

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 08/01/2014
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, 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 recertification and state licensure survey.</p> <p>Dates of Survey: 7/28, 7/29, 7/30, 7/31, and 8/1/2014.</p> <p>Provider Number: 15G747 Facility Number: 011516 AIM Number: 200900320</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed August 8,2014 by Dotty Walton, QIDP.</p>	W000000		
W000112	<p>483.410(c)(2) CLIENT RECORDS 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, record review, and interview, for 1 of 2 sampled clients (client #1), the facility failed to keep client #1's personal information confidential by posting client #1's sight words and her name.</p> <p>Findings include:</p>	W000112	<p><i>What corrective actions will be accomplished for these residents found to have been affected by this practice? The list of words and phrases was removed that same day and placed in a more discreet location with no specific name. How the facility will identify other residents having the</i></p>	08/29/2014

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>On 7/28/14 from 3:15pm until 5:40pm, and on 7/29/14 from 5:20am until 8:05am, observation and interview were completed with GHS #1, GHS #2, GHS #3, GHS #4, GHS #5, and client #1. During both observation periods posted on the refrigerator was a list identified with client #1's name "[client #1's name] Words and Phrases to practice talking slow and clear: Hello, Bye, Please, Thank you, How are You?, I'm fine, I need help, My leg hurts, Bathroom, Toilet paper, brush my hair, bath, shampoo, soap, towel, water, hot, cold, get dressed, shirt, pants, socks shoes, jacket, coat, I'm hungry, I'm thirsty, kitchen, chocolate milk, pudding, waffles and syrup, mac and cheese, mashed potatoes, and no gravy."</p> <p>On 7/31/14 at 8:55am, an interview with the Group Home Manager/Qualified Intellectual Disabilities Professional (GHM/QIDP) was conducted. The GHM/QIDP indicated client #1's "Words and Phrases" should not have been posted at eye level on the refrigerator. The GHM/QIDP indicated the group home staff failed to keep client #1's personal programming information confidential. The GHM/QIDP indicated client #1 was learning to speak and used limited words at this time.</p>		<p><i>potential to be affected by the same deficient practice and what corrective action will be taken?</i> Staff were retrained on privacy issues, how this particular cue card was a violation of that privacy and where the training materials should be located. Manager/QIDP is at home every Tuesday and scanned home for any other potential violations of privacy. There were none present. <i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. How the corrective actions will be monitored.</i> Manager/QIDP will be in home every Tuesday as his routine. His greater attention to this detail has been noted and he will complete an environmental scan during those visits each week.</p>	

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W000242	<p>9-3-1(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review, and interview, for 1 of 2 sampled clients (client #2), the facility failed to develop a training program for toileting.</p> <p>Findings include:</p> <p>On 7/28/14 from 3:15pm until 5:40pm, and on 7/29/14 from 5:20am until 8:05am, observation and interview was completed with GHS #1, GHS #2, GHS #3, GHS #4, GHS #5, and client #2. Client #2 wore incontinent briefs. On 7/28/14 from 3:15pm until 3:40pm, GHS #2 and GHS #3 assisted client #2 to the bathroom to change her incontinent brief. During both observation periods client #2 had incontinent briefs in her bedroom.</p> <p>On 7/29/14 at 11:45am, client #2's</p>	W000242	<p><i>What corrective actions will be accomplished for these residents found to have been affected by this practice?</i></p> <p>QIDP has completed a reassessment of toileting needs for Client #2. He has also defined the specific care and program needs in Client #2 ISP.</p> <p><i>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All staff reviewed the toileting and incontinence care needs for all residents of this home. Each resident has a defined toileting program or goal in place, identified in their ISP and documented on</p>	08/29/2014
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W000249	<p>4/19/14 ISP (Individual Support Plan) and record review was conducted and did not indicate a goal/objective for client #2's toileting needs. Client #2's 4/19/14 ISP, 2/14/12 FAT (Functional Assessment Tool), and 4/2014 Comprehensive Functional Assessment (CFA) all indicated client #2 did not toilet independently and was incontinent of bowel and bladder. Client #2's record did not indicate a reason for client #2's incontinence and did not include how staff were to assist client #2 with her toileting needs. Client #2's plans did not include a training program to teach client #2 to use the toilet.</p> <p>On 7/31/14 at 8:55am, an interview with the Group Home Manager/Qualified Intellectual Disabilities Professional (GHM/QIDP) was conducted. The GHM/QIDP indicated client #2 wore incontinent briefs because client #2 was incontinent of bowel and bladder. The GHM/QIDP indicated client #2's plans did not include a training objective to teach client #2 to use the toilet.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>		<p>personal care sheets daily.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. How the corrective actions will be monitored.</i></p> <p>QIDP and Nurse Consultant will monitor the incontinence and care needs progress during their weekly routine visits as well as the monthly progress summary that is charted.</p>		

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview, and record review, for 2 of 2 sampled clients (clients #1 and #2) the facility failed to ensure clients #1 and #2's ISP (Individual Support Plans) which included their dining plans were implemented during formal and informal opportunities and failed to ensure client #2's communication goal was implemented during formal and informal opportunities when opportunities existed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 7/28/14 from 5:25pm until 5:40pm, clients #1 and #2 were seated at the dining room table for supper. Client #1 fed herself her meal of tuna melt, broccoli, pineapple, and French Fries bite after bite, drank her fluids at the end of her meal, and did not pause between bites to process the food in her mouth. From 5:25pm until 5:40pm, client #2 fed herself after GHS (Group Home Staff) #1 and GHS #3 loaded client #2's weighted utensil with food, guided hand over hand the spoon toward client #2, and client #2 was assisted to bring the loaded utensil to client #2's mouth to consume. Client #2 	W000249	<p><i>What corrective actions will be accomplished for these residents found to have been affected by this practice? How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>Client #2's communication needs were reassessed. A new communication goal was implemented to better support her needs and better integrate into her schedule. All staff were retrained on the communication goal as well as the dining plan and dining goals for all individuals. <i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. How the corrective actions will be monitored.</i> Team Leader will monitor meal and goal implementation daily for 3 weeks to ensure that the goals are being implemented successfully. After that period, the Team Leader and Manager/QIDP will continue to informally monitor continuance, documentation of observations will discontinue.</p>	08/29/2014

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	<p>was not offered or encouraged to drink fluids between bites of food and did not pause between bites of food. During the observation period Group Home Staff (GHS) #1, GHS #2, and GHS #3 assisted clients #1 and #2 and did not encourage the clients to drink or to pause between bites.</p> <p>On 7/29/14 at 7:30am, GHS #4 and GHS #5 assisted clients #1 and #2 to eat their morning meal of pancakes, sausage patties, cereal, and toast. Client #1 consumed her meal bite after bite, did not pause between bites, and drank her fluids after the meal. Client #2 was assisted to consume her morning meal by GHS #5. GHS #5 loaded food onto client #2's weighted fork, guided the utensil toward client #2's mouth, and client #2 consumed the food bite after bite, did not pause between bites, and drank her fluids after her food plate was emptied and removed from the table. During the observation period clients #1 and #2 were not encouraged to drink or to pause between bites of food by the group home staff.</p> <p>2. On 7/28/14 from 3:15pm until 5:40pm, and on 7/29/14 from 5:20am until 8:05am, observation and interview was completed with GHS #1, GHS #2, GHS #3, GHS #4, GHS #5, and client #2.</p>			
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	<p>Client #2 was non verbal. On 7/28/14 from 3:15pm until 3:40pm, GHS #2 and GHS #3 asked client #2 yes and no questions: "Do you want a drink? Do you want water? Do you want a snack?" Each time client #2 was encouraged by GHS #2 and GHS #3 to ring the bell in front of her on the dining room table to signify "Yes." At 3:40pm, client #2's communication bell was moved out of client #2's arms reach by GHS #3 and placed on the kitchen counter. From 3:40pm until 5:40pm, client #2 was not encouraged to use her communication bell and the bell was out of client #2's reach.</p> <p>On 7/29/14 from 5:20am until 8:05am, client #2 was observed at the group home and client #2 was non verbal. Client #2's communication bell sat on the counter out of client #2's reach.</p> <p>On 7/30/14 from 12:00pm until 12:35pm, client #2 was observed waiting outside the agency operated workshop sitting on a bench with a workshop staff to leave for the day. Client #2 was non verbal and did not have access to her communication bell.</p> <p>On 7/31/14 from 10:45am until 11:15am, client #2 was observed at the workshop. Client #2 was non verbal and did not</p>						

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	<p>have access to her communication bell.</p> <p>On 7/29/14 at 10:25am, client #1's 3/27/14 ISP (Individual Support Plan) indicated client #1's goals/objectives to "pour her drink" for dining. Client #1's 5/8/14 dining plan indicated she was at risk to choke and was to eat a mechanical soft diet because of her choking risk.</p> <p>On 7/29/14 at 11:45am, client #2's 4/19/14 ISP (Individual Support Plan) indicated client #2's goals/objectives to "ring bell when she wants more to drink (and) to scoop food with verbal prompts independently." Client #2's ISP indicated she was non verbal. Client #2's 5/8/14 dining plan indicated she was at risk to choke and was to eat one (1) teaspoon of food per bite.</p> <p>On 7/31/14 at 8:55am, an interview with the Group Home Manager/Qualified Intellectual Disabilities Professional (GHM/QIDP) was conducted. The GHM/QIDP indicated client #1 and #2 should have been prompted and encouraged to pause between bites and to drink fluids between bites of food. The GHM/QIDP stated both clients #1 and #2 were at risk to choke and "required" staff supervision during dining. The GHM/QIDP indicated client #2 was non verbal and her communication bell</p>			
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W000391	<p>should have been used during formal and informal opportunities to teach client #2 to communicate her wants and needs.</p> <p>9-3-4(a)</p> <p>483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review, and interview, for 1 of 2 sampled clients (client #2) and 1 additional client (client #3), the facility failed to remove from use the medication containers without labels and/or illegible labels from the supply on 7/29/14.</p> <p>Findings include:</p> <p>On 7/29/14 at 5:40am, GHS (Group Home Staff) #6 selected client #2's Ketoconazole medicated shampoo, went into the bathroom, and bathed client #2. At 6:00am, GHS #6 exited the bathroom with client #2 and walked into the living room. GHS #6 then returned to the medication area, removed the medicated shampoo bottle from her pocket, and provided the bottle for review. The bottle did not have client #2's name or a pharmacy label on the bottle. At 6:00am, GHS #6 indicated the medicated</p>	W000391	<p><i>What corrective actions will be accomplished for these residents found to have been affected by this practice? The labels for all drugs and treatments were reviewed by the nurse consultant during the week following the exit conference. All labels are legible, illegible label was replaced 8/2/14. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Staff were retrained on drug labeling, how to ensure label is readable and what to do if the label becomes illegible. What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. How the corrective actions will be monitored. Nurse Consultant will review drug labels weekly during her routine site visits.</i></p>	08/29/2014

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	<p>shampoo usually had a baggie with the pharmacy label and no baggie was available for review. At 7:30am, client #2's 7/2014 MAR (Medication Administration Record) indicated "Ketoconazole Shampoo 2%, for Nizoral, apply topically 3 days per week on Monday-Wednesday-Friday (for flaky scalp)."</p> <p>On 7/29/14 at 6:45am, GHS #6 selected client #3's bottle of Vitamin D3 medication from the locked medication cabinet and went to client #3's bedroom. GHS #6 stated "only part" of client #3's name and no instructions were identified on client #3's pharmacy label. GHS #6 stated client #3's vitamin label was "worn" and "difficult" to read. GHS #6 stated the vitamin medication was "oily" and wore off the printing for the label over time and use. GHS #6 compared the medication to client #3's 7/2014 MAR and administered the medication through his gastro tube (g-tube). At 7:30am, client #3's 7/2014 MAR indicated "Vitamin D3 5000 liquid, give 0.5ml (milliliter) per g-tube daily for vitamin-D deficiency."</p> <p>On 7/29/14 at 11:45am, client #2's 6/2014 Physician's Order "Ketoconazole Shampoo 2%, for Nizoral, apply topically 3 days per week on</p>						

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	<p>Monday-Wednesday-Friday (for flaky scalp)."</p> <p>On 7/29/14 at 9:41am, client #3's 6/2014 Physician's Order indicated "Vitamin D3 5000 liquid, give 0.5ml per g-tube daily for vitamin-D deficiency."</p> <p>On 7/31/2014 at 8:55am, an interview with the agency's Registered Nurse (RN) was conducted. The RN stated "all" medications administered by the group home staff to clients living in the group home should have a "legible pharmacy label." The RN stated if a client's medication was missing a pharmacy label or was unable to "clearly" identify the client name and directions for the medication use, then the staff should contact the nurse for guidance before administering the medication. The RN indicated she had not been contacted for clients #2 and #3's medications. The RN indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>On 7/31/14 at 9:15am, a review of the facility's 12/2014 "Medication Administration" policy indicated the staff will complete the Core A and Core B Medication Administration Curriculum</p>			

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W000449	<p>which includes, but is not limited to, the following information: "All staff adhere to the six rights of medication administration..."</p> <p>On 7/31/14 at 9:15am, a review of the 2004 "Living in the Community" medication administration training manual, Core Lesson 2: Responsibilities in the Area of Medication Administration indicated medications should be labeled. The training manual indicated each clients' medication should be dated when the medication was opened.</p> <p>9-3-6(a)</p> <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 (clients #1, #2, #3, and #4) who lived in the group home, 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: On 7/28/14 at 2:55pm, record reviews</p>	W000449	<p><i>What corrective actions will be accomplished for these residents found to have been affected by this practice? How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> The evacuation plan for home was reviewed. QIDP met directly with staff at retraining to run a mock drill to observe evacuation plan. It was redesigned and simulated to evacuate in less than 5</p>	08/29/2014

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	<p>were completed of the facility's evacuation drills for the period from 7/2013 through 7/28/14 which included the participation of clients #1, #2, #3, and #4. The drills did not indicate a reason for each lengthy duration of the drill and did not include corrective measures to ensure prompt evacuation. The drills indicated the following:</p> <p>For day shift: On 7/28/13 at 9:16am, duration 4 minutes, on 10/1/13 at 12:15pm, duration 7 minutes, on 1/22/14 at 8:38am duration 8 minutes, on 3/2/14 at 1:09pm, duration 9 minutes, on 3/8/14 at 1:00pm, duration 10 minutes, and on 4/24/14 at 1:15pm, duration 5 minutes.</p> <p>For evening shift: On 8/31/13 at 8:00pm, duration 4 minutes, on 11/18/13 at 9:40pm, duration 8 minutes, on 1/30/14 at 4:00pm, duration 15 minutes, on 2/20/14 at 6:00pm, duration 10 minutes, and on 5/17/14 at 6:00pm, duration 4 minutes.</p> <p>For night shift: On 9/18/13 at 4:40am, duration 5 minutes, on 12/21/13 at 4:57am, duration 7 minutes, on 1/16/14 at 7:01am, duration 5 minutes, on 4/12/14 at 11:05pm, duration 10 minutes, and on 6/15/14 at 11:00pm, duration 5 minutes.</p>		<p>minutes. All staff were retrained on the evacuation plan and drill actions.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur. How the corrective actions will be monitored.</i></p> <p>Manager/QIDP and Team Leader will review drills every month to ensure that evacuation times are acceptable. Evacuation times exceeding 5 minutes will require a reassessment of evacuation plan and drill procedures. An additional QIDP reviews and maintains drill compliance for the group home program. She will complete a second review of the drill evacuation time.</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 08/01/2014	
NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 721 W 73RD INDIANAPOLIS, IN 46260			
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	<p>On 7/31/14 at 8:55am, an interview with the Group Home Manager/Qualified Intellectual Disabilities Professional (GHM/QIDP) was conducted. The GHM/QIDP indicated there were no further documented drills for review. The GHM/QIDP indicated the evacuation drills had lengthy evacuation times because the clients were dependent on staff to complete each drill. The GHM/QIDP stated clients #1, #2, and #3 "required" verbal prompts and physical guidance to exit during each drill. The GHM/QIDP stated client #3 "required" staff to physically assist him for transfers to his wheelchair and to exit during each drill. The GHM/QIDP stated "No, none of the drills" included documentation for the reasons why each drill was lengthy in duration and did not include corrective measures to ensure prompt evacuation for clients #1, #2, #3, and #4.</p> <p>9-3-7(a)</p>						