STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G107	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREY SERVICES INC	615 E NORTH ST HARTFORD CITY, IN 47348

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W000000	This visit was for the investigation of complaint #IN00152134. Complaint #IN00152134: Substantiated, Federal and state deficiencies related to the allegation are cited at W153. Dates of survey: 8/7, 8/8, 8/11, and 8/15/2014 Surveyor: Susan Eakright, QIDP Facility Number: 000644 Provider Number: 15G107 AIMS Number: 100234170 This following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality review completed August 25, 2014 by Dotty Walton, QIDP.	W000000		
W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, for 1 of 1 allegation reported to BDDS	W000153	**W153 Staff Treatment of**	09/14/2014

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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	(Bureau of Developmental Disabilities Services) reviewed (client A), the facility staff failed to immediately report an allegation of staff to client abuse to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include: On 8/7/2014 at 4:00pm, the facility's BDDS Reports and investigations were reviewed from 05/1/14 through 08/07/14. The review indicated the following for client A. -A 7/1/14 BDDS report for an incident reported on 6/30/14 at 11:30am. The BDDS report indicated client A "was engaged in a behavior due to wanting to go on a community outing instead of waiting til (sic) her scheduled time. [The House Manager (HM) and Group Home Staff (GHS) #1] were reported to have taken [client A's] pocket book away from [client A] with force. [Client A] was told to go to her room, but went to the office and took her pocket book back and when [GHS #1] confronted [client A]. [Client A] slapped [GHS #1] across the face with [client A's] hand knocking [GHS #1's] glasses off. It was reported that [The House Manager] then came out of the office and slapped [client A] across her		**Clients** This item outlines that the agency failed to immediately report allegations of abuse/neglect/mistreatment to the facility administrator and to BDDS. The plan of correction for this tag is as follows: **Correction:** Retraining on Policy and Procedures with regard to reporting regulations with all applicable staff by the manager of the home occurred on 9/3/2014 and included the following: i. -DDRS Incident Reporting Regulations 460 code ii. -Carey Policy 5.13 on Reporting Abuse, Neglect and Exploitation iii. -Carey Procedure 5.13.1 on reporting Abuse, Neglect and other reportable or unusual incidents iv. -Carey Policy 5.14 Staff Conduct Towards Consumers	

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	back and told [client A] that you don't hit my staff. [Client A] went to her room and calmed down." On 8/7/14 at 4:00pm, the 7/1/14 Investigation for the 6/30/14 incident indicated the following "Summary of final findings and recommendations:" -"It is impossible to determine the severity and type of physical contact between [the House Manager] and [client A]. However, the allegation cannot be dismissed due to the multiple contraindications in the testimony and as such the allegation is undetermined." -"There is direct evidence of multiple contacts with staff by [the House Manager] following her suspension both in violation of policy and directly contradictory to her testimony. [The House Manager] also failed to follow proper reporting procedures both in the completion and timeliness of the Incident Report. Further there is significant cause to suspect she engaged in collusion with [GHS #1] during the course of the investigation. Several elements of her testimony are considered by this investigator to be suspect." -"[GHS #1] was in direct violation of abuse and neglect procedure...for failure		v. -Carey Policy 1.3 Ethical Codes of Conduct Staff training stressed the importance that all staff know it is the responsibility of each person to report suspected instances of abuse, neglect and exploitation immediately and that the facility Administrator/Administrator On Duty (AOD) and BDDS must also be notified. The manager will be responsible for assuring that the reporting regulations, policies and procedures are followed. Retraining on the above topics will be at least quarterly. **Monitoring:** During visits at the group home the Residential Manager, the LPN and Director of Group Homes will conduct random questioning of staff to ensure that all staff have a clear understanding and expectation of Who, What, When, Why and How to report ANE. This information will be documented on the Group Home Observation reports and a copy forwarded to the Director of Group Homes. The Residential Manager will complete 2 weekly	

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	to report a supervisor the allegation of abuse. [GHS #1] also provided false testimony by repeatedly claiming she scanned and sent the Incident Report with the Behavior Reports (these were not received). Furthermore [GHS #1's] testimony was inconsistent in multiple points and collusion is suspected as mentioned above." - "[GHS #2] reported the alleged abuse the day following the incident in violation of the immediate reporting requirement in the procedure...." -"It is recommended that both [the House Manager] and [GHS #1] receive appropriate disciplinary action...It is further recommended that [GHS #2] and all other staff in the group home be re trained on the reporting requirements for abuse and neglect as outlined in procedures." On 08/08/14 at 7:50am, an interview with the COO (Chief Operations Officer) was conducted. The COO stated "all" allegations of abuse, neglect, and/or mistreatment should be reported to the administrator, to BDDS in accordance with State Law, investigated, and effective corrective action implemented.		observation reports for the next 3 months. The Residential Nurse/LPN and the Director of Group Homes will complete at least 1 unannounced visit monthly through 12/31/14. All copies of training verifications will be sent to the Director of Group Homes to ensure training is completed. **All corrective actions related to tag W153 will be implemented on or before 9/14/14**	

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	The COO stated "No" the allegation for client A was not immediately reported by multiple staff members to the administrator and/or BDDS. The COO indicated the HM and GHS #1 worked at the group home until suspension the next business day when staff reported the allegation. The COO stated both the House Manager and GHS #1 "were terminated" from employment because "the information which the (two staff) provided was suspect." The COO stated she believed "something inappropriate" happened between the two staff and client A. On 8/7/14 at 4:00pm, a review of the facility's records indicated the facility's 6/15/11 "Abuse, Neglect, and Exploitation" policy which indicated, "It is the policy of Carey Services to respect the rights of consumers served and protect them from possible abusive treatment, negligence, or exploitation on the part of staff, volunteers, or other consumers. Abusive treatment and/or negligence of responsibilities with respect to the welfare and safety of consumers are incompatible with the purpose of the agency." On 8/7/14 at 4:00pm, a review of the facility's 10/22/12 "PROCEDURES FOR			

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	REPORTING ABUSE AND NEGLECT AND OTHER REPORTABLE OR UNUSUAL INCIDENTS. As required by law, it is the responsibility of each person to report suspected instances of abuse, neglect, and exploitation...responsibilities in reporting such incidents to authorities as well as to agency administrators immediately upon learning of the suspected abuse/neglect/exploitation. Agency staff and volunteers must immediately report incidents to the President/CEO, Human Resources Manager, or designee, who will assign responsibility for investigation and follow-up. The Corporate Compliance Officer will be notified of the allegation and may or may not be asked to assist with the investigation. A. REPORTABLE INCIDENTS: Carey Services shall meet all the conditions specified in any applicable article of 460 IAC. Carey Services shall report the following circumstances to DDRS/BDDS/DA (Department of Aging) no later than 24 hours after the occurrence of the reportable incident...The following incidents are considered reportable to the appropriate entity as outlined in section B: 1. Any alleged, suspected, or actual abuse, neglect or exploitation of a consumer...."			

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	This federal tag relates to complaint #IN00152134. 9-3-1(b)(5) 9-3-2(a)			