

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G563	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2023
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NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC	STREET ADDRESS, CITY, STATE, ZIP COD 2999 WESTLANE RD INDIANAPOLIS, IN 46268
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: September 25, 26, 27, 28 and 29, 2023.</p> <p>Facility Number: 001077 Provider Number: 15G563 AIMS Number: 100245490</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/11/23.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 5 additional clients (#4, #5, #6, #7 and #8), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8's cash was secured.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/25/23 from 2:52 PM through 5:30 PM and on 9/26/23 from 6:17 AM through 8:31 AM. Clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed throughout the observation periods. On 9/26/23 at 8:01 AM TL (Team Leader) #1 arrived at the group home. TL #1 was carrying a 2 foot by 2 and</p>	W 0104	<p>Manager/QIDP retrained the Team Leader on financial policy and procedures. A secure location in the home has been maintained. Manager/QIDP will review financial records with the Team Leader directly in the home 1 time per month over the next 3 months. Director of Group Homes will review Financial policy and procedures with all GH leadership at next scheduled meeting 10/25/2023</p>	10/06/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Leah	Steere	10/24/2023

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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W 0192  Bldg. 00	<p>1/2 foot canvas bag. TL #1 walked into the group home's office/medication room. At 8:13 AM the surveyor completed a review of clients #1, #2 and #3's finances. TL #1 had clients #1, #2, #3, #4, #5, #6, #7 and #8's financial pouches inside the canvas bag. At 8:20 AM the surveyor asked TL #1 where she kept the clients' cash for safekeeping. TL #1 stated, "Every time it's in my boot, in my trunk (car trunk)." TL #1 proceeded to count client #3's money. Client #3 had \$300 dollars in a banking envelope with client #1's name written on it and \$80.01 in her cash pouch. TL #1 indicated there was not a safe or a secured area to store the clients' money in the group home.</p> <p>DGH (Director of Group Homes) #1 was interviewed on 9/26/23 at 1:41 PM. DGH #1 was asked if the TL #1 should keep clients #1, #2, #3, #4, #5, #6, #7 and #8's financial pouches/cash inside the trunk of her personal vehicle. DGH #1 stated, "No, for the proper securing of the clients' financials."</p> <p>9-3-1(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation and interview for 1 of 3 sampled clients (#2), the facility failed to ensure staff were properly trained to prevent client #2 from sitting in a shower chair in the group home's living room for an extended period of time.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/25/23 from 2:52 PM through 5:30 PM and on</p>	W 0192	Group Home Manager/QIDP and Team Leader will retrain staff on appropriate transfers and seating for this individual. Individual has complex behavioral needs which impact safe transfers. Team will meet to indicate any further support needs that may be helpful to the individual and the staff. Group Home Manager/QIDP will	10/13/2023
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	<p>9/26/23 from 6:17 AM through 8:31 AM. Client #2 was observed throughout the observation periods. On 9/25/23 at 2:52 PM, client #2 was seated in a mobile shower chair in the middle of the living room. Per staff #1, client #2 did not attend day service program on 9/25/23. Client #2 was watching television. At 3:03 PM the surveyor observed client #2's bedroom. Client #2's wheelchair was in her bedroom.</p> <p>-At 3:10 PM, staff #1 stated, "When she (client #2) stays home, she stays in it for when she goes to the bathroom. She likes it."</p> <p>-At 3:38 PM, client #2 was seated in her shower chair in the living room.</p> <p>-At 4:20 PM, client #2 was seated in her shower chair in the living room.</p> <p>-At 4:58 PM, client #2 was seated in her shower chair in the living room. Client #2 began crying. Staff #3 pushed client #2, in her shower chair, into the front room to talk with her.</p> <p>TL (Team Leader) #1 was interviewed on 9/26/23 at 8:01 AM. TL #1 was asked if client #2 should be seated in her shower chair for extended periods of time. TL #1 stated, "Normally she should be in her wheelchair."</p> <p>Nurse #1 was interviewed on 9/26/23 at 11:56 AM. Nurse #1 was asked if staff should have left client #2 seated in a shower chair for over 2 hours. Nurse #1 stated, "I would say they shouldn't be doing that. It puts pressure on the outside of her bottom."</p> <p>9-3-3(a)</p>		<p>observe that individual is seated in appropriate wheelchair during weekly observations in the home. Team Leader will observe that individual is seated in appropriate wheelchair during daily observations in the home.</p>	