STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G214	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORVILLA INC	18443 BULLA RD SOUTH BEND, IN 46637

(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
W0000	This visit was for the investigation of Complaint #IN00117406. Complaint #IN00117406: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W148, W331 and W9999. Dates of survey: October 16 and 19, 2012 Facility number: 000740 Provider number: 15G214 AIM number: 100234800 Surveyor: Christine Colon, Medical Surveyor III/QMRP The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/29/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

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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W0148	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.			
	Based on record review and interview for 1 of 2 incident reports reviewed, involving 1 of 4 sampled clients (client A), the facility failed to promptly notify client A's advocate/health care representative/family member of a fall which resulted in injury. Findings include: A review of the facility's records was conducted at the facility's administrative office on 10/16/12 at 2:35 P.M.. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following incident: Incident dated 9/26/12...Date of knowledge: 10/1/12...Submitted Date: 10/1/12: "On September 26, 2012 at approximately 9:45 am, staff witnessed [client A] pulling a box from the middle of a stack of boxes on a skid to obtain some parts-empty plastic 'cat treat' bottles. As [client A] was removing the middle box, the top box became unstable and fell,	W0148	To ensure that a deficiency of this nature does not occur in the futue, the QMRP has been trained on reporting significant incidents or changes to the proper entities. The QMRP has reviewed Corvilla's BDDS Initial Incident Reports to determine if there are any other similar oversights and found none. The QMRP, at the direction of the Executive Director, will be responsible for communicating significant conditions to the proper entities. The QMRP will also be responsible for directing outside agencies in which our residents are involved, of their responsibility for reporting significant incidents or changes to the proper enities in a timely manner.	11/18/2012

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	hitting [client A] on the side of her head causing her to lose her balance and fall to the ground on her butt...[Client A] was taken to the Nurse's station to be examined. [Nurse name] asked [client A] where she hurt. [Client A] reported that her back hurt, then pointed specifically to the lower mid-back, above the belt. [Client A] denied any discomfort to the head or any other extremity. [Nurse name] assessed [client A]'s lower back and found no sign of injury. No redness, swelling, bruising, or break in skin noted. [Nurse name] offered [client A] an ice pack for her back, but [client A] declined at this time. [Client A] was able to perform full range of motion to all extremities as she could prior to the occurrence. Staff will continue to monitor client through out the day for any further sign of possible injury...On September 26, 2012 at approximately 9:45 am I, [Program Coordinator (PC) name] was also notified of the incident. I met with [client A] and [Nurse name] in the nurse's station. I asked [client A] what happened. [Client A] confirmed that she was attempting to get a box off the skid when the top box fell and barely hit the side of her head. She said she then fell on her butt. [Client A] did complain that her back did hurt, but no visible signs of injury were noted. [Client A] was laughing and joking with [Nurse name]			

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	and myself when she left the nurse's station....On September 26, 2012 at approximately 10:00 am, I, [PC name] called Corvilla's office and spoke with [Qualified Mental Retardation Professional (QMRP) #1]. I informed [QMRP #1] of the incident with [client A]. I explained that no visible signs of injury were noted and [client A] did go back to her work area. I informed [QMRP #1] that we would continue to monitor [client A] through out the day and report if any changes in her physical condition were noted in relation to the complaint of her back....On September 26, 2012 at approximately 11:00 am, [client A] requested some Tylenol for a headache. [Client A] said that she has had a headache all day long, but has not told anyone. [Client A] was given Tylenol for her headache. [Client A] did not complain of any other discomfort....On September 26, 2012 at approximately 3:00 pm [Nurse name] checked [client A] again. [Client A] did not complain of any back pain. There were still no visible signs of injury noted. Due to lack of noticeable injury, a report was not filed with the state....On September 27, 2012 and September 28, 2012, [client A] did attend [Day Program] as usual. [Client A] did not complain of any pain and was able to participate in her normal day program routine. [Client A]			

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	was engaging in conversation as normal with staff.....On October 1, 2012, at approximately 9:50 am, I, [PC name] received a call from [Facility nurse name]. [Facility nurse] stated that on September 28, 2012, [client A] was going to go home for the weekend with her parents, but complained that her back hurt too much. [Client A]'s mother was notified by [client A]'s residential provider of [client A]'s complaint. [Client A]'s mother requested that [client A] be seen immediately by a doctor. [Client A] was taken to [Hospital name] emergency room for further examination. As a result of that exam, it was discovered that [client A] had an acute mid compression fracture in her lower back." A review of an internal "Resident Accident/Injury Report" dated 9/29/12 was conducted on 10/16/12 at 2:45 P.M.. Review of the report indicated: "Resident states she fell at work...[Client A] said she fell over boxes and now complains of back pain for last two mornings...no marks." An interview with QMRP #2 was conducted at the facility's administrative office on 10/16/12 at 3:00 P.M.. QMRP #2 indicated advocates/health care representatives/family members should be notified immediately when an incident			

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	occurs involving a client. When asked if client A's advocate/health care representative/family member was promptly notified, QMRP #2 indicated she did not notify client A's advocate/health care representative/family member of the injury. An interview with the day program PC and Nurse was conducted on 10/16/12 at 3:40 P.M.. The PC indicated she was the person who documented client A's injury. The PC and nurse indicated they did not contact client A's advocate/health care representative/family member to make them aware of her injury on 9/26/12. This federal tag relates to complaint #IN00117406. 9-3-2(a)			

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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to provide nursing services for the client's injury. Findings include: A review of the facility's records was conducted at the facility's administrative office on 10/16/12 at 2:35 P.M.. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following incident: Incident dated 9/26/12...Date of knowledge: 10/1/12...Submitted Date: 10/1/12: "On September 26, 2012 at approximately 9:45 am, staff witnessed [client A] pulling a box from the middle of a stack of boxes on a skid to obtain some parts-empty plastic 'cat treat' bottles. As [client A] was removing the middle box, the top box became unstable and fell, hitting [client A] on the side of her head causing her to lose her balance and fall to the ground on her butt...[Client A] was taken to the Nurse's station to be examined. [Nurse name] asked [client A] where she hurt. [Client A] reported that her back hurt, then pointed specifically to	W0331	Client A will receive nursing services in accordance with her mendical needs. In addition all Corvilla clients will receive nursing services in accordance with their medical needs. The agency nurse will review all accident/injury reports and record assessment after each fall. The agency nurse will fill in an accident/injury report after notification of a fall at Day Program and document assessment. This will be monitored by the agency nurse, QMRP, Director and Nurse Consultant. Responsible Person: Julie King LPN	11/18/2012

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	the lower mid-back, above the belt. [Client A] denied any discomfort to the head or any other extremity. [Nurse name] assessed [client A]'s lower back and found no sign of injury. No redness, swelling, bruising, or break in skin noted. [Nurse name] offered [client A] an ice pack for her back, but [client A] declined at this time. [Client A] was able to perform full range of motion to all extremities as she could prior to the occurrence. Staff will continue to monitor client through out the day for any further sign of possible injury...On September 26, 2012 at approximately 9:45 am I, [Program Coordinator (PC) name] was also notified of the incident. I met with [client A] and [Nurse name] in the nurse's station. I asked [client A] what happened. [Client A] confirmed that she was attempting to get a box off the skid when the top box fell and barely hit the side of her head. She said she then fell on her butt. [Client A] did complain that her back did hurt, but no visible signs of injury were noted. [Client A] was laughing and joking with [Nurse name] and myself when she left the nurse's station....On September 26, 2012 at approximately 10:00 am, I, [PC name] called Corvilla's office and spoke with [Qualified Mental Retardation Professional (QMRP) #1]. I informed [QMRP #1] of the incident with [client			

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	A]. I explained that no visible signs of injury were noted and [client A] did go back to her work area. I informed [QMRP #1] that we would continue to monitor [client A] through out the day and report if any changes in her physical condition were noted in relation to the complaint of her back....On September 26, 2012 at approximately 11:00 am, [client A] requested some Tylenol for a headache. [Client A] said that she has had a headache all day long, but has not told anyone. [Client A] was given Tylenol for her headache. [Client A] did not complain of any other discomfort....On September 26, 2012 at approximately 3:00 pm [Nurse name] checked [client A] again. [Client A] did not complain of any back pain. There were still no visible signs of injury noted. Due to lack of noticeable injury, a report was not filed with the state....On September 27, 2012 and September 28, 2012, [client A] did attend [Day Program] as usual. [client A] did not complain of any pain and was able to participate in her normal day program routine. [Client A] was engaging in conversation as normal with staff.....On October 1, 2012, at approximately 9:50 am, I, [PC name] received a call from [Facility nurse name]. [Facility nurse] stated that on September 28, 2012, [client A] was going to go home for the weekend with her			

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	parents, but complained that her back hurt too much. [Client A]'s mother was notified by [client A]'s residential provider of [client A]'s complaint. [Client A]'s mother request that [client A] be seen immediately by a doctor. [Client A] was taken to [Hospital name] emergency room for further examination. As a result of that exam, it was discovered that [client A] had an acute mid compression fracture in her lower back." A review of an internal "Resident Accident/Injury Report" dated 9/29/12 was conducted on 10/16/12 at 2:45 P.M.. Review of the report indicated: "Resident states she fell at work...[Client A] said she fell over boxes and now complains of back pain for last two mornings...no marks." A review of client A's record was conducted on 10/19/12 at 10:00 A.M.. Review of client A's record failed to indicate an assessment by the facility's nursing staff had been completed after notification of the reported fall. No documentation was available for review to indicate the facility's nursing staff assessed client A's documented complaints of pain after her fall. No documentation was available for review to indicate facility nursing staff assessed/treated client A's injury.			

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	An interview with QMRP #1 was conducted on 10/19/12 at 10:30 A.M.. QMRP #1 stated, "If our nurse had examined the client she would have written it in her record." When asked if there was documentation to indicate the facility's nurse had assessed/examined client A after her documented complaints of pain to her back, QMRP #1 stated "No." No nurse was available for interview due to being on vacation. This federal tag relates to complaint #IN00117406. 9-3-6(a)			

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W9999	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: 460 IAC 9-3-1(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. This state rule is not met as evidence by: Based on observation, record review and interview, the facility failed to report a fall with injury involving 1 of 4 sampled clients (client A) to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner. Findings include: A review of the facility's records was conducted at the facility's administrative office on 10/16/12 at 2:35 P.M.. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following incident:	W9999	To ensure all required incidents are reported in a timely manner; the QMRPhas been re-trained by the Executive Director on what constitutes a Reportable Incidnet and BDDS regulations on Reportable Incidents. Also, to ensure that a deficiency of this knd does not occur again in the future, the QMRP will be responsible for ensuring any outside agency in which the residents are involved are in compliance with BDDS regulations also. The QMRP will monitor the outside angecy to ensure they report all incidents of risk or uncertainty resulting in or having the potiential to result in harm or injury. The QMRP has reviewed COrvilla's remaining BDDS Incident Reports to determine if there are any other deficiencies and none were found.Responsible Person: Anedria Gibson QMRP	11/18/2012

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	Incident dated 9/26/12...Date of knowledge: 10/1/12...Submitted Date: 10/1/12: "On September 26, 2012 at approximately 9:45 am, staff witnessed [client A] pulling a box from the middle of a stack of boxes on a skid to obtain some parts-empty plastic 'cat treat' bottles. As [client A] was removing the middle box, the top box became unstable and fell, hitting [client A] on the side of her head causing her to lose her balance and fall to the ground on her butt...[Client A] was taken to the Nurse's station to be examined. [Nurse name] asked [client A] where she hurt. [Client A] reported that her back hurt, then pointed specifically to the lower mid-back, above the belt. [Client A] denied any discomfort to the head or any other extremity. [Nurse name] assessed [client A]'s lower back and found no sign of injury. No redness, swelling, bruising, or break in skin noted. [Nurse name] offered [client A] an ice pack for her back, but [client A] declined at this time. [Client A] was able to perform full range of motion to all extremities as she could prior to the occurrence. Staff will continue to monitor client through out the day for any further sign of possible injury...On September 26, 2012 at approximately 9:45 am I, [Program Coordinator (PC) name] was also notified of the incident. I			

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	met with [client A] and [Nurse name] in the nurse's station. I asked [client A] what happened. [Client A] confirmed that she was attempting to get a box off the skid when the top box fell and barely hit the side of her head. She said she then fell on her butt. [Client A] did complain that her back did hurt, but no visible signs of injury were noted. [Client A] was laughing and joking with [Nurse name] and myself when she left the nurse's station....On September 26, 2012 at approximately 10:00 am, I, [PC name] called Corvilla's office and spoke with [Qualified Mental Retardation Professional (QMRP) #1]. I informed [QMRP #1] of the incident with [client A]. I explained that no visible signs of injury were noted and [client A] did go back to her work area. I informed [QMRP #1] that we would continue to monitor [client A] through out the day and report if any changes in her physical condition were noted in relation to the complaint of her back....On September 26, 2012 at approximately 11:00 am, [client A] requested some Tylenol for a headache. [Client A] said that she has had a headache all day long, but has not told anyone. [Client A] was given Tylenol for her headache. [Client A] did not complain of any other discomfort....On September 26, 2012 at approximately 3:00 pm [Nurse name]			

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	checked [client A] again. [Client A] did not complain of any back pain. There were still no visible signs of injury noted. Due to lack of noticeable injury, a report was not filed with the state....On September 27, 2012 and September 28, 2012, [client A] did attend [Day Program] as usual. [Client A] did not complain of any pain and was able to participate in her normal day program routine. [Client A] was engaging in conversation as normal with staff.....On October 1, 2012, at approximately 9:50 am, I, [PC name] received a call from [Facility nurse name]. [Facility nurse] stated that on September 28, 2012, [client A] was going to go home for the weekend with her parents, but complained that her back hurt too much. [Client A]'s mother was notified by [client A]'s residential provider of [client A]'s complaint. [Client A]'s mother request that [client A] be seen immediately by a doctor. [Client A] was taken to [Hospital name] emergency room for further examination. As a result of that exam, it was discovered that [client A] had an acute mid compression fracture in her lower back." A review of an internal "Resident Accident/Injury Report" dated 9/29/12 was conducted on 10/16/12 at 2:45 P.M.. Review of the report indicated: "Resident states she fell at work...[Client A] said she			

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NAME OF PROVIDER OR SUPPLIER CORVILLA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 18443 BULLA RD SOUTH BEND, IN 46637	

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	fell over boxes and now complains of back pain for last two mornings...no marks." An interview with QMRP #2 was conducted at the facility's administrative office on 10/16/12 at 3:00 P.M.. QMRP #2 indicated she was on vacation when this incident occurred. QMRP #2 indicated the facility did not report the incident immediately to the administrator or to the Bureau of Developmental Disabilities Services (BDDS) because the incident occurred at the day program and they were responsible for reporting the incident. A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 10/16/12 at 7:00 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS...Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to: A fall resulting in injury,			

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	regardless of the severity of the injury." 9-3-1(b)			