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	10/29/2020

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for a pre-determined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey. Dates of Survey: 10/27/20, 10/28/20 and 10/29/20. 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 #15068 on 11/12/20.	W 0000		
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview for 1 of 3 sampled clients (#2) plus 1 additional client (#3), the facility failed to ensure clients #2 and #3 had unrestricted access to food/snacks in the group home. Findings include: Observations were conducted at the group home on 10/27/20 from 2:35 PM through 5:45 PM and on 10/28/20 from 6:24 AM through 8:35	W 0125	W 125 – Protection of Clients' Rights 1. The cabinet in the dining was designated for personal snacks due to one of the clients stealing their items. Staff started putting the house snacks in there as well. Client #2 did not have the restriction for the cabinet to be locked in his BSP. HRC has approved the locked	11/28/2020

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

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	AM. Clients #2 and #3 were observed throughout the observation period. On 10/27/20 at 3:58 PM a 7 foot by 4 foot silver metal cabinet was observed in the group home's dining room. The cabinet had a padlock securing/locking the two cabinet doors. Staff #1 indicated the group home's snacks, chips and cookies were locked in the cabinet. Staff #1 stated, "They could be overly consumed if not moderated." On 10/28/20 at 6:42 AM the group home's snacks were locked in the metal cabinet in the group home's dining room. Client #2's record was reviewed on 10/28/20 at 10:27 AM. Client #2's BSP (Behavior Support Plan) dated June 2020 indicated the following: -"... Behavior Support Plan [Name of Group Home] House Restrictions:" -"Restrictive Intervention:" -"Door Alarms...". -"Restrictive Intervention:" -"Window alarms and window stoppers...". -"Restrictive Intervention:" -"Locking the thermostat cover...". -"Restrictive Intervention:" -"Sharp knives locked and stored in alternative location...". -"Restrictive Intervention:" -"Restraints (1 or 2 person supine)...".		cabinet for client #2 and staff will be retrained on the client's rights, BSP restrictions, as well as the procedure for use of the locked cabinet. Clients will have access to the house snacks. 2. All clients have the potential to be affected by the deficiency. HRC has approved the locked cabinet for client #2 and staff will be retrained on the client's rights, BSP restrictions, as well as the procedure for use of the locked cabinet. Clients will have access to the house snacks. 3. Policies and procedures regarding client's rights, and BSP restrictions will be reviewed with all staff at least semi-annually. Staff will receive the appropriate disciplinary action for not following policy and procedure. 4. The lead staff will monitor staff compliance with snacks/food and report findings to the QIDP. The QIDP will also monitor during her time in the home.	

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A review of client #2's BSP dated June 2020 did not indicate a restriction to lock up the group home's snacks inside a metal cabinet in the group home.

Client #2 was interviewed on 10/27/20 at 4:59 PM. Client #2 was asked if the group home's snacks were always locked in a cabinet. Client #2 stated, "Yes, we only get them at certain times, even our personal snacks."

Client #3 was interviewed on 10/28/20 at 6:31 AM. Client #3 was asked if the group home's snacks were always locked in a cabinet. Client #3 stated, "Because people like to steal them." Client #3 was asked if he could get a snack if he wanted one. Client #3 stated, "We have to wait until after I take my med's. After evening med's I get a snack."

Staff #1 was interviewed on 10/27/20 at 4:29 PM. Staff #1 was asked if a restriction to lock up the snacks in a cabinet was in the clients' approved behavior plans. Staff #1 stated, "I have no idea. That's just been somewhat of a house rule due to the client here that likes to steal food."

HM (House Manager) #1 was interviewed on 10/27/20 at 5:10 PM. HM #1 was asked if client #2 had an approved restriction for the agency to lock the snacks in a cabinet. HM #1 stated, "Yes, it's their right as a client to ask for a snack in the locked cabinet."

SSDCLGH (Support Services Director of Community Living and Group Homes) #1 was interviewed on 10/28/20 at 1:53 PM. SSDCLGH #1 was asked if client #2 had an approved

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	restriction for the agency to lock the snacks in a cabinet. SSDCLGH #1 stated, "No, I don't know how [client #2's] (plan) didn't get it." 9-3-2(a)			
W 0473 Bldg. 00	483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview for 2 of 3 sampled clients (#1 and #2) plus 1 additional client (#3), the facility failed to ensure clients #1, #2 and #3's food was not set out on the table for over 1 hour prior to being served to the clients. Findings include: Observations were conducted at the group home on 10/27/20 from 2:35 PM through 5:45 PM and on 10/28/20 from 6:24 AM through 8:35 AM. Clients #1, #2 and #3 were observed throughout the observation period. On 10/27/20 at 3:51 PM client #2 was setting the dining room table for the evening meal. Client #2 set plates and cups on the table. At 4:03 PM staff #1 and staff #2 set serving bowls of: chicken parmesan, broccoli, cornbread muffins and diced peaches on the dining room table. No clients came to eat the evening meal at the time. At 4:25 PM the serving bowls of chicken parmesan, broccoli, cornbread muffins and diced peaches were on the dining room table. The serving bowls were not covered. At 4:33 PM staff #2 stated, "We're only supposed to leave the food on the table for an hour and a half. Since they have their rights we can't tell them when to eat." At 5:10 PM the serving bowls of chicken parmesan, broccoli, cornbread muffins and diced peaches were on the	W 0473	W473 – Meal Services 1. Food will be kept in the kitchen, at appropriate temperature, until the clients have come to the table. If a client doesn't want to eat at that time, food will be refridgerated in appropriate containers until the client is ready to eat. 2. All clients have the potential to be affected by the deficiency. All staff will receive retraining on policies/procedures regarding meals. 3. Re-training on policies/procedures will be completed and staff will receive the appropriate disciplinary action for not following policy and procedures. 4. The lead staff and QIDP will monitor meals and meal prep to assure policies/procedures are being met. Policies and procedures will be reviewed at least annually and revised as needed.	11/28/2020

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	dining room table. The serving bowls were not covered. At 5:15 PM client #2 was seated at the dining room table writing in a notebook. Client #2 did not eat any of the food on the table. SSDCLGH (Support Services Director of Community Living and Group Homes) #1 was interviewed on 10/28/20 at 1:53 PM. SSDCLGH #1 was asked if staff should have left serving bowls of chicken parmesan, broccoli, cornbread muffins and diced peaches on the dining room table for over 1 hour. SSDCLGH #1 stated, "No, the time should be limited due to possible contamination." 9-3-8(a)			