

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G453	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2011
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NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3261 ALMQUIST KOKOMO, IN46902
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 26, 27, 28, 29, and 30, 2011</p> <p>Facility number: 000967 Provider number: 15G453 AIM number: 100235220</p> <p>Surveyors: Tracy Brumbaugh, Medical Surveyor III-Team Leader Kathy Craig, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 431 IAC 1.1. Quality Review completed 10/31/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>	W0000		
W0149	<p>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, the facility failed to implement their</p>	W0149	Client #3 has a behavior plan that addresses physical aggression toward others and ways to	11/03/2011

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>abuse/neglect/investigation policy by not investigating thoroughly 5 of 5 reports which indicated client to client aggression for clients #3, #6, #7 and #8.</p> <p>Findings include:</p> <p>On 9-26-11 at 9:30 a.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. Review on 9/27/11 at 2:50 PM of the facility's accident/incident reports was conducted.</p> <p>A BDDS report for client #3 dated 9-11-10 indicated he hit his housemate. No thorough investigation was available for review.</p> <p>A BDDS report for client #8 dated 9-11-10 indicated he was hit by a housemate. No thorough investigation was available for review.</p> <p>A BDDS report for client #6 dated 11-22-10 indicated she was scratched on her face by a peer on the van. No thorough investigation was available for review</p> <p>A BDDS report for client #7 dated 1-11-11 indicated client #7 was dropped of at home and unable to get in since staff were not there and he had no house key.</p>		<p>prevent it and deal with it after it happens. Client #8 was checked for injuries and counseled after the incident. She has a behavior plan to help her deal with these issues. She also has emotions programs and problem solving programs to help her process these events. Client #6 was checked and treated for injuries. She has a behavior plan to help her deal with issues such as these. She now visits at a different group home on Monday half day to limit her contact with the individual she had a difficult time dealing with. The other individual has a behavior plan as well. Client #7 has a cell phone that he can use if this issue were to arise again. He also was given a replacement key for the house key he had lost. His job coach was contacted about the issue. Golden Corral was contacted about the issue. The Senior Bus was contacted about the issue. The abuse/neglect policy was reviewed. A new form to thoroughly investigate future incidents similar to those cited was developed. The form will be forwarded. Direct Support Professionals were retrained on this policy at the Almqvist Staff Meeting held on 10-13-11. The QDDP's were retained on this at the 10-27-11 meeting. The management team was retrained on this at the 11-3-11 meeting.</p>		

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	<p>An investigation dated 1-11-11 did not have staff interviews or a plan to resolve.</p> <p>On 9-28-11 at 12:00 p.m. an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated the abuse/neglect/investigation policy should be followed and client to client aggression should be investigated.</p> <p>On 9-27-11 at 1:30 p.m. a review of the facility's abuse/neglect policy dated 5/11 indicated the following: "In order to protect the general welfare of persons served, Bona Vista Programs strictly prohibits the abuse of any form, neglect, exploitation or mistreatment of an individual or violation of an individual's rights by employees or agents delivering services on behalf of the agency." The policy on investigations dated 3/08 indicated "Investigation of an alleged case of neglect, battery, exploitation of a person, injuries of unknown origin or psychological abuse shall include, but not be limited to, a statement from the complainant, a statement from the alleged violator, and any and all witnesses to the alleged incident. . ." This policy indicated injuries of unknown origin, after an investigation, must make a report to BDDS and APS (Adult Protective Services).</p>				

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W0154	<p>9-3-2(a)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview, the facility failed for 4 of 4 clients living in the group home (clients #3, #6, #7, and #8) to ensure client to client aggression incidents were investigated thoroughly.</p> <p>Findings include:</p> <p>On 9-26-11 at 9:30 a.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. Review on 9/27/11 at 2:50 PM of the facility's accident/incident reports was conducted.</p> <p>A BDDS report for client #3 dated 9-11-10 indicated he hit his housemate. No thorough investigation was available for review.</p> <p>A BDDS report for client #8 dated 9-11-10 indicated he was hit by a housemate. No thorough investigation was available for review.</p> <p>A BDDS report for client #6 dated 11-22-10 indicated she was scratched on</p>	W0154	<p>Direct care staff were retrained on 10/13/11 that they are to notify a supervisor immediately when an injury is discovered. Staff will complete the accident form indicating the location, size, etc of the injury. The QDDP will investigate all injuries of unknown origin within 24 hours. Once the injury has been deemed "unknown", the QDDP will notify BDDS within 24 hours. The QDDP will notify the VP of Residential Services of injuries of unknown origin. We have developed a new form in which the QDDP will use to thoroughly investigate and document all injuries of unknown origin. The "investigation" form will be attached to the accident/incident and/or the BDDS report. All Residential QDDP's and day services staff were given the form on 9/29/11 and trained on the importance of thoroughly investigating and notifying the QDDP of all injuries. The Management Team was trained on this form at the QDDP meeting held on 10-27-11 and at the Management Meeting on 11-3-11.</p>	11/03/2011

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W0313	<p>her face by a peer on the van. No thorough investigation was available for review</p> <p>A BDDS report client #7 dated 1-11-11 indicated client #7 was dropped of at home and unable to get in since staff were not there and he had no house key. An investigation dated 1-11-11 did not have staff interviews or a plan to resolve.</p> <p>On 9-28-11 at 12:00 p.m. an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated client to client aggression should be investigated which included interviewing staff, clients, and to get all information that preceded the incident.</p> <p>9-3-2(a)</p> <p>Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #4) who are on restrictive programs, by not including a risk of the medication versus the risk of the behavior.</p> <p>Findings include:</p>	W0313	<p>The investigation form will be forwarded with the plan of correction.</p> <p>Behavior plans will include risks vs. benefits and will be presented to the guardian first and then HRC for approval before implementation. When completing the Periodic Service Review, the Social Service Coordinator and/or Residential</p>	11/07/2011	

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W0436	<p>Review on 9/27/11 at 10:30 AM of client #4's records included his behavior plan (BSP) dated 2/21/11. Client #4's BSP indicated he was taking 75 milligrams Zoloft once a day (for behaviors included in his BSP as picking, resisting supervision, extreme anxiety, provoking others, and inappropriate phone behavior). There was no risks versus risk included in his BSP regarding Zoloft.</p> <p>Interview on 9/30/11 at 9:45 AM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated client #4's BSP should have included the risks versus risks for his Zoloft.</p> <p>9-3-5(a)</p> <p>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 devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure the use of dentures was included in his</p>	W0436	<p>Coordinator will check behavior plans for this component. Copy of Client #4 BSP indicating the risks vs. benefits will be forwarded along with a copy of the Periodic Service Review.</p> <p>Client #1 has a gum malformation that includes bony protrusions. As noted by his dentist Dr.Hearn, DDS 765-457-4000 1811 Dogwood Ct. Kokomo, IN 46902. Client #1 was not a candidate for</p>	11/07/2011	

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	<p>Individual Support Plan (ISP) and for 1 of 4 sampled clients (client #2) to follow up with recommendations for hearing aids.</p> <p>Findings include:</p> <p>1. On 9-26-11 from 6:30 a.m. until 7:55 a.m. an observation at the home of client #1 was conducted. During this observation client #1 was not observed to wear any dentures.</p> <p>On 9-27-11 at 12:30 p.m. a record review for client #1 was conducted. The ISP dated 1-10-11 did not have a goal/objective to assist client #1 with the importance and safety of wearing dentures.</p> <p>On 9-28-11 at 11:30 a.m. an interview with the facility nurse indicated dentures for client #1 were ordered but he refused to wear them. She also indicated there was no goal to teach him about his dentures.</p> <p>2. On 9-26-11 from 6:30 a.m. until 7:55 a.m. an observation at the home of client #2 was conducted. During this observation client #2 was not observed to wear hearing aids.</p> <p>On 9-27-11 at 11:30 a.m. a record review for client #2 was conducted. An</p>		<p>dentures due to the bony protrusions. The bony protrusions must be surgically cut, removed and shaved off of the gums. The mouth then must heal over a period of weeks. After the mouth is healed then the client may or may not be a candidate for dentures, depending on the shape of their mouth and gums after the cuts, removal and shavings heal. This is a very painful process that client #1 does not wish to participate in. Client #1 stated he eats fine without his teeth. His teeth were absent before his move into the group home. The malformation of his mouth made it impossible to be fitted for dentures without complex and painful surgery to his gums and the roof of his mouth. Client #2 was recommended to follow up with his physician in regards to his mixed hearing loss. Client #2 stated that he was not interested in amplification 7-6-10. He had a follow up with Dr. Smith 765-453-9000 188 E. Southway Blvd., Kokomo, IN46902 on 9-9-2010 in which he had ear wax removed and was instructed to use water and peroxide to cleanse his ears rather than the debrox drops. The physician indicated that wax build up can cause issues with not hearing. With the wax removed client #2 reported he could hear better and was not interested in amplification. Client #2 has</p>		

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W0455	<p>appointment form dated 7-6-10 indicated the audiologist documented the results of the appointment as client #2 having a moderate hearing loss with the recommendation of hearing aids.</p> <p>On 9-28-11 at 11:30 a.m. an interview with the agency nurse indicated he did not have hearing aids and she was not aware of the referral for hearing aids.</p> <p>9-3-7(a)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the group home, by not ensuring client #8 set the table using sanitary methods.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/26/11 from 3:45 PM to 5:35 PM. Client #8 set silverware on the table for clients #1, #2, #3, #4, #5, #6, #7, and #8, touching the tops of the silverware as she set them down. Staff #5 watched client #8 as she set the silverware down on the table and did not prompt her to not</p>	W0455	<p>routine ear wax removal and has thicker cerumen and ear wax due to his Diagnosis of Down's syndrome. At his annual physical on 3-11-11 his hearing was noted to be WNL. The nurse will continue to take both clients for routine appointments and follow Dr. orders as written.</p> <p>A setting table program for client #8 was developed and implemented. Client #8 was counseled on not touching her hair, ears or other body parts while setting the table. She was counseled on washing her hands after touching any part of her body. She was counseled on only touching the handles of silverware. She was also counseled on not putting dishes back into a drawer or cabinet after touching them without washing them first. The Direct Support Professionals reviewed with the clients about washing their hands and not touching the tops of silverware. Also it was reviewed any time they touch, hair, body parts etc. they need to wash their hands again</p>	10/13/2011	

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W9999	<p>touch the tops of them. Client #8 picked up a spoon from the table after she put her hair behind her ears, and touched the top of the spoon as she put it back in the silverware drawer. Client #8 proceeded to get a smaller spoon out of the drawer, touching the top of the spoon, and set it down at the table by one of the place settings.</p> <p>Interview on 9/28/11 at 2:00 PM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated staff should have prompted client #8 not to touch the tops of the silverware and to re-wash her hands after touching her hair.</p> <p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>431 IAC 1.1-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division.</p>	W9999	<p>before touching items to set the table. It was also reviewed not to place dishes that had been touched back into drawers or cabinets without washing them first. Programs for the other individuals who live at the house were implemented informally. Client #8's programs will be forwarded. Direct Support Professionals were retrained on requesting that the clients wash their hands before dinner and during preparations for dinner and also not touching the tops of silverware, and cleansing dishes properly, not placing them back into drawers or cabinets after touching them at the 10-13-11 staff meeting.</p> <p>BDDS reports are required to be reported within 24 hours of the investigation. Follow up reports are to be submitted every 7 days following the BDDS report until the BDDS office closes the BDDS case. Thorough investigations should be completed for abuse and neglect incidents using the new form. The new form will be forwarded. Direct care staff were re-trained to report to supervisors within 24 hours. The QDDP's were retained on this at the 10-27-11 meeting. The</p>	11/03/2011	

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	<p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview the facility failed to report timely to the Bureau of Developmental Disabilities Services (BDDS) for:</p> <ol style="list-style-type: none"> 1 of 21 late BDDS initial reports for client #2. 4 of 12 follow-up BDDS reports for 3 of 8 clients living in the home (clients #2, #3, and #6). <p>Findings include:</p> <p>Facility records were reviewed on 9-26-11 at 9:30 a.m., including BDDS reports for the time period between 9-11-10 and 9-26-11. The BDDS reports indicated the following:</p> <ol style="list-style-type: none"> 1. A BDDS report for an incident on 6-3-11 with a submit date on 6-5-11 which indicate client #2 overheated and fell had a BDDS follow up report dated 6-29-11. 2. A BDDS report for an incident on 11-3-10 which involved client #2 throwing parts, indicated a follow up made to BDDS on 12-22-10. <p>- A BDDS report for an incident on</p>		management team was retrained on this at the 11-3-11 meeting.		

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	<p>6-3-11 with a submit date on 6-5-11 which indicate client #2 overheated and fell had a BDDS follow up report dated 6-29-11.</p> <p>- A BDDS report for an incident on 6-9-11 which indicated client #6 tripped on the carpet had a BDDS follow up report dated 6-29-11.</p> <p>- A BDDS report for an incident on 7-21-11 which indicated client #6 tripped on her covers had a follow up BDDS report dated 8-6-11.</p> <p>A review of the BDDS reporting policy dated 3-1-11 was conducted on 9-30-11 at 1:00 p.m. The policy indicated: "The part responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved."</p> <p>An interview with the Qualified Mental Retardation Professional was conducted on 9-28-11 at 12:00 p.m. She indicated BDDS reports were to be filed within 24 hours and follow up reports should be completed every 7 days until closed.</p> <p>1.1-3-1(b)</p>				