

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

PRINTED: 11/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2020	
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD				STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113			
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00321001 and a Covid-19 Focused Infection Control Survey.</p> <p>Complaint #IN00321001: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Dates of Survey: 9/30/2020, 10/1/2020 and 10/2/2020.</p> <p>Facility Number: 000996 Provider Number: 15G482 AIMS Number: 100235460</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/19/20.</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 observation, record review and interview for 3 of 3 sampled clients (A, B and C), the facility failed to ensure clients A, B and C's BSPs (Behavior Support Plans) were implemented.</p>		W 0249	<p>1. The door alarms were not on. The QIDP will retrain staff on the BSPs to ensure the door alarms remain in the "on" position at all times.</p> <p>2. All clients are affected by</p>		11/01/2020	

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>Findings include:</p> <p>Observations were conducted at the group home on 9/30/2020 from 4:30 PM through 5:45 PM and on 10/1/2020 from 10:00 AM through 11:45 AM. Clients A, B and C were present in the home throughout the observation periods. The home's entry door did not audibly alert when the door was opened/shut throughout the observation periods.</p> <p>1. Client A's record was reviewed on 10/1/2020 at 3:30 PM. Client A's BSP dated 9/2019 indicated client A's targeted behavior included but was not limited to elopement (leaving assigned area without permission). Client A's BSP dated 9/2019 indicated the home's exterior doors should have audible alarms. Client A's BSP dated 9/2019 indicated, "Staff will provide formal and informal training and utilize teachable moments regarding appropriate behavior; Maintenance staff routinely checks functioning and correct if needed."</p> <p>2. Client B's record was reviewed on 10/1/2020 at 2:56 PM. Client B's BSP dated 6/2020 indicated client B's targeted behavior included but was not limited to elopement (leaving assigned area without permission). Client B's BSP dated 6/2020 indicated the home's exterior doors should have audible alarms. Client B's BSP dated 6/2020 indicated, "Staff will provide formal and informal training and utilize teachable moments regarding appropriate behavior; Maintenance staff routinely checks functioning and correct if needed."</p> <p>3. Client C's record was reviewed on 10/1/2020 at 5:00 PM. Client C's BSP with addendum dated 3/2020 indicated client C's targeted behavior</p>				<p>not having the alarms on. The QIDP will retrain staff on the BSPs to correct this deficiency.</p> <p>3. The QIDP will monitor the alarms at various times of the day to assure the alarms are on and working. Staff not following the policy, or the procedures will receive disciplinary action.</p> <p>4. The QIDP will monitor staff for compliance to this plan and give disciplinary action as indicated.</p> <p>5. The deficiency will be corrected by November 1, 2020.</p>		

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W 0455 Bldg. 00	<p>included but were not limited to elopement (leaving assigned area without permission). Client C's BSP with addendum dated 3/2020 indicated the home's exterior door alarms should have door alarms.</p> <p>AS (Administrative Staff) #1 was interviewed on 10/2/2020 at 11:15 AM. AS #1 indicated the home's QIDP (Qualified Intellectual Disabilities Professional) was unavailable at the time of review. AS #1 indicated she was the QIDP's direct supervisor and could answer QIDP questions. AS #1 indicated clients A, B and C's BSPs should be implemented. AS #1 indicated clients A, B and C's BSP's included the use of door alarms on the home's exterior doors. AS #1 indicated the home's door alarms should be turned on and functioning.</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F), the facility failed to ensure Covid-19 visitor and staff screening was completed, to ensure staff utilized face masks for clients A, B, C, D, E and F and to ensure the agency had a formal Covid-19 infection control policy.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/30/2020 from 4:30 PM through 5:45 PM. Staff #1, staff #2 and clients A, B, C, D, E and F</p>		W 0455	<p>1. Covid-19 visitor restrictions sign has been put on the front door of the house. Staff are to ask the Covid questions when staff and visitors arrive at the house, including for their shifts. Masks are to be worn at all times.</p> <p>2. All clients, visitors and staff could be affected by this deficiency. The QIPD will retrain staff on the Covid-19 procedure.</p> <p>3. The QIDP will check the Covid-19 binder weekly to assure the staff are completing the</p>		11/01/2020	

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	<p>were present in the home throughout the observation period. At 4:30 PM, staff #1 and staff #2 were not wearing face masks. The surveyor/visitor was not screened for symptoms and his temperature was not taken. The home did not have Covid-19 visitor restrictions/information posted on the entry door. At 4:49 PM, staff #2 took the surveyor/visitor's temperature. Staff #2 did not ask screening questions or document the temperature.</p> <p>Staff #1 was interviewed on 9/30/2020 at 4:30 PM. Staff #1 indicated staff in the home should wear face masks and visitors should be screened.</p> <p>Staff #2 was interviewed on 9/30/2020 at 4:36 PM. Staff #2 indicated staff working in the home with clients A, B, C, D, E and F wore masks in the home when within 6 feet of the clients.</p> <p>Observations were conducted at the group home on 10/1/2020 from 10:00 AM through 11:45 AM. LS (Lead Staff) #1, staff #3, staff #4 and clients A, B, C, D, E and F were present in the home throughout the observation period. The home did not have Covid-19 visitor restrictions and information signs on the front door. The surveyor's temperature was taken upon entry to the home. The surveyor/visitor was not asked symptom screening questions.</p> <p>LS (Lead Staff) #1 was interviewed on 10/1/2020 at 10:00 AM. LS #1 indicated there was not any Covid-19 visitor restriction/information posted on the home's front door. LS #1 indicated the home did have a Covid-19 information sign on the home's medication administration room door. LS #1 indicated visitors should have their temperature</p>		<p>procedure correctly.</p> <p>4. The QIDP will check the Covid-19 binder weekly to assure the staff are completing the procedure correctly.</p> <p>5. This deficiency will be corrected by November 1, 2020.</p>				

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	<p>taken at the front door prior to entering the home. LS #1 indicated visitor symptom screening and temperature checks were not documented. LS #1 indicated staff working in the home should wear face masks.</p> <p>Staff #4 was interviewed on 10/1/2020 at 10:53 AM. Staff #4 indicated group home visitors should be screened for signs and symptoms of illness, temperature taken and documented. Staff #4 indicated staff should encourage visitors to wash their hands and maintain distance from clients A, B, C, D, E and F.</p> <p>Staff #3 was interviewed on 10/1/2020 at 11:07 AM. Staff #3 indicated staff should wear face masks while in the home. Staff #3 indicated visitors to the home should be screened and their temperature taken.</p> <p>AS (Administrative Staff) #1 was interviewed on 10/2/2020 at 11:15 AM. AS #1 indicated the home's QIDP (Qualified Intellectual Disabilities Professional) was unavailable at the time of review. AS #1 indicated she was the QIDP's direct supervisor and could answer QIDP questions. AS #1 indicated staff should screen visitors regarding signs, symptoms and if they have traveled out of the country. AS #1 indicated a visitor's temperature should be taken. AS #1 indicated visitor temperatures and screenings were not being documented. AS #1 indicated the home should have visitor Covid-19 restrictions and information posted on the front entry door of the home. AS #1 indicated staff in the home with clients A, B, C, D, E and F should wear face masks. AS #1 indicated the agency had a series of email communications from their administration and a family visitor protocol but did not have a formal infection control policy.</p>						

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W 0488 Bldg. 00	<p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C), plus 1 additional client (E), the facility failed to ensure clients B, C and E served themselves during mealtime to the extent of their abilities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/30/2020 from 4:30 PM through 5:45 PM. At 5:21 PM, staff #1 placed portions of the evening meal, pasta with chicken, a mixed vegetable side dish and a serving of canned fruit on plates for clients B, C and E. Clients B, C and E did not participate in serving themselves portions of the evening meal.</p> <p>Staff #1 was interviewed on 9/30/2020 at 5:34 PM. Staff #1 indicated he placed clients B, C and E's food on their plates for them. Staff #1 indicated clients B, C and E's food was placed on their plates to prevent behavioral incidents related to portion sizes.</p> <p>Staff #4 was interviewed on 10/1/2020 at 10:53 AM. Staff #4 indicated clients B, C and E should assist with meal preparation and serving themselves. Staff #4 indicated clients B, C and E had behaviors related to food portion sizes and staff put their food on their plates for them to prevent behavioral incidents.</p>		W 0488	<p>1. During meals, clients will serve themselves to the best of their ability. Staff will assist the client as needed.</p> <p>2. All clients could be affected if staff are not reinforcing their skills.</p> <p>3. The QIDP will be retraining staff on family style dining which will allow the clients to serve themselves.</p> <p>4. The QIDP will be making unannounced visits to observe mealtimes. Disciplinary action will be given to staff not following the procedure.</p> <p>5. The deficiency will be corrected by November 1, 2020.</p>		11/01/2020	

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	<p>Staff #3 was interviewed on 10/1/2020 at 11:07 AM. Staff #3 indicated clients should help cook meals and serve themselves.</p> <p>1. Client B's record was reviewed on 10/1/2020 at 2:56 PM. Client B's CTAB (Comprehensive Test of Adaptive Behavior) dated 5/1/2020 indicated client B was independent in serving himself meals.</p> <p>2. Client C's record was reviewed on 10/1/2020 at 5:00 PM. Client C's CTAB dated 9/27/19 indicated client C was independent in serving himself meals.</p> <p>3. Client E's record was reviewed on 10/1/2020 at 5:30 PM. Client E's CTAB dated 9/27/19 indicated client E was independent in serving himself meals.</p> <p>AS (Administrative Staff) #1 was interviewed on 10/2/2020 at 11:15 AM. AS #1 indicated the home's QIDP (Qualified Intellectual Disabilities Professional) was unavailable at the time of review. AS #1 indicated she was the QIDP's direct supervisor and could answer QIDP questions. AS #1 indicated clients should participate in serving themselves meals.</p> <p>9-3-8(a)</p>						