

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G702	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2014
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NAME OF PROVIDER OR SUPPLIER CAREY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7891 E 296TH ST ATLANTA, IN 46031
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: August 20, 21, 22, 25 and 26, 2014.</p> <p>Facility number: 003179 Provider number: 15G702 AIM number: 200403780</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/9/14 by Ruth Shackelford, QIDP.</p>	W000000		
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, the facility neglected to implement policy</p>	W000149	W149 STAFF TREATMENT OF CLIENTS	09/25/2014

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>and procedures to protect 1 of 3 sampled clients (client #2) and 1 additional client (client #4) from verbal abuse (client #2), self injurious behavior (client #4), failed to timely report 1 of 1 allegation of abuse, and failed to protect client #2 immediately after an allegation of abuse by failing to remove the alleged perpetrator from client contact until the investigation was completed.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/21/14 at 11:25 AM and included the following:</p> <p>1. A BDDS report dated 5/22/14 at 5:30 PM indicated staff #2 told client #2, "No you are acting like a b----," after client #2 "started cussing and yelling at housemate." Client #2 "threatened" to leave the home and staff #2 "threatened" to lock the door if client #2 left the home. Staff #2 "went out the side door and monitored [client #2] while she was outside." The report indicated the doors were not locked and staff #2 called to report what she had done. The report indicated staff #2 was suspended pending the completion of the investigation into the incident. A follow up report dated</p>		<p>The facility will ensure the development and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by:</p> <p>The facility neglected to implement policy and procedures to protect clients from abuse/neglect/mistreatment</p> <p>Issue 1) including failure to timely report allegation of abuse, and failure to protect client immediately after an allegation of abuse by failing to remove the alleged perpetrator from client contact until the investigation was completed.</p> <p>The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>Retraining on Policy and Procedures with regard to reporting regulations will occur with all applicable staff by the manager of the home.</p> <p style="text-align: right;">i.</p>	

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	<p>6/4/14 indicated client #2 had a behavior support plan that addresses the behavior of self injurious behavior. "The outcome of the investigation indicated that [staff #2] did use inappropriate language towards a consumer and did threaten to lock her out of the house. [Staff #2] received disciplinary action and retraining on [client #2's] BSP (behavior support plan) and on Abuse and neglect prior to being permitted to return to work."</p> <p>An attached investigation completed 6/2/14 indicated "All the statements from the witnesses, the acting lead staff and [staff #2] all indicate that [staff #2] repeated inappropriate language back at [client #2] and threatened to lock her out of the house." Corrective action indicated staff #2 would be retrained on implementation of client #2's behavior plan, and retraining on the facility's abuse and neglect policy and procedures. The investigation indicated the house manager would insure all staff at the group home would review the facility's policy and procedure to protect clients from abuse and neglect. Statements included:</p> <p>On 5/22/14 at 8:10 PM, an e-mail statement from staff #7 indicated staff #2 had repeated "inappropriate language,"</p>		<p>-DDRS Incident Reporting Regulations 460 code</p> <p>ii. -Carey Policy 5.13 on Reporting Abuse, Neglect and Exploitation</p> <p>iii. -Carey Procedure 5.13.1 on reporting Abuse, Neglect and other reportable or unusual incidents</p> <p>iv. -Carey Policy 5.14 Staff Conduct Towards Consumers</p> <p>v. -Carey Policy 1.3 Ethical Codes of Conduct</p> <p>Staff training will stress the importance that all staff knows it is the responsibility of each person to report suspected instances of abuse, neglect and exploitation immediately and that the facility Administrator/Administrator on Duty (AOD) and BDDS must also be notified. The manager will be responsible for assuring that the reporting regulations, policies and procedures are followed.</p> <p>Monitoring:</p>				

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	<p>and "[staff #2] would not leave [client #2] alone and even opened the front door when [client #2] threatened to leave. [Staff #2] threatened to lock [client #2] out of the house. [Client #2] did go outside. [Staff #2] went out the side door and watched [client #2]. After 5-10 mins. (minutes) [client #2] came back in and went to her room. [Staff #2] also reports that [staff #8] told [staff #2] that what she said to [client #2] was wrong."</p> <p>On 5/23/14 a written statement from staff #2 of her phone conversation on 5/22/14 at 6:21 PM indicated she had "told [client #2] 'No, you are the one acting like a b----' after client #2 "started screaming, threatening and cussing at her housemate. [Client #2] pushed her plate on the floor." Staff #2 indicated in her statement "she said it in the heat of the moment. [Staff #2] reported to [staff #4] that she knew she had done wrong (sic)." Staff #2 indicated she had gone out the front door to monitor client #2 when client #2 left the home after the incident "to make sure she was OK." The statement indicated staff #4 called the house manager who informed her to call the QIDP (Qualified Intellectual Disabilities Professional).</p> <p>On 5/22/14 at 7:57 PM, a written statement was received from staff #8 who indicated staff #2 used profane words</p>		<p>During visits at the group home the Residential Manager, the LPN and</p> <p>Director of Group Homes will conduct random questioning of staff to ensure that all staff have a clear understanding and expectation of Who, What, When, Why and How to report ANE. This information will be documented on the Group Home Observation reports and a copy forwarded to the Director of Group Homes. The Residential Manager will complete 2 weekly observations reports from for the next 3 months. The Residential Nurse/LPN and the Director of Group Homes will complete at least 1 unannounced visit monthly till 12/31/14.</p> <p>Issue 2) includes the facility failed to protect client #4 from self injurious behavior.</p> <p>Correction:</p> <p>Retraining will be held with staff in regards to the behavior support plan for client #4 in regards to the proactive and reactive strategies when she is being physically aggressive to self.</p>	

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	<p>with client #2 and "threatened to lock [client #2] out if she went outside." The statement indicated client #2 was not locked out of the house, and staff #2 went outside after the incident to monitor client #2 after client #2 left the home after the incident.</p> <p>On 5/22/14 at 8:06 PM, a written statement was received from staff #6 who indicated staff #2 used profane language with client #2 and went outside to monitor client #2 after she left the home after the incident.</p> <p>The QIDP was interviewed on 8/21/14 at 11:25 AM. She indicated staff #2 was suspended as soon as she received a call from staff #2 at 6:21 PM who informed her of staff #2's use of profane language with client #2. The QIDP indicated staff #2 remained in contact with client #2 from 5:30 PM until 6:21 PM when she was suspended. She indicated the other staff in the home did not report the incident immediately as per facility policy so they were retrained on the policy to prevent abuse, neglect and mistreatment.</p> <p>2. A BDDS report dated 7/16/14 indicated client #4 had been awake most of the night. "She had been yelling out and screaming and throwing her pillow</p>		<p>Staff will also be instructed that if Client #4 is being physically aggressive to herself that staff will contact the immediate supervisor and request that additional staffing be provided so that one staff is able to stay with Client #4 to prohibit her from causing injury to herself.</p> <p>All behavior reports will be reviewed by the Residential Manager and QDDP. If a behavior displayed by a consumer violates the rights or is abusive towards self /others, or if a pattern of increased behaviors is identified, the Residential Manager and/or QDDP will thoroughly investigate the behavior incident documenting on the reverse side of the behavior report and an IDT meeting will be held with the behavior specialist to review the consumer behaviors for an appropriate corrective action. All staff will be promptly in serviced on any changes to corrective action procedures.</p> <p>Monitoring: The Residential Manager and/or</p>	

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	<p>out of the bed. Staff kept checking on her per her plan. When staff went in to check on her and get her up for her meds (medications), they noted that she had hit her arm on the bedrail repeatedly and caused red mark and a 4' (foot) (sic) bruise on the left arm. The rail was wrapped with sheep skin. She also had a bruise on her left cheek from hitting herself. Various things were tried all night to keep her calm." Corrective action indicated client #4 was taken to the doctor and the ER (emergency room) for evaluation and the behavior specialist would be consulted to "get new ideas to help stop the SIB (self injurious behavior)."</p> <p>An Accident/Incident report dated 7/16/14 indicated "During a behavior in the middle of the night, the noodle fell off (sic) bed rail. She was smacking her arm against the bed rail resulting in a large bruise on her L (left) forearm." The report indicated client #4 was taken to the emergency room, found to be constipated and was treated successfully and released.</p> <p>Client #4's BSP dated 1/9/14 indicated target behaviors of physical aggression (self/others), verbal aggression (self/others), non-compliance, mouthing/inedibles and wets/soils/smears. Reactive strategies</p>		<p>QDDP will provide a monthly summary of the Behavior Report review to the COO identifying all Behavior Reports which required further corrective action.</p> <p>All training and correction will be implemented on or before 9/25/14.</p>				

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	<p>indicated "<i>Provisional Intervention to be used if SIB's become increasingly frequent and intense</i>"; Offer [client #4] verbal redirection and warning. After 3 verbal warnings, staff are to hold her hands down in her lap for 60 seconds."</p> <p>The QIDP was interviewed on 8/21/14 at 12:55 PM and indicated client #4's behavior was to be redirected to prevent injury. When asked if staff should go to client #4 to prevent injury during self injurious behaviors, she stated client #4 "liked to be in her room to listen to music." She indicated the incident occurred at night and staff were to check her frequently. She indicated staff may need to be present in her room continuously to prevent injury during an incident of self injurious behavior. She indicated extra padding had been installed on client #4's bed rails to prevent future injury.</p> <p>The facility's Behavior Modification and Management Procedures dated 6/2011 was reviewed on 8/26/14 at 9:30 AM and indicated, "One of the primary goals of agency programs is to develop and maintain behaviors which are healthy and constructive, and which enhance the consumer's personal and social growth...ANY (sic) All behavior management intervention and/or</p>						

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	<p>modification procedures are to be considered part of the individual's total program of instruction and, as such, must be coordinated with the consumer's Individual Support Plan...First consideration is always given to positive rather than negative methods. Only professionally acceptable behavior modification procedures shall be utilized...."</p> <p>The facility's Staff Conduct Toward Consumers dated 2/16/11 was reviewed on 8/26/14 at 9:45 AM and indicated, "No program staff person shall be permitted to abuse, neglect, exploit or otherwise mistreat any consumer in any program. Abuse may be considered any act committed by staff which causes the consumer physical and/or emotional harm...Practices specifically prohibited include, but are not limited to:...Verbal abuse, including screaming, swearing, name calling, belittling, or any other verbal activity that may cause damage to an individual's self respect or dignity...."</p> <p>9-3-2(a)</p>			
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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, the facility failed to immediately report 1 of 1 allegation of abuse involving 1 of 3 sampled clients (client #2) to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/21/14 at 11:25 AM and included the following:</p> <p>A BDDS report dated 5/22/14 at 5:30 PM indicated staff #2 told client #2, "No you are acting like a b---," after client #2 "started cussing and yelling at housemate." Client #2 "threatened" to leave the home and staff #2 "threatened" to lock the door if client #2 left the home. Staff #2 "went out the side door and monitored [client #2] while she was outside." The report indicated the doors were not locked and staff #2 called to</p>	W000153	<p>W153</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility will 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>This STANDARD is not met as evidenced by:</p> <p>The facility failed to immediately report allegations of abuse to the administrator in accordance with state law.</p> <p>The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>Retraining on Policy and</p>	09/25/2014			

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	<p>report what she had done. The report indicated staff #2 was suspended pending the completion of the investigation into the incident. A follow up report dated 6/4/14 indicated client #2 had a behavior support plan that addresses the behavior of self injurious behavior. "The outcome of the investigation indicated that [staff #2] did use inappropriate language towards a consumer and did threaten to lock her out of the house. [Staff #2] received disciplinary action and retraining on [client #2's] BSP (behavior support plan) and on Abuse and neglect prior to being permitted to return to work."</p> <p>An attached investigation completed 6/2/14 indicated "All the statements from the witnesses, the acting lead staff and [staff #2] all indicate that [staff #2] repeated inappropriate language back at [client #2] and threatened to lock her out of the house." Corrective action indicated staff #2 would be retrained on implementation of client #2's behavior plan, and retraining on the facility's abuse and neglect policy and procedures. The investigation indicated the house manager would insure all staff at the group home would review the facility's policy and procedure to protect clients from abuse and neglect. Statements included:</p>		<p>Procedures with regard to reporting regulations will occur with all applicable staff by the manager of the home.</p> <p>i. -DDRS Incident Reporting Regulations 460 code</p> <p>ii. -Carey Policy 5.13 on Reporting Abuse, Neglect and Exploitation</p> <p>iii. -Carey Procedure 5.13.1 on reporting Abuse, Neglect and other reportable or unusual incidents</p> <p>iv. -Carey Policy 5.14 Staff Conduct Towards Consumers</p> <p>v. -Carey Policy 1.3 Ethical Codes of Conduct</p> <p>Staff training will stress the importance that all staff knows it is the responsibility of each person to report suspected instances of abuse, neglect and exploitation immediately and that the facility Administrator/Administrator on Duty (AOD) and BDDS must also be notified. The manager will be responsible for assuring that the reporting regulations, policies and procedures are followed.</p>	

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	<p>On 5/22/14 at 8:10 PM, an e-mail statement from staff #7 indicated staff #2 had repeated "inappropriate language," and "[staff #2] would not leave [client #2] alone and even opened the front door when [client #2] threatened to leave. [Staff #2] threatened to lock [client #2] out of the house. [Client #2] did go outside. [Staff #2] went out the side door and watched [client #2]. After 5-10 mins. (minutes) [client #2] came back in and went to her room. [Staff #2] also reports that [staff #8] told [staff #2] that what she said to [client #2] was wrong."</p> <p>On 5/23/14 a written statement from staff #2 of her phone conversation on 5/22/14 at 6:21 PM indicated she had "told [client #2] 'No, you are the one acting like a -----' after client #2 "started screaming, threatening and cussing at her housemate. [Client #2] pushed her plate on the floor." Staff #2 indicated in her statement "she said it in the heat of the moment. [Staff #2] reported to [staff #4] that she knew she had done wrong." Staff #2 indicated she had gone out the front door to monitor client #2 when client #2 left the home after the incident "to make sure she was OK." The statement indicated staff #4 called the house manager who informed her to call the QIDP (Qualified Intellectual Disabilities Professional).</p>		<p>Monitoring:</p> <p>During visits at the group home the Residential Manager, the LPN and</p> <p>Director of Group Homes will conduct random questioning of staff to ensure that all staff have a clear understanding and expectation of Who, What, When, Why and How to report ANE. This information will be documented on the Group Home Observation reports and a copy forwarded to the Director of Group Homes. The Residential Manager will complete 2 weekly observations reports from for the next 3 months. The Residential Nurse/LPN and the Director of Group Homes will complete at least 1 unannounced visit monthly till 12/31/14.</p> <p>All training and correction will be implemented on or before 9/25/14.</p>	

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	<p>On 5/22/14 at 7:57 PM, a written statement was received from staff #8 who indicated staff #2 used profane words with client #2 and "threatened to lock [client #2] out if she went outside." The statement indicated client #2 was not locked out of the house, and staff #2 went outside after the incident to monitor client #2 after client #2 left the home after the incident.</p> <p>On 5/22/14 at 8:06 PM, a written statement was received from staff #6 who indicated staff #2 used profane language with client #2 and went outside to monitor client #2 after she left the home after the incident.</p> <p>The QIDP was interviewed on 8/21/14 at 11:25 AM. She indicated staff #2 was suspended as soon as she received a call from staff #2 at 6:21 PM who informed her of staff #2's use of profane language with client #2. The QIDP indicated staff #2 remained in contact with client #2 from 5:30 PM until 6:21 PM when she was suspended. She indicated the other staff in the home did not report the incident immediately as per facility policy so they were retrained on the policy to prevent abuse, neglect and mistreatment.</p>						

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W000155	<p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #2), the facility failed to remove the alleged perpetrator from client contact for 1 of 1 allegation of abuse until an investigation into the incident was completed.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/21/14 at 11:25 AM and included the following:</p> <p>A BDDS report dated 5/22/14 at 5:30 PM indicated staff #2 told client #2, "No you are acting like a b----," after client #2 "started cussing and yelling at housemate." Client #2 "threatened" to leave the home and staff #2 "threatened" to lock the door if client #2 left the home. Staff #2 "went out the side door and monitored [client #2] while she was</p>	W000155	<p>W155</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility will prevent further potential abuse while the investigation is in progress.</p> <p>This STANDARD is not met as evidenced by:</p> <p>The facility failed to remove the alleged perpetrator immediately from contact with consumer(s) contact to ensure consumer(s) are protected from abuse until an investigation into the incident/allegation is completed.</p> <p>The plan of correction for these findings is as follows:</p> <p>Correction:</p> <p>Retraining on Policy and</p>	09/25/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G702	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2014
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	<p>outside." The report indicated the doors were not locked and staff #2 called to report what she had done. The report indicated staff #2 was suspended pending the completion of the investigation into the incident. A follow up report dated 6/4/14 indicated client #2 had a behavior support plan that addresses the behavior of self injurious behavior. "The outcome of the investigation indicated that [staff #2] did use inappropriate language towards a consumer and did threaten to lock her out of the house. [Staff #2] received disciplinary action and retraining on [client #2's] BSP (behavior support plan) and on Abuse and neglect prior to being permitted to return to work."</p> <p>An attached investigation completed 6/2/14 indicated "All the statements from the witnesses, the acting lead staff and [staff #2] all indicate that [staff #2] repeated inappropriate language back at [client #2] and threatened to lock her out of the house." Corrective action indicated staff #2 would be retrained on implementation of client #2's behavior plan, and retraining on the facility's abuse and neglect policy and procedures. The investigation indicated the house manager would insure all staff at the group home would review the facility's policy and procedure to protect clients</p>		<p>Procedures with regard to reporting regulations will occur with all applicable staff by the manager of the home.</p> <p>i. -DDRS Incident Reporting Regulations 460 code</p> <p>ii. -Carey Policy 5.13 on Reporting Abuse, Neglect and Exploitation</p> <p>iii. -Carey Procedure 5.13.1 on reporting Abuse, Neglect and other reportable or unusual incidents</p> <p>iv. -Carey Policy 5.14 Staff Conduct Towards Consumers</p> <p>v. -Carey Policy 1.3 Ethical Codes of Conduct</p> <p>Staff training will stress the importance that all staff knows it is the responsibility of each person to report suspected instances of abuse, neglect and exploitation immediately and that the facility Administrator/Administrator on Duty (AOD) and BDDS must also be notified. The manager will be responsible for assuring that the reporting regulations, policies and procedures are followed.</p>	

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	<p>from abuse and neglect. Statements included:</p> <p>On 5/22/14 at 8:10 PM, an e-mail statement from staff #7 indicated staff #2 had repeated "inappropriate language," and "[staff #2] would not leave [client #2] alone and even opened the front door when [client #2] threatened to leave. [Staff #2] threatened to lock [client #2] out of the house. [Client #2] did go outside. [Staff #2] went out the side door and watched [client #2]. After 5-10 mins. (minutes) [client #2] came back in and went to her room. [Staff #2] also reports that [staff #8] told [staff #2] that what she said to [client #2] was wrong."</p> <p>On 5/23/14 a written statement from staff #2 of her phone conversation on 5/22/14 at 6:21 PM indicated she had "told [client #2] 'No, you are the one acting like a -----' after client #2 "started screaming, threatening and cussing at her housemate. [Client #2] pushed her plate on the floor." Staff #2 indicated in her statement "she said it in the heat of the moment. [Staff #2] reported to [staff #4] that she knew she had done wrong." Staff #2 indicated she had gone out the front door to monitor client #2 when client #2 left the home after the incident "to make sure she was OK." The statement indicated staff #4 called the house manager who</p>		<p>The Residential Manager will receive training to ensure when any allegation of ANE is reported to him/her that they know they must immediately suspend and remove the alleged perpetrator immediately from contact with consumer(s) contact to ensure consumer(s) are protected from abuse until an investigation into the incident/allegation is completed.</p> <p>Monitoring:</p> <p>During visits at the group home the Residential Manager, the LPN and</p> <p>Director of Group Homes will conduct random questioning of staff to ensure that all staff have a clear understanding and expectation of Who, What, When, Why and How to report ANE. This information will be documented on the Group Home Observation reports and a copy forwarded to the Director of Group Homes. The Residential Manager will complete 2 weekly observations reports from for the next 3 months. The Residential Nurse/LPN and the Director of Group Homes will complete at</p>				

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	<p>informed her to call the QIDP (Qualified Intellectual Disabilities Professional).</p> <p>On 5/22/14 at 7:57 PM, a written statement was received from staff #8 who indicated staff #2 used profane words with client #2 and "threatened to lock [client #2] out if she went outside." The statement indicated client #2 was not locked out of the house, and staff #2 went outside after the incident to monitor client #2 after client #2 left the home after the incident.</p> <p>On 5/22/14 at 8:06 PM, a written statement was received from staff #6 who indicated staff #2 used profane language with client #2 and went outside to monitor client #2 after she left the home after the incident.</p> <p>The QIDP was interviewed on 8/21/14 at 11:25 AM. She indicated staff #2 was suspended as soon as she received a call from staff #2 at 6:21 PM who informed her of staff #2's use of profane language with client #2. The QIDP indicated staff #2 remained in contact with client #2 from 5:30 PM until 6:21 PM when she was suspended. She indicated the other staff in the home did not report the incident immediately as per facility policy so they were retrained on the policy to prevent abuse, neglect and</p>		<p>least 1 unannounced visit monthly till 12/31/14.</p> <p>All training and correction will be implemented on or before 9/25/14.</p>				

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W000323	<p>mistreatment.</p> <p>9-3-2(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based upon record review and interview, the facility failed to ensure annual screenings of hearing were completed for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 8/21/14 at 10:00 AM. There was no evidence of a hearing evaluation in the record.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the house manager were interviewed on 8/21/14 at 3:30 PM and indicated there were no additional hearing screenings for client #3.</p> <p>9-3-6(a)</p>	W000323	<p>W 323 PHYSICIAN SERVICES</p> <p>The facility will provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>This STANDARD is not met as evidenced by:</p> <p>The facility failed to ensure annual screenings of hearing were completed for client #3.</p> <p>The plan of correction for these findings is as follows:</p> <p>Correction:</p>	09/25/2014			

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other		Client #3 is schedule for hearing evaluation on 9/23/14 at 1:00 p.m. at BSU department of Speech pathology and audiology Muncie, IN All new admissions will be tracked on the Weekly Nursing Report for Residential revised 9-17-14, listing all medical appointments scheduled for the new consumer. Monitoring: A copy of the Weekly Nursing Report for Residential will be sent to the Director of group homes and the COO for review to ensure that all new consumer admission appointments are scheduled and completed within the first 30 days. All training and correction will be implemented on or before 9/25/14.		

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	<p>devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation, record review, and interview, the facility failed for 1 additional client (client #5) to provide recommended adaptive equipment (wheelchair) that met her needs.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and Accident Incident Reports from 5/20/14- 8/20/14 were reviewed on 8/21/14 at 11:15 AM and included the following:</p> <p>An Accident/Incident report dated 6/10/14 indicated client #4 fell while sitting in her wheelchair causing a scrape to her scalp. Corrective action indicated client #4's wheelchair was being adjusted to assist her in sitting up straight.</p> <p>A BDDS report dated 8/1/14 indicated client #4 sustained 2 bruises consistent with her sitting on her wheelchair during transfer. Corrective action indicated staff had attempted to assist client #4 up alone and will be retrained to transfer client safely.</p> <p>Accident/Incident reports dated 7/16/14, 7/3/14, 6/3/14, and 6/2/14 indicated client #4 was assisted to the floor or in a seated position by staff when she started to floor without injury.</p> <p>During observations at the group home on 8/20/14 from 6:01 PM to 7:08 PM and again on 8/21/14 from 7:05 AM until 10:25 AM, client</p>	W000436	<p>W 436 SPACE AND EQUIPMENT</p> <p>The facility will furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by:</p> <p>The facility failed for client #5 to provide recommended adaptive equipment (wheelchair) that met her needs.</p> <p>Correction:</p> <p>When a new physicians order is received for adaptive equipment the Residential Nurse will record the process on obtaining the prescribed adaptive equipment on the Weekly Nursing Report for Residential until received.</p> <p>The following documentation</p>	09/25/2014			

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	<p>#4's legs dangled in her wheelchair without touching the floor and the arm rests had cracked areas exposing the padding underneath. Client #4 slumped forward while sitting at the table so that her face was within 4 inches of her plate during meals. Client #4 was reminded to sit up 3 times during each observation period.</p> <p>The house manager was interviewed on 8/20/14 at 6:20 PM. She indicated client #4's wheelchair was in need of replacement. She indicated there was a new wheelchair in process, but stated, "Medicaid takes time." She stated client #4 had been in need of a new wheelchair "a year or more." She indicated a wheelchair company had assessed her as her condition changed, and stated, "When she first started to use one for transport, we got this one, but she needs one specific to her needs now." She stated client #4's mobility was affected by "part dementia, part behavior, and part physical" changes.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/21/14 at 1:50 PM and indicated the facility would pay for a wheelchair if needed, but stated, "We will if they won't pay, but if the client had Medicaid/Medicare it should be covered." She indicated she would provide evidence of the facility's correspondence regarding the wheelchair for client #4.</p> <p>Client #4's records were reviewed on 8/22/14 at 9:00 AM. A letter from the wheelchair company dated 8/21/14 indicated client #4 was not eligible for a new wheelchair through Medicaid funding until October of 2014 . The letter indicated, "Once the wheelchair it's (sic) the five year mark [company name] will be provide (sic) the wheelchair that was recommended by the Seating and Mobility Specialist during their evaluation</p>		<p>pertains to assisting Client #4 in getting a new wheelchair and harness to assist with mobility needs. See attached.</p> <p>11/22/13 received order from Dr. Powell for wheelchair and a harness to keep her in a seated position.</p> <p>Between 1/14/14 and 1/31/14 emails regarding sitting up assessment for wheelchair and discuss of insurance coverage with Medicare and Medicaid for client #4.</p> <p>Client #4 was assessed on 2/20/14 by Nu Motion Cory R. Moore, ATP, Seating and Mobility Specialist.</p> <p>8/22/14 follow up emails between Sherry Bess, Residential Manager for Carey Services, Cory Moore, ATP for Nu Motion Seating and Mobility and Marjorie Mote, Director of Group Homes regarding wheelchair and harness for Client #4.</p> <p>8/25/14 follows up information regarding wheelchair and harness for Client #4.</p> <p>9/11/14 follows up</p>				

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	<p>(no date specified) with [client #4]." Evidence of client #4's evaluation by the company was requested, but not provided. There was no other evidence provided of the facility's attempt to provide a wheelchair for client #4 that met her needs.</p> <p>The QIDP was interviewed again on 8/26/14 at 11:15 AM and indicated the facility had made attempts to secure a wheelchair for client #4, but were required by the state Medicaid to utilize the company they required to get a wheelchair for client #4.</p> <p>9-3-7(a)</p>		<p>information regarding wheelchair and harness for Client #4.</p> <p>9/17/14 Follow up email regarding wheelchair and harness for Client #4.</p> <p>Monitoring:</p> <p>A copy of the Weekly Nursing Report for Residential will be sent to the Director of group homes and the COO for review to ensure that all new physicians orders received for adaptive equipment will be recorded on the Weekly Nursing Report for Residential and progress on obtaining the prescribed adaptive equipment is clearly documented on the Weekly Nursing Report for Residential until received.</p> <p>All training and correction will be implemented on or before 9/25/14</p>	