

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/27/2012
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NAME OF PROVIDER OR SUPPLIER  IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 723 N 200 E VALPARAISO, IN 46383
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W0000	<p>This visit was for investigation of complaint #IN00103957.</p> <p>Complaint #IN00103957: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W122, W149, W153, and W227.</p> <p>Dates of Survey: February 23, 24, and 27, 2012.</p> <p>Provider Number: 15G272 Facility Number: 000792 AIM Number: 100249020</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to develop and implement effective interventions and provide sufficient supervision to prevent client abuse and mistreatment. The facility failed to immediately report allegations of staff to client abuse and mistreatment to the administrator and to BDDS (Bureau of Developmental Disability Services) for 1 of 2 clients (client A) who attend the facility owned day services.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their policy and procedure prohibiting abuse/neglect/mistreatment. The facility neglected to implement effective interventions to protect client A from substantiated staff abuse and neglected to immediately report allegations of abuse immediately to the administrator, and to BDDS in accordance with State Law for 1 of 2 clients (client A) who attend the facility owned day services.</p>	W0122	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Person responsible: Ruth Fields, Training Coordinator. Immediately as management staff was notified of incident, all policies and procedures were followed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. Employee #1 was immediately suspended pending investigation outcome. Abuse was substantiated and Employee #1 was terminated after investigation was completed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. The two staff who witnessed this incident were disciplined and re-trained on abuse/neglect and reporting policy. Person responsible: Joan Link, Program Manager. All staff at the Clubhouse were re-trained on abuse/neglect &amp; reporting policy. Person responsible: Heather Chopps, Community Resources Director. All staff that work with client A were re-trained on BSP, ISP, nutritional eval, 1:1 staffing protocol, seizure management plan &amp; self feeding. Responsible person: Traci Hardesty, QMRP. All staff at the Clubhouse passed a reliability on abuse/neglect with 100%.</p>	03/16/2012			

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	<p>Please refer to W153. The facility failed to immediately report 1 of 1 BDDS (Bureau of Developmental Disability Services) report reviewed for a substantiated allegation of staff to client abuse and mistreatment to the Administrator and to BDDS in accordance with State Law (for client A).</p> <p>This federal tag relates to complaint #IN00103957.</p> <p>9-3-2(a)</p>		Responsible person, Heather Chopps, Community Resources Director.		

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W0149	<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 interview and record review, for 1 of 2 clients (client A) who attend the facility owned day services, the facility neglected to implement their policy and procedure prohibiting abuse and mistreatment. The facility neglected to implement effective interventions to protect client A from substantiated staff abuse and neglected to immediately report allegations of abuse immediately to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with State Law.</p> <p>Findings include:</p> <p>On 2/23/12 at 9:30am, and on 2/23/12 at 10:35am, the facility's BDDS reports from 1/1/2012 through 2/23/12 were reviewed and indicated one (1) allegation of abuse/neglect/mistreatment.</p> <p>-A 2/13/12 BDDS report for an incident on 2/10/12 at 2:15pm, indicated "[Client A] was sitting in the sensory chair in the exercise room (at the facility owned day service site #1) with his one to one staff" with other clients and two other staff were in the room. The report indicated</p>	W0149	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Person responsible: Ruth Fields, Training Coordinator. Immediately as management staff was notified of incident, all policies and procedures were followed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. Employee #1 was immediately suspended pending investigation outcome. Abuse was substantiated and Employee #1 was terminated after investigation was completed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. The two staff who witnessed this incident were disciplined and re-trained on abuse/neglect and reporting policy. Person responsible: Joan Link, Program Manager. All staff at the Clubhouse were re-trained on abuse/neglect &amp; reporting policy. Person responsible: Heather Chopps, Community Resources Director. All staff that work with client A were re-trained on BSP, ISP, nutritional eval, 1:1 staffing protocol, seizure management plan &amp; self feeding. Responsible person: Traci Hardesty, QMRP. All staff at the Clubhouse passed a reliability on</p>	03/16/2012	

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	"cupcakes were being served" for another client's Birthday. The report indicated client A "was sitting next to another consumer whom [client A] had already taken pizza from...[A staff person] handed a cupcake to that consumer and [the staff person] handed a cupcake to [client A's one on one] staff for [client A]. [Client A] reached over and grabbed the other consumer's cupcake, stuffing it into his mouth." The report indicated client A's one on one staff, Discharged Staff (DS) #1, "reacted by grabbing [client A] out of the chair and taking him over to the trash can bending him over the trash can and telling [client A] to spit it out." The report indicated "witness accounts suggest that [DS #1] hit [client A's] head against the wall or she may have inadvertently hit his head against the wall while struggling with [client A]." The report indicated "[client A] has an HRC (Human Rights Committee) approved behavior management plan which does not address the behavior of stealing food as [client A] does not appear to functionally understand that this was wrong." The report indicated "staff who witnessed the incident did not report the incident until the manager returned on Monday (2/13/12) morning." The report indicated DS #1 was suspended on 2/13/12 pending the investigation into the incident. The report indicated the two workshop staff		abuse/neglect with 100%. Responsible person, Heather Chopps, Community Resources Director.		

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	<p>who witnessed the incident with client A were "disciplined for not immediately reporting the incident to the manager or program director."</p> <p>-A 2/17/12 Follow up BDDS report to the 2/10/12 incident indicated "Physical abuse was substantiated and the staff that did it was terminated on 2/14/12. The two witnesses who failed to report the allegation on time were disciplined and retrained on abuse/neglect reporting."</p> <p>On 2/23/12 at 10:30am, DS #1's 2/13/12 "Notification of Employee Disciplinary Action" indicated DS #1 was terminated on 2/14/12 for client A's 2/10/12 at 2:15pm incident. DS #1's Termination documentation indicated "[Client A] was assigned to [DS #1's] care, [client A] had taken and eaten food belonging to another consumer. Two eyewitness accounts state that [DS #1] then used her hand and held [client A's] head over a garbage can in an attempt to have him spit out the food... [DS #1's] written account stated that [DS #1] did have her hand on [client A's] neck to hold his head over the garbage can...Her action of holding his head over the garbage can is considered a form of abuse as outline in policy #28...Policies and Procedures as well as section V(3) of IN-PACT's Personnel Policies. Any substantiated form of abuse or neglect is</p>			

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	<p>grounds for immediate termination per policy...."</p> <p>On 2/23/12 at 10:35am, an interview with the QDP (Qualified Developmental Professional) was conducted. The QDP stated the facility had "substantiated abuse" against client A by DS #1 when DS #1 "grabbed him by the back of the neck, physically made him lean over the garbage can, and made [client A] spit out a cup cake." The QDP stated client A "was at risk for further abuse" by DS #1 on 2/10/12 when the two eye witness staff neglected to immediately report DS #1's physical abuse of client A at the facility owned day service site. The QDP stated DS #1 "continued" to be assigned as client A's one on one staff.</p> <p>On 2/13/12 at 10:45am, a review of the undated "#28 Policy on Reporting and investigating incidents and allegations of abuse and neglect" was completed. The policy indicated the facility prohibited "abuse and any other incident or crime as defined in this policy." The policy indicated "Abuse and or neglect or any mistreatment of any consumer who resides in a In-Pact residential setting is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment...." The policy indicated all incidents and all</p>						

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	<p>allegations must be reported immediately to the client representative, the administrator, and to BDDS in accordance with state law. The policy indicated abuse "includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain...Neglect includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>This federal tag relates to complaint #IN00103957.</p> <p>9-3-2(a)</p>			

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W0153	<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 interview and record review, for 1 of 1 BDDS (Bureau of Developmental Disability Services) report reviewed for an substantiated allegation of staff to client abuse (for client A), the facility failed to immediately report the allegation of abuse to the Administrator and to BDDS in accordance with State Law.</p> <p>Findings include:</p> <p>On 2/23/12 at 9:30am, and on 2/23/12 at 10:35am, the facility's BDDS reports from 1/1/2012 through 2/23/12 were reviewed and indicated one (1) allegation of abuse/neglect/mistreatment reported late.</p> <p>-A 2/13/12 BDDS report for an incident on 2/10/12 at 2:15pm, indicated client A was at the facility owned day services site and was sitting with his one to one staff Discharged Staff #1 (DS), other clients, and two other staff were in the room. The report indicated cupcakes were being served for a Birthday. The report indicated client A was sitting next to</p>	W0153	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Person responsible: Ruth Fields, Training Coordinator. Immediately as management staff was notified of incident, all policies and procedures were followed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. Employee #1 was immediately suspended pending investigation outcome. Abuse was substantiated and Employee #1 was terminated after investigation was completed. Person responsible: Traci Hardesty, QMRP &amp; Joan Link, Program Manager. The two staff who witnessed this incident were disciplined and re-trained on abuse/neglect and reporting policy. Person responsible: Joan Link, Program Manager. All staff at the Clubhouse were re-trained on abuse/neglect &amp; reporting policy. Person responsible: Heather Chopps, Community Resources Director. All staff that work with client A were re-trained on BSP, ISP, nutritional eval, 1:1 staffing protocol, seizure management plan &amp; self feeding.</p>	03/16/2012			

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	<p>another client and had "already taken pizza" from the other client. The report indicated a staff person had handed a cupcake to the other client and to DS #1 for client A. "[Client A] reached over and grabbed the other consumer's cupcake, stuffing it into his mouth." The report indicated DS #1, who was client A's one on one staff, "reacted by grabbing [client A] out of the chair and taking him over to the trash can bending him over the trash can and telling [client A] to spit it out." The report indicated "staff who witnessed the incident did not report the incident until the manager returned on Monday (2/13/12) morning."</p> <p>On 2/23/12 at 10:30am, DS #1's 2/13/12 "Notification of Employee Disciplinary Action" indicated DS #1 was terminated on 2/14/12 for client A's 2/10/12 at 2:15pm incident. DS #1's Termination documentation indicated "[Client A] was assigned to [DS #1's] care, [client A] had taken and eaten food belonging to another consumer. Two eyewitness accounts state that [DS #1] then used her hand and held [client A's] head over a garbage can in an attempt to have him spit out the food... [DS #1's] written account stated that [DS #1] did have her hand on [client A's] neck to hold his head over the garbage can...Her action of holding his head over the garbage can is considered a form of</p>		<p>Responsible person: Traci Hardesty, QMRP. All staff at the Clubhouse passed a reliability on abuse/neglect with 100%. Responsible person, Heather Chopps, Community Resources Director.</p>		

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	<p>abuse as outline in policy #28...Any substantiated form of abuse or neglect is grounds for immediate termination per policy...."</p> <p>On 2/23/12 at 10:35am, an interview with the QDP (Qualified Developmental Professional) was conducted. The QDP stated the facility had "substantiated abuse" against client A by DS #1 when DS #1 "grabbed him by the back of the neck, physically made him lean over the garbage can, and made [client A] spit out a cup cake." The QDP stated client A "was at risk for further abuse" by DS #1 on 2/10/12 when two eye witness staff neglected to immediately report DS #1's physical abuse of client A at the facility owned day service site. The QDP stated DS #1 "continued" to be assigned as client A's one on one staff.</p> <p>This federal tag relates to complaint #IN00103957.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>				

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview, for 1 of 3 sample clients (client A), the facility failed to develop a training objective and/or stealing food behavior interventions based on client A's identified behavioral need.</p> <p>Findings include:</p> <p>During observation on 2/23/12 from 6:20am until 8:15am, client A was observed at the group home. At 7:05am, client A and DCS (Direct Care Staff) #2 went to the kitchen. Client A sat down at the dining room table, DCS #2 retrieved two Granola Cereal Bars, opened the packages, and broke the bars into bite size pieces into a cereal bowl. At 7:05am, DCS #2 sat next to client A and between client A and the bowl of broken Granola Bars at the dining room table. At 7:05am, DCS #2 placed one bite of Granola Bar at a time in front of client A which he consumed. DCS #2 prompted client A to drink liquids between bites. At 7:10am, DCS #2 indicated she breaks up the Granola Bars into bite size portions</p>	W0227	<p>BSP was revised on 2-27-12 to include intervention for taking food &amp; a goal for self feeding. Person responsible: Karen Warner, Behavior Specialist &amp; Traci Hardesty, QMRP. All Staff at both the Group home and Clubhouse have been trained on the revised BSP &amp; self feeding goal. Person responsible: Traci Hardesty, QMRP. Staff that work with Client A all had a BSP test completed. Person responsible: Traci Hardesty, QMRP. A scheduled and unscheduled day service contact will be completed to ensure that client A's needs are being met. Person responsible: Traci Hardesty, QMRP &amp; Renee Tomerlin, Group home Manager.</p>	03/16/2012			

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	<p>because client A would consume the bars whole. At 7:20am, client A was prompted to sit in the living room by DCS #2. DCS #2 stated client A had a "long history of stealing food from other clients" and indicated client A would consume the food whole.</p> <p>On 2/23/12 from 9:25am until 10:30am, observation and interview were conducted at the facility owned day service site #1 for client A. From 9:25am until 10:30am, client A had one staff who was assigned his supervision for one on one Workshop staff (WKS) #1. From 10:15am until 10:30am, WKS #1 assisted client A with hand over hand guidance to complete puzzles, place objects into a box, and after each successful attempt WKS #1 gave client A a single Cheeto (cheese puff) which client A consumed. At 10:15am, WKS #1 indicated client A required one on one staff supervision at the workshop and ate without other clients present because client A "would take the other (clients) food."</p> <p>Confidential Interview (CI) #1 stated client A had a "long history over 1 year of stealing other clients' food." CI #1 indicated client A was on one on one supervision at the day services and indicated client A ate food whole without chewing. CI #1 stated client A "ate alone</p>			

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	<p>daily in the sensory room" with his one on one staff at day services because of client A's food theft behaviors. CI #1 indicated client A's BSP did not address client A's food theft behavioral need.</p> <p>On 2/23/12 at 9:30am, and on 2/23/12 at 10:35am, the facility's BDDS reports from 1/1/2012 through 2/23/12 were reviewed and indicated the following. -A 2/13/12 BDDS report for an incident on 2/10/12 at 2:15pm, indicated "[Client A] was sitting in the sensory chair in the exercise room (at the facility owned day service site #1) with his one to one staff [Discharged Staff #1 (DS)]," other clients, and two other staff were in the room. The report indicated "cupcakes were being served" for a client's Birthday. The report indicated client A "was sitting next to another consumer whom [client A] had already taken pizza from...[A staff person] handed a cupcake to that consumer and [the staff person] handed a cupcake to [DS #1 who was client A's one on one] staff for [client A]. [Client A] reached over and grabbed the other consumer's cupcake, stuffing it into his mouth." The report indicated client A's one on one staff DS #1 "reacted by grabbing [client A] out of the chair and taking him over to the trash can bending him over the trash can and telling [client A] to spit it out." The report indicated</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G272		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/27/2012	
NAME OF PROVIDER OR SUPPLIER  IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 723 N 200 E VALPARAISO, IN 46383			
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	<p>"[client A] has an HRC (Human Rights Committee) approved behavior management plan which does not address the behavior of stealing food as [client A] does not appear to functionally understand that this was wrong."</p> <p>On 2/23/12 at 10:35am, an interview with the QDP (Qualified Developmental Professional) was conducted. The QDP stated client A did not have a behavior plan or interventions for "food theft," and was non verbal. The QDP indicated client A did not have a documented training objective for his identified behavioral need for food theft.</p> <p>On 2/23/12 at 7:25am, client A's record was reviewed. Client A's 8/18/11 ISP (Individual Support Plan) and client A's 12/29/11 BSP (Behavior Support Plan) did not indicate a training objective or interventions for his identified behavioral need of food theft.</p> <p>This federal tag relates to complaint #IN00103957.</p> <p>9-3-4(a)</p>						