

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

PRINTED: 07/16/2018

FORM APPROVED

OMB NO. 0938-039

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 06/19/2018	
NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--CAMBY RD				STREET ADDRESS, CITY, STATE, ZIP COD 10600 E CR 700 S CAMBY, IN 46113			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 6/18/18 and 6/19/18.</p> <p>Facility Number: 000996 Provider Number: 15G482 AIMS Number: 100235460</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed June 29, 2018 by #09182.</p>		W 0000				
W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 2 of 3 sampled clients (#1 and #3), plus 1 additional client (#5), the facility failed to ensure clients #1, #3 and #5 had personal privacy in the lower-level (left side of the home) restroom.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/18/18 from 2 PM through 5:30 PM. The home was a ranch style multi-level home with clients #1, #3 and #5's bedrooms located on the lower level (left side) of the home. The left side of the home had a restroom designated for clients #1, #3 and #5's use for toileting, showering and personal hygiene. The lower level restroom had a window</p>		W 0130	<p>W130 – 483.420(a)(7)</p> <ol style="list-style-type: none"> The QIDP will ensure privacy for Clients #1, #3, and #5 while they are in the restroom by frosting the glass. Daily environment checks including making sure the windows are providing privacy, will be performed by the staff. Daily environment checks including making sure the windows are providing privacy, will be performed by the staff. Environmental checks will 		07/13/2018	

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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W 0371 Bldg. 00	<p>facing the home's driveway area. The widow did not have a covering (blinds, frosting) for privacy.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/19/18 at 11:15 AM. QIDP #1 indicated the home's lower level/left side restroom had an uncovered window. QIDP #1 indicated clients #1, #3 and #5 utilized the lower level/left side restroom for toileting, showering and personal hygiene tasks. QIDP #1 indicated clients #1, #3 and #5's personal privacy should be maintained with a covering or blind on the window.</p> <p>9-3-2(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2 had formal training to increase their self-administration of medication skills.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/18/18 from 2 PM through 5:30 PM. At 3:00 PM, staff #1 administered client #2's Methylphenidate 10 milligrams (attention deficit hyperactivity disorder). Client #2 was not encouraged to participate in the administration of his medication. At 5:12 PM, staff #2 administered client #1's Lithium Carbonate ER (Extended</p>			W 0371	<p>be turned in to the QIDP and any issues noted will be verified by the QIDP and maintenance requests submitted.</p> <p>5.</p> <p>W371 – 483.460(k)(4)</p> <p>1. The QIDP will ensure that each client has a self-medication training goal.</p> <p>2. Staff will question each client regarding the process and properties of their medication during med pass to ensure they have a goal. If staff notice a problem with the goal they will report it immediately to the QIDP.</p> <p>3. QIDP has reviewed each ISP to ensure that each client has a self-medication goal and corrected the plan as needed.</p> <p>4. QIDP will check the</p>		07/13/2018

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	<p>Release) 450 milligram tablet. Client #2 was not encouraged to participate in the administration of his medication.</p> <p>1. Client #1's record was reviewed on 6/19/18 at 10:00 AM. Client #1's Comprehensive Test for Adaptive Behavior (CTAB) (functional assessment) form dated 8/20/17 indicated client #1 was not independent with the self-administration of his medications. Client #1's Physician's Orders dated 5/25/18 indicated client #1 received daily doses of multiple medications at varied times throughout the day (6 AM, 7 AM, 12 PM, 5 PM, 8 PM). Client #1's ISP (Individual Support Plan) dated 9/18/17 did not indicate documentation of a formal or informal objective to increase client #1's self-administration of medication skills.</p> <p>2. Client #2's record was reviewed on 6/19/18 at 10:30 AM. Client #2's CTAB (functional assessment) form dated 5/2018 indicated client #2 was not independent with the self-administration of his medication. Client #2's Physician's Order dated 5/25/18 indicated client #2 received daily doses of multiple medications at varied times throughout the day (6 AM, 7 AM, 12 PM, 5 PM, 8 PM). Client #2's ISP dated 6/18/18 did not indicate documentation of a formal or informal objective to increase client #2's self-administration of medication skills.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/19/18 at 11:15 AM. QIDP #1 indicated clients #1 and #2 were not independent in the administration of their medications. QIDP #1 indicated clients #1 and #2's ISPs did not include formal or informal training objectives to increase their self-administration of medication skills.</p>				<p>monthly progress notes and ensure that a self-medication goal is present and performed.</p> <p>5.</p>		

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	9-3-6(a)						