STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G456	A. BUILDING 00 B. WING	11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAMAR SERVICES INC--EL CAMIN	4912 EL CAMINO CT INDIANAPOLIS, IN 46221

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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey. Dates of Survey: November 15, 16, 17 and 22, 2021. Facility Number: 000970 Provider Number: 15G456 AIMS Number: 100239760 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #39778 on 12/6/21.	W 0000		
W 0153 Bldg. 00	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. Based on record review and interview for 1 of 12 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure staff immediately reported client to client aggression regarding clients #1 and #2 to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of knowledge. Findings include: The facility's BDDS reports and investigations	W 0153	W153 – 483.420(d)(2) Staff Treatment of Clients 1. The reporting staff did not follow the incident reporting policy. All staff will receive retraining on policies and procedures regarding incident reporting. 2. All clients have the potential to be affected by the deficiency. All staff will receive	12/17/2021

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

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	were reviewed on 11/16/21 at 11:15 AM. A BDDS report dated 11/9/21 indicated, "... On 11.05.2021 [client #2] was picked up from day program. He began verbally antagonizing peers in the van. Staff prompted him to stop the behavior multiple times and attempted redirection. [Client #2] hit a peer (client #1) several times on the shoulder with an open hand. And (sic) made threats to hit staff while they were driving. Staff (sic) was escorted into the house where [client #2] hit and kicked staff, and (client #2) was placed in a two person restraint. [Client #2] returned to baseline (behavior) and spent time in his room...". -A review of the BDDS report dated 11/9/21 indicated an incident of client to client aggression between clients #1 and #2 occurred on 11/5/21. The review indicated the incident of client to client aggression between clients #1 and #2 was not reported to BDDS until 11/9/21. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/16/21 at 2:20 PM. QIDP #1 indicated the facility did not report an incident of client to client aggression between clients #1 and #2 to BDDS within 24 hours of knowledge as required. 9-3-2(a)		retraining on policies and procedures regarding incident reporting. 3. Re-training on incident reporting will be completed and staff will receive the appropriate disciplinary action for not following policy and procedure which includes immediate notification to the Administrator. 4. The QIDP or the Administrator and the Performance and Quality Improvement department will monitor incident reports at least weekly to assure incident reporting policies and procedures are being met. Policies and procedures will be reviewed annually and revised as needed.	
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 12 allegations of abuse, neglect and mistreatment reviewed, the facility failed to complete an investigation regarding an allegation client #3 physically assaulted client #2.	W 0154	W 154 – Staff Treatment of Clients 1. Incident reporting did not follow policy or procedure. Training will be completed by the	12/17/2021

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	Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 11/16/21 at 11:15 AM. A BDDS report dated 9/13/21 indicated, "... On 9/13/21 at 8:45 AM, client (client #2) reported to staff that on the previous night, peer (client #3) entered his bedroom at bedtime and stabbed him in the right wrist with a screwdriver. He (client #2) stated that he was scared to report it that night. [Client #2] told staff that it hurt a little bit but he was able to go to work. Staff did notice a red spot on the right wrist. [Client #2] also showed staff a bruise on his left arm and said it was from [client #3] him (sic) a toy skeleton bone a few days prior. Staff immediately notified QIDP (Qualified Intellectual Disabilities Professional), Director, and nurse...". A review of the BDDS report dated 9/13/21 indicated client #2 made an allegation client #3 had entered his room and stabbed client #2 with a screwdriver. The review did not indicated the facility completed an investigation regarding an allegation client #3 physically assaulted client #2. QIDP #1 was interviewed on 11/16/21 at 2:20 PM. QIDP #1 indicated the facility did not complete an investigation regarding an allegation client #3 physically assaulted client #2. 9-3-2(a)		Internal Reviewer/Liaison. 2. The Performance and Quality Improvement department will review all policies annually and revise procedures, as needed, to ensure investigations are thorough and completed within their designated timeframes. 3. Training/re-training on incident reporting procedures will be completed with all staff and staff will receive the appropriate disciplinary action for not following policy and procedure which includes immediate notification to the administrator. The QIDP or Administrator will submit BDDS reports within 24 hours of the incident. 4. The QIDP or Administrator will send a copy of the BDDS report to the administrator and the Performance and Quality Improvement designee.	
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of			

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	infection and communicable diseases. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 1 additional client (#4), the facility failed to ensure staff implemented their Covid 19 infection control procedures. Findings include: Observations were conducted at the group home on 11/15/21 from 3:21 PM through 6:00 PM and on 11/16/21 from 6:23 AM through 8:35 AM. Clients (#1, #2, #3 and #4) were observed throughout the observation period. On 11/15/21 at 3:21 PM staff #1 opened the group home's front door. Staff #1 was not wearing a mask. Staff #1 did not ask the surveyor any questions regarding symptoms of Covid-19. Staff #1 did not ask the surveyor to take his temperature upon entry or at any time during the evening observation on 11/15/21. On 11/16/21 at 6:23 AM staff #3 opened the group home's front door. Staff #3 did not ask the surveyor any questions regarding symptoms of Covid-19. Staff #3 did not ask the surveyor to take his temperature upon entry or at any time during the morning observation on 11/16/21. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/16/21 at 2:20 PM. QIDP #1 was asked if visitors should be screened and asked Covid-19 screening questions upon entry to the group home. QIDP #1 stated, "Yes we have a list of questions and they are to go over each one of those questions." QIDP #1 was asked if staff should have taken the surveyor's temperature upon entry into the group home. QIDP #1 stated, "Yes." 9-3-7(a)	W 0455	W455 – 483.470(l)(1) Infection Control 1. Staff did not follow the Covid-19 policy or protocol. All staff will receive retraining on policy and procedure. 2. All clients have the potential to be affected by the deficiency. All staff will receive retraining on Covid 19 procedures. 3. Re-training on the Covid 19 procedures will be completed and staff will receive disciplinary action for not following procedures. 4. The QIDP and Administrator will monitor staff performance and staff will receive disciplinary action for not following the correct procedure.	12/17/2021

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