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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G075 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/03/2016 |
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| NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST | STREET ADDRESS, CITY, STATE, ZIP CODE 4422 LAKE AVE FORT WAYNE, IN 46815 |
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| W 0000 Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 1, 2 and 3, 2016.</p> <p>Facility number: 000619 Provider number: 15G075 AIM number: 100233750</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/10/16.</p> | W 0000 | | |
| W 0149 Bldg. 00 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview, the facility failed to implement their policy and procedures to protect clients from abuse, neglect and exploitation. The facility failed to develop and implement effective corrective action to address a pattern of physical aggression by client #2 affecting</p> | W 0149 | <p>Client #2's behavior support plan has been updated to include the actual number of physical aggression incidents, use weighted garments, the required level of supervision and the appropriate proximity of client #2 to peers.</p> <p>Person Responsible: Behavior Consultant Completion Date: 6/20/16</p> | 07/03/2016 |

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>3 of 4 sampled clients (clients #1, #4 and #5) and 3 additional clients (clients #3, #6 and #8). The facility failed for 2 of 41 incidents reviewed to report peer to peer physical aggression as per facility policy and procedure.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and internal incident reports were reviewed on 6/1/16 at 1:27 PM and indicated the following reports of physical aggression by client #2:</p> <p>1. For client #5:</p> <p>1.1) A report dated 10/6/15 indicated client #5 was legally deaf and legally blind. On October 5, a city bus driver reported that client #2 was hit and her glasses taken off by client #2 while riding the bus. There were no injuries. Corrective action indicated staff would "monitor [client #5] and her housemate to prevent future incidents of physical aggression. Staff will offer counseling to [client #5] as needed."</p> <p>1.2) A report dated 11/7/15 indicated client #2 hit client #5 in the neck and shoulder area, and "her glasses were grabbed off her face and thrown to the</p> | | <p>Group Homeand Day Program staff will be trained on the updated behavior support plan</p> <p>PersonResponsible: Behavior Consultant CompletionDate: 7/3/16</p> <p>The BehaviorConsultant will create a communication book for client #2</p> <p>PersonResponsible: Behavior Consultant CompletionDate: 7/3/16</p> <p>Group Homestaff will be retrained on abuse prevention and the proper procedure forreporting abuse</p> <p>PersonResponsible: QIDP CompletionDate: 7/3/16</p> <p>Day Program staffwill be retrained abuse prevention and the proper procedure for reporting abuse</p> <p>PersonResponsible: Director of Adult Day CompletionDate: 7/3/16</p> <p>The SupportedLiving Standard Operating Procedures will be updated to indicate that theindividual's team should meet after three incidents of physical aggressionwithin one month. The meetings will be documented and plans will be updated ifthe team</p> | |

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| | <p>floor by a client (client #2)." Corrective action indicated staff "immediately checked [client #5] for injuries (sic) none at this time, she was comforted and glasses were given back."</p> <p>1.3) A report dated 11/22/15 indicated on 11/22/15 client #5 was hit by a roommate (client #2) while working on a craft. Corrective action indicated client #5 was immediately moved to another area.</p> <p>1.4) A report dated 1/28/16 indicated client #2 hit client #5 on the left side of her face and head. The report indicated staff followed client #2's behavior support plan which included physical aggression as a targeted behavior. There were no injuries found on client #5 and staff provided client #5 with emotional support. Corrective action indicated staff would monitor client #5 for injuries and continue to provide emotional support.</p> <p>1.5) A report dated 2/27/16 indicated client #2 "reached out and struck [client #5] across the face in a downward motion." The report indicated staff moved client #5 to a safe distance and checked her for injury and found none. Corrective action indicated client #5 would be monitored for injury and continue to provide emotional support to client #5. A follow up report dated</p> | | <p>recommends changes.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> <p>The QIDP will complete an observation at Lake Group Home checking to ensure that staff are following client #2's updated behavior support plan and reporting incidents of abuse twice a week for one month and then once a month ongoing. The observations will be documented and any issues noted will be corrected.</p> <p>PersonResponsible: Group Home QIDP CompletionDate: 7/3/16</p> <p>The behavior consultant will complete one observation Lake Group Home and one at the Day Program to ensure that staff are following client #2's updated behavior support each week for one month.</p> <p>PersonResponsible: Behavior Consultant CompletionDate: 7/3/16</p> <p>The Day Program Supervising Caseworker will complete an observation at the Day Program checking to ensure that staff are following client #2's updated behavior support plan and reporting incidents of abuse twice a week for one month and then</p> | |

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| | <p>3/10/16 indicated "Staff will continue to follow [client #2's] Behavior Support Plan (BSP). [Client #2] had an appointment on 3/21/16 to discuss effectiveness of her psych (psychiatric) medications."</p> <p>1.6) A report dated 3/13/16 (misdated) indicated client #5 was hit by client #2 on 4/13/16 while riding home on the city bus. Client #5 was assessed for injuries and there were none. Corrective action indicated client #5 was offered emotional support.</p> <p>1.7) A report dated 4/30/16 indicated staff "noticed that [client #5's] face was red due to being slapped by one of her roommates. [Client #5] did not disclose any pain or injury; just redness on her cheek." Corrective action indicated staff would monitor client #5 for any discomfort or pain on her cheek. Staff with also continue to provide client #5 for emotional support.</p> <p>For client #4:</p> <p>1.8) A report dated 11/21/15 indicated client #4 was diagnosed with mental retardation, mild muscular dystrophy, and used a walker, gait belt and wheelchair for ambulation. Client #4 was hit by client #2 after client #2 "became</p> | | <p>once amonth ongoing. The observations will be documented and any issues noted will becorrected.</p> <p>PersonResponsible: Day Program Supervising Caseworker CompletionDate: 7/3/16</p> <p>The QIDP andBehavior Consultant will be retrained on updating plans and implementingrecommendations from team meetings.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> <p>The Directorof Group Home Services will audit the client records quarterly to ensure thatall behavior support plans are appropriate and include current behavior rates.The audit will be documented and any issues will be corrected.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> | |

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| | <p>angered." Corrective action indicated client #4 was assessed and there was no injury. Staff "will continue to monitor [client #4] for any signs of injury."</p> <p>1.9) A report dated 3/31/16 indicated client #2 hit client #4 in the chest area while watching TV. Corrective action indicated client #4 was assessed and no injury was found. "Staff will continue to monitor [client #4] for any signs of injury and provide emotional support." Corrective action in the report submitted for client #2 indicated staff removed client #2 from the area and followed her BSP. Client #2 was "cooperative with staff and remained in another room with staff to prevent physical aggression to anyone else. [Client #2] was provided emotional support..."</p> <p>1.10) A report dated 4/6/16 indicated client #2 hit client #4 on top of the head while watching TV. Staff redirected client #2 to stop and there were no injuries to client #4. Corrective action indicated "staff will continue to monitor and provide emotional support to both clients and assist with preventing any further physical aggression toward housemates."</p> <p>For client #6:</p> | | | |

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| | <p>1.11) A report dated 10/8/15 indicated client #6 was scratched on her right arm from elbow to wrist and hit in her right eye by client #2. Client #6 was moved to a safe area to be checked over for injuries. Corrective action indicated staff "provided emotional support and talked to [client #6] while checking her over and cleaning scratches."</p> <p>1.12) A report dated 1/20/16 indicated client #6 was hit by client #2 while watching TV. Corrective action indicated staff offered emotional support to client #6 and staff would monitor clients #2 and #6 "to prevent this from happening."</p> <p>For client #8:</p> <p>1.13) A report dated 2/6/16 indicated client #8 was hit on his upper arm by client #2 while watching TV. Client #2 was removed from the area and client #8 was offered emotional support.</p> <p>1.14) A report dated 10/7/15 indicated on 10/5/15 client #8 was hit by client #2 twice when riding the city bus on his left arm and on the left side of his face. Client #8 was checked and there were no injuries. Corrective action indicated "staff has been told they need to report all incidents as soon as they have knowledge. Staff will monitor [client #8]"</p> | | | |

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| | <p>and his housemate to prevent future incidents of physical aggression. Staff will offer counseling to [client #8] as needed."</p> <p>For client #1:</p> <p>1.15) A report dated 4/13/16 indicated client #2 hit client #1 twice on his back when client #2 was asked to slow down her rate of eating. Corrective action indicated "Staff will continue to follow [client #2's] behavior plan as needed. [Client #2] has an initial psychological appointment on April 29, 2016."</p> <p>For client #3:</p> <p>1.16) A report dated 4/16/16 indicated client #2 hit client #3 while walking towards the bathroom after staff called her to take a bath. Corrective action indicated staff intervened and "verbally/signed for [client #2] to stop and redirected her. There were no injuries and no future incidents." Corrective action indicated "staff will continue to monitor and provide emotional support to both clients and assist with preventing any further physical aggression toward housemates."</p> <p>For day services:</p> | | | |

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| | <p>1.17) A report dated 10/6/15 and reported 11/6/15 indicated client #2 "pushed a peer into the wall in a hard fashion without provocation." Corrective action indicated client #2 was redirected away from the peer. The peer was checked for injury (none was indicated in the report), and offered emotional support. Client #2's "behavior plan was followed. This report was submitted late due to uncertainty with if it was reportable or not."</p> <p>1.18) A report dated 10/9/15 and submitted on 11/9/15 indicated on 10/9/15 client #2 "dumped a drink on the floor and hit a peer (unidentified) on her head with the back of her hand without provocation." Corrective action indicated client #2 was redirected away from the peer and there were no further episodes of aggression and her behavior plan was followed. The report indicated the incident was not reported timely to BDDS as the incident was emailed to an incorrect email address for the day services supervisor.</p> <p>1.19) A report dated 11/6/15 and reported 11/6/15 indicated client #2 "walked up to a peer (unidentified) and hit her on the top of her head of the head without provocation." Corrective action indicated client #2 was kept away from the peer the</p> | | | |

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| | <p>remainder of the day and her behavior plan was followed.</p> <p>1.20) A report dated 11/7/15 indicated while on a community outing at an auditorium client #2 hit one of her roommates (unidentified) in the neck and shoulder area, "she grabbed the glasses from roommate's face and threw them to the ground." Corrective action indicated staff removed her from the area and remained outside of the auditorium to prevent future physical aggression.</p> <p>1.21) A report dated 12/21/15 client #2 "became agitated from the noise of another client. [Client #2] got up and hit another client (unidentified) in the back of the head." Corrective action indicated "Staff will monitor [client #2] more closely. Staff will not sit [client #2] too close to her peers."</p> <p>1.22) A report dated 1/7/16 indicated client #2 hit herself in the face and picked up a chair and threw it to the ground. When one of her peers began laughing client #2 hit that peer (unidentified) on the top of her head. Corrective action indicated client #2 "was taken for a walk to give her a break per her behavior plan. She came back and there were no further issues."</p> | | | |

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| | <p>1.23) A report date 1/26/16 indicated client #2 hit a peer on the arm when the peer (unidentified) reported to staff that client #2 was moving a recliner in the room. Corrective action indicated client #2 was taken for a walk to take a break per her behavior plan.</p> <p>1.24) A report dated 1/27/16 indicated client #2 pushed an unidentified peer out of her chair. Corrective action indicated client #2 was taken for a walk and residential staff were called to take client #2 home.</p> <p>1.25) A report dated 4/20/16 indicated client #2 "hit a peer (unidentified) on the top of the head. She also hit her behavioral consultant...and program staff..." Corrective action indicated client #2 was taken for a walk and taken to the sensory room per her behavior plan. "The peer was offered emotional support and checked for injuries. The peer did not appear to experience any ill effects."</p> <p>1.26) A report dated 5/16/16 indicated client #2 hit a peer on the top of the head. Corrective action indicated the peer was offered "emotional support and checked for injuries. The peer did not appear to experience any ill effects. There were no further instances the rest of the day."</p> | | | |

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| | <p>A note dated 11/9/15 filed with the BDDS reports for client #2 indicated "On November 6, 2015 (sic) it was brought to the attention of the Director of Adult Day that [client #2] has numerous of (sic) behavior reports formulated by day programming (sic) for hitting other clients. According to ESARC (Easter Seals Arc) policy, any client to client aggression (with intent to cause harm) needs a follow up BDDS report...After researching the incidents, it was found that a great deal of the behavioral incidents were not to cause harm. The staff expressed that numerous of (sic) times [client #2] was walking around and tapping everyone in the classroom with no intention to cause harm...Incidents 10/6, 10/9, 11/6 (2015) were all reportable incidents and the supervisor sent these BDDS reports through late due to the uncertainty of the incident and it being BDDS reported." There was no evidence in the BDDS report of the 11/6/15 report that the note indicated had been reported late.</p> <p>Observations were completed at the group home on 6/1/16 from 4:19 PM to 5:42 PM and again on 6/2/16 from 6:15 AM until 7:41 AM. Client #2 was offered and wore a thick quilted cape and lap blanket during both observations while seated on furniture. During the evening</p> | | | |

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| | <p>observation, client #2 sat on the sofa next to client #1. Client #2 sat at a table height counter during the evening meal.</p> <p>Throughout both observations client #2 sat periodically unattended by other staff while within arm's length of other clients including client #4 and within 3 feet of client #5 for 2 minutes or less while watching TV and waiting for the bus. Client #2 was not observed to use a communication book throughout the observations.</p> <p>Direct support staff #2 was interviewed on 6/1/16 at 4:38 PM. Staff #2 indicated client #2 had gone into client #4's room last night and client #4 had called out to staff to come and remove client #2 from her room. She stated client #2 would hit "without warning," but her behavior had improved since she started psychotropic medication.</p> <p>The house manager was interviewed on 6/1/16 at 4:50 PM and stated client #2 sat at the counter because "she hits people or takes their food," and indicated she would remain eating at the counter until her behavior improved. The house manager indicated client #2 liked to be in the kitchen and had eaten out of pans and drank directly from the water faucet when she first came to the group home. The house manager stated client #2 no longer</p> | | | | | | |

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| | <p>rode the city bus and "got kicked off" a month ago.</p> <p>The city bus driver who transported the group home clients to day services was interviewed on 6/2/16 at 7:10 AM and indicated she had been driving the clients for at least 6 months and group home staff did not ride the bus with the clients.</p> <p>Client #2's records were reviewed on 6/2/16 at 12:23 PM. A BSP (Behavior Support Plan) dated 8/13/15 and revised 1/4/16 (added Seroquel), 2/9/16 (increased Seroquel) and 2/9/16 (added Zolof) indicated target behaviors of self injury (hitting or scratching her arm), sleep disturbance (getting to sleep/maintaining sleep), physical aggression (hitting or shoving) and life role transition (anger, fear, grief and depression). Replacement behaviors/adaptive training's indicated staff were to monitor client #2 for "signs that she is upset such as facial expressions, a non-typical look in her eyes or self-abuse. Staff will work with [client #2] to figure out what she is trying to communicate." The plan indicated staff should remove other clients and give client #2 a break to calm down when she exhibited self injurious behavior or physically aggressive behavior. For physical aggression, staff were to offer</p> | | | |

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| | <p>music with headphones and praise her by name when she calmed down and "Ask her to give you a high five." The plan indicated an objective to "reduce her physical aggression from 2 per year to 0 per year," and failed to include a revision to client #2's objective to reflect the actual number of client #2's physically aggressive incidents. The plan did not indicate the level of supervision needed to address client #2's aggression towards others/provide support for client #2 such as staff's proximity to client #2 or her proximity to others. The plan did not include the use of weighted garments.</p> <p>Individual Client Team Meeting notes included in the record indicated on 12/8/15 the interdisciplinary team (IDT) met to discuss a psychiatric evaluation for client #2. The behavioral specialist indicated client #2 had not hit anyone for a week, but still recommended an evaluation due to her short attention span and the short period of time she had not hit anyone. The behavior specialist "was concerned about [client #2's] lack of communication." Client #2's guardian did not want a psychiatrist to evaluate client #2 and "She said 'there is nothing wrong with [client #2].'" Recommendations indicated the behavioral specialist would continue to work with client #2 and the need for a psychiatrist would be reviewed</p> | | | |

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| | <p>in 2 months and client #2 "will begin using a communication book." IDT notes dated 2/9/16 indicated the subject of the meeting was client #2's physical aggression. Discussion summary indicated "cannot be left unattended, get headphones for ADC (Adult Developmental Center)" and recommendations indicated "rearrange ADC room so [client #2] is close to staff."</p> <p>A Residential Services Psychotropic Medication Review Form dated 5/12/16 in the record indicated client #2 took Seroquel 25 mg (milligrams) twice daily and Sertraline 50 mg. "Psychiatric diagnosis: History of physical aggression and self-abuse...Mom has previously been resistive to psychiatric services. She did agree to this evaluation." The form indicated client #2 engaged in physically aggressive behavior 14 times in September, 2015, 9 times in October, 2015, 13 times in November, 2015, 3 times in December, 2015, 12 times in January, 2016, 4 times in February, 2016, 3 times in March, 2016, and 11 times in April, 2016.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/2/16 at 3:58 PM and indicated client #2's rates of physically</p> | | | | |

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| | <p>aggressive behavior had improved recently and she had not had an incident of physical aggression since 5/2/16 at the group home and since 5/17/16 at day services. She indicated it had been difficult to get client #2's guardian to agree to psychiatric services and client #2 had just gone for an initial psychiatric evaluation on 5/12/16. When asked what steps were being taken to protect other clients from client #2's physically aggressive behavior, she indicated staff were to be aware of her whereabouts and client #2 was to be kept engaged in table activities such as sorting puzzle pieces that she enjoys. She stated, "It's a work in progress." She indicated there was no supervision level specified in client #2's current BSP and it was being revised by the behavior specialist. She indicated the original objective targeting client #2's physically aggressive behavior in her BSP had been based upon initial information provided about client #2's behavior upon admission in 8/15 and it had not been updated yet by the behavior specialist who had written client #2's plan.</p> <p>2. A BDDS report dated 10/31/15 and reported 11/2/15 indicated on 10/31/15 client #2's relative "slapped her hard twice. Staff reported that prior to [client #2] being slapped; (sic) [client #2] had</p> | | | |

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| | <p>dumped her water twice. This all took place during mealtime." Corrective action indicated "This report is late because this writer (QIDP) did not find out about the incident until 11/2/15. Staff will report all incidents of abuse, neglect and exploitation as soon as they happen. Director will counsel with [client #2's relative] and tell her that slapping [client #2] is not tolerated at Easter Seals. Easter Seals is working on getting [client #2] a behavioral consultant to address mealtime behaviors."</p> <p>The Director of Quality Assurance was interviewed on 6/2/16 at 12:30 PM and indicated there was not a formal investigation completed into the incident as the alleged abuse involved a relative and had been reported to Adult Protection Services for their investigation. She indicated the group home had completed corrective action by retraining staff on reporting requirements and the facility's abuse, neglect and mistreatment policies and procedures. She indicated the director had spoken to the relative in regards to the prohibition of abuse, neglect and mistreatment to any client receiving services.</p> <p>An email from the Director of Residential Services dated 11/3/15 was reviewed on 6/2/16 at 2:39 PM and indicated, "Staff, I</p> | | | |

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| | <p>know that dealing with parents and guardians of the clients can be difficult at times (sic) but I want you to understand that we do not tolerate abuse, neglect, or exploitation of our clients by anyone. You should always step in to protect the client. If you witness a family member becoming abusive with a client, you need to tell them to stop. Advise the family member that what they are doing is considered abuse and we will have to report it to APS. If the family member does not stop, call the police. You should always report abuse, neglect or exploitation immediately to your supervisor or to the call center. If you (sic) supervisor is not working and you don't feel comfortable with something that a family member is doing or you feel you need assistance, please call the call center and they can send an on-call supervisor out to help. Thanks, [Director of Residential Services]." Attached staff training indicated all the staff in the group home had received training on the facility's Abuse, Neglect and Exploitation policies and abuse, neglect or exploitation by family members on 11/3/15.</p> <p>An attached statement signed by the Director of Residential Services dated 11/3/15 indicated the Director of Residential Services had spoken to client</p> | | | |

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| | <p>#2's relative. The relative "said she did slap her and that is how she has always dealt with her kids misbehaving but she feels bad about it now." The Director of Residential Services "told her [client #2] is an adult and it's not OK to hit her. I also told her that we will have to report the incident to APS. [Client #2's relative] said she's sorry that she hit her because she knows that [client #2] was just trying to communicate with her. [Client #2's] relative said she wouldn't hit her in the future. [Client #2's relative] and I then discussed the possible reasons for [client #2's] physical aggression lately. I suggested that we get a behavioral consultant for [client #2] and get her an appointment with a psychiatrist. [Client #2's relative] agreed to the behavioral consultant but said that she didn't like the idea of her seeing a psychiatrist. We also talked about [client #2's] routines while living at home to see if we can make adjustments to her schedule."</p> <p>The QIDP was interviewed on 6/3/16 at 2:59 PM and indicated the BDDS reports in regards to the alleged abuse by client #2's relative and regarding the incidents on the bus that were reported late had not been reported to her timely.</p> <p>The facility's policy "Client and Staff...Staff Client Relationships updated</p> | | | |

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| | <p>2014 was reviewed on 6/1/16 at 2:13 PM and indicated in part, "...Abuse, neglect, exploitation and mistreatment of an individual or any violation of an Individual's rights are expressly forbidden. Some examples are listed below:...Suspected instances of neglect, abuse, exploitation, client mistreatment or any infractions of this Policy by staff or anyone else must be reported to the supervisor, Director/Assistant Director or Quality Director immediately...." The policy indicated any instances of abuse, neglect, exploitation client mistreatment or infractions of the policy would be investigated and clients' basic legal, civil and human rights should be protected. Standard Operating Procedures regarding Health and Safety and Unusual Event/Incident Reporting and Follow up included in the policy dated 3/23/11 indicated incidents should be reported and "Significant incidents include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including, but not limited to: ...Alleged, suspected or actual abuse, which includes but is not limited to: a. physical abuse, including, but not limited to: i. intentionally touching another person in a rude, insolent or angry manner; ii. willful infliction of injury...Peer-to-peer aggression when the</p> | | | |

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| W 0153 Bldg. 00 | <p>intent of the aggressor is to cause harm." The procedure indicated "Any needed action to provide for the safety of the clients will be immediately be provided. The Manager of Residential Services or designee, in consultation with others as needed, will determine if systemic actions need to be taken to prevent further such incidents...."</p> <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, the facility failed for 4 of 41 incidents reviewed to report peer to peer physical aggression involving 1 of 3 sampled clients (client #2) and 1 additional client</p> | W 0153 | <p>Group Homestaff will be retrained on the proper procedure for reporting abuse</p> <p>PersonResponsible: QIDP CompletionDate: 7/3/16</p> | 07/03/2016 |

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| | <p>(client #8) to administrative staff and to BDDS (Bureau of Developmental Disabilities Services) as per facility policy and procedure and in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the BDDS and internal incident reports were reviewed on 6/1/16 at 1:27 PM and indicated the following reports of physical aggression by client #2:</p> <p>1. A report dated 10/7/15 indicated on 10/5/15 client #8 was hit by client #2 twice when riding the city bus on his left arm and on the left side of his face. Client #8 was checked and there were no injuries. Corrective action indicated "staff has been told they need to report all incidents as soon as they have knowledge. Staff will monitor [client #8] and his housemate to prevent future incidents of physical aggression. Staff will offer counseling to [client #8] as needed."</p> <p>2. A report dated 10/6/15 and reported while at day services 11/6/15 indicated client #2 "pushed a peer into the wall in a hard fashion without provocation." Corrective action indicated client #2 was redirected away from the peer. The peer</p> | | <p>Day Program staff will be retrained on the proper procedure for reporting abuse</p> <p>Person Responsible: Director of Adult Day Completion Date: 7/3/16</p> <p>The Group Home QIDP will complete an observation at Lake Group Home checking to ensure that staff are reporting incidents of abuse twice a week for one month and then once a month ongoing. The observations will be documented and any issues noted will be corrected.</p> <p>Person Responsible: QIDP Completion Date: 7/3/16</p> <p>The Day Program Supervising Caseworker will complete an observation at the Day Program checking to ensure that staff are reporting incidents of abuse twice a week for one month and then once a month ongoing. The observations will be documented and any issues noted will be corrected.</p> <p>Person Responsible: Day Program Supervising Caseworker Completion Date: 7/3/16</p> | |

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| | <p>was checked for injury (none was indicated in the report), and offered emotional support. Client #2's "behavior plan was followed. This report was submitted late due to uncertainty with if it was reportable or not."</p> <p>3. A report dated 10/9/15 and submitted on 11/9/15 indicated while at day services on 10/9/15 client #2 "dumped a drink on the floor and hit a peer (unidentified) on her head with the back of her hand without provocation." Corrective action indicated client #2 was redirected away from the peer and there were no further episodes of aggression and her behavior plan was followed. The report indicated the incident was not reported timely to BDDS as the incident was emailed to an incorrect email address for the day services supervisor.</p> <p>A note dated 11/9/15 filed with the BDDS reports for client #2 indicated "On November 6, 2015 (sic) it was brought to the attention of the Director of Adult Day that [client #2] has numerous of (sic) behavior reports formulated by day programming (sic) for hitting other clients. According to ESARC (Easter Seals Arc) policy, any client to client aggression (with intent to cause harm) needs a follow up BDDS report...After researching the incidents, it was found</p> | | | |

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| | <p>that a great deal of the behavioral incidents were not to cause harm. The staff expressed that numerous of (sic) times [client #2] was walking around and tapping everyone in the classroom with no intention to cause harm...Incidents 10/6, 10/9, 11/6 (2015) were all reportable incidents and the supervisor sent these BDDS reports through late due to the uncertainty of the incident and it being BDDS reported." There was no evidence in the BDDS report of the 11/6/15 report that the note indicated had been reported late.</p> <p>4. A BDDS report dated 10/31/15 and reported 11/2/15 indicated on 10/31/15 client #2's relative "slapped her hard twice. Staff reported that prior to [client #2] being slapped; (sic) [client #2] had dumped her water twice. This all took place during mealtime." Corrective action indicated "This report is late because this writer (QIDP) did not find out about the incident until 11/2/15. Staff will report all incidents of abuse, neglect and exploitation as soon as they happen. Director will counsel with [client #2's relative] and tell her that slapping [client #2] is not tolerated at Easter Seals. Easter Seals is working on getting [client #2] a behavioral consultant to address mealtime behaviors."</p> | | | |

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| W 0157 Bldg. 00 | <p>The QIDP was interviewed on 6/3/16 at 2:59 PM and indicated the BDDS reports in regards to the alleged abuse by client #2's relative and regarding the incident on the bus that were reported late had not been reported to her timely.</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.</p> <p>Based on observation, record review and interview, the facility failed to develop and implement effective corrective action to address a pattern of physical aggression by client #2 affecting 3 of 4 sampled clients (clients #1, #4 and #5) and 3 additional clients (clients #3, #6 and #8).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities</p> | W 0157 | <p>Client #2's behavior support plan has been updated to include the actual number of physical aggression incidents, use weighted garments, the required level of supervision and the appropriate proximity of client #2 to peers.</p> <p>Person Responsible: Behavior Consultant Completion Date: 6/20/16</p> <p>Group Home and Day Program staff will be trained on the updated behavior support plan</p> | 07/03/2016 |

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| | <p>Services (BDDS) and internal incident reports were reviewed on 6/1/16 at 1:27 PM and indicated the following reports of physical aggression by client #2:</p> <p>1. For client #5:</p> <p>1.1) A report dated 10/6/15 indicated client #5 was legally deaf and legally blind. On October 5, a city bus driver reported that client #2 was hit and her glasses taken off by client #2 while riding the bus. There were no injuries. Corrective action indicated staff would "monitor [client #5] and her housemate to prevent future incidents of physical aggression. Staff will offer counseling to [client #5] as needed."</p> <p>1.2) A report dated 11/7/15 indicated client #2 hit client #5 in the neck and shoulder area, and "her glasses were grabbed off her face and thrown to the floor by a client (client #2)." Corrective action indicated staff "immediately checked [client #5] for injuries (sic) none at this time, she was comforted and glasses were given back."</p> <p>1.3) A report dated 11/22/15 indicated on 11/22/15 client #5 was hit by a roommate (client #2) while working on a craft. Corrective action indicated client #5 was immediately moved to another area.</p> | | <p>PersonResponsible: Behavior Consultant CompletionDate: 7/3/16</p> <p>The BehaviorConsultant will create a communication book for client #2</p> <p>PersonResponsible: Behavior Consultant CompletionDate: 7/3/16</p> <p>Group Homestaff will be retrained on abuse prevention and the proper procedure forreporting abuse</p> <p>PersonResponsible: QIDP CompletionDate: 7/3/16</p> <p>Day Program staffwill be retrained abuse prevention and the proper procedure for reporting abuse</p> <p>PersonResponsible: Director of Adult Day CompletionDate: 7/3/16</p> <p>- The SupportedLiving Standard Operating Procedures will be updated to indicate that theindividual's team should meet after three incidents of physical aggressionwithin one month. The meetings will be documented and plans will be updated ifthe team recommends changes.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> | |

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| | <p>1.4) A report dated 1/28/16 indicated client #2 hit client #5 on the left side of her face and head. The report indicated staff followed client #2's behavior support plan which included physical aggression as a targeted behavior. There were no injuries found on client #5 and staff provided client #5 with emotional support. Corrective action indicated staff would monitor client #5 for injuries and continue to provide emotional support.</p> <p>1.5) A report dated 2/27/16 indicated client #2 "reached out and struck [client #5] across the face in a downward motion." The report indicated staff moved client #5 to a safe distance and checked her for injury and found none. Corrective action indicated client #5 would be monitored for injury and continue to provide emotional support to client #5. A follow up report dated 3/10/16 indicated "Staff will continue to follow [client #2's] Behavior Support Plan (BSP). [Client #2] had an appointment on 3/21/16 to discuss effectiveness of her psych (psychiatric) medications."</p> <p>1.6) A report dated 3/13/16 (misdated) indicated client #5 was hit by client #2 on 4/13/16 while riding home on the city bus. Client #5 was assessed for injuries</p> | | <p>The QIDP will complete an observation at Lake Group Home checking to ensure that staff are following client #2's updated behavior support plan and reporting incidents of abuse twice a week for one month and then once a month ongoing. The observations will be documented and any issues noted will be corrected.</p> <p>Person Responsible: Group Home QIDP Completion Date: 7/3/16</p> <p>The behavior consultant will complete one observation Lake Group Home and one at the Day Program to ensure that staff are following client #2's updated behavior support each week for one month.</p> <p>Person Responsible: Behavior Consultant Completion Date: 7/3/16</p> <p>The Day Program Supervising Caseworker will complete an observation at the Day Program checking to ensure that staff are following client #2's updated behavior support plan and reporting incidents of abuse twice a week for one month and then once a month ongoing. The observations will be documented and any issues noted will be corrected.</p> | |

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| | <p>and there were none. Corrective action indicated client #5 was offered emotional support.</p> <p>1.7) A report dated 4/30/16 indicated staff "noticed that [client #5's] face was red due to being slapped by one of her roommates. [Client #5] did not disclose any pain or injury; just redness on her cheek." Corrective action indicated staff would monitor client #5 for any discomfort or pain on her cheek. Staff with also continue to provide client #5 for emotional support.</p> <p>For client #4:</p> <p>1.8) A report dated 11/21/15 indicated client #4 was diagnosed with mental retardation, mild muscular dystrophy, and used a walker, gait belt and wheelchair for ambulation. Client #4 was hit by client #2 after client #2 "became angered." Corrective action indicated client #4 was assessed and there was no injury. Staff "will continue to monitor [client #4] for any signs of injury."</p> <p>1.9) A report dated 3/31/16 indicated client #2 hit client #4 in the chest area while watching TV. Corrective action indicated client #4 was assessed and no injury was found. "Staff will continue to monitor [client #4] for any signs of injury</p> | | <p>PersonResponsible: Day Program Supervising Caseworker CompletionDate: 7/3/16</p> <p>The QIDP andBehavior Consultant will be retrained on updating plans and implementingrecommendations from team meetings.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> <p>The Directorof Group Home Services will audit the client records quarterly to ensure thatall behavior support plans are appropriate and include current behavior rates.The audit will be documented and any issues will be corrected.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> | | | | |

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| | <p>and provide emotional support." Corrective action in the report submitted for client #2 indicated staff removed client #2 from the area and followed her BSP. Client #2 was "cooperative with staff and remained in another room with staff to prevent physical aggression to anyone else. [Client #2] was provided emotional support..."</p> <p>1.10) A report dated 4/6/16 indicated client #2 hit client #4 on top of the head while watching TV. Staff redirected client #2 to stop and there were no injuries to client #4. Corrective action indicated "staff will continue to monitor and provide emotional support to both clients and assist with preventing any further physical aggression toward housemates.</p> <p>For client #6:</p> <p>1.11) A report dated 10/8/15 indicated client #6 was scratched on her right arm from elbow to wrist and hit in her right eye by client #2. Client #6 was moved to a safe area to be checked over for injuries. Corrective action indicated staff "provided emotional support and talked to [client #6] while checking her over and cleaning scratches."</p> <p>1.12) A report dated 1/20/16 indicated</p> | | | |

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| | <p>client #6 was hit by client #2 while watching TV. Corrective action indicated staff offered emotional support to client #6 and staff would monitor clients #2 and #6 "to prevent this from happening."</p> <p>For client #8:</p> <p>1.13) A report dated 2/6/16 indicated client #8 was hit on his upper arm by client #2 while watching TV. Client #2 was removed from the area and client #8 was offered emotional support.</p> <p>1.14) A report dated 10/7/15 indicated on 10/5/15 client #8 was hit by client #2 twice when riding the city bus on his left arm and on the left side of his face. Client #8 was checked and there were no injuries. Corrective action indicated "staff has been told they need to report all incidents as soon as they have knowledge. Staff will monitor [client #8] and his housemate to prevent future incidents of physical aggression. Staff will offer counseling to [client #8] as needed."</p> <p>For client #1:</p> <p>1.15) A report dated 4/13/16 indicated client #2 hit client #1 twice on his back when client #2 was asked to slow down her rate of eating. Corrective action</p> | | | |

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| | <p>indicated "Staff will continue to follow [client #2's] behavior plan as needed. [Client #2] has an initial psychological appointment on April 29, 2016."</p> <p>For client #3:</p> <p>1.16) A report dated 4/16/16 indicated client #2 hit client #3 while walking towards the bathroom after staff called her to take a bath. Corrective action indicated staff intervened and "verbally/signed for [client #2] to stop and redirected her. There were no injuries and no future incidents." Corrective action indicated "staff will continue to monitor and provide emotional support to both clients and assist with preventing any further physical aggression toward housemates."</p> <p>For day services:</p> <p>1.17) A report dated 10/6/15 and reported 11/6/15 indicated client #2 "pushed a peer into the wall in a hard fashion without provocation." Corrective action indicated client #2 was redirected away from the peer. The peer was checked for injury (none was indicated in the report), and offered emotional support. Client #2's "behavior plan was followed. This report was submitted late due to uncertainty with if it was reportable or</p> | | | |

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| | <p>not."</p> <p>1.18) A report dated 10/9/15 and submitted on 11/9/15 indicated on 10/9/15 client #2 "dumped a drink on the floor and hit a peer (unidentified) on her head with the back of her hand without provocation." Corrective action indicated client #2 was redirected away from the peer and there were no further episodes of aggression and her behavior plan was followed. The report indicated the incident was not reported timely to BDDS as the incident was emailed to an incorrect email address for the day services supervisor.</p> <p>1.19) A report dated 11/6/15 and reported 11/6/15 indicated client #2 "walked up to a peer (unidentified) and hit her on the top of her head of the head without provocation." Corrective action indicated client #2 was kept away from the peer the remainder of the day and her behavior plan was followed.</p> <p>1.20) A report dated 11/7/15 indicated while on a community outing at an auditorium client #2 hit one of her roommates (unidentified) in the neck and shoulder area, "she grabbed the glasses from roommate's face and threw them to the ground." Corrective action indicated staff removed her from the area and</p> | | | |

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| | <p>remained outside of the auditorium to prevent future physical aggression.</p> <p>1.21) A report dated 12/21/15 client #2 "became agitated from the noise of another client. [Client #2] got up and hit another client (unidentified) in the back of the head." Corrective action indicated "Staff will monitor [client #2] more closely. Staff will not sit [client #2] too close to her peers."</p> <p>1.22) A report dated 1/7/16 indicated client #2 hit herself in the face and picked up a chair and threw it to the ground. When one of her peers began laughing client #2 hit that peer (unidentified) on the top of her head. Corrective action indicated client #2 "was taken for a walk to give her a break per her behavior plan. She came back and there were no further issues."</p> <p>1.23) A report date 1/26/16 indicated client #2 hit a peer on the arm when the peer (unidentified) reported to staff that client #2 was moving a recliner in the room. Corrective action indicated client #2 was taken for a walk to take a break per her behavior plan.</p> <p>1.24) A report dated 1/27/16 indicated client #2 pushed an unidentified peer out of her chair. Corrective action indicated</p> | | | |

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| | <p>client #2 was taken for a walk and residential staff were called to take client #2 home.</p> <p>1.25) A report dated 4/20/16 indicated client #2 "hit a peer (unidentified) on the top of the head. She also hit her behavioral consultant...and program staff..." Corrective action indicated client #2 was taken for a walk and taken to the sensory room per her behavior plan. "The peer was offered emotional support and checked for injuries. The peer did not appear to experience any ill effects."</p> <p>1.26) A report dated 5/16/16 indicated client #2 had hit a peer on the top of the head. Corrective action indicated the peer was offered "emotional support and checked for injuries. The peer did not appear to experience any ill effects. There were no further instances the rest of the day."</p> <p>A note dated 11/9/15 filed with the BDDS reports for client #2 indicated "On November 6, 2015 (sic) it was brought to the attention of the Director of Adult Day that [client #2] has numerous of (sic) behavior reports formulated by day programming (sic) for hitting other clients. According to ESARC (Easter Seals Arc) policy, any client to client aggression (with intent to cause harm)</p> | | | |

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| | <p>needs a follow up BDDS report...After researching the incidents, it was found that a great deal of the behavioral incidents were not to cause harm. The staff expressed that numerous of (sic) times [client #2] was walking around and tapping everyone in the classroom with no intention to cause harm...Incidents 10/6, 10/9, 11/6 (2015) were all reportable incidents and the supervisor sent these BDDS reports through late due to the uncertainty of the incident and it being BDDS reported." There was no evidence in the BDDS report of the 11/6/15 report that the note indicated had been reported late.</p> <p>Observations were completed at the group home on 6/1/16 from 4:19 PM to 5:42 PM and again on 6/2/16 from 6:15 AM until 7:41 AM. Client #2 was offered and wore a thick quilted cape and lap blanket during both observations while seated on furniture. During the evening observation, client #2 sat on the sofa next to client #1. Client #2 sat at a table height counter during the evening meal.</p> <p>Throughout both observations client #2 sat periodically unattended by other staff while within arm's length of other clients including client #4 and within 3 feet of client #5 for 2 minutes or less while watching TV and waiting for the bus. Client #2 was not observed to use a</p> | | | |

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| | <p>communication book throughout the observations.</p> <p>Direct support staff #2 was interviewed on 6/1/16 at 4:38 PM. Staff #2 indicated client #2 had gone into client #4's room last night and client #4 had called out to staff to come and remove client #2 from her room. She stated client #2 would hit "without warning," but her behavior had improved since she started psychotropic medication.</p> <p>The house manager was interviewed on 6/1/16 at 4:50 PM and stated client #2 sat at the counter because "she hits people or takes their food," and indicated she would remain eating at the counter until her behavior improved. The house manager indicated client #2 liked to be in the kitchen and had eaten out of pans and drank directly from the water faucet when she first came to the group home. The house manager stated client #2 no longer rode the city bus and "got kicked off" a month ago.</p> <p>The city bus driver who transported the group home clients to day services was interviewed on 6/2/16 at 7:10 AM and indicated she had been driving the clients for at least 6 months and group home staff did not ride the bus with the clients.</p> | | | |

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| | Client #2's records were reviewed on 6/2/16 at 12:23 PM. A BSP (Behavior Support Plan) dated 8/13/15 and revised 1/4/16 (added Seroquel), 2/9/16 (increased Seroquel) and 2/9/16 (added Zolofit) indicated target behaviors of self injury (hitting or scratching her arm), sleep disturbance (getting to sleep/maintaining sleep), physical aggression (hitting or shoving) and life role transition (anger, fear, grief and depression). Replacement behaviors/adaptive training's indicated staff were to monitor client #2 for "signs that she is upset such as facial expressions, a non-typical look in her eyes or self-abuse. Staff will work with [client #2] to figure out what she is trying to communicate." The plan indicated staff should remove other clients and give client #2 a break to calm down when she exhibited self injurious behavior or physically aggressive behavior. For physical aggression, staff were to offer music with headphones and praise her by name when she calmed down and "Ask her to give you a high five." The plan indicated an objective to "reduce her physical aggression from 2 per year to 0 per year," and failed to include a revision to client #2's objective to reflect the actual number of client #2's physically aggressive incidents. The plan did not indicate the level of supervision needed | | | |

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| | <p>to address client #2's aggression towards others/provide support for client #2 such as staff's proximity to client #2 or her proximity to others. The plan did not include the use of weighted garments.</p> <p>Individual Client Team Meeting notes included in the record indicated on 12/8/15 the interdisciplinary team (IDT) met to discuss a psychiatric evaluation for client #2. The behavioral specialist indicated client #2 had not hit anyone for a week, but still recommended an evaluation due to her short attention span and the short period of time she had not hit anyone. The behavior specialist "was concerned about [client #2's] lack of communication." Client #2's guardian did not want a psychiatrist to evaluate client #2 and "She said 'there is nothing wrong with [client #2].' " Recommendations indicated the behavioral specialist would continue to work with client #2 and the need for a psychiatrist would be reviewed in 2 months and client #2 "will begin using a communication book." IDT notes dated 2/9/16 indicated the subject of the meeting was client #2's physical aggression. Discussion summary indicated "cannot be left unattended, get headphones for ADC (Adult Developmental Center)" and recommendations indicated "rearrange ADC room so [client #2] is close to</p> | | | |

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| NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST | STREET ADDRESS, CITY, STATE, ZIP CODE 4422 LAKE AVE FORT WAYNE, IN 46815 |
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| | <p>staff."</p> <p>A Residential Services Psychotropic Medication Review Form dated 5/12/16 in the record indicated client #2 took Seroquel 25 mg (milligrams) twice daily and Sertraline 50 mg. "Psychiatric diagnosis: History of physical aggression and self-abuse...Mom has previously been resistive to psychiatric services. She did agree to this evaluation." The form indicated client #2 engaged in physically aggressive behavior 14 times in September, 2015, 9 times in October, 2015, 13 times in November, 2015, 3 times in December, 2015, 12 times in January, 2016, 4 times in February, 2016, 3 times in March, 2016, and 11 times in April, 2016.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/2/16 at 3:58 PM and indicated client #2's rates of physically aggressive behavior had improved recently and she had not had an incident of physical aggression since 5/2/16 at the group home and since 5/17/16 at day services. She indicated it had been difficult to get client #2's guardian to agree to psychiatric services and client #2 had just gone for an initial psychiatric evaluation on 5/12/16. When asked what steps were being taken to protect other</p> | | | |

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| W 0249 Bldg. 00 | <p>clients from client #2's physically aggressive behavior, she indicated staff were to be aware of her whereabouts and client #2 was to be kept engaged in table activities such as sorting puzzle pieces that she enjoys. She stated, "It's a work in progress." She indicated there was no supervision level specified in client #2's current BSP and it was being revised by the behavior specialist. She indicated the original objective targeting client #2's physically aggressive behavior in her BSP had been based upon initial information provided about client #2's behavior upon admission in 8/15 and it had not been updated yet by the behavior specialist who had written client #2's plan.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active</p> | | | |

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| | <p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #2) to implement her communication objective during formal and informal opportunities.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/1/16 from 4:19 PM to 5:42 PM and again on 6/2/16 from 6:15 AM until 7:41 AM. Client #2 was offered and wore a thick quilted cape and lap blanket during both observations while seated on furniture. During the evening observation, client #2 sat on the sofa next to client #1. Client #2 sat at a table height counter during the evening meal.</p> <p>Throughout both observations client #2 sat periodically unattended by other staff while within arm's length of other clients including client #4 and within 3 feet of client #5 for 2 minutes or less while watching TV and waiting for the bus. Client #2 was not observed to use a communication book throughout the observations and was not observed to be prompted to use sign language.</p> | W 0249 | <p>Staff will beretrained on active treatment and using both formal and informal opportunities to implement objectives</p> <p>PersonResponsible: QIDP CompletionDate: 7/3/16</p> <p>The QIDP will complete an observation at Lake Group Home checking to ensure that staff are providing active treatment three times a week for one month and then once a week ongoing. The observations will be documented and any issues noted will be corrected.</p> <p>PersonResponsible: QIDP CompletionDate: 7/3/16</p> | 07/03/2016 |

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| | <p>Client #2's records were reviewed on 6/2/16 at 12:23 PM. Client #2's ISP (Individual Support Plan) dated 9/28/15 indicated an objective to learn sign language for stop, go, yes. Individual Client Team Meeting notes included in the record indicated on 12/8/15 the interdisciplinary team (IDT) met to discuss a psychiatric evaluation for client #2. The behavioral specialist indicated client #2 had not hit anyone for a week, but still recommended an evaluation due to her short attention span and the short period of time she had not hit anyone. The behavior specialist "was concerned about [client #2's] lack of communication." Client #2's guardian did not want a psychiatrist to evaluate client #2 and "She said 'there is nothing wrong with [client #2].'" Recommendations indicated the behavioral specialist would continue to work with client #2 and the need for a psychiatrist would be reviewed in 2 months and client #2 "will begin using a communication book."</p> <p>The QIDP (Qualified Intellectual Disability Professional) was interviewed on 6/2/16 at 3:58 PM and indicated staff were implementing client #2's goals as evidenced by data completed, and indicated client #2 should be prompted to implement her communication goals to use sign language at informal and</p> | | | |

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| W 0315 Bldg. 00 | <p>informal opportunities.</p> <p>9-3-4(a)</p> <p>483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff. Based on interview and record review, the facility failed to ensure client #2's BSP (Behavior Support Plan) included an updated revision to an objective to target physically aggressive behavior to reflect current rates of behavior to enable monitoring of response to psychotropic medications.</p> <p>Findings include:</p> <p>Client #2's records were reviewed on 6/2/16 at 12:23 PM. Individual Client Team Meeting notes included in the record indicated on 12/8/15 the interdisciplinary team (IDT) met to discuss a psychiatric evaluation for client #2. The behavioral specialist indicated client #2 had not hit anyone for a week, but still recommended an evaluation due</p> | W 0315 | <p>Client #2's behavior support plan has been updated to include the actual number of physical aggression incidents</p> <p>Person Responsible: Behavior Consultant CompletionDate: 6/20/16</p> <p>The Behavior Consultant will be retrained on keeping plans updated with current rates of behavior</p> <p>Person Responsible: Director of Group Home Services CompletionDate: 7/3/16</p> <p>The Director of Group Home Services will audit the client records quarterly to ensure that all behavior support plans are appropriate and include current behavior rates. The audit will be</p> | 07/03/2016 |

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| | <p>to her short attention span and the short period of time she had not hit anyone. The behavior specialist "was concerned about [client #2's] lack of communication." Client #2's guardian did not want a psychiatrist to evaluate client #2 and "She said 'there is nothing wrong with [client #2].'" Recommendations indicated the behavioral specialist would continue to work with client #2 and the need for a psychiatrist would be reviewed in 2 months and client #2 "will begin using a communication book." IDT notes dated 2/9/16 indicated the subject of the meeting was client #2's physical aggression. Discussion summary indicated "cannot be left unattended, get headphones for ADC (Adult Developmental Center)" and recommendations indicated "rearrange ADC room so [client #2] is close to staff."</p> <p>A Residential Services Psychotropic Medication Review Form dated 5/12/16 in the record indicated client #2 took Seroquel 25 mg (milligrams) twice daily and Sertraline 50 mg. "Psychiatric diagnosis: History of physical aggression and self-abuse...Mom has previously been resistive to psychiatric services. She did agree to this evaluation." The form indicated client #2 engaged in physically aggressive behavior 14 times in</p> | | <p>documented and any issues will be corrected.</p> <p>PersonResponsible: Director of Group Home Services CompletionDate: 7/3/16</p> | |

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| | <p>September, 2015, 9 times in October, 2015, 13 times in November, 2015, 3 times in December, 2015, 12 times in January, 2016, 4 times in February, 2016, 3 times in March, 2016, and 11 times in April, 2016.</p> <p>A BSP (Behavior Support Plan) dated 8/13/15 and revised 1/4/16 (added Seroquel), 2/9/16 (increased Seroquel) and 2/9/16 (added Zoloft) was included in the record and indicated target behaviors of self injury (hitting or scratching her arm), sleep disturbance (getting to sleep/maintaining sleep), physical aggression (hitting or shoving) and life role transition (anger, fear, grief and depression). The plan indicated an objective to "reduce her physical aggression from 2 per year to 0 per year," and failed to include a revision to client #2's objective to reflect the actual number of client #2's physically aggressive incidents.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/2/16 at 3:58 PM and indicated client #2's rates of physically aggressive behavior had improved recently and she had not had an incident of physical aggression since 5/2/16 at the group home and since 5/17/16 at day services. She indicated it had been</p> | | | |

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| | <p>difficult to get client #2's guardian to agree to psychiatric services and client #2 had just gone for an initial psychiatric evaluation on 5/12/16. She indicated the original objective targeting client #2's physically aggressive behavior in her BSP had been based upon initial information provided about client #2's behavior upon admission in 8/15 and it had not been updated yet by the behavior specialist who had written client #2's plan.</p> <p>9-3-5(a)</p> | | | |