

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G535		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/17/2012	
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 W GOLDEN HILLS DR PERU, IN 46970			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 15, 16, and 17, 2012</p> <p>Facility number: 001049 Provider number: 15G535 AIM number: 100245300</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III,</p> <p>These deficiencies also reflect state findings under 460 IAC 9.</p> <p>Quality Review was completed on 10/18/12 by Tim Shebel, Medical Surveyor III.</p>	W0000					

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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived in the group home and failed to develop a policy to ensure currently employed direct care staff reported arrest involving criminal activity.</p> <p>Findings include:</p> <p>On 10-15-12 from 3:15 p.m. until 5:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The brown dining room table had two 2 foot by 1 foot worn areas at each end of the table. The two areas had no wood finish left on them and were tan in color.</p> <p>On 10-17-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional #1 indicated the table was worn with the laminate worn off.</p> <p>On 10-17-12 at 11:15 a.m. a review of the facility's employee files was reviewed. Direct care staff (dcs) #25's file had a "Prisoner book in inquiry" paper dated</p>	W0104	<p>The table will be sanded and refinished by 11/16/12. Client #25's arrest occurred one day after she was hired. Client #25 had a clear criminal check at the time of hire. Client #25 has been in contact with the Residential Department Director and Human Resources Director about this incident. Client #25 has not been convicted of any charges at this time. The Human Resource Department will be developing a policy to track, monitor and ensure criminal activity is reported. Human Resources will be developing a procedure for filing any paperwork that is related to criminal activity, arrests, charges, etc.</p>	11/16/2012

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	<p>9-26-12 which indicated dcs #25 had been arrested for theft on 9-22-12 and had bonded out on 9-22-12. The record indicated dsc #25 would appear in court on 10-22-12. Dcs #25's criminal history record was completed on 9-21-12 with an official hire date of 10-1-12.</p> <p>On 10-17-12 at 12:55 p.m. an interview with the Human Services Director (HSD) indicated she did not know how the "Prisoner book in inquiry" ended up in dcs #25's file and that she had never seen it before. The HSD indicated the facility did not have a policy to ensure arrest and criminal activity was reported.</p> <p>On 10-17-12 at 12:55 p.m. an interview with the Qualified Mental Retardation Professional #2 indicated if she saw the arrest in the paper she would notify the proper facility staff about the arrest but was unsure if there was a policy.</p> <p>On 10-17-12 at 12:35 p.m. an interview with the Human Services Clerk indicated she is the one that did the filing and she had never seen DCS #25's arrest record before and she didn't know how it got into her file.</p> <p>9-3-1(a)</p>				

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W0112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation 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 client names were not posted in an area for all to see.</p> <p>Findings include:</p> <p>On 10-15-12 from 3:15 p.m. until 5:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The Program books which contained Individualized Support Plan goals and objectives were out on the desk. The Program books had clients #1, #2, #3, #4, #5, #6, #7, and #8 first names on the books out in the dining room area for all to see.</p> <p>On 10-17-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional #1 indicated client names were posted on Program books located in the dining room for anyone in the dining room to see.</p> <p>9-3-1(a)</p>	W0112	All client names have been removed from the program books that are in common areas of the group home. Any identifying information will be kept confidential to protect the rights of the consumers. To ensure future compliance, the QDDP and House Manager will complete walk -thru's of the house on a regular basis looking for identifying information. Direct Care Staff were retrained on the importance of confidentiality.	11/02/2012	

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W0149	<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 record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to ensure the facility's abuse/neglect policy was implemented.</p> <p>Findings include:</p> <p>On 10-15-12 at 1:00 p.m. a review of the facility's Bureau of Developmental Disabilities (BDDS) reports was reviewed. The reports indicated the following: -A BDDS report dated 6-21-12 for client #8 indicated she woke up in the night to smoke and the midnight direct care staff #30 indicated he would go out with her to smoke. Client #8 indicated he was not smoking a cigarette and she asked him what he was smoking and he told her spice. Direct care staff #30 was suspended pending the investigation. -A BDDS follow up report dated 7-3-12 indicated direct care staff #30 was sent for a toxicology test and it came back positive. Direct care staff #30 was terminated for illegal drug use.</p> <p>On 10-15-12 at 1:05 p.m. a review of the facility's abuse/neglect policy dated 3-08 was conducted. The abuse/neglect policy indicated all clients would be free from neglect, battery, exploitation or psychological abuse. Neglect was defined as "knowingly placing an individual in a situation that may endanger his/her life....."</p> <p>On 10-17-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional (QMRP) #2 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were all present in the home at the</p>	W0149	This particular group home is licensed as an Intensive Training group home (6.0) with only one staff on the midnight shift. In regards to the incident in question, Staff # 30 was the only staff on duty during the time of the incident. When Client #8 reported to the House Manager what had occurred during the middle of the night, staff #30 was immediately suspended and drug tested. Agency policy was followed. Previous to hire, staff #30 had a clear criminal history and no previous issue with drugs were noted in his employment file. Group home staff have been retrained on agency policy of reporting immediately any suspicious activity that could be abusive or neglectful. The clients had a group meeting and were reminded to tell the QDDP or House Manager if they notice any suspicious behavior or anything that doesn't seem right.	11/02/2012			

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	time direct care staff #30 was smoking an illegal substance in front of client #8. The QMRP indicated direct care staff #30 did not follow the abuse/neglect policy and it should be implemented at all times. 9-3-2(a)				

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES 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 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who lived the home, to ensure milk was served per the menu.</p> <p>Findings include:</p> <p>On 10-15-12 from 3:15 p.m. until 5:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Clients #1, #2, #3, #4, #5, #6, #7, and #8 had supper with juice to drink. No milk was offered at the supper meal.</p> <p>On 10-16-12 from 6:15 a.m. until 8:00 a.m. an observation at the home of clients #1, #3, #4, #5, #6, #7, and #8 was conducted. Clients #1, #3, #4, #5, #6, #7, and #8 had 2 kinds of juice. No milk was offered at the breakfast meal.</p> <p>On 10-16-12 at 10:00 a.m. a review of the facility's menu dated October 14 through October 20, 2012 indicated milk was to be served with the supper meal and the breakfast meal.</p> <p>On 10-16-12 at 6:30 a.m. an interview with client #8 indicated milk was not</p>	W0460	Staff will ensure that menu items are available for each meal. The group home provides petty cash that is available at all times for staff to purchase needed items for the clients. The group home staff have the ability to charge purchases at Kroger, Marsh and K-Mart. Additionally, the group home has a 3 day supply of emergency food. Staff were retrained on following the menu and purchasing additional items if needed. The House Manager reviews grocery receipts.	11/02/2012			

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	<p>offered because they need to go the store and get more.</p> <p>On 10-16-12 an interview with the Qualified Mental Retardation Professional #1 indicated the menu should be followed and milk should be served at meal times.</p> <p>9-3-8(a)</p>				