

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 02/03/2023
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NAME OF PROVIDER OR SUPPLIER HILLCROFT SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 423 E BERKLEY AVE MUNCIE, IN 47303
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 1, 2 and 3, 2023</p> <p>Facility Number: 000742 Provider Number: 15G216 AIMS Number: 100248890</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 2/14/23.</p>	W 0000		
W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#2 and #3), plus 2 additional client (#4 and #5), the facility failed to ensure an IJO (Injury of Unknown Origin) involving client #4, a peer to peer incident involving clients #3 and #5, and a peer to peer incident involving clients #2 and #3 were reported to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of knowledge.</p> <p>Findings include:</p> <p>The facility's BDDS reports were reviewed on 2/1/23 at 11:10 AM.</p>	W 0153	<p>Chief HCBS Officer will train Residential Management Team, QIDP and assigned RN by March 10, 2023, to ensure all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source are reported immediately to the administrator and within 24 hours to all other officials in accordance with State law.</p> <p>QIDP will review internal incident reports for all facility residents as they are submitted to monitor to</p>	03/10/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jessica Hammett

Chief Operations Officer

02/27/2023

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>1. A BDDS report dated 12/29/22 indicated the following:</p> <p>-"Submitted Date: 12/29/2022... Incident Date: 12/14/2022... Staff was getting [client #4] ready for bed after returning home from watching Christmas lights. When staff took her (client #4's) socks off, staff noticed that the second toe on her right foot was pretty bruised up. Her toe was not like that during the morning shift when staff was here. Staff also didn't notice her kick or hit her foot on anything since being picked up from day program. Staff sent a picture to nursing and will continue to monitor...".</p> <p>A review of the BDDS dated 12/29/22 indicated the IUO (Injury of Unknown Origin) occurred on 12/14/22. The review indicated the IUO incident was reported to BDDS on 12/29/22. The review did not indicate the IUO incident was reported to BDDS within 24 hours of knowledge.</p> <p>2. A BDDS report dated 1/9/23 indicated the following:</p> <p>-"Submitted Date: 1/9/23... Incident Date: 1/6/23... Notified per staff that When (sic) client (client #5) was getting off the house van a housemate (client #3) walked up behind her and hit her in the back. No injuries were noted from peer on peer situation...".</p> <p>A review of the BDDS report dated 1/9/23 indicated a peer to peer incident between client #5 and client #3 occurred on 1/6/23. The review indicated the peer to peer incident was reported to BDDS on 1/9/23. The review did not indicate the</p>		<p>ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source are reported immediately to the administrator and within 24 hours to other officials in accordance with State law.</p> <p>Quality Assurance and Compliance Committee monitored monthly to ensure the pattern of late reporting does not reoccur.</p>	

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W 0382 Bldg. 00	<p>peer to peer incident was reported to BDDS within 24 hours of knowledge.</p> <p>3. A BDDS report dated 1/25/23 indicated the following:</p> <p>-"Submitted Date: 1/25/23... Incident Date: 1/23/23... Notified per staff that when assisting clients with participating in emergency drills, a housemate (client #3) hit [client #2] on his upper right arm. Housemate stated she hit [client #2] because he was laughing during the emergency drill and she did not think the drill was funny. Staff assessed [client #2] and found no injuries and [client #2] stated he felt safe at home and he was not in any pain...".</p> <p>A review of the BDDS report dated 1/25/23 indicated a peer to peer incident occurred between client #2 and client #3 on 1/23/23. The review indicated the peer to peer incident was reported to BDDS on 1/25/23. The review did not indicate the peer to peer incident was reported to BDDS within 24 hours of knowledge.</p> <p>COO (Chief Operations Officer) #1 was interviewed on 2/3/23 at 10:00 AM. COO #1 was asked when BDDS reports were expected to be reported to BDDS. COO #1 stated, "Within 24 hours of knowledge."</p> <p>9-3-2(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 3</p>	W 0382	Chief HCBS Officer met with and	03/29/2023

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	<p>sampled clients (#1, #2, and #3) plus 2 additional clients (#4 and #5), the facility failed to ensure the clients' medications were properly secured.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/2/23 from 5:58 AM through 7:22 AM. At 6:09 AM, staff #1 was completing medication administration with client #2 in the medication room. At 6:15 AM, staff #1 completed medication administration with client #2 and both individuals exited the med (medication) room. Staff #1 exited the med room to prompt client #1 for his meds and assist him to the med room. Staff #1 left the med room. She left the door and the medication cabinet, in the med room, open and unsecured for 2 minutes while assisting client #1 up from the kitchen table and into the med room. At 6:23 AM, staff #1 was in the med room with client #1 preparing his morning medications. Staff #1 asked client #1 if he wanted to take his morning medications with water or applesauce. Client #1 indicated he wanted applesauce. Staff #1 walked out of the med room and into the kitchen to obtain applesauce for client #1. Staff #1 exited the med room, leaving the med room door open and the medication cabinet with all clients' medications open and unsecured while obtaining the apple sauce from the kitchen refrigerator. Staff #1 was absent from the med room for 1 minute.</p> <p>Staff #1 was interviewed on 2/2/23 at 6:27 AM. Staff #1 was asked what staff was expected to do when they exited the med room. Staff #1 stated, "Lock up all the meds and close and lock the med room door." Staff #1 was asked if she should have left the med room with medication cabinet open and the med room door open. Staff #1 stated, "No." Staff #1 was asked if staff should ever leave</p>		<p>re-educated group home staff February 9, 2023, to always keep drugs and biologicals locked up except when being prepared for administration.</p> <p>A member of the Residential Management team or the RN will conduct unannounced observation of medication passes completed by staff #1 at least 3 times in the next 60 days. If issues re-occur, additional training and observation will occur until 3 consecutive observations are successful.</p> <p>All other facility staff will have one observed medication pass by a member of the Residential Management team or the RN in the next 30 days to identify whether others are affected by the deficient practice. If issues are discovered, then additional training and observation will occur until 3 consecutive observations are successful in 60 days.</p>	

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>a client unattended in the med room with the medication cabinet open. Staff #1 stated, "No."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 2/3/23 at 10:00 AM. LPN #1 was asked what was expected pertaining to the security of all clients' medications. LPN #1 stated, "They (medications) are to remain locked up and never left unattended when unsecured." LPN #1 was asked if all medications should be secured if staff was not actively administering them. LPN #1 stated, "Yes." LPN #1 was asked if staff should ever leave the med room with the med room door and med cabinet left open and unsecured. LPN #1 stated, "No." LPN #1 was asked if staff should ever leave the med room leaving a client unattended in the med room with the medication cabinet left open and unsecured. LPN #1 stated, "No."</p> <p>9-3-6(a)</p>				