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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G351 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/24/2016 |
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| NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC | STREET ADDRESS, CITY, STATE, ZIP CODE 556 S CR 550 W CONNERSVILLE, IN 47331 |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaint #IN00191102.</p> <p>Complaint #IN00191102: Substantiated, federal and state deficiencies related to the allegation are cited at W149 and W153.</p> <p>Survey Dates: February 12, 15, 16 and 24, 2016.</p> <p>Facility Number: 000867 Provider Number: 15G351 AIMS Number: 100244190</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/1/16.</p> | W 0000 | | |
| W 0149 Bldg. 00 | <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 for 3 of 3 sampled clients (A, B and C) and 3 additional clients (D, E and F), the</p> | W 0149 | Residential CRF will continue to implement written policies and procedures that prohibit mistreatment, neglect and/or | 03/25/2016 |

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>facility failed to implement its policy and procedures to ensure all allegations of neglect and abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law.</p> <p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 2/15/16 at 1 PM. The undated "Consumer Abuse Policy and Incident Reporting" indicated "Abuse, neglect, exploitation and mistreatment of a consumer are unacceptable and will not be tolerated at Residential CRF, Inc..... Residential CRF, Inc. will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source... reported immediately to the supervisor and to other officials in accordance with State Law."</p> <p>The facility failed to implement its policy and procedures to ensure all allegations of abuse/neglect were reported immediately to the administrator and to the BDDS and APS according to state law for clients A, B, C, D, E and F. Please see W153.</p> <p>This federal tag relates to complaint</p> | | <p>abuse of the clients All incidents of alleged abuse or neglect will be reported to BDDS, and APS per Residential CRF policy Residential CRF QIDP, Administrator and Incident reporting manager will check incidents and investigations for any allegations of abuse and will be reported Incident reports and investigations will be reviewed by the administrator to ensure that all abuse allegations are reported Staff Responsible: QIDP, Administrator</p> | |

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| W 0153 Bldg. 00 | <p>#IN00191102.</p> <p>9-3-2(a) 9-3-1(b)(5)</p> <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. Based on interview and record review for 1 of 1 allegation of abuse, neglect and mistreatment, the facility failed to ensure all allegations of neglect and abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 2/15/16 at 1 PM. The 1/4/16 Bureau of Developmental Disabilities Services (BDDS) report indicated on 1/4/16 client A went AWOL (Absent Without Leave)</p> | W 0153 | Residential CRF will continue to implement written policies and procedures that prohibit mistreatment, neglect or abuse of the clients All incidents of alleged abuse will be reported to the administrator, BDDS and APS within 24 hours An investigation will be completed on all incidents of alleged abuse, as well Residential CRF administrator, QIDP and incident reporting manager will check each incident report and investigation for any alleged instances of abuse Incident reports and investigations will be reviewed by the administrator to ensure that all abuse allegations are reported Staff Responsible: QIDP, Administrator | 03/25/2016 |

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| | <p>while at the day program. The day program staff found client A missing when client A did not return to her area after going to the bathroom. Someone from a nearby hospital called and reported client A had walked to the hospital.</p> <p>The 1/4/16 investigative record indicated while client A was being interviewed by the Qualified Intellectual Disabilities Professional (QIDP) in regard to going AWOL, client A indicated "the group home staff were mean to her (client A) and the other clients (B, C, D, E and F)" and provided the names of two group home staff. The investigative record indicated the two staff were suspended and interviews were conducted with the group home staff. The staff were asked "Did you ever see [name of staff] slap or hit [client F]?" and "Did you see [name of staff] put [client F] outside on the porch?"</p> <p>The facility records indicated the allegations made by client A were not reported to the administrator, to BDDS and/or to APS.</p> <p>During interview with the QIDP on 2/16/16 at 2 PM, the QIDP: __ Indicated while interviewing client A in regard to client A going AWOL on</p> | | | |

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| | <p>1/4/16, client A made the allegations of staff being mean to all clients in the home (clients A, B, C, D, E and F), allegations of staff making client F stand outside on the front porch of the home in the cold weather and allegations of staff hitting client F.</p> <p>__ Indicated all allegations of abuse/neglect were to be reported immediately to the administrator and to BDDS and to APS within 24 hours of knowledge of the abuse and/or neglect.</p> <p>__ Indicated the administrator, BDDS and APS were not notified of the allegations of abuse and/or neglect made by client A.</p> <p>__ Stated, "I should have reported it but with everything else that was going on with her (client A) at the time, I didn't."</p> <p>This federal tag relates to complaint #IN00191102.</p> <p>9-3-2(a)</p> | | | |