

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G789	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3770 W 80 N KOKOMO, IN46901
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey. This survey was done in conjunction with complaint #IN00093635 conducted on 8-5-11.</p> <p>Dates of Survey: November 7, 9, and 10, 2011</p> <p>Facility number: 012485 Provider number: 15G789 AIM number: 201012970</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review completed on 11/27/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0218	<p>The comprehensive functional assessment must include sensorimotor development. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure a sensorimotor evaluation was completed within 30 days of admission and due to falls since</p>	W0218	Client #1 was evaluated by his Primary Care Physician and has been referred to a physical therapist for evaluation. The	12/26/2011

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>admission.</p> <p>Findings include:</p> <p>On 11-7-11 at 11:15 a.m. a review of client #1's Bureau of Developmental Disability Services (BDDS) reports was conducted. The review indicated the following:</p> <ul style="list-style-type: none"> -A BDDS report dated 6-12-11 indicated client #1 stepped out of the shower and fell. -A BDDS report dated 6-24-11 indicated client #1 fell to his knees. -A BDDS report dated 7-18-11 indicated client #1 fell to his right knee on his way to lunch. -A BDDS report dated 8-15-11 indicated client #1 fell when he entered the building. -A BDDS report dated 8-17-11 indicated client #1 tripped over his feet and fell. -A BDDS report dated 8-31-11 indicated client #1 fell to his knees. -A BDDS report dated 10-11-11 indicated client #1 fell at his work station. -A BDDS report dated 10-5-11 indicated client #1 fell after swimming and bruised his knee and shin. -A BDDS report dated 11-1-11 indicated client #1 fell going outside. <p>On 11-9-11 at 8:00 a.m. a record review for client #1 was conducted. His Individualized Program Plan (IPP) dated 7-6-11 indicated client #1 had moved into the group home on 6-8-11. The review did not indicate client #1 had been evaluated for his physical/occupational therapy needs since being admitted into his home.</p> <p>On 11-9-11 at 12:00 p.m. the Qualified Mental Retardation Professional indicated client #1 did not have a physical/occupational therapy evaluation since moving into his home. She also</p>		nurse is responsible for completing all necessary evaluations within 30 days of admission. The Social Service Coordinator and/or Residential Coordinator will complete the Periodic Service Review looking for compliance in this area. The IDT meets and makes recommendations according to the Residential Fall Policy. These recommendations are to be completed by the nurse or QMRP.		

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W0247	<p>indicated client #1 did have a history of falls.</p> <p>9-3-4(a) The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure the phone was available when they chose to use it, for clients #1, #3, and #4, to ensure they were allowed to purchase their own cigarettes with their money if they chose to, and for client #3 to have the choice to have more of his money on any day of the week not only on a Friday.</p> <p>Findings include:</p> <p>1. On 11-7-11 from 3:00 p.m. until 5:40 an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. During the entire observation a phone was not available in assessable parts of the house. At 4:30 p.m. client #4 indicated the phone was kept in the office. Clients #1, #3, #4, and #5 indicated they had to ask staff to use the phone since it was kept in the office.</p> <p>On 11-9-11 from 6:20 a.m. until 8:00 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. At 6:50 a.m. direct care staff (dcs) #3 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8, were not allowed to go into the office without staff with them. At 7:45 a.m. client #8 asked dcs #3 if she could use the phone. Dcs #3 indicated she would have to wait because the phone was in the office and there was a medication administration in progress.</p> <p>On 11-9-11 at 12:00 p.m. an interview with the</p>	W0247	<p>The consumers get \$20 a week to spend how they choose and have access to their bank accounts at any time. However, all consumers receive only \$52 personal needs allowance a month from their Social Security funds and the rest goes toward their rent/liability as determined by Medicaid. The consumers who choose smoke, are involved in picking out their own cigarettes and paying for those items with their own money. A telephone has been made available in the kitchen/dining room area for all clients to access. On 11/16/11, staff were retrained on client choice, rights/ respect and dignity. The House Manager and QDDP will observe random shifts to ensure staff are offering choices. The QDDP completes a functional assessment annually to determine the clients ability to manage/budget money. Based on the assessment, the QDDP writes formal goals to train the individuals in the areas determined to be lacking. The clients complete a weekly budget form for the items they have chosen to purchase. As part of the training process, the budgeted items are totaled. If the total "want" list exceeds the</p>	11/16/2011	

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	<p>Qualified Mental Retardation Professional indicated the phone was kept in the office and wasn't out in the public area of the house because clients were hard on the phone and kept breaking it.</p> <p>2. Clients #1, #3, and #5 were observed to smoke outside during the evening observation on 11-7-11 from 3:00 p.m. until 5:40 p.m. At 4:35 p.m. client #3 indicated he would like to purchase his own cigarettes so he could pick out the kind he wanted. At 4:40 p.m. clients #1, #3, and #5 indicated direct care staff purchased the cigarettes with clients individual money.</p> <p>On 11-9-11 at 8:00 a.m. a record review for client #1 was conducted. The review indicated client #1 had paid for his own cigarettes for the months of October and November. The Individualized Program Plan (IPP) dated 7-6-11 did not indicated client #1 could not go out and purchase his own personal items.</p> <p>On 11-9-11 at 10:00 p.m. a record review for client #3 was conducted. The review indicated client #3's money had been used to purchase cigarettes for the month of November. The IPP dated 10-27-11 did not indicate client #3 could not purchase his own cigarettes.</p> <p>On 11-9-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated clients should make their own purchases with their personal money.</p> <p>3. On 11-7-11 from 3:00 p.m. until 5:40 p.m. an observation at the home of client #3 was conducted. At 4:30 p.m. client #3 asked direct care staff #9 if he could have some more money. Direct care staff (dcs) #9 asked client #3 if he had</p>		<p>amount available from their workshop earnings/SS personal needs allowance, the client chooses what items are most important to them at that moment.</p> <p>If a large purchase is the goal, (like a flat screen tv for their bedroom) the concept of saving money each week is discussed. Visual cues help with budgeting- for example, taking a picture of a flat screen tv and dividing it into the # of weeks required to obtain the goal so they can see the weekly progress. For the clients that have no real concept of money vs cost of item, we work on making mock purchases from sale ads or identifying the next dollar. For safety purposes at the bank, the House Manager and QDDP names are both listed on the clients accounts. The QDDP and HM are on call 24/7 and can take the clients to the bank as needed. We also have petty cash in the house that staff have access to if needed for client use. The individuals that smoke, budget separate money to purchase cigarettes of their choice at the store of their choice. Staff will assist them to make "informed" purchases (give them prices of different brands at the store) when their funds are limited. As part of their rights training, the QDDP will interview the clients and ask them if they are taken to places of their choice to purchase items of their choice.</p>		

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W0262	<p>any money. He told her he had two dollars on him. Dcs #9 indicated he could get more money of Friday. At 4:35 p.m. an interview with clients #1, #3, and #5 indicated they would get \$8.00 every Friday from a dcs person to spend for the week.</p> <p>On 11-9-11 at 10:00 p.m. a record review for client #3 was conducted. The Comprehensive Functional Assessment dated 10-26-11 indicated client #3 is aware of money and it's value. The IPP dated 10-27-11 did not indicate client #3 could only have \$8.00 and that he could only have access to his money on Fridays.</p> <p>On 11-9-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated client #3 did have money available to him. She indicated money is replenished on Friday's for all clients and if he has the money he should be allowed to have access to his money.</p> <p>9-3-4(a)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview the facility failed 1 of 4 sampled clients (client #3) to ensure the Human Rights Committee (HRC) signed approvals at a time when all members were present or able to have discussions regarding approvals of a behavior plan which included the use of psychotropic medications.</p> <p>Findings include:</p>	W0262	In the past, the HRC members have been sent a mass email with the behavior plan and letter indicating med changes or whatever is needing approval attached. The members are to hit reply all with their comments or concerns. This process has worked in the past because	12/09/2011

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W0460	<p>On 11-9-11 at 10:00 a.m. a review of the HRC approvals for client #3 were completed. The review indicated client #1 had a behavior plan which included the targeted behaviors of repetitive speech, false accusation, verbal aggression and physical aggression (history of). The behavior plan indicated the use of Haldol injections every 3 weeks, and door alerts would be on exit doors, his bedroom windows, as well as the bathroom widow. The review indicated written letters were sent out to HRC members via mail to receive approvals for client #3's behavior plan. The approved plan had different dates for which the HRC members had approved the written plan. The dates which were available for review for the HRC approvals were 9-19-11 and 9-20-11 there were 7 HRC approvals which did not have a date available to determine when the plan was approved.</p> <p>On 11-9-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated approvals were being sent out via email and mail between HRC meetings. She indicated the approvals may be received at different times.</p> <p>9-3-4(a)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the home, to ensure milk and coffee were available at meal times per the posted menu.</p> <p>Findings include:</p> <p>On 11-7-11 from 3:00 p.m. until 5:40 p.m. an</p>	W0460	<p>members have had dialog between themselves (see string of emails regarding issues) when there has been a concern. Since the survey, we have been doing phone conferences to get approvals for issues that come about in between our quarterly meetings. The QDDP is documenting in the HRC letter, "per our phone conversation on this date, we agreed to ...please sign and date this letter and return" and then they are writing in the consumers chart who was in attendance and the results of the HRC conference call.</p> <p>On 11/16/11, the staff were retrained on following the menu as written and client choice. Staff are to redirect the consumers when they set the table to offer all items listed on the menu. The House Manager and QDDP will observe random shifts to ensure staff are offering choices.</p>	11/16/2011	

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W9999	<p>observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. At 5:30 p.m. clients #1, #2, #3, #4, #5, #6, #7, and #8, were observed to sit at the dining room table. A pitcher of water and a pitcher of punch was observed on the table for supper. At 5:30 p.m. client #4 was observed to ask for a cup of coffee. Direct care staff #1 and #3 did not respond to client #4. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were not observed to have milk or coffee with their supper meal.</p> <p>On 11-7-11 at 5:00 p.m. a review of the menu (no date available) indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were to have seasoned pork chops, mashed potatoes, cooked apples, rolls, milk, tea or coffee.</p> <p>On 11-9-11 at 12:00 p.m. an interview with the Qualified Mental Retardation Professional indicated clients should be offered milk and coffee per the menu.</p> <p>9-3-8(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>1. 460 IAC 9-3-1 Governing Body (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 division.</p>	W9999	<p>BDDS reports are required to be reported within 24 hours of the investigation. Follow up reports are to be submitted every 7 days following the BDDS report until the BDDS office closes the BDDS case. QDDP's have been retrained on the importance of completing follow-ups within a timely manner. Copies of all initial incidents and follow-ups are sent to the VP of residential services for tracking purposes.</p>	12/09/2011	

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	<p>This rule was not met as evidenced by:</p> <p>Based on record review and interview the facility failed to report timely to the Bureau of Developmental Disabilities Services (BDDS), 2 of 38 initial BDDS reports for 2 of 8 clients who lived in the home (clients #1 and #2).</p> <p>Findings include:</p> <p>Facility records were reviewed on 11-7-11 at 11:15 a.m., including BDDS reports for the time period between 3-30-11 and 11-6-11. The BDDS reports indicated the following:</p> <ul style="list-style-type: none"> - A BDDS report for an incident on 6-18-11 which involved a medication error for client #2, indicated this report to BDDS was made on 6-20-11. - A BDDS report for an incident on 7-18-11 which indicated client #1 fell when going to lunch indicated this report was made to BDDS on 7-22-11. <p>A review of the BDDS reporting policy dated 3-1-11 was conducted on 11-10-11 at 6:30 a.m. The policy indicated initial reportable incidents are to be reported within 24 hours.</p>				

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	An interview with the Qualified Mental Retardation Professional was conducted on 11-9-11 at 12:00 p.m. She indicated BDDS reports should be completed with 24 hours of the incident. 9-3-1(b)				