

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/29/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W 0000  Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Survey Dates: 12/14/15, 12/15/15, 12/16/15, 12/17/15, 12/18/15, 12/21/15, 12/22/15 and 12/29/15.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/05/16 by #09182.</p>	W 0000		
W 0122  Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2</p>	W 0122	<p><b>W122:</b> The facility must ensure that specific client protections requirements are met.</p>	01/28/2016

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>of 4 sampled clients (#1 and #4), plus 2 additional clients (#5 and #6), the facility failed to implement its written policy and procedures to ensure all allegations of sexual abuse regarding clients #4 and #6 were immediately reported to the facility's administrator or to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the allegation and thoroughly investigated, to prevent alleged financial theft/exploitation and to develop and implement corrective measures to prevent recurring theft/exploitation regarding clients #1 and #4's personal finances and failed to report the results of 4 separate allegations of abuse, neglect, mistreatment, exploitation or IUO (Injuries of Unknown Origin) regarding clients #1, #5 and #6 to the facility administrator within 5 business days of the alleged incidents.</p> <p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to ensure all allegations of sexual abuse regarding clients #4 and #6 were immediately reported to the facility's administrator or to BDDS within 24 hours of the allegation and thoroughly investigated, to prevent alleged financial theft/exploitation and to develop and</p>		<p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the risk of financial exploitation. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are</p>	

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	<p>implement corrective measures to prevent recurring theft/exploitation regarding clients #1 and #4's personal finances. The facility failed to report the results of 4 separate allegations of abuse, neglect, mistreatment, exploitation or IUO regarding clients #1, #5 and #6 to the facility administrator within 5 business days of the alleged incidents. Please see W149.</p> <p>2. The facility failed to ensure all allegations of sexual abuse regarding clients #4 and #6 were immediately reported to the facility's administrator or to BDDS within 24 hours of the allegation. Please see W153.</p> <p>3. The facility failed to ensure the results/findings of an incident of choking regarding client #6, an IUO regarding client #6, an allegation of theft/exploitation regarding clients #5 and #6 and an allegation of theft/ exploitation regarding client #1 were reported to the facility administrator within 5 business days of the allegations. Please see W156.</p> <p>4. The facility failed to develop and implement corrective measures to prevent recurring theft/exploitation regarding clients #1 and #4's personal finances. Please see W157.</p>		<p>immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. The Business Office Manager will complete finance audits for all clients at the home at least twice weekly.</p> <p><b>Measures to be put in place:</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the</p>	



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	<p>written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 4 sampled clients (#1 and #4), plus 2 additional clients (#5 and #6), the facility failed to implement its written policy and procedures to ensure all allegations of sexual abuse regarding clients #4 and #6 were immediately reported to the facility's administrator or to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the allegation and thoroughly investigated, to prevent alleged financial theft/exploitation and to develop and implement corrective measures to prevent recurring theft/exploitation regarding clients #1 and #4's personal finances and failed to report the results of 4 separate allegations of abuse, neglect, mistreatment, exploitation or IUO (Injuries of Unknown Origin) regarding clients #1, #5 and #6 to the facility administrator within 5 business days of the alleged incidents.</p> <p>Findings include:</p> <p>1. Client #6 was interviewed on 12/16/15 at 1:30 PM. When asked if he got along with his housemates, client #6 stated, "I don't like [client #4]." When asked if there was a reason why he didn't like client #4, client #6 stated, "Sometimes he</p>	W 0149	<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the risk of financial exploitation. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The schedule at the</p>	01/28/2016

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	<p>tries to touch my backside (buttocks) and I don't like it. He, [client #4], tries to get me to come to his room. I don't like it. He, [client #4], said he'd bust me through the wall. He's tried to put his [penis] in my backside (buttocks)." When asked to describe when the alleged incident with client #4 occurred, client #6 initially stated, "A couple of days ago." Day Service staff #1, who was present during the interview with client #6, reminded client #6 to be truthful at which time client #6 then stated, "It was a few months ago."</p> <p>Day Service Staff #1 was interviewed on 12/16/15 at 1:40 PM. Day Service Staff stated, "I had heard about an incident between [client #4] and [client #6] a while back but I don't remember any specifics. [Client #4] used to attend day services here with [client #6] but we didn't have any issues."</p> <p>Quality Assurance Professional (QAP) #1 was interviewed on 12/16/15 at 2:30 PM. QAP #1 indicated there were no investigations or BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of sexual abuse/mistreatment regarding clients #4 and #6 during the previous year (12/16/15 through 12/16/14). QAP #1 indicated she was not aware of any</p>		<p>home will be reviewed and revised if necessary to ensure that two staff is on duty for the morning routine. Client #4's BSP and assessments will be reviewed to determine if any changes need to be made to the current plan.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. The Business Office Manager will complete finance audits for all clients at the home at least twice weekly. Quality Assurance, Program Manager and ED will meet at least weekly to review all investigations and will document the review.</p>	

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	<p>allegations of sexual abuse or mistreatment regarding clients #4 and #6.</p> <p>Staff #2 was interviewed on 12/16/15 at 4:15 PM. When asked if client #6 had made allegations of sexual abuse regarding client #4, staff #2 stated, "[Client #6] has said things like '[Client #4]'s trying to touch my butt' or things like that." When asked if client #6's allegations had been reported, staff #2 stated, "I asked [staff #1] about it and she said there was no way it could have happened because we always watch clients #4 and #6. So, we didn't report it." When asked if she was aware of any incidents regarding clients #4 and #6 regarding sexual inappropriate activity, staff #2 stated, "No, I personally haven't seen it. I've just always been told that they, [clients #4 and #6] can't be in the same room alone together. Everyone just says that we have to keep an eye on client #4 while he's in the same room with client #6. They shouldn't be in the same room together without supervision." When asked why clients #4 and #6 could not be in the same room together unsupervised, staff #2 stated, "It's just what I've been told. I've worked here about 5 months. I've heard that there was an incident between [clients #4 and #6] in the backyard. They were in the backyard and [client #4] was giving [client #6]</p>		<p><b>Measures to be put in place:</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the risk of financial exploitation. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The schedule at the home will be reviewed and revised if necessary to ensure that two staff is on duty for the morning routine. Client #4's BSP and assessments will be reviewed to determine if any changes need to be made to the current plan.</p>	

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	<p>[oral sex]. That was before I started working here. I don't know when it happened or the details it's just what I've been told."</p> <p>Staff #1 was interviewed on 12/16/15 at 4:30 PM. Staff #1 indicated she had worked at the group home for 5 years. When asked if client #6 had made any allegations of sexual abuse regarding client #4, staff #1 stated, "Yes, [client #6] has said at different times that [client #4] was touching his butt or things but there's no way it's true. They are never alone in the same room together without staff. [Client #6] has said stuff but when I ask [staff #3] about it there's no way it's true. We always keep [client #4] in supervision." When asked if there had been any incidents of sexual abuse regarding clients #4 and #6, staff #1 stated, "There was an incident a long time ago when [client #4] had taken out the garbage in the back yard. [Client #6] had snuck outside and when staff walked out back I was told they found [client #4] giving [client #6] a [oral sex]. That's the only time that I know of. We just know that we have to keep an eye on them. [Client #4] is not allowed upstairs and they are never left alone in the same room unsupervised." When asked if there were two staff on duty in the group home during the morning hours between 6:00</p>		<p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. The Business Office Manager will complete finance audits for all clients at the home at least twice weekly. Quality Assurance, Program Manager and ED will meet at least weekly to review all investigations and will document the review.</p> <p><b>Completion date: 01/28/2016</b></p>	

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	<p>AM and 8:00 AM when the clients prepared for their day services, staff #1 stated, "We used to have a split shift to help cover the morning. There's only one person on overnight shift (12:00 AM through 8:00 AM). The split shift worked from 6:00 AM through 8:00 AM to help get the clients up and ready for workshop. They took the split shift away, I used to work it and then come back in for the rest of my shift from 2:00 PM through 9:00 PM. When they took it away [Former Home Manager (FHM) #1] would come in and cover the split shift. Since he's been gone (September 2015) it's not always covered. Sometimes [Current Home Manager #1] comes in but there's not a shift anymore that I know of." When asked if one staff working in the morning hours could supervise clients #4 and #6 while completing the morning routine such as administering medications in the medication administration room, staff #1 stated, "No."</p> <p>Staff #4 was interviewed on 12/15/15 at 7:05 AM. Staff #4 indicated he worked the overnight shift from 12:00 AM through 8:00 AM. Staff #4 indicated the clients in the home began waking for the day between 5:00 AM and 6:00 AM. Staff #4 stated, "It's usually just me. Sometimes [HM (Home Manager) #1]</p>			

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	<p>will come in but there's no scheduled shift. There used to be a 6:00 AM person that came in but not anymore." When asked if he could supervise the clients living in the home while administering the morning medications, staff #4 stated, "No, I usually have the guys go sit in the living room while I pass the medications. When I finish one's medications I have them ask the next person to come in to get their medications."</p> <p>The day services Health and Safety Reports (HSRs) were reviewed on 12/16/15 at 1:00 PM. The review indicated the following:</p> <p>-HSR dated 5/9/14 indicated, "[Client #4] came in (sic) restroom and tried to touch a male co-worker (unidentified) and housemate (unidentified) on the penis. Co-worker reported to [unknown day service staff]."</p> <p>-HSR dated 9/30/14 indicated, "[Client #4] and [unknown female day service client] sitting (sic) next to each other next to (sic) flag pole. Staff noticed [client #4] putting his arm around [unknown female day service client] and had his hand on her backside (buttocks). Staff immediately stopped the inappropriate behavior and tried to separate [client #4] and [unknown female day services client]"</p>			

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	<p>physically with no success. Both were non-compliant."</p> <p>-HSR dated 11/3/14 indicated, "[Client #4] had hand on female client's leg rubbing back and forth between upper thigh and knee on inside of leg."</p> <p>-HSR dated 11/6/14 indicated, "[Client #4] came up to client (unknown) and pressed (his) private parts against his arm. Witnessed by [unknown day service staff]. [Unknown day service staff] perceived this as sexually inappropriate because you could clearly tell where private parts were."</p> <p>-HSR dated 11/18/14 indicated, "A client (unknown) witnessed [client #4] rubbing a female clients (unknown) inner leg and arm. The client whom [client #4] touched also reported (sic) incident after she calmed down."</p> <p>-HSR dated 4/6/15 indicated, "Witnessed/observed [client #4] rubbing a female on the [buttocks]."</p> <p>The facility's BDDS reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/17/15 indicated</p>			

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	<p>client #4's employment from his day services was terminated regarding inappropriate sexual behavior toward a female co-worker. The 11/17/15 BDDS report indicated, "[Client #4] walked over to her and grabbed her breasts."</p> <p>The review did not indicate documentation of BDDS reports or investigations regarding allegations of sexual abuse/mistreatment regarding clients #4 and #6.</p> <p>Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #4's BSP (Behavior Support Plan) dated 5/19/15 indicated, "Inappropriate sexual behavior: Attempting to touch or actually touching any male client's private area."</p> <p>ED (Executive Director) #1 was interviewed on 12/18/15 at 10:21 AM. ED #1 indicated all allegations should be reported to BDDS and investigated. ED #1 indicated there had been an allegation of sexual abuse regarding clients #4 and #6 involving alleged oral sex in the group home's backyard. ED #1 stated, "I don't have the information right now but I think that was about 4 or 5 years ago." ED #1 indicated there were no recent allegations of sexual abuse/mistreatment regarding clients #4 and #6 that she was aware of.</p>			

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	<p>2. The facility's BDDS reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/6/15 indicated, "Staff was completing money audits during second shift and noticed that [client #1] and [client #4] were each missing \$20.00. The team was notified of the incident."</p> <p>-IS (Investigative Summary) dated 11/12/15 indicated the following written narrative statements:</p> <p>-"[Staff #1], 11/10/15- States that finances are kept in the office in a locked cabinet with the books. The office is kept locked most of the time but not always. Reports that all staff have access to the finances at any time because all staff have a key to the home. States that all staff audit finances and they try to do this once a shift (3 times daily). The day [staff #1] had noticed the money missing the third shift staff, [staff #4], did not complete the audit."</p> <p>-"[Staff #4], 11/11/15- states that the finances are kept in the office. The closet and office are kept locked when he is at work. He states that everyone has access</p>			

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	<p>to the finances. Audits are done once a shift. Admits that he only does them on days where (sic) clients are getting money for outings."</p> <p>The 11/12/15 IS indicated, "Conclusion: Claims that [client #1] and [client #4] are missing money can be substantiated. It cannot be substantiated how the money went missing. Each client should be reimbursed \$20.00 due to missing funds. All staff in the home need to be in-serviced on counting money every shift. Team will discuss the purchase of a safe for the home."</p> <p>The 11/12/15 IS did not indicate documentation of the facility administrator being notified of the results/findings of the investigation.</p> <p>-BDDS report dated 11/24/15 indicated, "Staff was auditing finances and discovered that [client #1] was missing \$20.00. The team was notified of the incident."</p> <p>-IS dated 11/28/15 indicated, "Claims that [client #1] is missing money can be substantiated. It cannot be substantiated how the money went missing." The 11/28/15 IS did not indicate documentation of the facility administrator being notified of the</p>			

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	<p>results/findings of the investigation.</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to prevent recurrence of alleged theft/exploitation regarding client #1's personal finances.</p> <p>3. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-IS dated 8/13/15 indicated, "It was reported that during supper time [client #6] began to cough and spit up a piece of potato." IS dated 8/13/15 indicated, "[Staff #1] then made sure [client #6] was breathing, notified the nurse and manager and went with [client #6] to the ER (Emergency Room) to be evaluated for aspiration." The 8/25/15 IS indicated the facility investigated the 8/13/15 incident of client #6 choking. The 8/25/15 IS indicated the investigation was completed on 8/16/15. The review did not indicate documentation of the investigation findings/results being reported to the facility administrator.</p> <p>-IS dated 8/25/15 indicated, "During the evening [client #6] came out of his room and showed staff a large laceration above</p>			

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	<p>his eyebrow stating that he fell out of bed." The 8/25/15 IS indicated the facility investigated the 8/25/15 IUO regarding client #6. The 8/25/15 IS indicated the investigation was completed on 8/28/15. The review did not indicate documentation of the investigation findings/results being reported to the facility administrator.</p> <p>QAP #1 was interviewed on 12/14/15 at 3:05 PM. QAP #1 indicated the results/findings of the investigations of allegations of abuse, neglect, mistreatment, IUO and exploitation should be reported to the administrator within 5 business days of the allegation. QAP #1 indicated the facility's abuse and neglect policy should be implemented, all allegations of abuse, neglect, mistreatment, exploitation or IUO should be reported immediately to the facility administrator and BDDS within 24 hours of the alleged incident and the facility should develop and implement corrective measures to prevent recurrence of alleged abuse, neglect, mistreatment, IUO and exploitation.</p> <p>The facility's policy and procedures were reviewed on 12/18/15 at 2:32 PM. The facility's Abuse, Neglect, Exploitation Policy and Procedure dated June 2010 indicated the following:</p>			

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	<p>- "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated."</p> <p>- "The clinical supervisor will assign an investigative team and thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been completed, the investigation will be given to the executive director or designee for review."</p> <p>- "C. Abuse-sexual definition. (1.) The act or failure to act, that results or could result in emotional injury to an individual; (2.) The act of insulting or profane language or gestures directed toward an individual that subject him or her to humiliation or degradation; (3.) A non-consensual act of a sexual nature involving an individual. The act may be used for sexual gratification of the perpetrator or a third party."</p> <p>- "E. Abuse-exploitation definition. (1.) An act that deprives an individual of real or personal property by fraudulent or illegal means; (2.) Utilization of another person for selfish purposes."</p>			

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W 0153 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and IUO (Injuries of Unknown Origin) reviewed, the facility failed to ensure all allegations of sexual abuse regarding clients #4 and #6 were immediately reported to the facility's administrator or to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the allegation in accordance with state law.</p> <p>Findings include:</p> <p>Client #6 was interviewed on 12/16/15 at 1:30 PM. When asked if he got along with his housemates, client #6 stated, "I don't like [client #4]." When asked if there was a reason why he didn't like client #4, client #6 stated, "Sometimes he tries to touch my backside (buttocks) and I don't like it. He, [client #4], tries to get me to come to his room. I don't like it.</p>	W 0153	<p><b>W153:</b> The facility must ensure that all allegations of mistreatment, neglect, abuse as well as injuries of unknown source, are reported to the administrator or to other officials in accordance with State Law through established procedures.</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect,</p>	01/28/2016

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	<p>He, [client #4], said he'd bust me through the wall. He's tried to put his [penis] in my backside (buttocks)." When asked to describe when the alleged incident with client #4 occurred, client #6 initially stated, "A couple of days ago." Day Service staff #1, who was present during the interview with client #6, reminded client #6 to be truthful at which time client #6 then stated, "It was a few months ago."</p> <p>Day Service Staff #1 was interviewed on 12/16/15 at 1:40 PM. Day Service Staff stated, "I had heard about an incident between [client #4] and [client #6] a while back but I don't remember any specifics. [Client #4] used to attend day services here with [client #6] but we didn't have any issues."</p> <p>Quality Assurance Professional (QAP) #1 was interviewed on 12/16/15 at 2:30 PM. QAP #1 indicated there were no investigations or BDDS reports regarding allegations of sexual abuse/mistreatment regarding clients #4 and #6 during the previous year (12/16/15 through 12/16/14). QAP #1 indicated she was not aware of any allegations of sexual abuse or mistreatment regarding clients #4 and #6.</p> <p>Staff #2 was interviewed on 12/16/15 at</p>		<p>exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. Quality Assurance, Program Manager and ED will meet at least weekly to review all investigations and will document the review.</p> <p><b>Measures to be put in place:</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect,</p>	

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	<p>4:15 PM. When asked if client #6 had made allegations of sexual abuse regarding client #4, staff #2 stated, "[Client #6] has said things like '[Client #4]'s trying to touch my butt' or things like that." When asked if client #6's allegations had been reported, staff #2 stated, "I asked [staff #1] about it and she said there was no way it could have happened because we always watch clients #4 and #6. So, we didn't report it." When asked if she was aware of any incidents regarding clients #4 and #6 regarding sexual inappropriate activity, staff #2 stated, "No, I personally haven't seen it. I've just always been told that they, [clients #4 and #6] can't be in the same room alone together. Everyone just says that we have to keep an eye on client #4 while he's in the same room with client #6. They shouldn't be in the same room together without supervision." When asked why clients #4 and #6 could not be in the same room together unsupervised, staff #2 stated, "It's just what I've been told. I've worked here about 5 months. I've heard that there was an incident between [clients #4 and #6] in the backyard. They were in the backyard and [client #4] was giving [client #6] [oral sex]. That was before I started working here. I don't know when it happened or the details it's just what I've been told."</p>		<p>exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. Quality Assurance, Program Manager and ED will meet at least weekly to review all investigations and will document the review.</p>	

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	<p>Staff #1 was interviewed on 12/16/15 at 4:30 PM. Staff #1 indicated she had worked at the group home for 5 years. When asked if client #6 had made any allegations of sexual abuse regarding client #4, staff #1 stated, "Yes, [client #6] has said at different times that [client #4] was touching his butt or things but there's no way it's true. They are never alone in the same room together without staff. [Client #6] has said stuff but when I ask [staff #3] about it there's no way it's true. We always keep [client #4] in supervision." When asked if there had been any incidents of sexual abuse regarding client s #4 and #6, staff #1 stated, "There was an incident a long time ago when [client #4] had taken out the garbage in the back yard. [Client #6] had snuck outside and when staff walked out back I was told they found [client #4] giving [client #6] a [oral sex]. That's the only time that I know of. We just know that we have to keep an eye on them. [Client #4] is not allowed upstairs and they are never left alone in the same room unsupervised." When asked if there were two staff on duty in the group home during the morning hours between 6:00 AM and 8:00 AM when the clients prepared for their day services, staff #1 stated, "We used to have a split shift to help cover the morning. There's only one</p>		<p><b>Completion date: 01/28/2016</b></p>	
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	<p>person on overnight shift (12:00 AM through 8:00 AM). The split shift worked from 6:00 AM through 8:00 AM to help get the clients up and ready for workshop. They took the split shift away, I used to work it and then come back in for the rest of my shift from 2:00 PM through 9:00 PM. When they took it away [Former Home Manager (FHM) #1] would come in and cover the split shift. Since he's been gone (September 2015) it's not always covered. Sometimes [Current Home Manager #1] comes in but there's not a shift anymore that I know of." When asked if one staff working in the morning hours could supervise clients #4 and #6 while completing the morning routine such as administering medications in the medication administration room, staff #1 stated, "No."</p> <p>Staff #4 was interviewed on 12/15/15 at 7:05 AM. Staff #4 indicated he worked the overnight shift from 12:00 AM through 8:00 AM. Staff #4 indicated the clients in the home began waking for the day between 5:00 AM and 6:00 AM. Staff #4 stated, "It's usually just me. Sometimes [HM (Home Manager) #1] will come in but there's no scheduled shift. There used to be a 6:00 AM person that came in but not anymore." When asked if he could supervise the clients</p>			

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	<p>living in the home while administering the morning medications, staff #4 stated, "No, I usually have the guys go sit in the living room while I pass the medications. When I finish one's medications I have them ask the next person to come in to get their medications."</p> <p>The day services Health and Safety Reports (HSRs) were reviewed on 12/16/15 at 1:00 PM. The review indicated the following:</p> <p>-HSR dated 5/9/14 indicated, "[Client #4] came in (sic) restroom and tried to touch a male co-worker (unidentified) and housemate (unidentified) on the penis. Co-worker reported to [unknown day service staff]."</p> <p>-HSR dated 9/30/14 indicated, "[Client #4] and [unknown female day service client] sitting (sic) next to each other next to (sic) flag pole. Staff noticed [client #4] putting his arm around [unknown female day service client] and had his hand on her backside (buttocks). Staff immediately stopped the inappropriate behavior and tried to separate [client #4] and [unknown female day services client] physically with no success. Both were non-compliant."</p> <p>-HSR dated 11/3/14 indicated, "[Client</p>			

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	<p>#4] had hand on female client's leg rubbing back and forth between upper thigh and knee on inside of leg."</p> <p>-HSR dated 11/6/14 indicated, "[Client #4] came up to client (unknown) and pressed (his) private parts against his arm. Witnessed by [unknown day service staff]. [Unknown day service staff] perceived this as sexually inappropriate because you could clearly tell where private parts were."</p> <p>-HSR dated 11/18/14 indicated, "A client (unknown) witnessed [client #4] rubbing a female client's (unknown) inner leg and arm. The client whom [client #4] touched also reported (sic) incident after she calmed down."</p> <p>-HSR dated 4/6/15 indicated, "Witnessed/observed [client #4] rubbing a female on the [buttocks]."</p> <p>The facility's BDDS reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/17/15 indicated client #4's employment from his day services was terminated regarding inappropriate sexual behavior toward a female co-worker. The 11/17/15 BDDS</p>			

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	<p>report indicated, "[Client #4] walked over to her and grabbed her breasts."</p> <p>The review did not indicate documentation of BDDS reports or investigations regarding allegations of sexual abuse/mistreatment regarding clients #4 and #6.</p> <p>Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #3's BSP (Behavior Support Plan) dated 5/19/15 indicated, "Inappropriate sexual behavior: Attempting to touch or actually touching any male client's private area."</p> <p>ED (Executive Director) #1 was interviewed on 12/18/15 at 10:21 AM. ED #1 indicated all allegations should be reported to BDDS and investigated. ED #1 indicated there had been an allegation of sexual abuse regarding clients #4 and #6 involving alleged oral sex in the group home's backyard. ED #1 stated, "I don't have the information right now but I think that was about 4 or 5 years ago."</p> <p>ED #1 indicated there were no recent allegations of sexual abuse/mistreatment regarding clients #4 and #6 that she was aware of.</p> <p>QAP #1 was interviewed on 12/14/15 at 3:05 PM. QAP #1 indicated all allegations of abuse, neglect,</p>			

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W 0156 Bldg. 00	<p>mistreatment, exploitation or IUO should be reported immediately to the facility administrator and BDDS within 24 hours of the alleged incident.</p> <p>9-3-2(a) 9-3-1(b)(5)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 4 of 4 allegations of abuse, neglect, mistreatment, IUO (Injuries of Unknown Origin) reviewed, the facility failed to ensure the results/findings of the investigations of an incident of choking regarding client #6, an IUO regarding client #6, an allegation of theft/exploitation regarding clients #5 and #6 and an allegation of theft exploitation regarding client #1 were reported to the facility administrator within 5 business days of the allegations.</p>	W 0156	<p><b>W156:</b> The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The Quality</p>	01/28/2016

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>1. IS (Investigation Summary) dated 8/13/15 indicated, "It was reported that during supper time [client #6] began to cough and spit up a piece of potato." IS dated 8/13/15 indicated, "[Staff #1] then made sure [client #6] was breathing, notified the nurse and manager and went with [client #6] to the ER (Emergency Room) to be evaluated for aspiration." The 8/25/15 IS indicated the facility investigated the 8/13/15 incident of client #6 choking. The 8/25/15 IS indicated the investigation was completed on 8/16/15. The review did not indicate documentation of the investigation findings/results being reported to the facility administrator.</p> <p>2. IS (Investigative Summary) dated 8/25/15 indicated, "During the evening [client #6] came out of his room and showed staff a large laceration above his eyebrow stating that he fell out of bed." The 8/25/15 IS indicated the facility investigated the 8/25/15 IUO regarding client #6. The 8/25/15 IS indicated the</p>		<p>Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. Quality Assurance, Program Manager and ED will meet at least weekly to review all investigations and will document the review.</p> <p><b>Measures to be put in place:</b></p>				

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	<p>investigation was completed on 8/28/15. The review did not indicate documentation of the investigation findings/results being reported to the facility administrator.</p> <p>3. IS dated 11/6/15 indicated, "It was reported to [QIDP #1] that [clients #4 and #5] were each missing \$20.00 from their personal finances." The 11/6/15 IS indicated the facility investigated the 11/6/15 allegation of theft/exploitation regarding clients #4 and #5's missing money. The 11/6/15 investigation was completed on 11/11/15. The review did not indicate documentation of the investigation findings/results being reported to the facility administrator.</p> <p>4. IS dated 11/24/15 indicated, "It was reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that [client #1] was missing \$20.00 from his personal finances." The 11/24/15 IS indicated the facility investigated the 11/24/15 allegation of theft/exploitation regarding client #1's missing money. The 11/24/15 investigation was completed on 11/28/15. The review did not indicate the documentation of the investigation findings/results being reported to the facility administrator.</p> <p>QAP (Quality Assurance Professional) #1</p>		<p>All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator and will complete finance audits for all clients in the home. The Program Manager will review incident reports with the Quality Assurance Manager at least three times weekly to ensure that all allegations are reported to BDDS within 24 hours, that investigations have been initiated and all allegations are thoroughly investigated. Quality Assurance, Program Manager and ED will</p>				

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W 0157 Bldg. 00	<p>was interviewed on 12/14/15 at 3:05 PM. QAP #1 indicated the results/findings of the investigations of allegations of abuse, neglect, mistreatment, IUO and exploitation should be reported to the administrator within 5 business days of the allegation.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 4 allegations of abuse, neglect, mistreatment and exploitation reviewed, the facility failed to develop and implement corrective measures to prevent recurring theft/exploitation regarding clients #1 and #4's personal finances.</p>	W 0157	<p>meet at least weekly to review all investigations and will document the review.</p> <p><b>Completion date: 01/28/2016</b></p> <p><b>W157:</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on the operation standard for reporting and</p>	01/28/2016

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/6/15 indicated, "Staff was completing money audits during second shift and noticed that [client #1] and [client #4] were each missing \$20.00. The team was notified of the incident."</p> <p>-IS (Investigative Summary) dated 11/12/15 indicated the following written narrative statements:</p> <p>-"[Staff #1], 11/10/15- States that finances are kept in the office in a locked cabinet with the books. The office is kept locked most of the time but not always. Reports that all staff have access to the finances at any time because all staff have a key to the home. States that all staff audit finances and they try to do this once a shift (3 times daily). The day [staff #1] had noticed the money missing the third shift staff, [staff #4], did not complete the audit."</p> <p>-"[Staff #4], 11/11/15- states that the</p>		<p>investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the risk of financial exploitation.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least five times weekly and will complete finance audits for all clients in the home. The Business Office Manager will complete finance audits for all clients at the home at least twice weekly.</p> <p><b>Measures to be put in place:</b> All staff at the home will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or</p>	

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	<p>finances are kept in the office. The closet and office are kept locked when he is at work. He states that everyone has access to the finances. Audits are done once a shift. Admits that he only does them on days where (sic) clients are getting money for outings."</p> <p>The 11/12/15 IS indicated, "Conclusion: Claims that [client #1] and [client #4] are missing money can be substantiated. It cannot be substantiated how the money went missing. Each client should be reimbursed \$20.00 due to missing funds. All staff in the home need to be in-serviced on counting money every shift. Team will discuss the purchase of a safe for the home."</p> <p>-BDDS report dated 11/24/15 indicated, "Staff was auditing finances and discovered that [client #1] was missing \$20.00. The team was notified of the incident."</p> <p>-IS dated 11/28/15 indicated, "Claims that [client #1] is missing money can be substantiated. It cannot be substantiated how the money went missing."</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to prevent recurrence of alleged theft/exploitation regarding</p>		<p>violation of individual rights and the BDDS reporting policy and procedure. All staff at the home will be in-serviced on the client finance policy and procedure and the safe at the home will be replaced and the code will only be given to the Residential Manger and the Program Manager to ensure that multiple people do not have access to client funds and to reduce the risk of financial exploitation.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly and will complete finance audits for all clients in the home. The Business Office Manager will complete finance audits for all clients at the home at least twice weekly.</p> <p><b>Completion date: 01/28/2016</b></p>	

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W 0159 Bldg. 00	<p>client #1's personal finances.</p> <p>QAP (Quality Assurance Professional) #1 was interviewed on 12/14/15 at 3:05 PM. QAP #1 indicated the facility should develop and implement corrective measures to prevent recurrence of alleged abuse, neglect, mistreatment, IUO and exploitation.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 1 additional client (#6), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2, #3, #4 and #6's active treatment programs by failing to monitor clients #1, #2, #3 and #4's formal training objectives for progression/regression of skills, to ensure the professional program services clinician (behavioral consultant) was</p>	W 0159	<p><b>W159:</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p><b>Corrective Action: (Specific):</b> The QIDP will be in-serviced on integrating, coordinating and monitoring client program plans, monitoring client's formal</p>	01/28/2016

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	<p>available in the group home to develop and ensure implementation of clients #1 and #4's (BSPs) Behavior Support Plans, to ensure there were sufficient staff working in the home to ensure supervision of clients #4 and #6, to ensure clients #1 and #4's ISPs (Individual Support Plans)/BSPs addressed clients #1 and #4's identified behavioral needs and to ensure client #3's ISP was reviewed on an annual basis.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 12/15/15 at 9:00 AM. Client #1's ISP dated 12/16/14 indicated client #1 had formal training objectives to increase his money management skills, medication skills, dining skills, domestic chores, exercise and communication skills. Client #1's Monthly Program Team Review (MPTR) dated 7/20/15 indicated QIDP #1 reviewed client #1's formal training objectives for progression/regression of skills. Client #1's record did not indicate documentation of QIDP review of client #1's training objectives for progression/regression of skills since 7/20/15.</p> <p>2. Client #2's record was reviewed on 12/15/15 at 11:20 AM. Client #2's ISP dated 7/10/15 indicated client #2 had</p>		<p>objectives for progression/regression of skills, annual review of all clients' ISP and ensuring that a behavior support clinician is available when indicated to develop and implement behavior support plans. A behavior clinician will review client #1 and #4 behaviors support plan for any changes that need to be made, will make necessary changes, train staff, implement plans and monitor plans. Client #3's ISP will be reviewed as an annual review and changes that are needed will be made, implemented and monitored.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> All client program plans at the home will be reviewed including progression/regression of skills. A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. All other clients' in the home will have a review of their current ISP to ensure that annual reviews have been completed and that</p>	

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	<p>formal training objectives to exercise, wear his eye glasses, increase his money management skills, increase his personal care skills and increase his medication administration skills. Client #2's MPTR dated 7/2015 indicated QIDP #1 reviewed client #2's formal training objectives for progression/regression of skills. Client #2's record did not indicate documentation of QIDP review of client #2's training objectives for progression/regression of skills since 7/2015.</p> <p>3. Client #3's record was reviewed on 12/15/15 at 11:47 AM. Client #3's ISP dated 11/12/14 indicated client #3 had formal training objectives to increase his safety skills, money management, medication administration and social skills. Client #3's MPTR dated 7/2015 indicated QIDP #1 reviewed client #3's formal training objectives for progression/regression of skills. Client #3's record did not indicate documentation of QIDP review of client #3's training objectives for progression/regression of skills since 7/2015.</p> <p>4. Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #4's ISP dated 5/19/15 indicated that client #4 had formal training objectives to increase his</p>		<p>regression/progression of formal objectives have been completed; any areas needing revision will be revised, implemented and monitored. The Program Manager will visit the home at least weekly to review client program plans to ensure that formal objectives are being monitored for progression/regression, that all clients plans are reviewed annually and that revisions are made as indicated.</p> <p><b>Measures to be put in place:</b> The QIDP will be in-serviced on integrating, coordinating and monitoring client program plans, monitoring client's formal objectives for progression/regression of skills, annual review of all clients' ISP and ensuring that a behavior support clinician is available when indicated to develop and implement behavior support plans. A behavior clinician will review client #1 and #4 behaviors support plan for any changes that need to be made, will make necessary changes, train staff, implement plans and monitor plans.</p>	

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	<p>pedestrian skills, use his dentures, increase money management, complete laundry, name his medications and write his name on paper. Client #4's MPTR dated 7/2015 indicated QIDP #1 reviewed client #4's formal training objectives for progression/regression of skills. Client #4's record did not indicate documentation of QIDP review of client #4's training objectives for progression/regression of skills since 7/2015.</p> <p>PM (Program Manager) #1 was interviewed on 12/15/15 at 1:56 PM. PM #1 indicated clients #1, #2, #3 and #4's formal training objectives should be reviewed monthly for progression/regression of skills. PM #1 indicated there was not additional documentation of QIDP review regarding clients #1, #2, #3 and #4's formal training objectives.</p> <p>5. The QIDP failed to integrate, coordinate and monitor clients #1 and #4's active treatment programs by failing to ensure the professional program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of clients #1 and #4's BSPs. Please see W164.</p>		<p><b>Monitoring of Corrective Action:</b> All client program plans at the home will be reviewed including progression/regression of skills. A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. All other clients' in the home will have a review of their current ISP to ensure that annual reviews have been completed and that regression/progression of formal objectives have been completed; any areas needing revision will be revised, implemented and monitored. The Program Manager will visit the home at least weekly to review client program plans to ensure that formal objectives are being monitored for progression/regression, that all clients plans are reviewed annually and that revisions are made as indicated.</p> <p><b>Completion date: 01/28/2016</b></p>	

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W 0164 Bldg. 00	<p>6. The QIDP failed to integrate, coordinate and monitor clients #4 and #6's active treatment programs by failing to ensure there were sufficient staff working in the home to ensure supervision of clients #4 and #6. Please see W186.</p> <p>7. The QIDP failed to integrate, coordinate and monitor clients #1 and #4's active treatment programs by failing to ensure clients #1 and #4's ISPs /BSPs addressed clients #1 and #4's identified behavioral needs. Please see W227.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client #3's active treatment program by failing to ensure client #3's ISP was reviewed on an annual basis. Please see W260.</p> <p>9-3-3(a)</p> <p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p>			

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	<p>Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of clients #1 and #4's (BSPs) Behavior Support Plans.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/14/15 from 4:35 PM through 6:15 PM. Client #1 was observed in the home throughout the observation period. At 4:35 PM, client #1 was standing in the home's kitchen area and began loudly making inarticulate words/sounds, moving his body around while manipulating his hands in a stereotypical manner (repetitive, exaggerated, non-productive). Client #1 placed his hands in the surveyor's face and waved his hands and fingers while making inarticulate audible sounds. Staff #3 redirected client #1 to leave the kitchen area. Client #1 exited the kitchen area and returned to his bedroom area. Throughout the observation period, client #1 paced between his bedroom area and kitchen area. Client #1 would go to his room and bang his hands on the walls and then come to the kitchen area and loudly make inarticulate words/sounds while</p>	W 0164	<p><b>W164:</b> Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p><b>Corrective Action: (Specific):</b> A behavior clinician will review client #1 and #4 behaviors support plan for any changes that need to be made, will make necessary changes, train staff, implement plans and monitor plans.</p> <p><b>How others will be identified: (Systemic):</b> A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. The Program Manager will visit the home at least weekly to ensure that all client behavior support plans are being implemented as written.</p> <p><b>Measures to be put in place:</b> A behavior clinician will review client #1 and #4 behaviors support plan for any changes that need to be made, will make necessary changes, train staff,</p>	01/28/2016

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	<p>attempting to put his hands in clients #1, #2, #5 and #8's faces. Staff #1 and staff #3 redirected client #1 from the kitchen area and reminded client #1 that his father would not like his behavior.</p> <p>Staff #1 was interviewed on 12/15/15 at 5:00 PM. Staff #1 indicated client #1 loudly made inarticulate words/sounds and got in his housemates' faces.</p> <p>Client #6 was interviewed on 12/16/15 at 1:30 PM. Client #6 stated, "I don't like [client #1]. He's always yelling. He puts his hands in my face and I don't like it."</p> <p>Client #3 was interviewed on 12/16/15 at 1:10 PM. Client #3 indicated client #1 was loudly made inarticulate words/sounds and hits stuff.</p> <p>Client #7 was interviewed on 12/16/15 at 1:20 PM. Client #7 indicated client #1 liked to loudly make inarticulate words/sounds. Client #7 indicated client #1 put his hands in his peers' faces.</p> <p>HM (Home Manager) #1 was interviewed on 12/15/15 at 1:17 PM. HM #1 indicated client #1's behaviors included, but were not limited to, yelling, screaming, banging his hands or head on walls or doors and invading other peoples' personal space by putting his</p>		<p>implement plans and monitor plans.</p> <p><b>Monitoring of Corrective Action:</b> A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. The Program Manager will visit the home at least weekly to ensure that all client behavior support plans are being implemented as written.</p> <p><b>Completion date: 01/28/2016</b></p>	

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	<p>hands in their faces. HM #1 indicated client #1 screamed, yelled, banged on walls and put his hands in peoples faces on a daily basis in the group home. HM #1 indicated client #1's BSP dated 12/16/14 did not include specific objectives or interventions to address client #1's disruptive behavior or placing his hands in people's faces.</p> <p>Client #1's record was reviewed on 12/15/15 at 9:00 AM. Client #1's Narrative Progress Notes (NPNs) dated 8/1/15 through 12/15/15 indicated the following:</p> <p>- "8/13/15, [client #1] had a rough day today a very lot of yelling (sic)."</p> <p>- "8/17/15, [client #1] yelled and screamed all evening."</p> <p>- "8/18/15, [client #1] yelled and hit objects off and on all evening."</p> <p>- "8/19/15, [client #1] came home from work and did regular routine. He did a lot of yelling today."</p> <p>- "9/10/15, [client #1] slammed doors, screamed, yelled and got in people's faces."</p> <p>- "9/14/15, [client #1] very loud tonight,</p>			

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	<p>cussing and making noises."</p> <p>-"9/21/15, [client #1's] behaviors has (sic) gotten worse. He's yelling, screaming and slapping."</p> <p>-"11/1/15, [client #1] has been yelling and hitting things all morning."</p> <p>-"11/10/15, [client #1] yelled most of the evening."</p> <p>Client #1's IDT (Interdisciplinary Team) form dated 6/19/15 indicated, "[Client #1] had increases in physical activity such as hitting walls, running toward the street and screaming and yelling."</p> <p>Client #1's IDT (Interdisciplinary Team) form dated 6/26/15 indicated, "[Client #1] had a behavioral outburst on 6/22/15. He had screamed at staff and banged on walls and ran outside and jumped on a concrete table. [Client #1] will be scheduled to see a behavior clinician."</p> <p>Client #1's IDT form dated 7/1/15 indicated, "[Client #1] was walking towards the van yesterday at [day services] when another client lightly tapped him on the shoulder. [Client #1] became upset and slapped the client on his right arm. [Client #1] will see a behavior clinician and the clinician will</p>			

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	<p>observe [client #1] across all of his environments."</p> <p>Client #1's IDT form dated 9/11/15 indicated client #1's behavior medication was increased due to "increased physical and verbal aggression."</p> <p>Client #1's BSP dated 12/16/14 did not indicate specific objectives or interventions to address client #1's yelling, screaming and/or putting his hands in other people's faces. Client #1's BSP dated 12/16/14 indicated QIDP (Qualified Intellectual Disabilities Professional) #1 completed client #1's BSP.</p> <p>Client #1's record did not indicate documentation of behavior consultant review or recommendations regarding client #1's behavioral needs.</p> <p>HM (Home Manager) #1 was interviewed on 12/15/15 at 1:17 PM. HM #1 indicated the IDT had recommended client #1 receive services from a behavior consultant. HM #1 indicated she was not aware of a behavior consultant's review or recommendations regarding client #1's behaviors. HM #1 stated, "I did see a guy come into the home one time. I think he might have been the behavior consultant but I haven't see or heard anything from</p>			

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	<p>him since."</p> <p>2. Client #6 was interviewed on 12/16/15 at 1:30 PM. When asked if he got along with his housemates, client #6 stated, "I don't like [client #4]." When asked if there was a reason why he didn't like client #4, client #6 stated, "Sometimes he tries to touch my backside (buttocks) and I don't like it. He, [client #4], tries to get me to come to his room. I don't like it. He, [client #4], said he'd bust me through the wall. He's tried to put his [penis] in my backside (buttocks)."</p> <p>Staff #2 was interviewed on 12/16/15 at 4:15 PM. When asked if client #6 had made allegations of sexual abuse regarding client #4, staff #2 stated, "[Client #6] has said things like '[Client #4]'s trying to touch my butt' or things like that." When asked if client #6's allegations had been reported, staff #2 stated, "I asked [staff #1] about it and she said there was no way it could have happened because we always watch clients #4 and #6. So, we didn't report it." When asked if she was aware of any incidents regarding clients #4 and #6 regarding sexual inappropriate activity, staff #2 stated, "No, I personally haven't seen it. I've just always been told that they, [clients #4 and #6] can't be in the same room alone together. Everyone just</p>			

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	<p>says that we have to keep an eye on client #4 while he's in the same room with client #6. They shouldn't be in the same room together without supervision." When asked why clients #4 and #6 could not be in the same room together unsupervised, staff #2 stated, "It's just what I've been told. I've worked here about 5 months. I've heard that there was an incident between [clients #4 and #6] in the backyard. They were in the backyard and [client #4] was giving [client #6] [oral sex]. That was before I started working here. I don't know when it happened or the details it's just what I've been told."</p> <p>Staff #1 was interviewed on 12/16/15 at 4:30 PM. Staff #1 indicated she had worked at the group home for 5 years. When asked if client #6 had made any allegations of sexual abuse regarding client #4, staff #1 stated, "Yes, [client #6] has said at different times that [client #4] was touching his butt or things but there's no way it's true. They are never alone in the same room together without staff. [Client #6] has said stuff but when I ask [staff #3] about it there's no way it's true. We always keep [client #4] in supervision." When asked if there had been any incidents of sexual abuse regarding clients #4 and #6, staff #1 stated, "There was an incident a long time</p>			

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	<p>ago when [client #4] had taken out the garbage in the back yard. [Client #6] had snuck outside and when staff walked out back I was told they found [client #4] giving [client #6] a [oral sex]. That's the only time that I know of. We just know that we have to keep an eye on them. [Client #4] is not allowed upstairs and they are never left alone in the same room unsupervised."</p> <p>The day services Health and Safety Reports (HSRs) were reviewed on 12/16/15 at 1:00 PM. The review indicated the following:</p> <p>-HSR dated 5/9/14 indicated, "[Client #4] came in (sic) restroom and tried to touch a male co-worker (unidentified) and housemate (unidentified) on the penis. Co-worker reported to [unknown day service staff]."</p> <p>-HSR dated 9/30/14 indicated, "[Client #4] and [unknown female day service client] sitting (sic) next to each other next to (sic) flag pole. Staff noticed [client #4] putting his arm around [unknown female day service client] and had his hand on her backside (buttocks). Staff immediately stopped the inappropriate behavior and tried to separate [client #4] and [unknown female day services client] physically with no success. Both were</p>						

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	<p>non-compliant."</p> <p>-HSR dated 11/3/14 indicated, "[Client #4] had hand on female client's leg rubbing back and forth between upper thigh and knee on inside of leg."</p> <p>-HSR dated 11/6/14 indicated, "[Client #4] came up to client (unknown) and pressed (his) private parts against his arm. Witnessed by [unknown day service staff]. [Unknown day service staff] perceived this as sexually inappropriate because you could clearly tell where private parts were."</p> <p>-HSR dated 11/18/14 indicated, "A client (unknown) witnessed [client #4] rubbing a female client's (unknown) inner leg and arm. The client whom [client #4] touched also reported (sic) incident after she calmed down."</p> <p>-HSR dated 4/6/15 indicated, "Witnessed/observed [client #4] rubbing a female on the [buttocks]."</p> <p>The facility's BDDS reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/17/15 indicated client #4's employment from his day</p>			

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	<p>services was terminated regarding inappropriate sexual behavior toward a female co-worker. The 11/17/15 BDDS report indicated, "[Client #4] walked over to her and grabbed her breasts."</p> <p>Day Services Staff (DSS) #1 was interviewed on 12/16/15 at 1:00 PM. DSS #1 indicated client #4's employment was terminated after a third incident of sexual inappropriate behavior directed toward a female co-worker. DSS #1 indicated he had discussed client #4's sexual inappropriate behaviors with the facility at client #4's annual IDT (Interdisciplinary Team) meeting on 5/19/15. DSS #1 indicated the facility did not provide him with additional documentation of an updated BSP for client #4. DSS #1 indicated facility staff or a behavior consultant did not come to the day services to observe client #4's behavior and/or make recommendations.</p> <p>Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #4's BSP dated 5/19/15 indicated, "Inappropriate sexual behavior: Attempting to touch or actually touching any male client's private area." Client #4's BSP dated 5/19/15 did not address how staff should monitor client #4 while in the group home regarding client #6 or interventions to address client #4's sexually</p>			

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W 0186 Bldg. 00	<p>inappropriate behavior toward his female co-worker. Client #4's BSP dated 5/19/15 indicated the BSP was completed by RM (Resident Manager) #1 a non-degreed professional.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#4), plus 1 additional client (#6), the facility failed to ensure there were sufficient staff working in the home to ensure supervision of clients #4 and #6.</p> <p>Findings include:</p> <p>Client #6 was interviewed on 12/16/15 at 1:30 PM. When asked if he got along with his housemates, client #6 stated, "I don't like [client #4]." When asked if there was a reason why he didn't like</p>	W 0186	<p><b>W186:</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p><b>Corrective Action: (Specific):</b> The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. The home schedule will be revised to ensure that there is at least two staff present in the morning to assist all individuals</p>	01/28/2016

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	<p>client #4, client #6 stated, "Sometimes he tries to touch my backside (buttocks) and I don't like it. He, [client #4], tries to get me to come to his room. I don't like it. He, [client #4], said he'd bust me through the wall. He's tried to put his [penis] in my backside (buttocks)."</p> <p>Staff #2 was interviewed on 12/16/15 at 4:15 PM. When asked if client #6 had made allegations of sexual abuse regarding client #4, staff #2 stated, "[Client #6] has said things like '[Client #4]'s trying to touch my butt' or things like that." When asked if client #6's allegations had been reported, staff #2 stated, "I asked [staff #1] about and she said there was no way it could have happened because we always watch clients #4 and #6. So, we didn't report it." When asked if she was aware of any incidents regarding clients #4 and #6 regarding sexual inappropriate activity, staff #2 stated, "No, I personally haven't seen it. I've just always been told that they, [clients #4 and #6] can't be in the same room alone together. Everyone just says that we have to keep an eye on client #4 while he's in the same room with client #6. They shouldn't be in the same room together without supervision." When asked why clients #4 and #6 could not be in the same room together unsupervised, staff #2 stated, "It's just</p>		<p>with morning routine and provide oversight and monitoring to all clients in the home.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and the Office Coordinator will monitor time and attendance for the home at least five times weekly to ensure that staffing ratios are consistent to the scheduled hours in the home.</p> <p><b>Measures to be put in place:</b> The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. The home schedule will be revised to ensure that there is at least two staff present in the morning to assist all individuals with morning routine and provide oversight and monitoring to all clients in the home.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager</p>	

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	<p>what I've been told. I've worked here about 5 months. I've heard that there was an incident between [clients #4 and #6] in the backyard. They were in the backyard and [client #4] was giving [client #6] [oral sex]. That was before I started working here. I don't know when it happened or the details it's just what I've been told."</p> <p>Staff #1 was interviewed on 12/16/15 at 4:30 PM. Staff #1 indicated she had worked at the group home for 5 years. When asked if client #6 had made any allegations of sexual abuse regarding client #4, staff #1 stated, "Yes, [client #6] has said at different times that [client #4] was touching his butt or things but there's no way it's true. They are never alone in the same room together without staff. [Client #6] has said stuff but when I ask [staff #3] about it there's no way it's true. We always keep [client #4] in supervision." When asked if there had been any incidents of sexual abuse regarding clients #4 and #6, staff #1 stated, "There was an incident a long time ago when [client #4] had taken out the garbage in the back yard. [Client #6] had snuck outside and when staff walked out back I was told they found [client #4] giving [client #6] a [oral sex]. That's the only time that I know of. We just know that we have to keep an eye on them.</p>		<p>will be in the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home. The Program Manager will visit the home at least weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and the Office Coordinator will monitor time and attendance for the home at least five times weekly to ensure that staffing ratios are consistent to the scheduled hours in the home.</p> <p><b>Completion date: 01/28/2016</b></p>	

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	<p>[Client #4] is not allowed upstairs and they are never left alone in the same room unsupervised." When asked if there were two staff on duty in the group home during the morning hours between 6:00 AM and 8:00 AM when the clients prepared for their day services, staff #1 stated, "We used to have a split shift to help cover the morning. There's only one person on overnight shift (12:00 AM through 8:00 AM). The split shift worked from 6:00 AM through 8:00 AM to help get the clients up and ready for workshop. They took the split shift away, I used to work it and then come back in for the rest of my shift from 2:00 PM through 9:00 PM. When they took it away [Former Home Manager (FHM) #1] would come in and cover the split shift. Since he's been gone (September 2015) it's not always covered. Sometimes [Current Home Manager #1] comes in but there's not a shift anymore that I know of." When asked if one staff working in the morning hours could supervise clients #4 and #6 while completing the morning routine such as administering medications in the medication administration room, staff #1 stated, "No."</p> <p>Staff #4 was interviewed on 12/15/15 at 7:05 AM. Staff #4 indicated he worked the overnight shift from 12:00 AM</p>			

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W 0227 Bldg. 00	<p>through 8:00 AM. Staff #4 indicated the clients in the home began waking for the day between 5:00 AM and 6:00 AM. Staff #4 stated, "It's usually just me. Sometimes [HM (Home Manager) #1] will come in but there's no scheduled shift. There used to be a 6:00 AM person that came in but not anymore." When asked if he could supervise the clients living in the home while administering the morning medications, staff #4 stated, "No, I usually have the guys go sit in the living room while I pass the medications. When I finish one's medications I have them ask the next person to come in to get their medications."</p> <p>Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #3's BSP (Behavior Support Plan) dated 5/19/15 indicated, "Inappropriate sexual behavior: Attempting to touch or actually touching any male clients (sic) private area."</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and</p>	W 0227	W227: The individual program	01/28/2016

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	<p>interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure clients #1 and #4's ISPs (Individual Support Plans)/BSPs (Behavior Support Plans) addressed clients #1 and #4's identified behavioral needs.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/14/15 from 4:35 PM through 6:15 PM. Client #1 was observed in the home throughout the observation period. At 4:35 PM, client #1 was standing in the home's kitchen area and began loudly making inarticulate words/sounds, moving his body around while manipulating his hands in a stereotypical manner (repetitive, exaggerated, non-productive). Client #1 placed his hands in the surveyor's face and waved his hands and fingers while making inarticulate audible sounds. Staff #3 redirected client #1 to leave the kitchen area. Client #1 exited the kitchen area and returned to his bedroom area. Throughout the observation period, client #1 paced between his bedroom area and kitchen area. Client #1 would go to his room and bang his hands on the walls and then come to the kitchen area and loudly make inarticulate words/sounds while attempting to put his hands in clients #1, #2, #5 and #8's faces. Staff #1 and staff</p>		<p>plan states the specific objectives necessary to meet the clients' needs, as identified by the comprehensive functional assessment required by paragraph (c)(3) of this section.</p> <p><b>Corrective Action: (Specific):</b> Client #1 and #4 will have their Individual Support Plan and Behavior Support Plan reviewed as well as the comprehensive functional assessment by the Program Manager and a behavior clinician to determine if any changes need to be made to their plans. Any changes necessary will be made, all staff in the home will be trained on any changes, and plans will be implemented and monitored.</p> <p><b>How others will be identified: (Systemic):</b> All other clients in the home will have their Individual Support Plan and Behavior Support Plan reviewed as well as the comprehensive functional assessment by the Program Manager and a behavior clinician to determine if any changes need to be made to their plans. Any changes necessary will be made, all staff in the home will be trained on any changes, and plans will be implemented and monitored. The</p>	

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	<p>#3 redirected client #1 from the kitchen area and reminded client #1 that his father would not like his behavior.</p> <p>Staff #1 was interviewed on 12/15/15 at 5:00 PM. Staff #1 indicated client #1 loudly made inarticulate words/sounds and got in his housemates' faces.</p> <p>Client #6 was interviewed on 12/16/15 at 1:30 PM. Client #6 stated, "I don't like [client #1]. He's always yelling. He puts his hands in my face and I don't like it."</p> <p>Client #3 was interviewed on 12/16/15 at 1:10 PM. Client #3 indicated client #1 was loudly made inarticulate words/sounds and hits stuff.</p> <p>Client #7 was interviewed on 12/16/15 at 1:20 PM. Client #7 indicated client #1 liked to loudly make inarticulate words/sounds. Client #7 indicated client #1 put his hands in his peers' faces.</p> <p>HM (Home Manager) #1 was interviewed on 12/15/15 at 1:17 PM. HM #1 indicated client #1's behaviors included, but were not limited to, yelling, screaming, banging his hands or head on walls or doors and invading other peoples' personal space by putting his hands in their faces. HM #1 indicated client #1 screamed, yelled, banged on</p>		<p>Residential Manager will be in the home at least five times weekly to ensure that all clients' program plans and behavior support plans are being implemented as written. The Program Manager will be at the home at least weekly to ensure that all client program plans are being implemented as written.</p> <p><b>Measures to be put in place:</b> Client #1 and #4 will have their Individual Support Plan and Behavior Support Plan reviewed as well as the comprehensive functional assessment by the Program Manager and a behavior clinician to determine if any changes need to be made to their plans. Any changes necessary will be made, all staff in the home will be trained on any changes, and plans will be implemented and monitored.</p> <p><b>Monitoring of Corrective Action:</b> All other clients in the home will have their Individual Support Plan and Behavior Support Plan reviewed as well as the comprehensive functional assessment by the Program Manager and a behavior clinician to determine if any changes need to be made to their plans. Any changes necessary will be made,</p>	

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	<p>walls and put his hands in peoples faces on a daily basis in the group home. HM #1 indicated client #1's BSP dated 12/16/14 did not include specific objectives or interventions to address client #1's disruptive behavior or placing his hands in people's faces.</p> <p>Client #1's record was reviewed on 12/15/15 at 9:00 AM. Client #1's Narrative Progress Notes (NPNs) dated 8/1/15 through 12/15/15 indicated the following:</p> <p>- "8/13/15, [client #1] had a rough day today a very lot of yelling (sic)."</p> <p>- "8/17/15, [client #1] yelled and screamed all evening."</p> <p>- "8/18/15, [client #1] yelled and hit objects off and on all evening."</p> <p>- "8/19/15, [client #1] came home from work and did regular routine. He did a lot of yelling today."</p> <p>- "9/10/15, [client #1] slammed doors, screamed, yelled and got in people's faces."</p> <p>- "9/14/15, [client #1] very loud tonight, cussing and making noises."</p>		<p>all staff in the home will be trained on any changes, and plans will be implemented and monitored. The Residential Manager will be in the home at least five times weekly to ensure that all clients' program plans and behavior support plans are being implemented as written. The Program Manager will be at the home at least weekly to ensure that all client program plans are being implemented as written.</p> <p><b>Completion date: 01/28/2016</b></p>	

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	<p>- "9/21/15, [client #1's] behaviors has (sic) gotten worse. He's yelling, screaming and slapping."</p> <p>- "11/1/15, [client #1] has been yelling and hitting things all morning."</p> <p>- "11/10/15, [client #1] yelled most of the evening."</p> <p>Client #1's BSP dated 12/16/14 did not indicate specific objectives or interventions to address client #1's yelling, screaming and/or putting his hands in other people's faces.</p> <p>2. Client #6 was interviewed on 12/16/15 at 1:30 PM. When asked if he got along with his housemates, client #6 stated, "I don't like [client #4]." When asked if there was a reason why he didn't like client #4, client #6 stated, "Sometimes he tries to touch my backside (buttocks) and I don't like it. He, [client #4], tries to get me to come to his room. I don't like it. He, [client #4], said he'd bust me through the wall. He's tried to put his [penis] in my backside (buttocks)."</p> <p>Day Service Staff #1 was interviewed on 12/16/15 at 1:40 PM. Day Service Staff stated, "I had heard about an incident between [client #4] and [client #6] a while back but I don't remember any</p>			

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	<p>specifics. [Client #4] used to attend day services here with [client #6] but we didn't have any issues."</p> <p>Staff #2 was interviewed on 12/16/15 at 4:15 PM. When asked if client #6 had made allegations of sexual abuse regarding client #4, staff #2 stated, "[Client #6] has said things like '[Client #4]'s trying to touch my butt' or things like that." When asked if client #6's allegations had been reported, staff #2 stated, "I asked [staff #1] about and she said there was no way it could have happened because we always watch clients #4 and #6. So, we didn't report it." When asked if she was aware of any incidents regarding clients #4 and #6 regarding sexual inappropriate activity, staff #2 stated, "No, I personally haven't seen it. I've just always been told that they, [clients #4 and #6] can't be in the same room alone together. Everyone just says that we have to keep an eye on client #4 while he's in the same room with client #6. They shouldn't be in the same room together without supervision." When asked why clients #4 and #6 could not be in the same room together unsupervised, staff #2 stated, "It's just what I've been told. I've worked here about 5 months. I've heard that there was an incident between [clients #4 and #6] in the backyard. They were in the backyard</p>			

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	<p>and [client #4] was giving [client #6] [oral sex]. That was before I started working here. I don't know when it happened or the details it's just what I've been told."</p> <p>Staff #1 was interviewed on 12/16/15 at 4:30 PM. Staff #1 indicated she had worked at the group home for 5 years. When asked if client #6 had made any allegations of sexual abuse regarding client #4, staff #1 stated, "Yes, [client #6] has said at different times that [client #4] was touching his butt or things but there's no way it's true. They are never alone in the same room together without staff. [Client #6] has said stuff but when I ask [staff #3] about it there's no way it's true. We always keep [client #4] in supervision." When asked if there had been any incidents of sexual abuse regarding client s #4 and #6, staff #1 stated, "There was an incident a long time ago when [client #4] had taken out the garbage in the back yard. [Client #6] had snuck outside and when staff walked out back I was told they found [client #4] giving [client #6] a [oral sex]. That's the only time that I know of. We just know that we have to keep an eye on them. [Client #4] is not allowed upstairs and they are never left alone in the same room unsupervised."</p>			

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	<p>The day services Health and Safety Reports (HSRs) were reviewed on 12/16/15 at 1:00 PM. The review indicated the following:</p> <p>-HSR dated 5/9/14 indicated, "[Client #4] came in (sic) restroom and tried to touch a male co-worker (unidentified) and housemate (unidentified) on the penis. Co-worker reported to [unknown day service staff]."</p> <p>-HSR dated 9/30/14 indicated, "[Client #4] and [unknown female day service client] sitting (sic) next to each other next to (sic) flag pole. Staff noticed [client #4] putting his arm around [unknown female day service client] and had his hand on her backside (buttocks). Staff immediately stopped the inappropriate behavior and tried to separate [client #4] and [unknown female day services client] physically with no success. Both were non-compliant."</p> <p>-HSR dated 11/3/14 indicated, "[Client #4] had hand on female client's leg rubbing back and forth between upper thigh and knee on inside of leg."</p> <p>-HSR dated 11/6/14 indicated, "[Client #4] came up to client (unknown) and pressed (his) private parts against his arm. Witnessed by [unknown day service</p>			

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	<p>staff]. [Unknown day service staff] perceived this as sexually inappropriate because you could clearly tell where private parts were."</p> <p>-HSR dated 11/18/14 indicated, "A client (unknown) witnessed [client #4] rubbing a female client's (unknown) inner leg and arm. The client whom [client #4] touched also reported (sic) incident after she calmed down."</p> <p>-HSR dated 4/6/15 indicated, "Witnessed/observed [client #4] rubbing a female on the [buttocks]."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/14/15 at 2:33 PM. The review indicated the following:</p> <p>-BDDS report dated 11/17/15 indicated client #4's employment from his day services was terminated regarding inappropriate sexual behavior toward a female co-worker. The 11/17/15 BDDS report indicated, "[Client #4] walked over to her and grabbed her breasts."</p> <p>Client #4's record was reviewed on 12/15/15 at 12:40 PM. Client #4's BSP (Behavior Support Plan) dated 5/19/15 indicated, "Inappropriate sexual behavior:</p>			

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W 0260  Bldg. 00	<p>Attempting to touch or actually touching any male client's private area." Client #4's 5/19/15 BSP did not indicate documentation regarding how staff should supervise client #4's interactions with his housemates or specifically client #6. Client #4's 5/19/15 BSP did not indicate documentation of specific interventions to address client #4's sexually inappropriate behavior towards females.</p> <p>ED (Executive Director) #1 was interviewed on 12/18/15 at 10:21 AM. ED #1 indicated there had been an allegation of sexual abuse regarding clients #4 and #6 involving alleged oral sex in the group home's backyard. ED #1 stated, "I don't have the information right now but I think that was about 4 or 5 years ago."</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 1 of 4 sample clients (#3), the facility failed to ensure client #3's ISP (Individual Support Plan) was reviewed</p>	W 0260	<p><b>W260:</b> At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph</p>	01/28/2016

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	<p>on an annual basis.</p> <p>Findings include:</p> <p>Clients #3's record was reviewed on 12/15/15 at 11:47 AM. Client #3's ISP dated 11/12/14 did not indicate annual review or revision since 11/12/14.</p> <p>PM (Program Manager) #1 was interviewed on 12/15/15 at 1:56 PM. PM #1 indicated that client #3's ISP should be reviewed annually.</p> <p>9-3-4(a)</p>		<p>(c) of this section.</p> <p><b>Corrective Action: (Specific):</b> The QIDP will be in-serviced on integrating, coordinating and monitoring client program plans, monitoring client's formal objectives for progression/regression of skills, annual review of all clients' ISP and ensuring that a behavior support clinician is available when indicated to develop and implement behavior support plans. Client #3's ISP will be reviewed as an annual review and changes that are needed will be made, implemented and monitored.</p> <p><b>How others will be identified: (Systemic):</b> All client program plans at the home will be reviewed including progression/regression of skills. A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. All other clients' in the home will have a review of</p>	

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			<p>their current ISP to ensure that annual reviews have been completed and that regression/progression of formal objectives have been completed; any areas needing revision will be revised, implemented and monitored. The Program Manager will visit the home at least weekly to review client program plans to ensure that formal objectives are being monitored for progression/regression, that all clients plans are reviewed annually and that revisions are made as indicated.</p> <p><b>Measures to be put in place:</b> The QIDP will be in-serviced on integrating, coordinating and monitoring client program plans, monitoring client's formal objectives for progression/regression of skills, annual review of all clients' ISP and ensuring that a behavior support clinician is available when indicated to develop and implement behavior support plans. Client #3's ISP will be reviewed as an annual review and changes that are needed will be made, implemented and monitored.</p>	

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			<p><b>Monitoring of Corrective Action:</b> All client program plans at the home will be reviewed including progression/regression of skills. A behavior clinician will review all other clients' behavior support plans in the home for any changes that need to be made, will make necessary changes, train staff, implement and monitor plans. All other clients' in the home will have a review of their current ISP to ensure that annual reviews have been completed and that regression/progression of formal objectives have been completed; any areas needing revision will be revised, implemented and monitored. The Program Manager will visit the home at least weekly to review client program plans to ensure that formal objectives are being monitored for progression/regression, that all clients plans are reviewed annually and that revisions are made as indicated.</p> <p><b>Completion date: 01/28/2016</b></p>	

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

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