Correction: The Program Coordinator will re-train the Program Directors/QMRPs on the expectation that all issues displayed by individuals are addressed appropriately. If an individual displays behaviors such as elopement or property destruction, the Program Director/QMRP will ensure that these behaviors are addressed in a formal Behavioral Support Plan. In the event that the behavior is addressed in a plan, then the Program Director/QMRP will ensure that the current plan is appropriate and any changes are made as needed.Responsible Person: Program CoordinatorTimeframe for Completion: 1/10/12</p>				

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	<p>#4 and #1 slapped each other 3 times, then client #1 kicked the van roof causing a dent mark the size of a heel. Client #1 got out of the van and walked to a fish store and sat down in the doorway refusing to move and blocking customer's egress. Staff explained to client #1 "that if she didn't get up, they may have to call police," and client #1 left the store, sat in a pile of rocks and started throwing them at cars as they drove by, missing each one. Client #1 attempted to go into another store, but was blocked by staff and tried unsuccessfully to rip down a sign, and punched windows until staff were able to get her to stop. Client #1 then went to a rock garden and cried until another staff arrived and was able to get her into the van. The report indicated client #1 received first aid for a bruise, small cut to her right wrist and a scrape to her right arm. Plan to resolve indicated "staff was not aware of what could have happened to cause [client #1's] outburst. Staff followed [client #1's] behavior plan and had [client #1] within their line of sight at all times during incident. [Client #1] has regularly scheduled appointments with her psychiatrist and this incident will be reported at her next visit. Staff will continue to follow [client #1's] behavior plan and report all incidents."</p> <p>No additional corrective action was</p>						

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	<p>available to review regarding the incidents or steps to prevent future occurrence.</p> <p>Client #1's record was reviewed on 11/29/11 at 8:00 AM. Her BSP dated 7/8/11 included the target behaviors of aggression, picking at skin, property destruction, intrusive behavior, and elopement. There was no evidence to revision to her behavior plan since 7/8/11. Psychiatrist reviews on 8/26/11 and on 11/28/11 indicated there were no changes to her medications to treat her target behaviors. Physician's orders for the 8/26/11 review included: "no need for additional medication intervention for...moderately aggressive episode. Will re-evaluate if it recurs and pattern develops."</p> <p>The house manager was interviewed on 11/30/11 at 9:20 AM and indicated there had been no changes to client #1's plan since 7/8/11 and corrective action included retraining staff formally and informally regarding techniques to address client #1's behaviors. She indicated the incidents had involved newer staff who were not as familiar as older staff with client #1 and client #1 had a history of increased behaviors near her menstrual cycle. She indicated client #1's physician had reviewed her medications</p>						

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	<p>on 8/26/11 and on 11/28/11, but did not recommend any changes. She indicated there were no additional steps to prevent future occurrence of client #1's behaviors.</p> <p>9-3-2(a)</p>			

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 8 clients who received medications (client #5), to administer his medications as per his physician's order.</p> <p>Findings include:</p> <p>The facility's reportable incidents were reviewed on 11/28/11 at 4:20 PM and included a report for client #5 dated 8/13/11 that indicated client #5 had 2 drop seizures. Staff administered Diastat (seizures). When oncoming staff arrived at the group home, staff found two 500 mg (milligrams) of Keppra (seizures) on the floor by his bed. "It appears the morning dose of Keppra which is three 500 mg was not administered as [client #5] experienced 2 drop seizures." The report indicated client #5's hands "can be very shaky in the mornings and it was possible that as he was handed his medication cup, he could have been shaky enough to the bounce the medication out of the cup.....It is not certain whether or not the two pills that were found on the floor are from that date's medication administration or possibly from a</p>	W0368	<p>Corrective Action: The Program Director/QMRP and Facility Nurse will re-train the staff on the Dungarvin system of medication administration. The training will include ensuring that the staff are checking the medication order with the medication administration record three times prior to administration. The training will emphasize the importance of ensuring that the med checker reviews the medication administration to verify that the medications were administered correctly. Any staff who fails to follow this system will be subject to disciplinary action. Responsible Staff: Program Director/QMRP; Facility Nurse Timeframe for Completion: 1/5/12 Systematic Correction: The Dungarvin Safety Committee will review the current Dungarvin medication administration system. The committee will review the medication errors that have occurred across the entire agency to see if the current system being utilized is effective in preventing medication errors or if there are other systems that should be implemented. The recommendations made from the Safety Committee will be relayed to the Senior Directors and the appropriate actions will be</p>	01/10/2012			

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	<p>previous date. [Client #5] did have two drop seizures on that date, so it is quite possible that the medications were from then." The report indicated staff would be retrained on the medication procedure to ensure client #5's medications were properly administered.</p> <p>Client #5's records were reviewed on 12/5/11 at 11:00 AM. Client #5's Medication Administration Record for 8/11 indicated he was to receive his medication of Levetiracetam (Keppra) 500 mg twice daily at 6:00 AM and at 8:00 PM. Client #5's physician order dated 2/24/11 indicated he was to receive 1500 mg of Keppra twice daily.</p> <p>The Program Coordinator was interviewed on 12/5/11 at 12:40 PM and indicated client #5's medications were administered late and the nurse was notified of the situation.</p> <p>9-3-6(a)</p>		<p>implemented by the company. Responsible Staff: Chair of the Safety Committee Timeframe for Completion: 1/10/12</p>		

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W9999	<p>State Findings</p> <p>460 IAC 9-3-1 Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 3 of 3 incident/accident internal reports reviewed to report a fall resulting in injury to clients #5 and #6 immediately to the Bureau of Developmental Disabilities Services (BDDS), in accordance with state law.</p> <p>Findings include:</p> <p>The facility records were reviewed on 11/29/11 at 2:35 PM, and included the following General Events Reports (GER) for the time period between 6/2011 and 11/28/11:</p> <p>-A report dated 6/6/11 recorded as a fall indicated client #5 fell while getting on the van, causing a scrape (unidentified in size) to his right knee. There was no</p>	W9999	<p>Corrective Action: The Program Coordinator will re-train the Program Director on the expectation that any falls resulting in injury are reported to BDDS within 24 hours. Responsible Staff: Program Coordinator Timeframe for Completion: 12/21/11 Systematic Correction: The Program Coordinator will re-train all Program Directors on the expectation that any fall resulting in injury must be reported to BDDS. The Program Coordinators will review any General Event Record that is submitted by staff and if there are incidents of falls with injuries will follow-up to ensure a BDDS report was completed and submitted. Responsible Staff: Program Coordinator Timeframe for Completion: 1/10/12</p>	01/10/2012	

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	<p>BDDS report available for review.</p> <p>-A report dated 7/19/11 recorded as a fall indicated staff found client #6 with a bruise on his buttock. Client #6 indicated he had fallen backwards out of his chair over the weekend. There was no BDDS report available for review.</p> <p>-A report dated 10/4/11 recorded as a fall indicated client #5 was escorted by staff to the medication room and refused to sit in the chair, leaned forward and "staff could no longer hold him and he continued forward and bumped his head causing a small red mark above his right eye." There was no BDDS report available for review.</p> <p>The Residential Director (RD) was interviewed on 11/29/11 at 3:55 PM. She indicated the falls involving injury to clients #5 and #6 were not reported to BDDS per the agency's policy because the injuries were known in origin.</p> <p>The RD was interviewed again on 12/2/11 2:05 PM and indicated after reviewing state policy and procedures, the falls involving injury to clients #5 and #6 should have been reported to BDDS.</p> <p>The statewide Policy: Incident Reporting and Management dated 3/1/11 was</p>						

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	<p>reviewed on 12/5/11 at 9:30 AM and indicated the following: "Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include...A fall resulting in injury, regardless of the severity of the injury...Within 24 hours of initial discovery of a reportable incident, the reporting person shall forward a copy of the electronically submitted incident initial report to...the individual's BDDS service coordinator...."</p> <p>9-3-1(b)</p>			