STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G132	A. BUILDING 00 B. WING	05/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BI-COUNTY SERVICES INC	423 WIND RIDGE TR BERNE, IN 46711

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W000000	This visit was for a fundamental annual recertification and state licensure survey. Dates of Survey: May 13, 14, 15 and 16, 2014. Facility number: 000669 Provider number: 15G132 AIM number: 100234280 Surveyor: Kathy Wanner, QIDP. These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/22/14 by Ruth Shackelford, QIDP.	W000000	**Wind Ridge (WR)** **Recertification & Licensure Survey Plan of Correction** **Survey Event ID IWEX11** **May/June 2014**	
W000209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview, the facility failed to insure participation by the client and/or their guardian or health care representative in the	W000209	**W209- Individual Program Plan** Bi-County Services, Inc. (BCS) willassure participation by client and their guardian &/or Health Care Representative(HCR) as required unless the participation	06/15/2014

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

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	Individual Program Plan process for 3 of 4 sampled clients (clients #1, #2 and #4). Findings include: Client #1's record was reviewed on 5/16/14 at 11:25 A.M. Client #1's Individual Support Plan (ISP) dated 10/31/13 indicated he had a HCR (health care representative) to assist him with decision making. There was no indication client #1 and/or his HCR had participated in the ISP developmental process. Client #2's record was reviewed on 5/16/14 at 12:01 P.M. Client #2's ISP dated 12/1/13 indicated he had co-guardians to assist him with decision making. There was no indication client #2 and/or his guardians had participated in the ISP developmental process. Client #4's record was reviewed on 5/16/14 at 1:45 P.M. Client #4's ISP dated 9/1/13 indicated he had a HCR to assist him with decision making. There was no indication client #4 and/or his HCR had participated in the ISP developmental process. The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/16/14 at 4:15 P.M. The QIDP stated, "We send a letter to the		is unobtainable or inappropriate. This standard was not met as evidenced by failure to ensureparticipation by consumer and/or guardian & HCR's in the Individual SupportPlan (ISP) process for 3 consumers living at WR. For these 3 individuals, nodocumentation of actual meeting(s) participation was available, includingsignature sheets which would verify consumer & guardian/HCR involvement inassisting with decision making process. The focus of the W209 Plan of Correction(POC) will be to ensure participation from all members of the team, especiallythe individual, as well as the individual's guardian &/or HCR to assistwith decision making & development of the ISP. This assures that the ISP isof quality service design and delivery providing each consumer with an appropriateactive treatment program. **1.Corrective action and follow-upspecific to Consumers #1,2 & 4:** **1.Consumer #1. (Will be referred to as C1henceforth in the POC**). Consumer #1 and his HCR will discuss& review his ISP with the QIDP and anyone else he would like toparticipate. This discussion will be a review of the ISP, opportunity forquestions and revisions made if indicated. This will be documented as part ofan ISP Special Meeting with	

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	guardians and families about the ISP meetings. We mail copies of the ISP with a request for them to sign if they agree, but I am unable to locate any of the signature pages at this time." 9-3-4(a)		narrative of meeting & any recommendations madeif indicated. Signature sheets will indicate participation/input as wellagreement with the plan as reviewed. If the HCR cannot meet in person, aconference call will be completed with the appropriate team members participating.ISP discussion & decisions about appropriateness of the ISP will becompleted with documentation including revisions by the QIPD by 6/15/14. Anytraining on revisions identified to the plan will also be completed with DirectCare Staff (DCS) working with C1 across all settings by no later than 6/15/14. **2.Consumer #2. (Will be referred to as C2in this POC).** C2, his co-guardians & QIDP, alongwith anyone else he would like to participate, will discuss & review hiscurrent ISP. This discussion will be a review of the ISP, opportunity forquestions and revisions made if indicated. This will be documented as part ofan ISP Special Meeting with a narrative/summary of the meeting & any recommendationsmade. Signature sheets will indicate participation/input as well as agreementwith the plan as written &/or revised. If the co-guardians cannot meet inperson, a conference call will be completed with his designated IST membersparticipating. ISP discussion & decisions about appropriateness ofprogramming	

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			will be completed with documentation including revisions by theQIDP by 6/15/14. Any training on revision(s) to plan will also be completed withstaff working with C2 no later than 6/15/14. C2 is retired and as such the WRstaff works with him at home & in his community. **3.Consumer #4.(Will be referred to as C4 in the POC).** C4, his HCR, QIDP & anyone else hewould like to participate in his Special Team meeting for review of his ISPwill discuss his programming plan for appropriateness & make any changes recommended.Opportunities for questions will be part of this process. This will bedocumented as part of an ISP Special Meeting with narrative summarizing thediscussion, recommendations and plan approval as indicated. Signature &/ordocumentation of a conference call will include all participants. ISP SpecialMeeting decisions regarding appropriateness of the program plan will becompleted with documentation summarizing discussion, recommendations includingany revisions to the plan by the QIDP by 6/15/14. Any training due to revisionswill be completed with all staff working with C4 across all settings no laterthan 6/15/14. Person's responsible: Program Director(PD), WR QIDP & Residential Manager (RM),	

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			Residential Administrator (RA), andAdministrative Assistant for Quality Assurance. Target Completion Date: 6/15/14 1.Corrective action as it relates to BCSpractices agency wide relating to ISP participation: 1.Understanding the State Department ofHealth expectation that every agency will pursue aggressively the attendance ofall relevant participants at team meetings, an ISP/Annual Case ConferenceChecklist will be developed for Residential QIDP's and Managers, which make upthe Residential Management Teams (RMT's) to assure that meetings are scheduled& conducted to facilitate the participation of all members of theIndividual Support Team (IST), especially the consumer unless they unable orunwilling, and their guardian or HCR. Consumers will be encouraged to ask otherpeople who are important in their lives to attend as well. This ISP Checklistwill include, but not be limited to: 1.Letter sent to consumer & theirdesignated IST members at least one month prior to the meeting reminding participantsof the date/time/location of the meeting. The Bureau of DevelopmentalDisabilities Services (BDDS) Service Coordinator also receives notification ofscheduled meetings & is encouraged to attend in person or by conferencecall. This	

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			letter serves as a reminder that should staff working with theconsumer be unable to attend the meeting then any reports will need to besubmitted prior to the scheduled meeting so their input is available at themeeting for discussion & incorporation into the plan. The ResidentialSecretary coordinates and sends out the reminder letters. 2.There will be an attachment to thereminder letter for consumers, guardians & HCR's that provides informationwhich will be used at the meeting to make decisions. For example, a summary ofthe years progress, recommendations from assessments, an overview of health,safety & well-being. QIDP, RM &/or designated staff will meet with theconsumer to review the attachment information & assist the individual withadvocacy for their plan. The QIDP or designee is responsible for providing theResidential Secretary with the attachment information in a timely manner sothat letters/attachments can be provided to identified team members 30 days inadvance of the scheduled meeting. 3.1-2 weeks prior to the scheduledmeeting the QIDP &/or RM will contact the guardian or HCR to verifyattendance, set up conference call time frames should they be unable to attendand follow-up on any	

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			questions or concerns regarding information in theattachment sent. 4.If unable to attend, the QIDP &/orRM will schedule a time to re-contact them to review the new ISP & verifytheir approval to the plan &/or make changes as needed. This is also thetime to do the Annual Satisfaction Survey review if they were not inattendance. They will be given a date to expect the ISP & signature sheet(s)provided for ISP & Satisfaction surveys to be returned to the agency. 5.The QIDP will include a narrative aspart of the ISP summarizing the meeting discussion, input/ participation &recommendations leading to the development of the ISP. The narrative will alsoindicate if the guardian/HCR was in attendance, involved in a conference call&/or had input in the meeting as a result of contact with management teamprior to the meeting. 1.The Annual ISP/Case ConferenceChecklist will be developed with input from residential QIDP's, RA's, AAQA& Program Director by 6/11/14. 2.All administrative & managementteam members agency wide will be trained on the new Checklist and itsimplementation. Training will also include encouragement of management teams tomake a BIG deal out of upcoming annual	

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			meetings with their consumers thusengaging them to advocate for themselves & increase their participation ina positive way by 6/15/14. Person's Responsible: PD; RA; AAQA and QIDP's. Target completion date: 6/15/14	
W000268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to promote dignity for 1 of 4 additional clients (client #8) by failing to assure client #8's clothing fit appropriately and he remained clothed when in public areas of his home. Findings include: Observations were conducted at the group home where client #8 lived on 5/14/14 from 4:11 P.M. until 6:25 P.M. Client #8 was seated and/or crawling on the floor throughout the observation period, other than at dinner time. At 5:03 P.M. client #8 crawled under the table to join peers on the other side of the table. Client #8's sweat pants slid down his legs as he crawled and revealed the upper part of his incontinence brief and buttocks. At 5:08 P.M. direct care staff (DCS) #2 pulled client #8's shirt down over his buttocks. At 6:02 P.M. client #8 crawled	W000268	**W268-Conduct Toward Client** Policies and procedures must promotethe growth, development and independence of the client. BCS was found to be deficient in not meeting this standardas evidenced by failing to assure that one of the WR consumers clothing fitappropriately and that he remained clothed when in public areas of his home. BCS takes very seriously the importance of promoting thegrowth, development and independence of the consumers in our care. Severalfacility practices support this standard. Our Mission Statement emphasizes therecognition that all individuals have dignity and worth and that it is themission of BCS to enable individuals with disabilities to make choices and tolive, learn and participate meaningfully in their community. The ConsumerHandbook promotes independence & advocacy, especially the "Your	06/15/2014

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	from the dining room into the living room. His right shoe came off and his sweat pants hung down past his feet. The upper part of his incontinence brief was visible as was most of his buttocks. At 6:09 P.M. DCS #2 and DCS #5 assisted him with putting his shoe back on his foot, but did not assist him with adjusting his sweat pants. At 6:18 P.M. DCS #2 walked over to client #8 and talked with him. Client #8's pants remained down below his buttocks. DCS #1, DCS #2, DCS #4 and DCS #5 each walked past within the line of sight of client #8 as he sat on the living room floor with his buttocks exposed. Client #8 was not assisted with pulling up his pants. At 6:25 P.M. client #8 continued to sit on the living room floor with his pants down revealing his buttocks. DCS #6 was interviewed on 5/16/14 at 8:09 A.M. When asked what staff should do when client #8's pants slide down, DCS #6 stated, "They should try to get them back on him." The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/16/14 at 11:15 A.M. When asked about client #8's pants sliding down, the QIDP stated, "Yes, staff should have noticed and assisted him with his pants. He has lost weight		Rights"section along with "What To Do If I Don't Like Something", which is theirGrievance Procedure. The agency Abuse, Neglect, Exploitation and Violation ofIndividual Rights policy encourages interactions that support consumers to beas independent as possible. Another facility practice that demonstratesproactive assertion of individual's right to learn to exercise rights, promotedignity and independence includes the Mandt System training for all BCS staffwith Section One focusing on Dignity andRespect as Principles of Conduct. **A)Corrective Action and Follow-up specific to Consumer #8:** **1.Consumer #8 (will be referred to as C8 henceforth in W209 POC).** C8, as a result of multiple diagnoses, has limitations related to mobility and as such uses a wheelchair as he cannot walk. He is thrilled to be out of his wheelchair whenever possible while at his home and maintains independence through crawling to get where he wishes to go &/or see who he wishes to see. As a result of this advocacy for independence there are incidences when crawling where his pants are pulled down from covering his buttocks thus leading to dignity concerns. Although he needs assistance with dressing, a goal will be added to his ISP to provide him with visual & verbal	

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	and his pants slide down frequently." 9-3-5(a)		cues to “pull up your pants please”. Staff will intervene and assist with pulling up his pants should he not be able to do so independently. The QIDP is writing the goal with input from parents/guardians, DCS & medical department. Goal will be written, trained on across all settings where C8 participates in programming and implemented no later than 6/15/14. 2.Due to C8’s incontinence, laundry is done regularly and as such his preferred sweatpants can lose their elasticity quickly. The Residential Manager (RM) will have C8 & DCS go shopping for additional sweatpants/clothing with drawstring ties, allowing for a better fit and less chance of being pulled down when crawling & navigating his home environment. Purchases will be made for additional clothing/pants with C8’s participation and choice by 6/9/14. 3.The QIDP is revising C8’s Consumer Specific Training (CST) to include the importance of assisting C8 as needed with pulling up his pants to assure his dignity and allow him to learn self-management skills to the extent possible. Staff will monitor C8 throughout the time frames that he is out of his wheelchair to teach/train and assist him with learning skills with the process of pulling up his pants &/or assisting him with doing the task when needed. All staff working with C8	

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			across all settings will be trained on the CST revision(s) by no later than 6/15/14. 4.All DCS working with C8 as well as WR consumers across all settings will be re-trained on the following facility practices which promote growth, development and independence for all consumers by 6/15/14: 1.BCS Mission Statement 2.Consumer Handbook sections on “YourRights” and the Grievance Procedure 3.Pertinent parts of the agency Abuse,Neglect, Exploitation and Violation of Individual Rights, especially paragraph1. 4.The Mandt System Section One relatingto Dignity & Respect as Principles of Conduct. Person’s Responsible: Program Director (PD); RA; AAQA and WRQIDP & RM Target Completion Date: 6/15/13 **1.Corrective Action as it relates to BCSpractices agency wide:** 1. DCS working with group home consumers across all settings will be retrained on section A. 4.a-d above in order to clarify expectations for promoting consumer growth, development and independence by 6/15/14. 2.RMT’s, supervisory staff working with SGL consumers across all settings, medical staff and administrative staff will be re-trained on Section A.4.a-d above by an administrative team member by 6/15/14.	

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			3.RMT's will assure that all SGL DCS are trained on Section A. 4. a-d by 6/15/14. 4.DS DCS will be trained by the DS Coordinator &/or PD on A.4.a-d by 6/15/14. 5.Supported Living Management Teams (SLMT) will be retrained on Section A.4.a-d by 6/15/14 and they in turn will provide training to SL DCS at their next scheduled staff meetings. Person's Responsible: PD; RA, AAQA, DS Coordinator and RMT's Target Completion Date: 6/15/14.	