

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/05/2015
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NAME OF PROVIDER OR SUPPLIER  BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST DECATUR, IN 46733
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W000000	<p>This visit was for the investigation of complaint #IN00161046.</p> <p>This visit was in conjunction with a post certification revisit to an annual recertification and state licensure survey completed on November 18, 2014.</p> <p>Complaint #IN00161046: Substantiated, Federal and state deficiency related to the allegation is cited at W149.</p> <p>Dates of Survey: December 31, 2014 and January 5, 2015.</p> <p>Facility number: 001090 Provider number: 15G576 AIM number: 100245540</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 1/13/15 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. Based upon observation, record review and interview for 1 of 3 sampled clients (client #2) the facility neglected to implement policy and procedures to protect client #2 by failing to provide staff supervision to meet his identified needs.</p> <p>Findings include:</p> <p>The facility's reports to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 12/31/14 at 1:05 PM and indicated "...a staff arrived to the Third Street Group Home from an outing with a consumer to find [client #2] home alone and unsupervised. She immediately contacted the Residential On-Call Manager. Prior arrangements were made for [client #2] and his housemates to attend a basketball game. [Client #2] was uninterested in attending his outing; respecting his rights, arrangements were made for the (sic) [client #2] to stay home with a staff until additional staff returned to relieve her. Due to a miss-communication (sic), this staff left after the other staff and</p>	W000149	<p><b>Third Street Post Certification Revisit Survey Plan of Correction Survey Event ID UWPP12 January/February 2015 W149 – Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Bi-County Services, Inc. (BCS) failed to meet this standard as evidenced through neglecting to implement the agency Abuse, Neglect, Exploitation and Violation of Individual Rights policy to protect a consumer through failure to provide staff supervision to meet his identified needs. In this case the consumer was left unsupervised in his home for more than an hour thus placing him at risk. There is no question that this was negligence on our part. BCS, through review of our written Abuse, Neglect, Exploitation and Violation of Individual Rights (A/N) Policy will make revisions to the current policy to assure staffing to support consumers' needs especially as it relates to neglect. Lack of communication between staff was causative in this incident</p>	02/04/2015
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	<p>consumers left for the basketball game, thinking [client #2] was on the bus leaving. This resulted in leaving [client #2] alone in his bed quietly watching TV. [Client #2] was alone about 70 minutes. He did not seem to be disturbed or harmed from being at home, and has not acted any differently since being left alone. All staff were immediately suspended pending a neglect investigation. During the investigation, it was determined none of the staff intentionally left [client #2] at home unsupervised, though they demonstrated a failure to use effective communication...." Corrective action indicated "...one of the staff involved, who struggles with communication with her co-workers, will be removed from the home...and will not work again in [client #2's] home."</p> <p>The Program Director (PD) was interviewed on 12/31/14 at 1:15 PM and stated "Two trainers thought he was being supervised by [staff #6]. She (staff #6) was not under that impression...Arriving [staff #9] found him alone seemingly unaffected." The PD indicated staff #6 had left employment after being offered another position in the company not at the group home, and stated, "There was a communication issue/tension between staff, but she</p>		<p>of neglect as well. Staffing changes since the time of the incident have created a less stressful &amp; conflictive environment for staff and thus for the guys living at the Third Street group home. Most importantly the current QIDP, who started on the job effective 10/27/14, walked into a negligent situation left over from the previous QIDP and has stepped up to the plate to assure that the consumers individual needs are addressed through much needed assessments, development of meaningful ISP's, Risk Plans (RP), goals/objectives, staff training and development and providing a strong leadership dynamic for the staff working in the home. She is a strong advocate for the for the men living at the group home with a thorough knowledge base of their needs, desires, supports &amp; strategies as she worked as a Direct Care Staff (DCS) at Third Street in the past. Other corrective action has been identified and addressed below to put into place as further preventive measures to prohibit the potential for mistreatment, neglect or abuse of the consumers while providing structure to assure needed care, services and supports for the men entrusted to our care. <b>A. Corrective Action and Follow-Up Specific to Consumer #2 (hereafter referred to as C2):</b></p>	

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	would not have intentionally placed [client #2] at risk...." She indicated client #2 was in need of 24 hour supervision.  Client #2's record was reviewed on 12/31/14 at 2:00 PM. A Behavior Support Plan dated 1/1/15 indicated target behaviors of physical aggression, anxiety and OCD (obsessive compulsive disorder). The plan indicated client #2 was non-verbal, and has "very limited knowledge and use of sign-language communication..." and client #2 "requires continuous supervision and assistance while in the community due to his lack of environmental awareness and personal safety skills....[client #2] requires additional emotional support during routine changes and needs time gradually to adjust to changes in his environment...." An ISP (Individual Support Plan) dated 10/1/14 indicated "[client #2's] independence when at home in occupying himself with activities and his pleasure in spending time in his room relaxing on his bed offers the potential for [client #2] to be overlooked when providing outing opportunities for consumers...." A Health/Risk Plan (undated) indicated client #2 had an identified health risk of "Unaware of Environmental Dangers/Safety...[client #2] is unaware of many environmental dangers and is therefore at risk to		1. On 12/16/14, the QIDP and group home manager developed a Shift Duty List to clarify staff responsibilities & assure that the needs of the men are met as well as provided direction for day to day operations of the group home to run smoothly. C2 has designated staff to work with him on active treatment, goals/tracking & other activities of daily living to assure that his & others ISP's are implemented. The Shift Duty List was reviewed by the Program Director (PD) & QIDP on 1/22/15 with revisions recommended including community integration and additions to the active treatment duties for touching base with consumers throughout the shift to mingle, provide inclusion, special time 1-1 or with others provides support/encouragement, etc. All staff working with C2 at the group home will be trained on the revisions by 2/4/15. 2. The QIDP will review & revise as needed C2's Environmental Dangers/Safety Risk Plan and Consumer Specific Training to best meet his needs and current LOC status. Any revisions to the plans would be trained on with staff working with C2 across all settings by 2/4/15. 3. ISP was reviewed and found to still be appropriate for his needs at this time. 4. QIDP reviewed C2's DynaVox training documentation/tracking sheet				

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	<p>victimization or injury in many situations...Staff will provide verbal and physical assistance to [client #2] as needed to maneuver safely both in the community and at home...."</p> <p>The facility's Abuse and Neglect, Exploitation and Violation of Individual Rights revised 11/13 was reviewed on 12/31/14 at 3:00 PM and indicated "Employees of Bi-County Services have the responsibility to ensure the protection of all consumers. This means that our consumers are free of mistreatment from abuse, neglect, exploitation or a violation of individual rights...NEGLECT is a failure to provide necessary supports needed to avoid physical harm and/or mental suffering."</p> <p>This federal tag relates to complaint #IN00161046.</p> <p>9-3-2(a)</p>		<p>and feels that the training is being completedbut that the documentation component of "what was worked on" andcomments/progress portion are not be filled out consistently which is apriority in understanding what's working &amp; what isn't so as to make changesas needed. Staff will be re-trained on thoroughly completing thedocumentation/tracking sheet by 2/4/15. 5. Staff training on using theDynaVox by the manufacturer's representative is scheduled for 1/27/15. 6. Staff training by the AutismCenter of Fort Wayne was provided on 1/23/15. They will follow-up with anevaluation for C2 in the near future, but not prior to the target completiondate due to their highly requested consulting services. 7. C2 has had increasedopportunities to work in the sheltered workshop. He has shown an interest inshredding and needs 1-1 guidance to stay on task for approximately an hour. Hewill continue to be part of the consumers involved in the shredding rotationschedule and work with the Workshop Supervisor. 8. Although the staffingconcerns related to lack of communication between staff at the time of theneglect incident for C2 have diminished, it is still important that we providethe current staff at the group home with training on building healthycommunication,</p>		

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			relationships and developing team work skills. Components of theMandt System will be utilized in providing the staff with this training by 2/4/15. 9. Staff working at the grouphome will be retrained on the importance of community integration as a strategyfor increasing C2's ability to understand environmental dangers & safetyrisks as well as provide meaningful opportunities for C2 & the other menliving at 3rd Street to interact with others in a meaningful way aswell as promote the standards set by the agency Mission & Vision Statementsby 2/4/15. 10. The agency A/N policy wasreviewed by Administrative Team members on 1/23/15 and revisions wereidentified to make additions to the neglect portion in particular in order toprovide staff with a better understanding of the need for adequate staffing in order to meet consumer needs, as well as adequate training in order to do theirwork effectively which is a priority in prevention of neglect. All staffworking with consumers will be trained on the policy revision by 2/4/15. 11. The Residential Manager isnew to the position and lacks experience with supervision and essential jobfunctions. She as well as the other two residential managers would benefit fromtraining on the essential job functions and skills/approaches in supervisingemployees. The		

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			Residential Manager job description was reviewed on 1/22/15 and found to need revisions in order to specify expectations, add new responsibilities that had not been identified &/or changed since the job description was last revised in 3/2012. In particular assuring scheduling of adequate staffing to meet the needs of the consumers, to implement active treatment defined in ISP's & provide needed care & supports is a priority. The Residential Managers will be trained on the revisions and expectations by 2/4/15. 12. The Administrative Team will provide support & assess the progress of implementation of this POC on an ongoing basis through the use of Home Observations, review of Incident Reports, Injury/Illness Reports, Medication Error Reports with follow-up (F/U) on concerns &/or recommendations identified by the administrative team as well as the medical department. F/U on requests by staff & management team will be honored. A Home Observation will be completed by an administrative team member during the time frame prior to the target completion date in order to assist as needed for clarification and guidance. 13. All staff working with C2 across all settings will receive training on A.9 and A.10 by 2/4/15.		

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			<p>Persons responsible: Program Director, Third Street Residential Management Team, Residential Administrator (RA), and Quality Assurance Manager. Targeted Completion Date: 2/4/15</p> <p><b>Corrective Action Specific to All Third Street Consumers:</b></p> <p>1. Corrective action items identified for C2 in A.1 and A.8 – A.12 reflect important components that will better the quality of life of all the men living at Third Street. Third Street staff will be trained on the above by 2/4/15.</p> <p>2. All staff working with the men living at the group home across all settings will be trained on A.9 &amp; A.10 by 2/4/15.</p> <p>Persons responsible: Third Street RMT, Program Director, Residential Administrator and Quality Assurance Manager. Target Completion Date: 2/4/15</p> <p><b>D. Corrective Action as it relates to BCS practices</b></p> <p><b>Agency Wide:</b> 1. All RMT's, Administrative staff, medical department, DS &amp; BWS supervisors working with residential consumers across all settings will be retrained on items A.9-A.11 Training will occur by 2/4/15. 2. All staff working with residential consumers across all settings will receive training on items A.9-A.11 by 2/4/15. 3. All Supported Living Management Team (SLMT) members will be retrained on A.9-11 by 2/4/15. SL DCS will be retrained on A.9-11 at the next scheduled house/staff</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			meetings by the SLMT members. Persons responsible: Administrative Team; RMT's, DS Coordinator, Bluffton Workshop (BWS) Manager and SLMT's. Target Completion Date: 2/4/15		