

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/05/2014
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NAME OF PROVIDER OR SUPPLIER CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923
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W000000	<p>This visit was for the investigation of complaint #IN00147138.</p> <p>Complaint #IN00147138: SUBSTANTIATED, Federal and State deficiencies related to the allegations are cited at W104, W149, and W225.</p> <p>Dates of Survey: 4/24, 4/25, 5/2, and 5/5/2014.</p> <p>Facility Number: 000827 Provider Number: 15G308 AIM Number: 100235060</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/12/14 by Ruth Shackelford, QIDP.</p>	W000000	As for this deficiency the Agency has implemented new procedures for the production center and monitoring of implemented procedure is in the following tags. The Agency has attached new forms and the procedure.	
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review, and interview, for 2 of 3 sampled clients (clients A and B), the facility's governing</p>	W000104	As for tag 104 a New Production Equipment Process Procedure has been implemented and staff will be trained on	05/28/2014

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>body failed to develop a policy and procedure which included staff responsibilities for the operation of power equipment to ensure the safety of clients and direct staff supervision at the facility owned workshop.</p> <p>Findings include:</p> <p>On 4/24/14 at 12:00 noon, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 01/01/14 through 04/24/14. The review indicated the following for clients A and B.</p> <p>-A 4/2/14 BDDS report for an incident reported on 4/2/14 at 2:15pm, indicated "Production staff left [Client A] unattended for 2-3 minutes while stating he needed to use the bathroom. No harm to [Client A] occurred." The report indicated staff was suspended pending an investigation.</p> <p>-A 4/2/14 BDDS report for an incident reported on 4/2/14 at 2:15pm, indicated "Production staff left [Client B] unattended for 2-3 minutes while staff used the bathroom. [Client B] was working on cutting saw. [Client B] informed production staff that he had cut his left index finger. [Client B] stated</p>		<p>procedure by May 28, 2014. Qualified staff has implemented doing Quality Inspections for 3 days a week for 30 days; then 2 days a week for 30 days; then once a week for 30 days. Monitoring of the Quality Inspections will be done Day Services Coordinator to ensure completeness.</p>				

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	<p>that the saw blade was slowing down but he reached for the wood and the blade poked his finger just enough to bleed. Noted as a 1/16" (one sixteenth of an inch) cut (sic)." The report indicated first aid was applied and client B went to work.</p> <p>On 4/24/14 at 12:00 noon, the facility's 4/8/14 "Investigation" was reviewed and indicated the following for clients A and B:</p> <p>- "Victims:" Clients A and B and four additional workshop clients who were using power equipment while in the facility owned workshop. Other clients in the workshop were not identified.</p> <p>- Staffing level at the time of incident on 4/2/14 and staff scheduled to be present was a ratio of one staff with ten clients in the workshop production area.</p> <p>- "Where did it happen...[Name of facility] Production Center (workshop)."</p> <p>- "This incident is Substantiated. The investigation concluded that the consumers in this incident did not receive adequate staffing per their plans. In this incident [Discharged Staff #1] told his supervisor that he (Discharged Staff #1) was not in the production center when the consumer was injured. When I spoke with the staff he stated [client B] turned the saw on as (Discharged Staff #1) was walking in the hall coming back (from</p>			

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	<p>the rest room). However, in [Discharged Staff #1's] written statement he says (sic) the saws were not running and the consumer was stacking parts. There is (sic) conflicting statements each time [Discharged Staff #1] told the story of what happened. The failure of the staff caused a potential health and safety risk to the consumers (including clients A and B)."</p> <p>On 4/24/14 from 2:00pm until 2:40pm, clients A and B were observed at the facility owned workshop. During the observation period client A operated an industrial shredder and fed paper items into a machine with a staff person standing next to client A as she fed each paper into an industrial shredder machine. During the observation client B operated a "DeWalt- 15 amp twelve inch Circular Saw" mounted on a table. Client B wore goggles, gloves, and fed multiple wooden boards which were eight to ten feet long into the mounted circular saw. Client B had Workshop Staff #6 standing next to client B as he fed each board into the saw. At 2:00pm, Workshop Staff #6 stated clients A and B "were always" supervised by a workshop staff "when operating workshop power equipment" for their safety. Workshop Staff #6 stated clients A and B did not "recognize danger" and were "never alone" when</p>						

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	<p>they operated workshop power equipment. Workshop Staff #6 indicated the facility did not have a policy and/or a procedure that included the use of operating workshop power equipment.</p> <p>On 4/24/14 at 2:35pm, an interview with the Residential Manager (RM) was conducted. The RM indicated that Discharged Staff #1 did not provide supervision for clients A and B on 4/2/14 when the clients were operating workshop power equipment. The RM stated both clients A and B "needed and required" supervision by the staff "whenever they operated power equipment" at the workshop. The RM indicated both the facility's policies and procedures did not include the use of power equipment and did not include staff responsibilities to ensure the direct staff supervision for the safety of clients while operating workshop power equipment.</p> <p>On 4/24/14 at 1:00pm, the facility's 1/14/14 "Day Services Prevocational Training" and the facility's 5/13/2008 "Provision of Production Services" policies and procedures were reviewed with the RM. Both policies and procedures failed to include the use of power equipment and did not include staff responsibilities to ensure direct staff</p>						

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W000149	<p>supervision of clients while operating workshop power equipment.</p> <p>This federal tag relates to complaint #IN00147138.</p> <p>9-3-1(a)</p> <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 observation, record review, and interview, for 1 of 2 allegations (clients A and B) reported and for 2 of 18 BDDS (Bureau of Developmental Disabilities Services) reports reviewed, the facility neglected to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to ensure staff supervised clients A and B while operating workshop power equipment which resulted in client B's finger injury.</p> <p>Findings include:</p> <p>On 4/24/14 at 12:00 noon, the facility's BDDS Reports and investigations were reviewed from 01/01/14 through 04/24/14. The review indicated the following for clients A and B.</p> <p>-A 4/2/14 BDDS report for an incident</p>	W000149	Asfor tag 149 Clients A & B 's ISP will be updated to include supervisionwhile operating power equipment while at the production center. To ensuresafety all clients that work in the production center working with Production Equipmentwill have their ISP updated to include supervision while at the productioncenter. Staff will be trained on ISP updates by May 28, 2014. Qualified staffhas implemented doing Quality Inspections for 3 days a week for 30 days; then 2days a week for 30 days; then once a week for 30 days. Monitoring of the staff that the ISP is being followed will be done Day Services Coordinator to ensurecompleteness	05/28/2014

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	<p>reported on 4/2/14 at 2:15pm, indicated "Production staff left [Client A] unattended for 2-3 minutes while stating he needed to use the bathroom. No harm to [Client A] occurred." The report indicated staff was suspended pending an investigation.</p> <p>-A 4/2/14 BDDS report for an incident reported on 4/2/14 at 2:15pm, indicated "Production staff left [Client B] unattended for 2-3 minutes while staff used the bathroom. [Client B] was working on cutting saw. [Client B] informed production staff that he had cut his left index finger. [Client B] stated that the saw blade was slowing down but he reached for the wood and the blade poked his finger just enough to bleed. Noted as a 1/16" (one sixteenth of an inch) cut (sic)." The report indicated first aid was applied and client B went to work. Staff was suspended pending an investigation.</p> <p>On 4/24/14 at 12:00 noon, the facility's 4/8/14 "Investigation" was reviewed and indicated the following for clients A and B: -"Victims:" Clients A and B and four additional workshop clients who were using power equipment while in the facility owned workshop. Other clients in the workshop were not identified.</p>						

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	<p>-Staffing level at the time of incident on 4/2/14 and staff scheduled to be present was a ratio of one staff with ten clients in the workshop production area.</p> <p>-"Where did it happen...[Name of facility] Production Center (workshop)."</p> <p>-"This incident is Substantiated. The investigation concluded that the consumers in this incident did not receive adequate staffing per their plans. In this incident [Discharged Staff #1] told his supervisor that he (Discharged Staff #1) was not in the production center when the consumer was injured. When I spoke with the staff he stated [client B] turned the saw on as (Discharged Staff #1) was walking in the hall coming back (from the rest room). However, in [Discharged Staff #1's] written statement he says (sic) the saws were not running and the consumer was stacking parts. There is (sic) conflicting statements each time [Discharged Staff #1] told the story of what happened. The failure of the staff caused a potential health and safety risk to the consumers (including clients A and B)."</p> <p>-"Corrective Actions Resulting from Investigation: Staff was Terminated."</p> <p>On 4/24/14 at 12:00 noon, the facility's 4/8/14 "Investigation" included witness statements which indicated the following:</p> <p>-Discharged Staff (DS) #1's witness</p>						

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	<p>statement on 4/2/14 indicated he was at his desk in the workshop and "I was in workshop with all the consumers by myself." DS #1 stated "I have a medical condition, it's a bladder control problem. I have no control of my bladder, I cannot hold my bladder at all. When I had to go, I was already starting to wet myself. So I could not wait for someone to relieve me, the saws were not running at that time, they (the clients) were stacking parts (sic). They were on the rag machine, the shredder, and at table working on brackets. So I went to the bathroom...."</p> <p>-Workshop Staff (WS) #2's witness statement indicated she was not in the workshop area at the time of the incident. WS #2's statement indicated "an incident report came in stating [client B] had injured his finger working on the saw cutting wood." WS #2's statement indicated "[Discharged Staff #1] stated he was in the bathroom. This writer asked who was watching the workshop while he was in the bathroom. [Discharged Staff #1] replied No one. [WS #2] told [Discharged Staff #1] that under no circumstances should the consumers be left alone at anytime...[Discharged Staff #1] replied I am not peeing myself for no one...."</p> <p>On 4/24/14 from 2:00pm until 2:40pm,</p>			

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	<p>clients A and B were observed at the facility owned workshop. During the observation period client A operated an industrial shredder and fed paper items into a machine with a staff person standing next to client A as she fed each paper into an industrial shredder machine. During the observation client B operated a "DeWalt- 15 amp twelve inch Circular Saw" mounted on a table. Client B wore goggles, gloves, and fed multiple wooden boards which were eight to ten feet long into the mounted circular saw. Client B had Workshop Staff #6 standing next to client B as he fed each board into the saw. At 2:00pm, Workshop Staff #6 stated clients A and B "were always" supervised by a workshop staff "when operating workshop power equipment" for their safety. Workshop Staff #6 stated clients A and B did not "recognize danger" and were "never alone" when they operated workshop power equipment. Workshop Staff #6 indicated the facility did not have a policy and/or a procedure that included the use of operating workshop power equipment.</p> <p>On 4/24/14 at 2:35pm, an interview with the Residential Manager (RM) was conducted. The RM indicated that Discharged Staff #1 did not provide supervision for clients A and B on 4/2/14 when the clients were operating</p>			

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	<p>workshop power equipment without staff present. The RM stated both clients A and B "needed and required" supervision by the staff "whenever they operated power equipment" at the workshop. The RM indicated the facility neglected to ensure supervision of clients which resulted in client B's finger injury. The RM indicated both the facility's policies and procedures did not include the use of power equipment and did not include staff responsibilities to ensure the direct staff supervision for the safety of clients while operating workshop power equipment.</p> <p>On 4/24/14 at 12:30pm, the 4/22/14 facility's policy on "Abuse and Neglect" was reviewed and indicated "Each person receiving services and supports from CDC Resources, Inc. will receive humane care and protection from harm. Services shall be provided in safe, secure, and supportive environments...Abuse, neglect, exploitation, and mistreatment and violation of any rights of an individual are prohibited including...6. Actions that deny or result in denying an individual any of the following without a physician's order is prohibited: a.) Failure to provide appropriate supervision, care or training, according to the ISP (Individual Support Plan). b.) Failure to provide a safe, clean, and</p>						

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	<p>sanitary environment...." The policy indicated abuse, neglect, and/or mistreatment was prohibited by the agency.</p> <p>On 4/24/14 at 12:30pm, a record review was completed of the 6/11/2002 BDDS "Incident Reporting" policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>On 4/24/14 at 1:00pm, the facility's 1/14/14 "Day Services Prevocational Training" and the facility's 5/13/2008 "Provision of Production Services" policies and procedures were reviewed with the RM. Both policies and procedures neglected to include the use of power equipment and did not include staff responsibilities to ensure direct staff supervision of clients while operating workshop power equipment.</p> <p>Client A's record was reviewed on 4/24/14 at 1:40pm and on 4/25/14 at 7:00am. Client A's 2/11/14 ISP (Individual Support Plan), 2/19/14 BSP (Behavior Support Plan), 4/11/14 Developmental Assessment, and 2/7/14 Vocational Assessment all indicated she required twenty four hour supervision, required training and supervision for safety, and did not recognize dangers.</p>						

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W000225	<p>Client B's record was reviewed on 4/25/14 at 9:00am. Client B's 2/19/14 ISP, 9/23/13 Developmental Assessment, and 11/21/13 Vocational Assessment all indicated he required twenty four hour supervision, required training and supervision for safety, and did not recognize dangers.</p> <p>This federal tag relates to complaint #IN00147138.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review, and interview, for 2 of 3 sampled clients (clients A and B), the facility failed to assess clients A and B's vocational abilities related to workshop safety skills, supervision at the workshop, and the operation of workshop power equipment.</p> <p>Findings include:</p> <p>On 4/24/14 at 12:00 noon, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 01/01/14 through 04/24/14. The review</p>	W000225	As for Tag 225 CDC Resources Vocational Assessment form hasbeen updated to include a section for Production Equipment. Clients VocationalAssessments will update and implemented by June 4, 2014. Monitoring of theclients Vocational Assessments will be done by Day Services Team Lead and or Coordinator on an annual base along with the need to update for any new paidproduction job prior to the client beginning the new job. Monitoring of the Vocational Assessments will be done bi-annually to ensure clients' needs are being met by Day Services Team Lead.	06/04/2014

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	<p>indicated the following for clients A and B:</p> <p>-A 4/2/14 BDDS report for an incident reported on 4/2/14 at 2:15pm indicated "Production staff left [Client A] unattended for 2-3 minutes while stating he needed to use the bathroom. No harm to [Client A] occurred."</p> <p>-A 4/2/14 BDDS report for an incident reported on 4/2/14 at 2:15pm indicated "Production staff left [Client B] unattended for 2-3 minutes while staff used the bathroom. [Client B] was working on cutting saw. [Client B] informed production staff that he had cut his left index finger. [Client B] stated that the saw blade was slowing down but he reached for the wood and the blade poked his finger just enough to bleed. Noted as a 1/16" (one sixteenth of an inch) cut (sic)." The report indicated first aid was applied and client B returned to work.</p> <p>On 4/24/14 from 2:00pm until 2:40pm, clients A and B were observed at the facility owned workshop. During the observation period client A operated an industrial shredder and fed paper items into a machine with a staff person standing next to client A as she fed each paper into an industrial shredder</p>						

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	<p>machine. During the observation client B operated a "DeWalt- 15 amp twelve inch Circular Saw" mounted on a table. Client B wore goggles, gloves, and fed multiple wooden boards which were eight to ten feet long into the mounted circular saw. Client B had Workshop Staff #6 standing next to client B as he fed each board into the saw. At 2:00pm, Workshop Staff #6 stated clients A and B "were always" supervised by a workshop staff "when operating workshop power equipment" for their safety. Workshop Staff #6 stated clients A and B did not "recognize danger" and were "never alone" when they operated workshop power equipment.</p> <p>On 4/24/14 at 2:35pm, an interview with the Residential Manager (RM) was conducted. The RM indicated Discharged Staff #1 did not provide supervision for clients A and B on 4/2/14 when the clients were operating workshop power equipment without staff present. The RM stated both clients A and B "needed and required" supervision by the staff "whenever they operated power equipment" at the workshop. The RM indicated the facility failed to ensure supervision of clients and resulted in client B's finger injury. The RM indicated client A and B's vocational assessments and plans did not include the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/05/2014	
NAME OF PROVIDER OR SUPPLIER CDC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923			
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	<p>use of power equipment and did not include staff responsibilities to ensure the direct staff supervision for the safety of clients while operating workshop power equipment.</p> <p>Client A's record was reviewed on 4/24/14 at 1:40pm and on 4/25/14 at 7:00am. Client A's 2/11/14 ISP (Individual Support Plan), 2/19/14 BSP (Behavior Support Plan), 4/11/14 Developmental Assessment, and 2/7/14 Vocational Assessment all indicated she required twenty four hour supervision, required training and supervision for safety, and did not recognize dangers. Client A's record did not indicate an assessment for workshop safety skills, supervision at the workshop, and the operation workshop power equipment.</p> <p>Client B's record was reviewed on 4/25/14 at 9:00am. Client B's 2/19/14 ISP, 9/23/13 Developmental Assessment, and 11/21/13 Vocational Assessment all indicated he required twenty four hour supervision, required training and supervision for safety, and did not recognize dangers. Client B's record did not indicate an assessment for workshop safety skills, supervision at the workshop, and the operation workshop power equipment.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	This federal tag relates to complaint #IN00147138. 9-3-4(a)				