STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G377		08/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORVILLA INC	52549 MYRTLE ST SOUTH BEND, IN 46637

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W 0000 Bldg. 00	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: August 17, 18, 19, 20, and 21, 2015. Facility number: 000891 Provider number: 15G377 AIM number: 100244320 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0227 Bldg. 00	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. Based on observation, record review, and interview, the facility failed to address the taunting/teasing behavior of 1 of 3 sampled clients (client #1). Findings include: Client #1 was observed at the group home during the 8/17/15 observation period from 3:50 P.M. until 6:00 P.M.	W 0227	To ensure that a resident IPP contains specific objectives necessary to meet a client's needs,the QIDP will be responsible for reviewing a resident's CFA quarterly. When changes occur the QIDP will be responsible for notifying the IDT and make arrangements to develop and implement any identify new needed goals/objectives. To ensure that there are no other similar	09/30/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	During the observation, client #1 said the following phrases to client #5, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #5 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #5 eleven times during the observation period. Staff #1, #2, and #3 redirected client #1 from saying these phrases to client #5 three times during the 8/17/15 observation period. Client #1 was observed at the group home during the 8/18/15 observation period from 6:20 A.M. until 8:20 A.M. During the observation, client #1 said the following phrases to client #5, "Hey, Grandpa." "You smell like a pig, Grandpa." "You're old, Grandpa." Client #5 would say to client #1, "Stop it !" "Stop it, [client #1]!" Client #1 stated these phrases to client #5 eight times during the observation period. Staff #4, #5, and #6 redirected client #1 from saying these phrases to client #5 two times during the 8/18/15 observation period. Direct care staff #6 was interviewed on 8/18/15 at 6:55 A.M. When asked what staff were to do when client #1 says these phrases to client #5, direct care staff #6 stated, "We redirect [client #1]." When		deficiencies, the QIDP has reviewed all residents CFA and found no concerns. Also, a goal/objective has been developed for Client #1 and is being implemented to assist him in managing this re-occurring behavior.	

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	asked if redirection is successful in stopping the behavior, direct care staff #6 stated, "No, [client #1] won't stop antagonizing [client #5] until he (client #5) screams. He (client #1) used to have a behavior plan for this (teasing behaviors) but it was discontinued." Client #1's record was reviewed on 8/18/15 at 8:35 A.M. Review of the client's 10/2/14 Individual Program Plan failed to indicate client #1 had an active treatment program which addressed the teasing behaviors and verbalizations. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/18/15 at 11:01 A.M. QIDP #1 stated, "He (client #1) used to have a behavior plan which addressed this (teasing behaviors and verbalizations) but we discontinued it." 9-3-4(a)			
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good			

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	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. Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled clients (client #2) wore his eyeglasses full time. Findings include: Client #2 was observed at the group home during the 8/17/15 observation period from 3:50 P.M. until 6:00 P.M. Upon entering the group home at 3:53 P.M., client #2 removed his eyeglasses and stored them in his bedroom. During the remainder of the observation period, client #2 did not wear his eyeglasses and direct care staff #1, #2, and #3 did not prompt or assist client #2 to wear his eyeglasses. Client #2 was observed at the group home during the 8/18/15 observation period from 6:20 A.M. until 8:20 A.M. During the observation period, client #2 did not wear his eyeglasses. Direct care staff #4, #5, and #6 did not prompt or assist client #2 to wear his respective eyeglasses Client #2's record was reviewed on	W 0436	To assisted and ensure Client # 2 learns to make informed choices regarding the wearing of his eye glasses; the QIDP and Manager will train the staff on the importance of directing and encouraging Client # 2 to do so. The QIDP will also develop a goal to enhance Client #2's ability to recognize the need to wear is eye glasses. The staff will also be trained on the implementation of Client #2's new goal. To ensure that no other deficiency similar to this occur again; the QIPD will train theManager regarding the need for each resident to be given the opportunity to learn to make informed choices.	09/17/2015

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	8/18/15 at 9:07 A.M. A review of the client's 12/5/14 Vision Exam indicated the client was to wear his eyeglasses "full time." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/19/15 at 11:01 A.M. QIDP #1 stated, "[Client #2] should have been prompted to wear his eyeglasses." 9-3-7(a)			
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL 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 to: 1. Assure direct care staff rewashed dishes that fell onto the floor affecting 3 of 3 sampled clients (clients #1, #2, and #3) and 3 of 3 additional clients (clients #4, #5, and #6), and 2. Provide a utensil for removing jelly from a jar for 2 of 3 sampled clients (clients #1 and #2) and 1 additional client (client #5). Findings include:	W 0455	To ensure active programming for the prevention, control and investigation of infection and communicable disease, for Client's 1, 2, 3, and the additional clients; the QIDP will be responsible for reviewing and re-training the Manager on Corvilla's Communicable Disease Policy. The Manager will be responsible for re-training the staff on the Policy. The training (s) will cover the entire policy however, major focus will be on the care and handling of soiled dishes and the need to provide	09/30/2015

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	1. Clients #1, #2, #3, #4, #5, and #6 were observed during the 8/17/15 group home observation period from 3:50 P.M. until 6:00 P.M. During the observation, direct care staff #2 was taking clean dishes out of the dishwasher and placing them on the counter. Once on the counter, the dishes fell onto the floor. Direct care staff #2 picked up the dishes and put them in the cupboard as clean. Direct care staff #2 did not rewash the dishes that had fallen onto the floor. These dishes were to be used by clients #1, #2, #3, #4, #5, and #6 for their meals. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/19/15 at 11:01 A.M. QIDP #1 stated, "Staff (direct care staff #2) should have rewashed those dishes instead of putting them away." 2. Clients #1, #2, and #5 were observed eating breakfast during the 8/18/15 observation period from 6:20 A.M. until 8:20 A.M. Direct care staff #4 put a jar of jelly on the dining room table for the clients to have with their meal. Client #1, who was eating his cereal, used the spoon he was eating cereal with to get jelly out of the jar. Client #1 handed the jelly jar to Client #5 who was eating his cereal. Client #5 used the spoon he was eating cereal with to get jelly out of the		clean and proper utensils for the serving and eating offood. The QIDP will recommended the visiting of Corvilla's other homes to determine if this deficiency is an issue; if it is it will also be corrected. To ensure that a deficiency of this nature does not occur again; the QIDP will beresponsible for monitoring the home (s) weekly. The Manager will be responsible for monitoring the home daily. When the Manager is not in the home, the Manager will be responsible for assigning the task to a staff person thereby ensuring the Policy is being implemented and adhered to at all time.	

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	jar. Client #5 then handed the jelly jar to Client #2 who was eating his cereal. Client #2 used the spoon he was eating cereal with to get jelly out of the jar. Direct care staff #4, #5, and #6 did not assure a utensil for removing jelly from the jar was available to clients #1, #2, and #5. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/19/15 at 11:01 A.M. QIDP #1 stated, "They (direct care staff #4, #5, and #6) should have made sure there was a knife for the clients (clients #1, #2, and #5) to use." 9-3-7(a)			
W 0475 Bldg. 00	483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils. Based on observation and interview, the facility failed to provide a utensil for removing jelly from a jar for 2 of 3 sampled clients (clients #1 and #2) and 1 additional client (client #5).	W 0475	**To ensure client's #1, 2, and #5 are afford the opportunity to use appropriate utensils at meals; the staff were instructed by the QIDP to review each of their CFA's to refresh their memories regarding each**	09/30/2015

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	Findings include: Clients #1, #2, and #5 were observed eating breakfast during the 8/18/15 observation period from 6:20 A.M. until 8:20 A.M. Direct care staff #4 put a jar of jelly on the dining room table for the clients to have with their meal. Client #1, who was eating his cereal, used the spoon he was eating cereal with to get jelly out of the jar. Client #1 handed the jelly jar to Client #5 who was eating his cereal. Client #5 used the spoon he was eating cereal with to get jelly out of the jar. Client #5 then handed the jelly jar to Client #2 who was eating his cereal. Client #2 used the spoon he was eating cereal with to get jelly out of the jar. Direct care staff #4, #5, and #6 did not assure a utensil for removing jelly from the jar was available to clients #1, #2, and #5. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/19/15 at 11:01 A.M. QIDP #1 stated, "They (direct care staff #4, #5, and #6) should have made sure there was a knife for the clients (clients #1, #2, and #5) to use." 9-3-8(a)		**clients skill level. The staff was also re-trained on family style dining,focusing on the correct way to set a table. The QIDP has visited Corvilla's other homes to determine if this deficiency is an issue in any of them and found that it is not. To assure that a deficiency of this nature does not occur again. The QIDP will be responsible for monitoring the home weekly to assure the client's have the appropriate eating utensils for their developmental needs. The Manger will be responsible for monitoring and assigned a responsible person to monitor when not available.**	

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