

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2013
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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 721 W 73RD INDIANAPOLIS, IN 46260
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: June 3, 4, 5 and 10, 2013.</p> <p>Facility Number: 011516 Provider Number: 15G747 AIMS Number: 200900320</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/19/13 by Ruth Shackelford, 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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W000149	<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.</p> <p>Based on record review and interview for 1 of 4 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure and neglected to prevent punishment to client #2 for his behaviors.</p> <p>Findings include:</p> <p>On 06/03/13 at 11:26 AM a record review of the BDDS reports was completed and included the following:</p> <p>02/06/13: A BDDS report submitted 02/06/13 for an incident reported 02/03/13 and occurred 02/03/13 at 7:00 PM indicated, "I received an allegation of suspected verbal/Teasing by DSS (Direct Service Support) member [staff #2]. Allegation detailed purposely turning off [client #2's] television as punishment for alleged spitting at DSS member [staff #2]. Investigation is open and ongoing DSS member [staff #2] has been suspended pending outcome of investigation effective 02/06/13 at 1:40 PM. Ongoing investigation to determine if allegation is substantiated or unsubstantiated."</p>	W000149	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Staff were retrained after this incident on the proper method of reporting incidents. Staff had typed a letter and left it for the supervisor rather than call and report immediately. All facility other staff were again retrained on proper reporting as well as St. Vincent New Hope policy and procedure for prevention of abuse and neglect. Investigation indicated that staff responsible had implemented her own restrictive punishment. Follow up to the investigation findings were suspension from duty (disciplinary action) and retraining. No further incidents of misguided restrictions have occurred. No other incidents have been reported untimely by this staff or any other. How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected. All staff were retrained on 6/25/13 regarding reporting criteria, procedures. What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur? How</i></p>	07/01/2013			

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	<p>02/05/13: Staff #6's typed statement indicated, "I am not comfortable working with [staff #2] due to the unethical practices she has been performing for the last several weeks. I have made every attempt to reconcile these issues on my own, but have not been successful...On Sunday, February 3, 2013 around 7:00 pm [staff #2] went into client (client #2's) room to start his feeding. Upon returning to the living room she told me [client #2] tried to spit on her, so she turned off his television...She refused to turn his television back on and stated, "If you want his TV back on, you do it!" I didn't agree with this form of punishment, so I turned his television back on. My colleagues and I have tried to resolve this situation by explaining the seriousness of these offenses to [staff #2]. Our unsuccessful attempts led me to seek guidance from [Team Leader] to help facilitate, and resolve our current issues. My ultimate goal in writing this letter is to ensure the well-being and safety of the clients we serve..."</p> <p>02/06/13: Staff #5's typed statement indicated, "...[Staff #2] turns off [client #2's] TV while he's watching it. When I asked her why she says because he is spitting on her and/or hitting her...."</p>		<p><i>the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director is copied and notified on all incidents within 24 hours. At that time, it is notable whether incident is late. Reportable incidents are tracked by St. Vincent New Hope Quality Assurance. The date of incident and the date of reporting are included in this tracking. Director receives a weekly copy of this spreadsheet for oversight purposes. Any trends or deficiency is reviewed and Director is aware that appropriate follow up occurs (retraining/discipline as appropriate).</p>				

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	<p>02/06/13: Staff #1's hand written statement indicated, "[Staff #2] will be turning off [client #2's] TV after we put him to bed. She will wait until like 5 to 10 min (minutes) and then she goes to turn it on. She would do it as a joke with [client #2] but to me I think [client #2] has a right to watch TV because it is his TV. When she goes to turn it on [client #2] will be asleep sometimes...."</p> <p>02/06/13: Staff #2's hand written statement indicated, "On Wednesday, Feb 6, 2013 you (Team Leader) and (QIDP) had brought it to my attention, that you had heard that I have been mistreating [client #2]...I have turned [client #2's] TV off on several occasions (teasing [client #2])...the TV is not off no (sic) longer than 15 or 20 minutes...."</p> <p>02/11/13: Investigation Summary indicated, "An allegation was made that [staff #2] was emotionally abusive to [client #2] by turning off his television as a 'punishment.' As soon as the allegation was made, Team Leader and QDDP interviewed [staff #2] and suspended her pending completion of the investigation...Findings. Allegation of emotional abuse by [staff #2] was substantiated. [Staff #2] was given a 3 day suspension without pay. [Staff #2] admitted to 'teasing' [client #2] yet she</p>						

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	<p>stated she meant no harm to him. [Staff #2] has been re-trained on policy of prevention of abuse and neglect and client rights...."</p> <p>02/12/13: A BDDS Follow-up report indicated, "Team Leader interviewed DSS [staff #2], as well as all other staff that have worked with DSS [staff #2]. While interviewing [staff #2], she admitted that she in fact did turn off [client #2's] television and thus did violate his rights per Personal Conducts and Rules Policy A-13. [Staff #2] was suspended for 3 days and will be retrained on client rights and prevention of abuse and neglect."</p> <p>02/15/13: A BDDS Follow-up report indicated, "...All staff are trained to report any and all abuse and neglect; just as it happened in this case. All staff have access to TL (Team Leader) and MGR (Manager) 24 hours a day 7 days a week...."</p> <p>Client #2's records were reviewed on 06/05/13 at 10:45 AM. Client #2's ISP (Individual Support Plan) dated 02/21/13 indicated client #2 was non-ambulatory, used a wheelchair for all mobility and required staff assistance for all of his daily needs including toileting, bathing, dressing and hygiene.</p>						

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	<p>On 06/05/13 at 2:00 PM, a review of the facility's 07/2012 Policy on Suspected Abuse indicated, "St Vincent New Hope (SVNH) will not condone abuse or violation of individual rights by anyone...SVNH will comply with all applicable laws, statutes, and/or regulations with respect to reporting to authorities, investigation and warranted follow-up action to assure resolution...Indiana public law protects endangered adults...from abuse, battery, neglect and exploitation or mistreatment. An endangered adult is any individual who is 18 years of age or older who: is incapable of managing his property or caring for himself or both by reason of insanity, mental illness, mental retardation...of either managing his property or caring for himself or both; is harmed or threatened with harm as a result of neglect, battery, or exploitation of the individual's personal services or property...."</p> <p>An interview was conducted on 06/05/13 at 11:30 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated staff #2 failed to follow the agency's policy/procedure on abuse/neglect when she chose to turn off client #2's TV as a form of punishment to client #2. He also indicated the policy was not followed as staff #6 neglected to</p>						

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	report the 02/03/13 incident immediately to the administrator. 9-3-2(a)				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to report 1 of 1 allegation of abuse immediately to the Administrator in accordance with state law.</p> <p>Findings include:</p> <p>On 06/03/13 at 11:26 AM a record review of the BDDS reports was completed and included the following:</p> <p>02/06/13: A BDDS report submitted 02/06/13 for an incident reported 02/03/13 and occurred 02/03/13 at 7:00 PM indicated, "I received an allegation of suspected verbal/Teasing by DSS (Direct Service Support) member [staff #2]. Allegation detailed purposely turning off [client #2's] television as punishment for alleged spitting at DSS member [staff #2]. Investigation is open and ongoing DSS member [staff #2] has been suspended pending outcome of investigation effective 02/06/13 at 1:40 PM. Ongoing</p>	W000153	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice. Staff were retrained after this incident on the proper method of reporting incidents. Staff had typed a letter and left it for the supervisor rather than call and report immediately. All facility other staff were again retrained on proper reporting as well as St. Vincent New Hope policy and procedure for prevention of abuse and neglect. Investigation indicated that staff responsible had implemented her own restrictive punishment. Follow up to the investigation findings were suspension from duty (disciplinary action) and retraining. No further incidents of misguided restrictions have occurred. No other incidents have been reported untimely by this staff or any other. No other incidents have been reported untimely by this staff or any other. How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected. All staff were retrained</i></p>	07/01/2013			

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	<p>investigation to determine if allegation is substantiated or unsubstantiated."</p> <p>02/05/13: Staff #6's typed statement indicated, "I am not comfortable working with [staff #2] due to the unethical practices she has been performing for the last several weeks. I have made every attempt to reconcile these issues on my own, but have not been successful...On Sunday, February 3, 2013 around 7:00 pm [staff #2] went into client (client #2's room to start his feeding. Upon returning to the living room she told me [client #2] tried to spit on her, so she turned off his television...She refused to turn his television back on and stated, "If you want his TV back on, you do it!" I didn't agree with this form of punishment, so I turned his television back on. My colleagues and I have tried to resolve this situation by explaining the seriousness of these offenses to [staff #2]. Our unsuccessful attempts led me to seek guidance from [Team Leader] to help facilitate, and resolve our current issues. My ultimate goal in writing this letter is to ensure the well-being and safety of the clients we serve...."</p> <p>02/06/13: Staff #5's typed statement indicated, "...[staff #2] turns off [client #2's] TV while he's watching it. When I asked her why she says because he is</p>		<p>on 6/25/13 regarding reporting criteria, procedures. <i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur? How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i> Director is copied and notified on all incidents within 24 hours. At that time, it is notable whether incident is late. Reportable incidents are tracked by St. Vincent New Hope Quality Assurance. The date of incident and the date of reporting are included in this tracking. Director receives a weekly copy of this spreadsheet for oversight purposes. Any trends or deficiency is reviewed and Director is aware that appropriate follow up occurs (retraining/discipline as appropriate).</p>				

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	<p>spitting on her and/or hitting her...."</p> <p>02/06/13: Staff #1's hand written statement indicated, "[Staff #2] will be turning off [client #2's] TV after we put him to bed. She will wait until like 5 to 10 min (minutes) and then she goes to turn it on. She would do it as a joke with [client #2] but to me I think [client #2] has a right to watch TV because it is his TV. When she goes to turn it on [client #2] will be asleep sometimes...."</p> <p>02/06/13: Staff #2's hand written statement indicated, "On Wednesday, Feb 6, 2013 you (Team Leader) and (QIDP) had brought it to my attention, that you had heard that I have been mistreating [client #2]...I have turned [client #2's] TV off on several occasions (teasing [client #2])...the TV is not off no (sic) longer than 15 or 20 minutes...."</p> <p>02/11/13: Investigation Summary indicated, "An allegation was made that [staff #2] was emotionally abusive to [client #2] by turning off his television as a 'punishment.' As soon s the allegation was made, Team Leader and QDDP interviewed [staff #2] and suspended her pending completion of the investigation...Findings. Allegation of emotional abuse by [staff #2] was substantiated. [Staff #2] was given a 3</p>						

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	<p>day suspension without pay. [Staff #2] admitted to 'teasing' [client #2] yet she stated she meant no harm to him. [Staff #2] has been re-trained on policy of prevention of abuse and neglect and client rights...."</p> <p>02/12/13: A BDDS Follow-up report indicated, "Team Leader interviewed DSS [staff #2], as well as all other staff that have worked with DSS [staff #2]. While interviewing [staff #2], she admitted that she in fact did turn off [client #2's] television and thus did violate his rights per Personal Conducts and Rules Policy A-13. [Staff #2] was suspended for 3 days and will be retrained on client rights and prevention of abuse and neglect."</p> <p>02/15/13: A BDDS Follow-up report indicated, "...All staff are trained to report any and all abuse and neglect; just as it happened in this case. All staff have access to TL (Team Leader) and MGR (Manager) 24 hours a day 7 days a week...."</p> <p>Client #2's records were reviewed on 06/05/13 at 10:45 AM. Client #2's ISP (Individual Support Plan) dated 02/21/13 indicated client #2 was non-ambulatory, used a wheelchair for all mobility and required staff assistance for all of his daily needs including toileting, bathing,</p>			

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	<p>dressings and hygiene.</p> <p>An interview was conducted on 06/05/13 at 11:30 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated staff #6 neglected to report the 02/03/13 incident immediately to the administrator.</p> <p>9-3-2(a)</p>				

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W000448	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents.</p> <p>Based on interview and record review, the facility failed for 4 of 4 clients (clients #1, #2, #3 and #4) who resided in the group home by not investigating total evacuation times on the day, evening and night shifts.</p> <p>Findings include:</p> <p>On 06/03/13 at 11:36 AM, record reviews were completed of the facility's evacuation drills for the period of 06/01/12 through 06/02/13 which included the participation of clients #1, #2, #3 and #4. There were 4 day shift drills conducted during that time period. On 07/15/12 a day drill was conducted at 11:00 AM and the total evacuation time was recorded as 21 minutes. There were 4 evening shift drills conducted during that time period. On 08/21/12 an evening drill was conducted at 7:30 PM and the total evacuation time was recorded as 15 minutes. On 11/14/12 an evening drill was conducted at 9:00 PM and the total evacuation time was recorded as 15 minutes. There were 4 night shift drills conducted during the time period. On 06/10/12 a night drill was conducted at 12:00 AM and the total evacuation time</p>	W000448	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>During a prior facility survey, this issue was identified and the following steps were taken to review and correct all facilities for the agency. The documented drills for the facility prior to the procedure change remain. However, the drills after the change was implemented have proven this to be an effective correction. Team Leader will retrain all staff on evacuation plan and proper execution of evacuation as well as accurate completion of forms. Fire Drill form was revised to require an analysis of each drill for appropriateness or improvement needed.</p> <p>Home evacuation scores and safety code are in compliance with slow evacuation rating of the home.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All residents have the potential to be affected and the system will remain consistent for all residents.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur? How the</i></p>	07/01/2013			

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	<p>was recorded as 35 minutes. On 09/14/12 a night drill was conducted at 4:00 AM and the total evacuation time was recorded as 25 minutes.</p> <p>An interview was conducted on 06/05/13 at 11:30 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated there were no further documented drills for review and there were no investigations into the amount of time it took for the clients to evacuate.</p> <p>9-3-7(a)</p>		<p><i>corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>One Group Home Manager has been assigned the task of documenting the completion of drills, evacuation times and proper documentation. Manager and Director will review drills that exceed expected evacuation time and address needs as indicated. Any future changes to evacuation plan will be implemented and staff will be retrained accordingly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/10/2013	
NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 721 W 73RD INDIANAPOLIS, IN 46260			
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W000449	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action.</p> <p>Based on record review and interview for 4 of 4 clients (#1, #2, #3 and #4), the facility failed to initiate and document effective corrective action to prevent further incidents of lengthy evacuation drill times on the day, evening and night shifts.</p> <p>Findings include:</p> <p>On 06/03/13 at 11:36 AM, record reviews were completed of the facility's evacuation drills for the period of 06/01/12 through 06/02/13 which included the participation of clients #1, #2, #3 and #4. There were 4 day shift drills conducted during that time period. On 07/15/12 a day drill was conducted at 11:00 AM and the total evacuation time was recorded as 21 minutes. There were 4 evening shift drills conducted during that time period. On 08/21/12 an evening drill was conducted at 7:30 PM and the total evacuation time was recorded as 15 minutes. On 11/14/12 an evening drill was conducted at 9:00 PM and the total evacuation time was recorded as 15 minutes. There were 4 night shift drills conducted during the time period. On</p>	W000449	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>During a prior facility survey, this issue was identified and the following steps were taken to review and correct all facilities for the agency. The documented drills for the facility prior to the procedure change remain. However, the drills after the change was implemented have proven this to be an effective correction. Team Leader will retrain all staff on evacuation plan and proper execution of evacuation as well as accurate completion of forms. Fire Drill form was revised to require an analysis of each drill for appropriateness or improvement needed.</p> <p>Home evacuation scores and safety code are in compliance with slow evacuation rating of the home.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All residents have the potential to be affected and the system will remain consistent for all residents.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient</i></p>	07/01/2013			

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	<p>06/10/12 a night drill was conducted at 12:00 AM and the total evacuation time was recorded as 35 minutes. On 09/14/12 a night drill was conducted at 4:00 AM and the total evacuation time was recorded as 25 minutes.</p> <p>An interview was conducted on 06/05/13 at 11:30 AM with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated there were no further documented drills for review. The QIDP further indicated they recently had decided to meet about the drill procedure and develop further guidelines/policies when running a drill.</p> <p>9-3-7(a)</p>		<p><i>practices does not recur? How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>One Group Home Manager has been assigned the task of documenting the completion of drills, evacuation times and proper documentation. Manager and Director will review drills that exceed expected evacuation time and address needs as indicated. Any future changes to evacuation plan will be implemented and staff will be retrained accordingly.</p>		