

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00G00	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/21/2019
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NAME OF PROVIDER OR SUPPLIER STONEVALLEY INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 330 E BROAD ST MAINTOWN, IN 99999
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with the post-certification revisit (PCR) survey to the investigation of complaint #IN00290665 completed on 5/28/2019.</p> <p>Dates of Survey: 10/16, 10/17, 10/18, and 10/21/2019.</p> <p>Facility number: 000833 Provider number: 15G314 AIM number: 100243960</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9</p> <p>Quality review of this report completed October 25, 2019 by #09182.</p>	W 0000		
W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C), the facility failed to implement clients A, B, and C's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) objectives when opportunities existed.</p>	W 0249	<p>· · · Mandatory Day Services Staff retraining was completed by the HAB / PAC / Community Manager to address:</p> <ul style="list-style-type: none"> o Individuals sleeping – Staff will prompt individuals every 15 	11/07/2019

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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	<p>Findings include:</p> <p>1. During the observation period, on 10/16/19 from 12:20pm until 2:00pm, clients A, B, and C were observed at the agency owned day program. From 12:20pm until 12:30pm, clients A, B, and C were inside the classroom area of the day program. At 12:30pm, client B indicated he was waiting to go to lunch. From 12:30pm until 1:15pm, clients A, B, and C sat at tables in the cafe eating their lunch, walked around the cafe area, and were not offered an activity by the day program staff after they had finished their lunches. From 1:15pm until 2:00pm, client A sat at a table inside the classroom talking with her peers and no activity was offered. From 1:15pm until 2:00pm, client B sat at a desk in the classroom and slept. No activity was offered by the day program staff. From 1:15pm until 2:00pm, client C walked throughout the classroom, recolored a picture that was already colored, and was not offered an activity to complete by the day program staff.</p> <p>On 10/16/19 at 1:50pm, an interview was conducted with WKS (Workshop Staff) #1. When asked what clients A, B, and C were to complete during day program, WKS #1 stated "We (the day program staff) watch them (the clients)." When asked if clients A, B, and C had goals/objectives to complete during the day program hours, WKS #1 indicated clients A, B, and C had objectives to complete and stated client B "sleeps a lot." When asked regarding client A and C's opportunities in training to be offered by the staff, WKS #1 stated "We watch them."</p> <p>Client A's record was reviewed on 10/17/19 at 9:10am. Client A's 3/8/19 ISP (Individual Support Plan) indicated objectives to engage in activities</p>		<p>minutes to offer activities and document and behavioral issues.</p> <ul style="list-style-type: none"> o Lack of activities provided – Staff will pre-plan all activities to ensure they are ready for the day. o Sharps being locked – Staff have been retrained on sharps restrictions. The HAB / PAC / Community Manager has removed all sharps from the Imaginations programming area. <p>- The HAB / PAC / Community Manager will complete an Observation Log as detailed below.</p> <p>§ Week 1: 11/11/2019 – 11/15/2019 – Observations will be completed every hour starting at 8:00am.</p> <p>§ Week 2&3: 11/18/2019 – 11/29/2019 – Observations will be completed every 2 hours beginning at 8:00am.</p> <ul style="list-style-type: none"> · If week #2 is not going well, observations will revert back to once every hour. <p>§ Week 4&5: 12/2/2019 – 12/13/2019 – Observations will be completed three times a day when not on break to ensure active treatment is occurring. 8:30/9:00am, once before lunch, and once after afternoon break.</p> <p>§ Week 6+: Observations will be completed two times per day.</p> <p><i>Documents: Day Services Staff Trainings, Observation Log</i></p>	
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	<p>of her choice, to exercise physically, to tell how much change to receive after making a purchase, to complete an assigned chore, to independently use sharps safely, to name her medications, and to participate in a group activity offered.</p> <p>Client B's record was reviewed on 10/17/19 at 9:47am. Client B's 3/8/19 ISP (Individual Support Plan) indicated objectives to clean his room, to draw up his insulin (for diabetes), to prepare his breakfast, to complete safe handling of sharp instruments, to participate in exercise, to complete his assigned chore, and to shave three times a week.</p> <p>Client C's record was reviewed on 10/17/19 at 10:40am. Client C's 3/8/19 ISP (Individual Support Plan) indicated objectives to cook one menu item, to respond verbally in a "low voice," to identify value of coins, to brush all of his teeth, to state the number of pill tablets taken, to practice writing his name, to choose an activity, and to attend at least one activity in the community.</p> <p>On 10/17/19 at 12:00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients A, B, and C had objectives to teach the clients A, B, and C regarding their daily routines. The QIDP stated clients A, B, and C "should be asked about every fifteen minutes" to participate in activities and offered choices of activities during their time at the day program. The QIDP indicated the staff failed to implement clients A, B, and C's ISPs when opportunities existed.</p> <p>2. During the observation period, on 10/16/19 from 12:20pm until 2:00pm, clients A, B, and C were observed at the agency owned day program and walked throughout the day program areas in</p>		<p>-</p> <ul style="list-style-type: none"> - Mandatory Group Home Staff retraining on Active Treatment and Locked Sharps was completed by the Community Living Manager. The Community Living Manager will continue to review Active Treatment during monthly house meetings. <i>Documents: Group Home Staff Trainings</i> - The QDIP was mistaken when stating that Client #C's ISP and BSP had a restriction of having sharps locked. - 	
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	<p>the cafe, bathrooms, and classroom. During the observation period, a pair of scissors were observed on the table inside the classroom and accessible to clients A, B, and C.</p> <p>During the observation periods, on 10/16/19 from 4:15pm until 6:30pm and on 10/17/19 from 6:00am until 7:55am, clients A, B, and C were observed at the group home. During the observation periods, clients A, B, and C walked into and out of the kitchen area without staff present. During the observation periods, the clear colored blender sat on top of the kitchen counter beside the sink and the sharp blender blades were inside the reservoir. During the observation periods, inside the kitchen drawer was a ten inch metal thermometer with a pointed metal tip and a pizza cutter. At 6:30am, GHS (Group Home Staff) C stated clients A, B, and C "had misused sharp objects and the sharp objects needed to be kept locked." GHS C stated blender blades and a pizza cutter were not considered "sharp items" and she was unsure regarding the metal thermometer with a pointed metal tip.</p> <p>On 10/16/19 at 2:00pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports from 5/2019 through 10/16/19 were reviewed and indicated the following for client A:</p> <p>-A 9/10/19 BDDS report for an incident on 9/10/19 at 12:10pm indicated "Upon [client A's] arrival to day services she was non compliant refusing to come into the day program area. She obtained a plastic spork (plastic spoon/fork combination used for eating) and attempted to cut herself with this item. Staff obtained the plastic spork. Behaviors of this non compliance attempting to harm herself (sic) searching for items to harm herself until 12:00. She started to calm down but</p>			

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	<p>then frantically attempted to obtain more plastic sporks as lunch time was occurring." The report indicated the agency called the police. The follow up BDDS report indicated client A had scratches to her wrist and arms from the spork.</p> <p>Client A's record was reviewed on 10/17/19 at 9:10am. Client A's 3/8/19 ISP (Individual Support Plan) indicated objectives to not engage in self harm behaviors and to independently use sharps safely. Client A's 2/2019 BSP (Behavior Support Plan) indicated client A had self harm behaviors and needed locked sharp objects.</p> <p>Client B's record was reviewed on 10/17/19 at 9:47am. Client B's 3/8/19 ISP (Individual Support Plan) indicated an objective to complete safe handling of sharp instruments.</p> <p>Client C's record was reviewed on 10/17/19 at 10:40am. Client C's 3/8/19 ISP (Individual Support Plan) and 3/2019 BSP (Behavior Support Plan) did not indicate he needed locked sharp items.</p> <p>On 10/17/19 at 12::00pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients A, B, and C needed the restriction for locked sharp objects. The QIDP indicated client A had cut herself multiple times in the past and needed locked sharp items and clients B and C were unsafe when they used sharps. The QIDP indicated the facility failed to ensure sharp objects were kept locked at the facility owned day program and at the group home. The QIDP indicated the staff failed to ensure clients A, B, and C's plans were implemented correctly when opportunities existed.</p> <p>9-3-4(a)</p>			