

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G636		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/11/2013	
NAME OF PROVIDER OR SUPPLIER  CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3202 S FELLOWS SOUTH BEND, IN 46614			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: August 28, 29, 30 and September 3, 11, 2013.</p> <p>Facility number: 001212 Provider number: 15G636 AIM number: 100240190</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 2, 2013 by Dotty Walton, QIDP.</p>	W000000					

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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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide and encourage the use of age appropriate leisure and active treatment items for 3 of 4 sampled clients (Clients #1, #2, #3) and 3 additional clients (Clients #5, #6, and #7).</p> <p>Findings include:</p> <p>On 8/23/13 between 4:46 PM and 6:18 PM, group home observations were made. At 4:46 PM, clients #1, #2, #6, and #7 were observed doing child themed puzzles with large pieces and blocks at the kitchen table on the men's side of the house. Clients #2, #3, and #5 were sitting at the kitchen table on the women's side of the house with a toddler type rattle ring, stuffed animals, and two kitten books. At 5:02 PM, clients #1, #2, #6, #7 were still sitting at their kitchen table with alphabet blocks, animal puzzles, a peg board, and a coloring book. At 5:07 PM, client #3 was given blocks, a stuffed animal and a "Winnie the Pooh" rattle.</p> <p>On 8/29/13 at between 6:09 AM and 7:30 AM, group home observations were</p>	W000137	To ensure the rights of clients #1, #2, #3, #5, #6 and #7 to retain and use appropriate leisure activities and active treatment items; the QIDP has directed the Managers to remove all inappropriate leisure and active treatment items from the home. The QIDP has also spoken with the Managers using a treatment format on the importance of ensuring each resident has appropriate leisure and active treatment items are available to meet their individual needs. The QIDP has visited the other Corvilla homes to determine if any other residents are using inappropriate leisure and/or active treatment items and found no other violations. To ensure all resident's right to retain and use appropriate leisure and active treatment items, the QIDP will be responsible to be in each home weekly to monitor the resident's right to have appropriate activity items available to meet their individual needs and are age appropriate.	10/14/2013			

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	<p>made. At 6:12 AM, RM (Residential Manager) #2 was observed cooking breakfast. Clients #1, #2, #3, #5, #6, nor #7 participated in preparing their breakfast. While RM #2 prepared breakfast, clients #2 and #3 were sitting at the table in the kitchen with no activities, client #7 was leafing through a coloring book. At 6:17 AM, RM #1 set blocks out for client #6 and a large pieced puzzle for client #1 who was sitting at the men's kitchen table. At 6:29 AM, client #2 stood up from the table but DSP #2 took her hand and prompted her to sit down again. Client #2 was observed to continue to have no activity.</p> <p>During an interview on 9/3/13 at 2:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) stated it was "difficult to find activities that are both enjoyable and achievable" for the clients. The QIDP indicated coloring books were not age appropriate. The QIDP indicated she expected staff to provide age appropriate activity choices for clients.</p> <p>9-3-2(a)</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to ensure implementation of the objectives identified in the individual program plan in regards to dining goals for 2 of 4 sampled clients., (clients #1 and #4).</p> <p>Findings include:</p> <p>On 8/28/13 between 4:46 PM and 6:18 PM, group home observations were made. At 5:14 PM, staff put family style dishes on the table with food already in the serving dishes. At 5:29 PM, Residential Manager (RM #2) assisted clients #1 and #4 with putting shirt protectors on for dinner. Dinner consisted of a meat dish, mixed vegetables, and mashed potatoes. Clients #1 and #4 ate dinner in the men's kitchen. The kitchen table had no napkins placed at clients #1 and #4's table setting nor were napkins available on the table for client use. At 5:39 PM, client #4 had food running down his chin. Client #4 used his spoon to catch the food running down his chin. At 5:42 PM, RM #1</p>	W000249	To ensure that Residents #1 and #4 receive continuous active treatment programming, the QIDP has reviewed/re-trained the Managers on Resident #1 and #4 dining programs. The Managers were also re-trained on the other resident's dining programs. The Managers have been instructed that all dining programs are to be run at each meal and/or snack time if applicable and documented a minimum of one time daily. To ensure there are no other deficiencies of this nature occur in the future; the QIDP will be responsible for visiting the home weekly to observe a meal and/or snack time and monitoring the documentation of the goals monthly. October 14, 2013 - Manager Training October 21,2013 - Staff Training Addendum: The Managers of the home will also be responsible for monitoring each meal and /snack daily as well as the documentation of the goals.	10/14/2013	

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	<p>handed client #4 a napkin and verbally prompted him to wipe his mouth which he did. Clients #1 and #4 ate dinner independently.</p> <p>On 8/29/13 at between 6:09 AM and 7:30 AM, group home observations were made. At 6:12 AM, RM #2 was observed cooking breakfast. At 6:24 AM, a breakfast of oatmeal, cinnamon rolls, juice and milk was prepared by staff. Between 6:58 AM and 7:27 AM, clients #1 and #4 ate breakfast wearing shirt protectors. Clients #1 and #4 did not have napkins at their table place setting nor were napkins available on the table for their use. Between 6:58 AM and 7:27 AM, clients #1 and #4 were not prompted to use a napkin or to wipe their faces.</p> <p>On 8/30/13 at 1:15 PM, record review indicated client #1's Comprehensive Functional Assessment (CFA) dated 8/27/12 indicated client #1 "demonstrates good table manners in that he chews with his mouth closed and swallows food before taking another bite." The CFA indicated client #1 "requires reminders to wipe his hands and face with his napkin...." Client #1's ISP (Individual Support Plan) indicated client #1 had a goal to "wipe his mouth with a napkin at meals."</p>						

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	<p>On 9/3/13 at 11:15 AM, client #4's record review indicated client #4's CFA dated 8/30/12 indicated client #4 "would require verbal instructions to...wipe his hands and face with a napkin." Client #4's shirt protector assessment dated 7/19/13 indicated client #4 was able to feed himself. The assessment indicated client #4 "is visually impaired, sometimes food is spilled." The assessment indicated client #4 is able to close his mouth while eating and drinking. Client #4's ISP dated 1/10/13 indicated a dining goal to enhance his eating skills by wiping "his mouth during mealtime with 1 verbal prompt."</p> <p>During an interview on 9/3/13 at 2:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated client #1 was not assessed to need the use of a shirt protector because he does not require a shirt protector. The QIDP indicated clients #1 and #4 should have been given napkins and encouraged to participate in meals to their full capabilities. The QIDP indicated dining goals should be taught during each dining opportunity.</p> <p>9-3-4(a)</p>				

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed to provide condiments and napkins during meals for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7).</p> <p>Findings include:</p> <p>On 8/28/13 between 4:46 PM and 6:18 PM, group home observations were made. At 5:14 PM, staff put family style dishes on the table with food already in the serving dishes. At 5:29 PM, Residential Manager (RM #2) assisted Client #1 and #4 with putting shirt protectors on for dinner. Dinner consisted of meat, mashed potatoes, and mixed vegetables served by staff. No choice of condiments, salt, pepper, or butter was on either kitchen table. Clients #2, #3, #5, #6, and #7 were also observed eating dinner wearing shirt protectors throughout dinner. Clients #1, #4, #6, and #7 ate dinner in the men's kitchen and Client #2, #3, and #5 ate in the women's kitchen. Neither of the kitchen tables had napkins placed at the client's #1, #2, #3, #4, #5, #6, #7's table setting nor were napkins available on the table for client use. At</p>	W000484	<p>To ensure Residents #1, #2, #3, #4, #5 #6 and #7 are afforded the opportunity to have their dining area equipped with appropriate items, the Managers were trained on setting a table correctly for family style dining; including the availability of condiments and the use of napkins. The QIDP has visited Corvilla's other homes to determine if this deficiency is an issue in any of them and discovered that it is not. To assure that a deficiency of this nature does not occur again, the QIDP will be responsible for monitoring the home(s) bi-weekly to ensure the residents have meal time items needed to meet their individual needs. October 14, 2013 - Manager Training October 21, 2013 Home staff Training Addendum: To ensure that a deficiency of this nature does not occur again, the QIDP will be responsible for monitoring the home(s) bi-weekly. The Managers will be responsible for monitoring daily at each mealtime assure the residents have the appropriate meal time items need to meet their individual needs.</p>	10/14/2013

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	<p>5:39 PM, Client #4 had food running down his chin. Client #4 used his spoon to catch the food running down his chin. At 5:42 PM, RM #1 handed client #4 a napkin and verbally prompted him to wipe his mouth which he did.</p> <p>On 8/29/13 at between 6:09 AM and 7:30 AM, group home observations were made. At 6:12 AM, RM #2 was observed cooking breakfast. At 6:24 AM, a breakfast of oatmeal, cinnamon rolls, juice and milk was prepared by staff. Between 6:58 AM and 7:27 AM, clients #1, #2, #3, #4, #5, #6, and #7 ate breakfast wearing shirt protectors. Clients #1, #2, #3, #4, #5, #6, and #7 did not have napkins at their table place settings nor were napkins available on the table for their use. No condiments were available on either table. Between 6:58 AM and 7:27 AM, clients #1, #2, #3, #4, #5, #6, and #7 were not prompted to use a napkin or to wipe their faces.</p> <p>During an interview on 9/3/13 at 2:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated clients should have been provided napkins and condiments at each dining opportunity.</p> <p>9-3-8(a)</p>						

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the group home, the facility failed to encourage, teach, and include clients in shopping for food. Based on observation, record review, and interview the facility failed to encourage clients to function with as much independence to the extent possible in regards to meal preparation and dining skills for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>a) On 8/28/13 from 4:46 PM to 6:18 PM, and on 8/29/13 from 6:09 AM to 7:30 AM, clients #1, #2, #3, #4, #5, #6, and #7 were observed at the group home. During a concurrent interview at 5:52 PM, Residential Manager (RM) #1 and RM #2 indicated the clients do not go grocery shopping. Residential Manager #2 stated clients did not go grocery shopping "because it would be quite difficult with only one staff" to take them. RM #2 indicated only the house managers go grocery shopping during the week while the clients are at day program.</p>	W000488	To ensure Residents #1, #2, #3, #4, #5, #6 and #7 participate in preparing, serving and shopping for meals, to their ability, a weekly chore list for prep, serving and shopping will be developed. This list will spell out what job(s) each resident is to do in regards to the shopping for the meal(s), preparation of a meal and/or serving. The The Managers have been trained by the QIDP on the use of the list and on how to rotate the chores. The Managers will train their staff on the chore list. The QIDP has visited the other Corvilla homes to determine if this deficiency is an issue in them and discovered it is not. To ensure a deficiency of this nature does not occur again; the QIDP will be responsible for monitoring the home(s) weekly ensuring the chore list is being implemented, adhered to and rotated. October 14, 2013 - Manager Training October 21, 2013 Staff Training Addendum: To ensure a deficiency of the nature does not occur again, the QIDP will be responsible for monitoring the home weekly. The home has two Managers. There is a Manager in the home each day with awake staff. If a Manager is not in the home - one of them is on call 24\7. Therefore,	10/14/2013			

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	<p>On 8/30/13 at 2:10 PM, record review indicated clients #1, #2, #3, #4, #5, #6, and #7 had activity sheets filled out for each client every month. The activity sheets for clients #1, #2, #3, #4, #5, #6, and #7 from 9/2012 to 7/2013 were reviewed. None of the activity sheets for clients #1, #2, #3, #4, #5, #6, or #7 documented grocery shopping.</p> <p>On 9/3/13 at 2:30 PM, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was completed. The QIDP indicated clients #1, #2, #3, #4, #5, #6, and #7 should have the choice of shopping for groceries. The QIDP indicated the residential managers did the majority of weekly grocery shopping because it was a large job but clients occasionally went to the grocery store "to grab a loaf of bread or a gallon of milk." The QIDP indicated no documented evidence was available for review for grocery shopping outings.</p> <p>b) On 8/23/13 between 4:46 PM and 6:18 PM, group home observations were made. Between 4:46 PM and 5:14 PM, clients #1, #2, #3 and #4 did not assist in meal preparation. At 5:14 PM, staff put family style dishes on the table with food already in the serving dishes. At 5:29 PM, Residential Manager (RM #2) assisted clients #1 and #4 with putting shirt</p>		<p>the Managers will also be responsible for monitoring daily. When there is not a Manager in thehome they will be responsible for assigning the task to a staff person ensuring that the chore list is being implemented, adhered to and rotated.</p>				

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	<p>protectors on for dinner. Dinner consisted of a meat dish, mixed vegetables, and mashed potatoes. Clients #2, and #3 were also observed eating dinner wearing shirt protectors at the women's kitchen table. Clients #1 and #4 ate dinner in the men's kitchen and clients #2 and #3 ate in the women's kitchen. Neither of the kitchen tables had napkins placed at the clients #1, #2, #3, or #4's table setting nor were napkins available on the table for client use. At 5:39 PM, Client #4 had food running down his chin. Client #4 used his spoon to catch the food running down his chin. At 5:42 PM, RM #1 handed client #4 a napkin and verbally prompted him to wipe his mouth which he did. Clients #1 and #4 ate dinner independently. Clients #2 and #3 ate dinner given a combination of verbal and physical prompts.</p> <p>On 8/29/13 at between 6:09 AM and 7:30 AM, group home observations were made. At 6:12 AM, RM #2 was observed cooking breakfast. At 6:24 AM, a breakfast of oatmeal, cinnamon rolls, juice and milk was prepared by staff without the assistance of clients #1, #2, #3, and #4. Between 6:58 AM and 7:27 AM, Clients #1, #2, #3, and #4 ate breakfast wearing shirt protectors. Clients #1, #2, #3, and #4 did not have napkins at their table place setting nor</p>			

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	<p>were napkins available on the table for their use. Between 6:58 AM and 7:27 AM, Clients #1, #2, #3, and #4 were not prompted to use a napkin or to wipe their faces.</p> <p>On 8/30/13 at 1:15 PM, record review indicated Client #1's Comprehensive Functional Assessment (CFA) dated 8/27/12 indicated client #1 "demonstrates good table manners in that he chews with his mouth closed and swallows food before taking another bite." The CFA indicated client #1 "requires reminders to wipe his hands and face with his napkin...." The CFA indicated Client #1 can prepare "with verbal instructions, [Client #1] makes a simple snack....." Client #1's ISP (Individual Support Plan) indicated client #1 had a goal to "wipe his mouth with a napkin at meals." Record review indicated client #1 did not have a shirt protector assessment.</p> <p>On 8/30/13 at 2:30 PM, client #3's record review indicated client #3's Comprehensive Functional Assessment (CFA) dated 9/9/12 indicated Client #3 "with verbal instructions, [Client #3]....wipes her hands and face with a napkin...." Client #3's CFA indicated with verbal instruction, client #3 could make a sandwich and pack a bag lunch. The CFA indicated client #3 required</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>assistance to make a simple snack and to mix simple ingredients with a spoon. Record review indicated client #3 had a clothing protector assessment dated 7/9/12. The assessment indicated client #3 "loses food/drink from her mouth when eating." Client #3's ISP (Individual Support Plan) dated 11/1/12 indicated client #3 had a dining goal to "pierce her foods with a fork".</p> <p>On 9/3/13 at 11:15 AM, Client #4's record review indicated client #4's CFA dated 8/30/12 indicated client #4 "would require verbal instructions to...wipe his hands and face with a napkin." Client #4's CFA indicated client #4 required assistance with "all areas of meal planning and preparations." Client #4's shirt protector assessment dated 7/19/13 indicated client #4 was able to feed himself. The assessment indicated client #4 "is visually impaired, sometimes food is spilled." The assessment indicated client #4 is able to close his mouth while eating and drinking. Client #4's ISP (Individual Support Plan) dated 1/10/13 indicated a dining goal to enhance his eating skills by wiping "his mouth during mealtime with 1 verbal prompt."</p> <p>On 9/3/13 at 11:35 AM, client #2's record review indicated client #2's CFA dated 8/23/12 indicated client #2 required</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G636	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER  CORVILLA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3202 S FELLOWS SOUTH BEND, IN 46614		
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	<p>verbal prompts to "chew food with mouth closed, swallow food before taking another bite, and wipe her hands and face with her napkin." Client #2's CFA indicated client #2 required assistance to "scoop food from a jar, make a simple snack, mix ingredients with a spoon, make a sandwich, and toast bread." Client #2's clothing protector assessment dated 7/9/12 indicated client #2 "loses food and drink from her mouth while eating." Client #2's ISP dated 1/24/13 indicated a dining goal for Client #2 to "place her spoon down between bites."</p> <p>During an interview on 9/3/13 at 2:30 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated client #1 was not assessed to need the use of a shirt protector because he does not require a shirt protector. The QIDP indicated clients #1, #2, #3, and #4 should have been given napkins and encouraged to participate in meals to their full capabilities. The QIDP indicated clients #1, #2, #3, and #4 should have been encouraged to participate in meal preparations.</p> <p>9-3-8(a)</p>				

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