

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

PRINTED: 11/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G216	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/08/2021
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NAME OF PROVIDER OR SUPPLIER HILLCROFT SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 423 E BERKLEY AVE MUNCIE, IN 47303
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Dates of Survey: October 5, 6, 7, and 8, 2021.</p> <p>Facility Number: 000742 Provider Number: 15G216 Aims Number: 100248890</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/26/21.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1's wheelchair risk plan was followed as written.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/5/21 at 1:14 PM.</p>	W 0249	<p>Transportation Safety Plan was created for this individual. All staff have been trained on the transportation safety plan for this individual.</p> <p>All residents will be reviewed and those identified as being transported in a wheelchair in the van will have a transportation safety plan developed. All staff will</p>	11/05/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>A BDDS report dated 8/3/21 indicated, "...Staff were bringing [client #1] into day programming in the group home van. Staff strapped [client #1's] wheelchair into the floor of van, but the van chest seat belt and [client #1's] seat belt on her wheelchair was (sic) not fastened. During the ride to day programming, staff were attempting to provide as smooth of a ride as possible d/t (due to) conditions of road and how the van rides. Van ride bumped [client #1] and she fell forward and to the side onto the van floor. A bump was noted on top right side of head, small abrasion to right elbow, 1cm (centimeter) x 3cm red/bruising, right eye bruising, right knee 2cm bruise right knee. [Client #1] was taken to [name of hospital] ER (emergency room) to be evaluated. CT (computer tomography) scan came back negative and [client #1] was released to home..."</p> <p>Hillcroft Services Investigation (HSI) dated 8/3/21 indicated the following:</p> <p>"...Immediate safety measures put into place following event/alleged event:"</p> <p>"Staff were suspended pending the conclusion of an investigation..."</p> <p>"...IV. Nature of the event/alleged event..."</p> <p>"...What happened/is alleged to have happened: If applicable, include type of injury and location of injury on body."</p> <p>"Staff were driving the agency van to day program when [client #1] fell out of her wheelchair."</p> <p>"V. Evidence:..."</p>		<p>be trained on the specific safety plans prior to transporting the individuals. Assessment, plan development and training has occurred for all applicable residents.</p> <p>The agency nurse will identify any new clients needing to be transported in a wheelchair in the van. The residential team leader and/or QIDP will create an individualized transportation safety plan and will train all transporting staff prior to the individual being transported.</p> <p>Quarterly the Health and Safety Committee will review for Transportation Safety Plans and the Quality and Compliance Specialist will audit to ensure training documentation is available for all applicable staff.</p>		

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	<p>-"...[Client #4], Housemate 8/3/2021 - [Client #4] said that there was an accident on the van on the way in. [Client #4] said that [client #1] fell out of her chair while they were driving..."</p> <p>-"...[Staff #1], DSP (Direct Support Professional)/Residential 8/3/2021:..."</p> <p>-"...Got [client #1] on the lift - secured all the straps - secured the shoulder strap. [Staff #1] stated that she was driving down [name of street] and turned on to [name of street]. She looked in the mirror behind her and saw that [client #1] was slipping and yelled out for [staff #2], but [staff #2] did not react. [Staff #1] slowly pulled over."</p> <p>-"[Staff #1] stated that when she approached [client #1] following her fall in the van both the lap belt and shoulder strap were unlatched. The Wheelchair (sic) was fully secured to the van."</p> <p>-"[Staff #1] stated that she is confident that the shoulder strap was across right shoulder and latched. [Client #1] fell to the right; hitting her elbow and shoulder area when she fell. [Staff #1] stated that [client #1] just smiled at her when she got to her..."</p> <p>-"...[Staff #2]...8/3/2021."</p> <p>-"[Staff #2] stated that she helped get [client #1] up that morning with [staff #3]. When asked if they secured her lap belt when she got up she stated they always secure the belt as soon as she is in her chair."</p> <p>-"[Staff #2] stated that she was not on the van when [staff #1] was securing [client #1] in the van. [Staff #2] helped load [client #5] then got on the van herself. [Staff #2] stated that when she got on</p>			

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	<p>the van she could see [client #1] and [client #1] was fully secured."</p> <p>-"[Staff #3]..."</p> <p>-"...[Staff #3] stated that she got [client #1] ready and changed in bed then [staff #2] helped [staff #3] transfer her from bed to wheelchair. [Staff #3] stated that she was secured in her wheelchair with the lap belt at that time and there would not have been a reason to remove her lap belt before leaving for the day program. [Staff #3] stated that she did not see [client #1] secured in the van as she was still inside with other clients and waited for [staff #1] and [staff #2] to return with the van."</p> <p>-"[RTL (Residential Team Leader) #1]..."</p> <p>-"...[RTL #1] stated she became aware of the incident when staff arrived at day program. The decision was made to take [client #1] to the hospital to be evaluated to make sure there was no serious injury. [Client #1] was discharged to home with no new orders."</p> <p>-"[RTL #1] reported that she cannot determine what would have caused this to happen. She suggested that it is possible that clothing could have been caught in the buckle so that it did not latch entirely, but that is unlikely to be the case for both belts."</p> <p>-"Review:"</p> <p>-"Physical review of seatbelt on [client #1's] chair found no malfunction."</p> <p>-"Review of training showed that the driver had been fully trained on wheelchair securement and van transportation by the transportation</p>			

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	<p>coordinator."</p> <p>- "Physical review of seatbelts in the van found no malfunction."</p> <p>- "Results:"</p> <p>- "Investigation did not substantiate abuse or neglect in this case."</p> <p>- "Recommendations:"</p> <p>- "Group Home Team Leader will retrain staff on [client #1's] positioning and securement in the wheelchair and also securement of [client #1's] wheelchair in the van."</p> <p>- "DSP double check each other for securement - the second staff who is not loading [client #1] should double check the securements for [client #1] before they take off..."</p> <p>Client #1's record was reviewed on 10/6/21 at 9:25 AM.</p> <p>Client #1's Risk Management Plan dated 7/29/21 indicated the following:</p> <p>- "...Risk."</p> <p>- "...Hoyer Lift/Hospital Bed/Wheelchair."</p> <p>- "Assessment/Outcome..."</p> <p>- "...Use of Wheelchair..."</p> <p>- "...Goal: [Client #1] will not sustain any injuries or have any skin breakdown due to use of Hoyer lift, hospital bed, or wheelchair..."</p>			

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	<p>- "...Supports and Interventions...".</p> <p>- "...[Client #1's] wheelchair has a lapbelt that should be used at all times when she is in the wheelchair...".</p> <p>RTL #1 was interviewed on 10/6/21 at 7:48 AM. RTL #1 was asked about the client #1's fall in the van on 8/3/21. RTL #1 indicated client #1 fell out of her wheelchair while riding in the van on the way to day program. RTL #1 indicated client #1's wheelchair seatbelt should be secured at all times while she is in her wheelchair.</p> <p>COO (Chief Operating Officer) #1 was interviewed on 10/7/21 at 12:09 PM. COO #1 indicated client #1 was traveling in the van on 8/3/21 when they turned a corner and client #1 fell out of her wheelchair. COO #1 stated, "Her (client #1's) chest strap and seatbelt on her wheelchair were unengaged." COO #1 indicated all staff working with client #1 should ensure her wheelchair seat belt is engaged at all times when she (client #1) is in her wheelchair.</p> <p>9-3-4(a)</p>			