

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/26/2014
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W000000	<p>This visit was for the investigation of complaint #IN00159041.</p> <p>Complaint #IN00159041: Substantiated, federal and state deficiencies related to the allegations are cited at W102, W104 and W140.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: November 12, 13, 14 and 26, 2014.</p> <p>Facility Number: 000980 Provider Number: 15G466 AIMS Number: 100244620</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/8/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 4 of 4 sample clients (A, B, C and D) and</p>	W000102	<p>A. 1.Client A has been reimbursed the \$1000 for the withdrawal that</p>	12/26/2014

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>4 additional clients (E, F, G and H), the facility failed to meet the Condition of Participation: Governing Body.</p> <p>The Governing Body failed to exercise general policy and operating direction over the facility:</p> <p>__ To ensure staff implemented 1:1 (one staff to one client) supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates.</p> <p>__ To prevent the neglect of clients F and H.</p> <p>__ To ensure all allegations of abuse were immediately reported to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients C, D, F, G and H.</p> <p>__ To ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G.</p> <p>__ To ensure a full and complete accounting of the clients' funds and expenditures and to ensure the clients' money was maintained within the home for clients A, C, D, E, F, G and H.</p> <p>__ To ensure the temperature of client A's bedroom was maintained within a normal comfort range above 68 degrees F (Fahrenheit).</p>		<p>receipts were not able to be produced for. Client A has also been reimbursed the \$1806 that was due to overpaid liability.</p> <p>The Program Director and Home Manager will receive retraining on client finances to ensure that they are completing a full and complete accounting of clients financial transactions including collecting and documenting receipts to show how consumers money is spent and ensuring that client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the Program Director and copies of records are provided monthly to the Client Finance Specialist.</p> <p>The Home Manager will receive additional training regarding client finances to include ensuring that any cash withdrawn from the clients' accounts for their personal spending was to be kept in the home and not carried on the Home Manager person. In addition the clients' money is to be maintained in the home and not co-mingled with staff money and/or any other client money. Training also will include ensuring that receipts are to be recorded on Cash on Hand Records for all purchases as soon as possible after withdrawals from client accounts.</p> <p>Ongoing, the Home Manger will</p>	

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	<p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure staff implemented 1:1 supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates, to prevent the neglect of clients F and H, to ensure all allegations of abuse were immediately reported to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H and to ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G. The governing body failed to ensure a full and complete accounting of clients' funds and expenditures and to ensure the clients' money was maintained within the home for clients A, C, D, E, F, G and H. The governing body failed to ensure the temperature of client A's bedroom was maintained within a normal comfort range above 68 degrees F (Fahrenheit). Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for clients A, B, C, D, E, F and G. The governing body failed to implement its policy and procedures to ensure the staff</p>		<p>record and balance all client transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled deadlines and any corrections that need to be made so the Area Director can follow up with HM and/or PD to ensure these requirements are being met.</p> <p>Responsible Party: Home Manager, Program Director, Client Finance Specialist, Area Director</p> <p>2.All Direct Care staff will receive retraining to include a review of Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all</p>	

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	<p>implemented 1:1 (one staff to one client) supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates, to prevent the neglect of clients F and H, to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H and to ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G. Please see W122.</p> <p>This federal tag relates to complaint #IN00159041.</p> <p>9-3-1(a)</p>		<p>times. Failure to follow designated supervision levels may lead to corrective action</p> <p>Home Manager and/or Program Director will complete observations in the home a minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are following Client F supervision protocols to prevent future elopements.</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records,</p>		

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			<p>behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to</p>	

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			<p>write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the</p>	

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			<p>Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p> <p>3.All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative</p>		

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			<p>notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director</p> <p>4. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when</p>	

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			<p>the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have</p>	

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			<p>not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p> <p>5. Maintenance staff is looking at Client A windows in the room to determine if they can be sealed any better. Client A mattress has been replaced so she will hopefully choose to not continue to sleep on the floor. Staff will assist Client A with ensuring that clothing or other objects are not placed over the vent in the room to allow the heat to come through. Staff will encourage Client A to keep her bedroom door open during the daytime and at night if she is comfortable with it to allow the heat from the house to circulate into the room.</p> <p>Home Manager and staff will evaluate the temperature in Client A room daily to ensure it is at a</p>	

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			<p>comfortable temperature and not too cold. If it is below 65 degrees, the Home Manger will contact maintenance staff do determine what other options can be looked at that are not safety hazards to increase the temperature in Client A room.</p> <p>Ongoing, the Home Manager will complete weekly walkthroughs of all rooms of the house a minimum of 2 times weekly to ensure that all maintenance issues that are identified are reported to the Program Director and/or maintenance staff right away so they can be addressed in a timely manner.</p> <p>Responsible Party: Home Manager, Program Director, Maintenance staff</p> <p>B. All Direct Care staff will receive retraining to include a review of Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all times. Failure to follow designated supervision levels</p>	

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			<p>may lead to corrective action</p> <p>Home Manager and/or Program Director will complete observations in the home a minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are following Client F supervision protocols to prevent future elopements.</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that</p>	

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			<p>have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been</p>		

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			<p>completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to</p>	

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the governing body failed to exercise general policy and operating direction over the facility.</p> <p>The governing body failed:            ___ To ensure staff provided client F with 1:1 (one staff to one client) supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates.            ___ To prevent the neglect of clients F and H.            ___ To ensure all allegations of abuse were</p>	W000104	<p>determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p> <p>1. Client A has been reimbursed the \$1000 for the withdrawal that receipts were not able to be produced for. Client A has also been reimbursed the \$1806 that was due to overpaid liability.</p> <p>The Program Director and Home Manager will receive retraining on client finances to ensure that they are completing a full and complete accounting of clients financial transactions including collecting and documenting receipts to show how consumers money is spent and ensuring that client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the</p>	12/26/2014

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	<p>immediately reported to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients C, D, F, G and H.</p> <p>___ To ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G.</p> <p>___ To ensure a full and complete accounting of the clients' funds and expenditures and to ensure the clients' money was maintained within the home for clients A, C, D, E, F, G and H.</p> <p>___ To ensure the temperature of client A's bedroom was maintained within a normal comfort range above 68 degrees F (Fahrenheit).</p> <p>Findings include:</p> <p>1. The governing body failed to ensure a full and complete accounting of the clients' funds and expenditures and to ensure the clients' money was maintained within the home for clients A, C, D, E, F, G and H. Please see W140.</p> <p>2. The governing body failed to implement its policy and procedures to ensure the staff provided client F with 1:1 supervision to prevent client F from eloping and/or engaging in inappropriate</p>		<p>Program Director and copies of records are provided monthly to the Client Finance Specialist.</p> <p>The Home Manager will receive additional training regarding client finances to include ensuring that any cash withdrawn from the clients' accounts for their personal spending was to be kept in the home and not carried on the Home Manager person. In addition the clients' money is to be maintained in the home and not co-mingled with staff money and/or any other client money. Training also will include ensuring that receipts are to be recorded on Cash on Hand Records for all purchases as soon as possible after withdrawals from client accounts.</p> <p>Ongoing, the Home Manger will record and balance all client transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled deadlines and any corrections that need to be made so the Area</p>	

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	<p>behaviors with her room mates. The governing body failed to implement its policy and procedures to prevent the neglect of clients F and H, to ensure all allegations of abuse were immediately reported to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H and to ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G. Please see W149.</p> <p>3. The governing body failed to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H. Please see W153.</p> <p>4. The governing body failed to ensure all client to client abuse was investigated for clients A, B, C, D, F and G. Please see W154.</p> <p>5. The governing body failed to ensure the temperature of client A's bedroom was maintained within a normal comfort range above 68 degrees F (Fahrenheit). Please see W429.</p> <p>This federal tag relates to complaint #IN00159041.</p> <p>9-3-1(a)</p>		<p>Director can follow up with HM and/or PD to ensure these requirements are being met.</p> <p>Responsible Party: Home Manager, Program Director, Client Finance Specialist, Area Director</p> <p>2.All Direct Care staff will receive retraining to include a review of Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all times. Failure to follow designated supervision levels may lead to corrective action</p> <p>Home Manager and/or Program Director will complete observations in the home a minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are following Client F supervision</p>	

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			<p>protocols to prevent future elopements.</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported</p>	

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			<p>to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough</p>	

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			<p>investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance</p>	

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			<p>Specialist, Area Director.</p> <p>3.All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor,</p>	

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			<p>Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director</p> <p>4. The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties</p>	

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			<p>related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program</p>		

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			<p>Director, Area Director, Quality Assurance Specialist</p> <p>5. Maintenance staff is looking at Client A windows in the room to determine if they can be sealed any better. Client A mattress has been replaced so she will hopefully choose to not continue to sleep on the floor. Staff will assist Client A with ensuring that clothing or other objects are not placed over the vent in the room to allow the heat to come through. Staff will encourage Client A to keep her bedroom door open during the daytime and at night if she is comfortable with it to allow the heat from the house to circulate into the room.</p> <p>Home Manager and staff will evaluate the temperature in Client A room daily to ensure it is at a comfortable temperature and not too cold. If it is below 65 degrees, the Home Manger will contact maintenance staff do determine what other options can be looked at that are not safety hazards to increase the temperature in Client A room.</p> <p>Ongoing, the Home Manager will complete weekly walkthroughs of all rooms of the house a minimum of 2 times weekly to ensure that all maintenance issues that are identified are reported to the Program Director and/or maintenance staff right away so they can be addressed in</p>	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility failed to meet the Condition of Participation: Client Protections.</p> <p>The facility failed to implement its policy and procedures to ensure the staff provided client F with 1:1 (one staff to one client) supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates and to prevent the neglect of clients F and H.</p> <p>The facility failed to implement its policy and procedures to ensure all allegations of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients C, D, F, G and H, to ensure all allegations of client to client abuse were thoroughly investigated for clients A, B,</p>	W000122	<p>a timely manner.</p> <p>Responsible Party: Home Manager, Program Director, Maintenance staff</p> <p>All Direct Care staff will receive retraining to include a review of Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all times. Failure to follow designated supervision levels may lead to corrective action</p> <p>Home Manager and/or Program Director will complete observations in the home a minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are</p>	12/26/2014

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	<p>C, D, F and G.</p> <p>Findings include:</p> <p>1. The facility neglected to implement its policy and procedures to ensure the staff provided client F 1:1 supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates. The facility neglected to implement its policy and procedures to prevent the neglect of clients F and H, to ensure all allegations of abuse were immediately reported to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H and to ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G. Please see W149.</p> <p>2. The facility failed to immediately report allegations of abuse to the administrator and to the BDDS and to APS according to state law for clients C, D, F, G and H. Please see W153.</p> <p>3. The facility failed to provide evidence an investigation was conducted in regard to client to client abuse for clients A, B, C, D, F and G. Please see W154.</p> <p>9-3-2(a)</p>		<p>following Client F supervision protocols to prevent future elopements.</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable</p>		

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			<p>incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are</p>		

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			<p>interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance</p>	

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on interview and record review for 3 of 4 sampled clients (A, C and D) and 4 additional clients (E, F, G and H), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures and to ensure the clients' money was maintained within the home for clients A, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 11/12/14 at 2:30 PM.</p> <p>1. The "Summary of Internal Investigation Report" dated 10/7/14 indicated: "Conclusion:...</p> <p>4. Evidence supports [client A's father] has not received the balance due on [client A's] client liability. Evidence further supports Indiana Mentor reported [client A's] loss of employment untimely, which would reduce her (client A's) Client Liability from August 2012 through May 2013 when the liability was</p>	W000140	<p>Specialist, Area Director.</p> <p>W140 Client A has been reimbursed the \$1000 for the withdrawal that receipts were not able to be produced for. Client A has also been reimbursed the \$1806 that was due to overpaid liability.</p> <p>The Program Director and Home Manager will receive retraining on client finances to ensure that they are completing a full and complete accounting of clients financial transactions including collecting and documenting receipts to show how consumers money is spent and ensuring that client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the Program Director and copies of records are provided monthly to the Client Finance Specialist.</p> <p>The Home Manager will receive additional training regarding client finances to include ensuring that any cash withdrawn from the clients' accounts for their personal spending was to be kept in the home and not carried on the Home Manager person. In addition the clients' money is to</p>	12/26/2014			

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	<p>based on accurate earnings. Indiana Medicaid made retroactive adjustments to [client A's] client liability to 4-1-13....</p> <p>5. Evidence supports \$1000.00 was withdrawn from [client A's] account on 10-20-09 with no evidence to support how the money was spent. This money will be reimbursed to [client A's] account. There is no evidence to support a withdrawal of \$1500.00 in November of 2009...."</p> <p>The investigative records included a financial statement for client A dated 1/1/08 through 6/30/14. The statement indicated check #1099 dated 10/20/09 in the amount of \$1000 for client A for "spending."</p> <p>Review of the facility's Request For Payment record dated 10/31/14 indicated \$2806.00 had been requested from Indiana Mentor to refund to client A.</p> <p>During interview with the QAS (Quality Assurance Specialist) on 11/13/14 at 12:45 PM, the QAS indicated:            ___ Client A's father had questioned the accountability of client A's finances at which time Indiana Mentor conducted an audit of client A's finances from 2008 through 2014.            ___ The facility discovered a withdrawal of \$1000 on 10/20/09 from client A's</p>		<p>be maintained in the home and not co-mingled with staff money and/or any other client money. Training also will include ensuring that receipts are to be recorded on Cash on Hand Records for all purchases as soon as possible after withdrawals from client accounts.</p> <p>Ongoing, the Home Manger will record and balance all client transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled deadlines and any corrections that need to be made so the Area Director can follow up with HM and/or PD to ensure these requirements are being met.</p> <p>Responsible Party: Home Manager, Program Director, Client Finance Specialist, Area Director</p>	

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	<p>account and the facility could not produce a receipt to justify the withdrawal.</p> <p>__ The facility discovered client A's income had changed during the time period of the audit and the facility had failed to report the change resulting in client A paying \$1806.00 over the amount that should have been paid.</p> <p>__ The facility was reimbursing client A \$1806.00 for the difference of the liability paid.</p> <p>__ Because the facility was unable to produce a receipt for the \$1000 withdrawal from client A's account on 10/20/09 the facility would be reimbursing client A \$1000.00.</p> <p>__ The HM (Home Manager) that was responsible for the error was no longer employed with the facility but should have reported client A's change in income at the time of the change.</p> <p>During interview with the AD (Area Director) on 11/14/14 at 2 PM, the AD:</p> <p>__ Indicated the facility was the representative payee for client A and client A's father had voiced multiple concerns and questions in regard to client A's finances.</p> <p>__ Indicated the facility initiated an audit/investigation of client A's financial account from 2008 to present.</p> <p>__ Indicated during the time of the audit</p>			

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	<p>and investigation client A's funds were frozen and the facility paid for client A's activities and personal expenditures.</p> <p>__ Indicated she (the AD) had submitted a request on 10/31/14 to Indiana Mentor, Inc. to have the \$2806.00 refunded to client A's account.</p> <p>__ Indicated the facility was to keep a full and complete account of all the clients' financial records at all times.</p> <p>__ Indicated the facility was to follow the facility financial policy and procedure.</p> <p>2. Review of client A's, C's, D's, E's, F's and G's COHRs (Cash On Hand Records) at the home with the PD (Program Director) on 11/12/14 at 5:45 PM indicated COHRs for November 2014 for clients A, B, C, D, E, F, G and H. The PD indicated the HM (Home Manager) had failed to initiate the November COHRs for the clients in the home and stated, "It should have been done at the 1st of the month." The PD produced a small lock box with envelopes of money and a stack of receipts. The PD indicated the stack of receipts were purchases made since November 1, 2014 by the clients. The PD stated the HM "should have already documented these receipts on the COHRs." The PD stated, "I'll get these updated and bring them into the office tomorrow morning."</p>						

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	<p>The PD counted the available money in the home for clients A, C, D and E.</p> <p>__ Client A had \$.06. __ Client C had \$48.08. __ Client D had \$21.38. __ Client E had \$48.87.</p> <p>Client A's, C's, D's and F's financial records were reviewed again at the office with the PD (Program Director) on 11/13/14 at 11:30 AM.</p> <p>Client A's COHR for November indicated:</p> <p>__ A beginning balance of \$.41. __ 11/01/14 a deposit into the COH for \$40.00. __ 11/02/14 a store receipt for \$9.63. __ 11/08/14 a deposit into the COH for \$20.00. __ 11/08/14 a receipt to a local park for \$5.00. __ 11/10/14 a store receipt for \$10.64. __ A balance of \$35.78</p> <p>Client C's COHR for November indicated:</p> <p>__ A beginning balance of \$58.10. __ 11/01/14 a deposit into the COH for \$40.00. __ 11/02/14 a store receipt for \$6.14. __ 11/08/14 a deposit into the COH for \$20.00. __ 11/08/14 a store receipt for \$6.99.</p>						

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	<p><input type="checkbox"/> 11/13/14 a receipt to a local park for \$5.00.</p> <p><input type="checkbox"/> A balance of \$99.97.</p> <p>Client D's COHR for November indicated:</p> <p><input type="checkbox"/> A beginning balance of \$30.09.</p> <p><input type="checkbox"/> 11/01/14 a deposit into the COH for \$40.00.</p> <p><input type="checkbox"/> 11/08/14 a store receipt for \$12.63.</p> <p><input type="checkbox"/> 11/08/14 a deposit into the COH for \$20.00.</p> <p><input type="checkbox"/> 11/08/14 a receipt to a local park for \$5.00.</p> <p><input type="checkbox"/> 11/09/14 a store receipt for \$1.71.</p> <p><input type="checkbox"/> A balance of \$70.75.</p> <p>Client E's COHR for November indicated:</p> <p><input type="checkbox"/> A beginning balance of \$58.01.</p> <p><input type="checkbox"/> 11/01/14 a deposit into the COH for \$40.00.</p> <p><input type="checkbox"/> 11/02/14 a store receipt for \$7.37.</p> <p><input type="checkbox"/> 11/08/14 a deposit into the COH for \$20.00.</p> <p><input type="checkbox"/> 11/08/14 a store receipt for \$9.30.</p> <p><input type="checkbox"/> 11/09/14 a store receipt for \$7.22.</p> <p><input type="checkbox"/> A balance of \$70.75.</p> <p>During interview with the PD on 11/13/14 at 11:30 AM, the PD:</p> <p><input type="checkbox"/> Indicated she (the PD) stayed at the home on 11/12/14 after reviewing the money with this surveyor and recorded</p>			

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	<p>the clients' receipts onto November COHRs for all the clients living in the home.</p> <p>__ Indicated the HM was responsible for maintaining the COHRs in the home for clients A, C, D, E, F, G and H.</p> <p>__ Indicated on 11/13/14 the HM had left additional money in an envelope for the PD to put back into client A's, C's, D's, E's, F's, G's and H's COH accounts in the home.</p> <p>__ Indicated HM had withdrawn \$40.00 from each client's account on 11/1/14 to buy dresses for the clients to attend a prom.</p> <p>__ Indicated she (the PD) purchased the clients' items for the prom with the company card.</p> <p>__ Indicated the HM was carrying over \$100.00 of the clients' money on her person.</p> <p>__ Indicated the HM should have put the money back into the clients' COH accounts instead of carrying the money on her person.</p> <p>__ Indicated the HM would receive corrective action for not following the facility financial policy.</p> <p>__ Indicated the clients' money was to be maintained at the home and not co-mingled with staff money and/or other clients' money.</p> <p>__ Stated the HM was to record the receipts on the COHRs for all purchases</p>			
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	<p>as soon as possible after each withdrawal from the clients account or "at least within 24 hours."</p> <p>__ Indicated she did not know the limit of the amount of money that was to be kept in the COH account in the home for each client.</p> <p>__ Indicated no COHR for client B as client B's parents were her representative payee and client B kept her personal money on her person.</p> <p>During interview with the AD (Area Director) on 11/14/14 at 2 PM, the AD:</p> <p>__ Indicated the facility was to keep and maintain a full and complete accounting of all clients' money and financial records.</p> <p>__ Indicated the staff were not to co-mingle the clients' money with staffs' money and/or other clients' money.</p> <p>__ Indicated the facility failed to follow the facility financial policy and procedure.</p> <p>The facility's policies were reviewed on 11/12/14 at 3 PM.</p> <p>__ The facility's 12/07 Redwood Operating Group Procedure for Managing an Individual's Funds indicated "This procedure addresses management of individual funds of people served by The Redwood Operating Group of the MENTOR Network and its partner</p>			

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W000149	<p>companies, herein referred to as 'the Company'."</p> <p>__The facility's 12/07 Redwood Operating Group Guidelines for Managing an Individual's Funds indicated "The Company must fully account for all money (Representative Payee, Social Security, SSI (Supplemental Security Income), Paycheck, Bank Accounts, etc.) for which it has assumed responsibility."</p> <p>This federal tag relates to complaint #IN00159041.</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility neglected to implement its policy and procedures: __To ensure the staff provided client F with 1:1 (one staff to one client) supervision to prevent client F from eloping and/or engaging in inappropriate behaviors with her room mates. __To prevent the neglect of clients F and H.</p>	W000149	All Direct Care staff will receive retraining to include a review of Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all	12/26/2014

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	<p>__ To ensure all allegations of abuse were immediately reported to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients C, D, F, G and H.</p> <p>__ To ensure all allegations of client to client abuse were thoroughly investigated for clients A, B, C, D, F and G.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 11/12/14 at 2:30 PM.</p> <p>1. The 9/3/14 BDDS (Bureau of Developmental Disabilities Services) report indicated:</p> <p>__ On 9/2/14 at 8:40 PM client F eloped from the group home.</p> <p>__ A missing persons report was filed with the local police department by the PD (Program Director).</p> <p>__ Client F was located on 9/3/14 at 8:15 AM at another Indiana Mentor group home where client F's alleged boyfriend lived.</p> <p>__ The police were notified of client F's location and an officer was dispatched to the home to talk with client F with the PD present.</p>		<p>times. Failure to follow designated supervision levels may lead to corrective action</p> <p>Home Manager and/or Program Director will complete observations in the home a minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are following Client F supervision protocols to prevent future elopements.</p> <p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records,</p>	

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	<p>__ Client F was visually checked by the facility nurse.</p> <p>__ Client F's legal guardian/mother arrived at the group home and client F was interviewed again by the AD (Area Director), the PD and the HM (Home Manager).</p> <p>__ Client F indicated after eloping from the group home she (client F) had slept with her boyfriend in his room all night and had consensual sex with him.</p> <p>__ The facility nurse scheduled a doctor's appointment to assess client F for any medical needs and client F was placed on 1:1 (one staff to one client) supervision until the next IDT (Interdisciplinary Team) meeting to determine when or if the 1:1 supervision could be lifted.</p> <p>The 9/14/14 BDDS report indicated:            __ On 9/13/14 at 11:30 PM staff found client F in her bedroom, the window open and client F had changed out of her pajamas and was fully dressed.            __ Staff questioned client F as to what she was doing, client F got angry and began cursing staff.            __ Client F indicated she (client F) was going to leave the group home because she wanted to see her boyfriend.            __ Client F ran to the front door and attempted to elope and the staff had to use physical intervention to prevent client F from leaving the home.</p>		<p>behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>The Program Director will receive retraining on investigation requirements to include what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to</p>	

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	<p>__ During the physical intervention client F punched staff in the face twice.</p> <p>__ Staff called 911 and the police arrived and informed client F they (the police) were aware client F had recently eloped and if she (client F) did it again, she would be taken to jail and held there.</p> <p>__ Client F indicated she understood the officer and retired to her bedroom where staff checked on her every 15 minutes throughout the rest of the night.</p> <p>__ Client F was to continue on 1:1 staff supervision during waking hours until the IDT decided client F no longer needed the 1:1 supervision.</p> <p>The 9/30/14 BDDS report indicated: __ On 9/29/14 at 5:15 PM during shift change staff found clients F, G and H in client F's room under client F's bedspread.</p> <p>__ The outgoing staff reported clients F, G and H were watching television together and the incoming staff reported they found the three clients under the covers together.</p> <p>__ Client F indicated client G had felt her breasts and private area over her clothes.</p> <p>__ Client H indicated she saw client G feeling client F on her breast over her clothes but client H was not touched.</p> <p>__ Client G reported nothing happened and stated "we were just under the covers together."</p>		<p>write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p> <p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the</p>				

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	<p>__The facility staff implemented a plan, "no clients to be in other client's rooms whom are not roommates and only roommates could be in their rooms with their own roommates."</p> <p>The facility investigative summary dated 9/30/14 in regard to the incident of 9/29/14 indicated client F was not receiving 1:1 supervision during the reported incident of 9/29/14 as directed by the IDT.</p> <p>The 10/7/14 BDDS report indicated: __ On 10/7/14 at 4:15 PM the HM witnessed client F bend down to tie her shoe and noticed a mark on client F's left arm. __ Client F indicated she (client F) had cut her arm several times without staff knowledge using a cd (compact disc) in her room that she broken into pieces. __ Client F indicated her 1:1 staffing was getting to be too much, she had no time for herself and the staff sat their chair outside her bedroom door watching her. __ Client F indicated she was tired of her mother restricting her phone calls and she (client F) waited until the overnight shift started their shift and pretended to be asleep but was "really in her room cutting herself." __ The staff checked the cuts on her arm and found them to be superficial.</p>		<p>Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>	

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	<p>__ Client F was to continue with her 1:1 supervision.</p> <p>The 10/18/14 BDDS report indicated:                  __ On 10/18/14 at 8:11 PM the HM called the PD to report client F had eloped from the group home around 8 PM.                  __ The 1:1 staff assigned to client F had "lost sight of" client F and 911 was called to notify the police.                  __ Client F was found at 8:28 PM and transported back to the group home by the facility staff.                  __ Client F told the staff she would likely run away again that night or the following day because she (client F) really wanted to see her boyfriend.                  __ Staff explained to client F that was not a good choice and client F would remain on 1:1 supervision.                  __ Staff indicated to client F the staff would "park their chair outside her bedroom door all night as a result of this evening's elopement."                  __ Client F would continue with her one to one staffing during waking hours.                  "Tonight and tomorrow night the Overnight Staff will place their chair in [client F's] bedroom door entryway in an effort to keep a close eye on her just in case she attempts to elope again. The Overnight Staff will also check her every ten minutes by walking over to her bed."</p>			
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	<p>The 10/24/14 BDDS report indicated:</p> <p>__ On 10/23/14 at 4 PM client G reported client F kissed her on the mouth multiple times without staff present.</p> <p>__ Client G indicated she did not like girls and had told client F this but client F "did not care."</p> <p>__ Client G indicated client F said sometimes they were together and sometimes they were not together but she did not swing that way.</p> <p>__ Client C indicated she had seen client F and client G kissing on multiple occasions and neither of the clients pulled away or said 'no'.</p> <p>__ Client C indicated she did not want to tell staff because it made her feel uncomfortable.</p> <p>__ When client F was asked what her side of the story was client F indicated client G was always the aggressor and she (client F) didn't know why she didn't stop her (client G).</p> <p>__ Client F indicated she didn't know why she had never told the staff but felt sorry for her (client G) since no one in the house liked her (client G).</p> <p>__ When client F was asked where this took place client F indicated it always happened in client G's and client C's room and that client F went in there just to watch TV (television) and hang.</p> <p>__ Client F indicated client G had a flirtatious way about her and that was</p>			
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	<p>how they ended up under the blanket in her (client F's) bedroom but it was client G's idea and she (client F) just went along with it. Staff were to be vigilant of that type of behavior occurring and were to report it when it was seen.</p> <p>__ Client F was to remain on 1:1 supervision and could no longer be in a bedroom alone, staff were to be within arms-length until the IDT determined otherwise.</p> <p>Client F's record was reviewed on 11/14/14 at 1 PM.</p> <p>Client F's revised BSP dated October 2014 indicated client F had targeted behaviors of "vacating" and "kissing other clients in the home." The plan indicated:</p> <p>__ Staff were to be aware of client F's location at all times.</p> <p>__ If client F eloped from staff the staff were to keep her in eyesight and calmly request client F to make a positive choice and return to the home or vehicle with the staff.</p> <p>Client F's addendum to the October 2014 BSP dated 9/3/14 indicated:</p> <p>__ Client F was to receive 1:1 supervision during all waking hours.</p> <p>__ Waking hours to be defined as the time client F woke in the morning to begin her</p>						

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	<p>day until "at least one hour after she (client F) retired for the evening."                      ___ The staff providing the 1:1 supervision and the other staff must agree that client F was asleep before the 1:1 supervision was finished for that day.                      ___ 1:1 Supervision was to be defined as staff were to be within arms length of client F with the only exception to that was when client F was in the bathroom or in her bedroom at which time the staff were to have the door of the bedroom and/or bathroom in line of sight and would resume 1:1 once client F came out of the bathroom or her bedroom.                      ___ When client F was in a room asleep staff were to complete 15 minute checks.                      ___ If client F woke up in the middle of the night and came out of her room the overnight staff was to monitor client F until she returned to her room.</p> <p>Client F's IDT meeting notes indicated:                      ___ 9/3/14 "Team agrees that [client F] needs one-one staffing due to elopement. Legal guardian, mother, asked that alarms be placed on all exits to the house to keep [client F] from eloping. [Name of AD] explained that the other guardians of clients in the home will be notified of this request.... Team agrees [client F] should be tested as well as pregnancy tested. [Client F's] mother said she does not want [client F] to take 'the morning after</p>			

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	<p>pill' because she wants to see if she's pregnant. And if she is, then at that time they will decide what to do about that."</p> <p>__9/16/14 "Team agreed to place two people on Overnight shift starting tonight, 9/16/14, to mitigate possible elopement. She (client F) attempted to elope on Saturday, 9/13/14 but was unsuccessful due to staff using physical intervention. IDT will convene on Friday, 9/19/14 to decide if removing double staffed overnight is appropriate. She is to continue her 1:1 staffing through day time/awake hours."</p> <p>__9/19/14 "Team agreed to remove the double staffing during Overnight shift due to no incidents of attempted elopement. However, team agrees, and her mother approves of contingent the 1:1 (supervision) until the next IDT."</p> <p>__10/17/14 "No medical recommendations at this time. Her pregnancy test and STD (Sexually Transmitted Disease) tests were negative."</p> <p>__10/27/14 "On 10/24/14 [client F] slapped her housemate [client D]. Nurse said [client F's] doctor has been contacted for a referral to [name of psychiatric clinic] for psych care through [name of doctor's office].... Regarding [client F's] 1:1, the team feels as though [client F] still needs the one-on-one due to the numerous negative behaviors she has</p>			

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	<p>partaked (sic) in. The team agrees to meet again and include her mom, 4 weeks from today to see if the restrictive 1:1 staffing is to be permitted."</p> <p>During interview with the AD on 11/14/14 at 2 PM, the AD indicated the staff failed to implement client F's BSP in regard to client F's 1:1 supervision. The AD indicated the staff were to be within arms reach of client F during client F's waking hours and stated, "They clearly didn't do that." The AD indicated it was ok for the clients to visit in each other's bedroom but it was not appropriate for the clients to be under the covers together and the staff should have intervened and redirected the clients to appropriate social behaviors.</p> <p>2. The 8/8/14 BDDS report indicated:            ___ On 8/7/14 at 5:38 PM the HM arrived at the group home to find clients F and H outside sitting in the facility van with the windows up and no staff supervision.            ___ The HM walked into the group home to find the staff who told the HM she (the staff) did not know clients F and H were in the facility van but did know clients F and H were in the front yard and did not think that was a problem.            ___ The PD went to the site and relieved the staff from her shift at the home and suspended the staff pending an</p>			
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	<p>investigation.</p> <p>The follow up BDDS report dated 9/4/14 to the report of 8/8/14 indicated the staff member was suspended and since had received corrective action and retraining.</p> <p>Interview with the AD on 11/14/14 at 2 PM indicated:</p> <p>__ Indicated the staff failed to provide clients F and H supervision while the clients were outside the home.</p> <p>__ Indicated clients F and H were to have 24 hour supervision.</p> <p>__ Indicated clients F and H should be on the facility van for transport only.</p> <p>__ Stated none of the clients was to be on the facility van "just hanging out."</p> <p>3. The 10/21/14 BDDS report indicated:</p> <p>__ On Monday 10/20/14 the HM discovered an entry in both the daily support records and in the staff log made by staff #6 on 10/19/14 indicating client H alleged client G was sexually inappropriate with client H.</p> <p>__ Client H alleged client G had been asking client H if client G could touch client H in her "two private part areas."</p> <p>__ Client H asked staff #6 if client H would get in trouble for telling on client G and that client H was scared to go to sleep at night because of client G's behavior towards her.</p>			

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	<p>__Staff #6 reassured client H telling client H she would not get in trouble and the staff would place their chair outside of client H's bedroom door throughout the night.</p> <p>__Staff #6 indicated she thought it was appropriate to document what client H said but wanted to wait until she could speak with the Home Manager on Monday to verbally report everything.</p> <p>__Staff #6 was suspended pending investigation for failure to report the allegation immediately to the on call HM and PD.</p> <p>The Investigative Summary dated 10/20/14 indicated an entry in the staff log on 10/19/14. The log indicated "To Co-workers, [client H] talked to me (staff #6) tonight about [client G] asking her (client H) to let her (client G) touch her (client H) in two of her private parts of her body. [Client H] wanted to know if she would get in trouble if she let staff know what [client G] is asking her to do. So I explain (sic) to her (client H) no-you will not get in trouble for telling on [client G]. [Client G] will be the one that will be in big trouble for asking and touching you. [Client H] also stated that she was scared to go to sleep tonight. So I (staff #6) let her know that I will be in the hallway tonight, so not to be scared. I will not let her in your room. This is the</p>			
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	<p>4th person that [client G] is trying to touch and feel on. That is a large problem. It is a very serious behavior problem. Please lets (sic) solve this problem. The clients are [clients C, D, F and H]. The evidence supported the staff did not intervene appropriately."            ___ Corrective Measures to prevent reoccurrence "[Client F] will remain on one to one staffing. Clients will receive Sex Education...." The facility records indicated the staff failed to immediately report allegations of abuse to the administrator in regard to clients C, D, F and H.</p> <p>During interview with the AD on 11/14/14 at 2 PM, the AD indicated all allegations of abuse were to be reported immediately to the administrator and to the BDDS and APS. The AD indicated the staff failed to immediately report the client's allegations of abuse reported on 10/20/14.</p> <p>4. The 8/12/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/12/14 at 12:25 PM while at the day services a peer became upset and client H tried to calm him by giving him a hug when the peer bit client H on the right shoulder.            ___ The facility records indicated no investigation in regard to the client to</p>			

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	<p>client abuse.</p> <p>The 8/24/14 BDDS report indicated on 8/23/14 at 11:30 AM clients A and C had a verbal exchange while doing chores. Client C attempted to bite client A. The staff separated the clients and redirected them to other activities. Client C began to verbally assault client A and then hit client A. The two housemates then exchanged punches. __The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 9/27/14 BDDS report indicated on 9/27/14 at 11:15 AM client D became upset with client H and threw a remote at client H and hit client H in the stomach with the remote control. __The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 10/13/14 BDDS report indicated on 10/13/14 at 9:50 AM while at work client B stepped in to help de-escalate an altercation between a female peer and two male peers and reportedly was smacked by the female peer on her upper chest area. __The facility records indicated no investigation in regard to the client to client abuse.</p>						

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	<p>The 10/24/14 BDDS report indicated on 10/23/14 at 4 PM while conducting an investigation into another allegation client G reported that client F was kissed her on the mouth multiple times without staff knowing about it or being present. Client G indicated she did not like girls and told client F this but client F did not care.</p> <p>___The facility records indicated no investigative interview notes, summary and/or conclusion of an investigation for the allegation of sexual assault made by client G on 10/23/14. The facility records indicated no investigation was conducted.</p> <p>The 10/25/14 BDDS report indicated on 10/25/14 at 1 PM client D was in the kitchen with two other clients and telling the other clients that one of them should stab client G with a knife. Client G overheard this from the next room and grabbed two butter knives from the kitchen drawer and placed them on the table in front of client D and the other two clients. "She (client G) told [client D] 'well do it then' several times." Staff removed the butter knives and locked them up. Client G "shouted" she was being targeted by her roommates and they continued to lie on her. The report indicated an IDT (Interdisciplinary Team) meeting would be held the following</p>			
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	<p>week to discuss how to best address more outings needed in the community in hopes of promoting more camaraderie among the clients.</p> <p>__The facility records indicated no investigation in regard to the allegations of and threats of abuse between clients D, G and the "other two clients" mentioned in the report.</p> <p>The 10/25/14 BDDS report indicated on 10/25/14 at 9:20 PM client D grabbed client F and attempted to communicate to client F. Client F slapped client D across the face. Client F's 1:1 staff was in the same room with clients D and F when this happened.</p> <p>__The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 11/10/14 BDDS report indicated on 11/9/14 at 8:30 PM clients F and G became physically upset with each other. The staff intervened using physical interventions to separate them. Client F obtained a "half inch scratch and a couple small bruises on her shoulder" and a "half inch scratch on her forehead." Client G refused to allow the staff to assess her for injuries. "Both [client F] and [client G] were pulling each other's hair.... [Client F] complained of a headache."</p> <p>__The facility records indicated no</p>			

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	<p>investigation in regard to the client to client abuse.</p> <p>During interview with the AD on 11/14/14 at 2 PM, the AD indicated no investigation for the incidents of client to client abuse of 8/12/14, 8/24/14, 9/27/14, 10/13/14, 10/24/14, 10/25/14 and 11/10/14. The AD indicated all incidents of client to client abuse were to be thoroughly investigated.</p> <p>The facility's policies were reviewed on 11/12/14 at 3 PM.</p> <p>The facility's April 2011 policy and procedure entitled "Quality and Risk Management" indicated:          ___ "A. Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed.          ___ B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident</p>						

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	<p>in this category shall also be reported to Adult Protective Services... as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: 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;... c. Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: i. Cause the individual to be placed in fear of retaliation;... iii. Cause the individual to experience emotional distress or humiliation; iv. Cause others to view the individual with hatred, contempt, disgrace or ridicule; v. Cause the individual to react in a negative manner.... i. Unauthorized use of personal services, personal property, or finances....</p> <p>5. An initial report regarding an incident shall be submitted within twenty-four (24) hours of: (a) the occurrence of the incident; or (b) the reporter becoming aware of or receiving information about an incident.</p> <p>__C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee 1. Investigation findings will be submitted</p>			
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W000153	<p>to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</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. Based on record review and interview for 1 of 6 allegations of abuse, the facility failed to immediately report allegations of abuse immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients C, D, F, G and H.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 11/12/14 at 2:30 PM. The 10/21/14 BDDS (Bureau of Developmental Disabilities Services) report indicated: __ On Monday 10/20/14 the Home</p>	W000153	<p>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.</p> <p>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.</p> <p>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have</p>	12/26/2014

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	<p>Manager (HM) discovered an entry in both the daily support records and in the staff log made by staff #6 on 10/19/14 indicating client H alleged client G was sexually inappropriate with client H.</p> <p>__ Client H alleged client G had been asking client H if client G could touch client H in her "two private part areas."</p> <p>__ Client H asked staff #6 if client H would get in trouble for telling on client G and that client H was scared to go to sleep at night because of client G's behavior towards her.</p> <p>__ Staff #6 reassured client H telling client H she would not get in trouble and the staff would place their chair outside of client H's bedroom door throughout the night.</p> <p>__ Staff #6 indicated she thought it was appropriate to document what client H said but wanted to wait until she could speak with the Home Manager on Monday to verbally report everything.</p> <p>__ Staff #6 was suspended pending investigation for failure to report the allegation immediately to the on call HM and Program Director (PD).</p> <p>The Investigative Summary dated 10/20/14 indicated an entry in the staff log on 10/19/14. The log indicated "To Co-workers, [client H] talked to me (staff #6) tonight about [client G] asking her (client H) to let her (client G) touch her</p>		<p>been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.</p> <p>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.</p> <p>Responsible Party: Home Manager, Program Director</p>		

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	<p>(client H) in two of her private parts of her body. [Client H] wanted to know if she would get in trouble if she let staff know what [client G] is asking her to do. So I explain (sic) to her (client H) no-you will not get in trouble for telling on [client G]. [Client G] will be the one that will be in big trouble for asking and touching you. [Client H] also stated that she was scared to go to sleep tonight. So I (staff #6) let her know that I will be in the hallway tonight, so not to be scared. I will not let her in your room. This is the 4th person that [client G] is trying to touch and feel on. That is a large problem. It is a very serious behavior problem. Please lets (sic) solve this problem. The clients are [clients C, D, F and H]. The evidence supported the staff did not intervene appropriately."</p> <p>__ Corrective Measures to prevent reoccurrence "[Client F] will remain on one to one staffing. Clients will receive Sex Education...." The facility records indicated the staff failed to immediately report allegations of abuse to the administrator in regard to clients C, D, F and H.</p> <p>During interview with the AD on 11/14/14 at 2 PM, the AD indicated all allegations of abuse were to be reported immediately to the administrator and to the BDDS and APS. The AD indicated</p>						

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W000154	<p>the staff failed to immediately report the client's allegations of abuse reported on 10/20/14.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 8 of 9 allegations of client to client abuse, the facility failed to provide evidence an investigation was conducted for clients A, B, C, D, F and G.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 11/12/14 at 2:30 PM.</p> <p>The 8/12/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/12/14 at 12:25 PM while at the day services a peer became upset and client H tried to calm him by giving him a hug when the peer bit client H on the right shoulder.</p> <p>___The facility records indicated no investigation in regard to the client to</p>	W000154	<p>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.</p> <p>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.</p>	12/26/2014

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	<p>client abuse.</p> <p>The 8/24/14 BDDS report indicated on 8/23/14 at 11:30 AM clients A and C had a verbal exchange while doing chores. Client C attempted to bite client A. The staff separated the clients and redirected them to other activities. Client C began to verbally assault client A and then hit client A. The two housemates then exchanged punches. __The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 9/27/14 BDDS report indicated on 9/27/14 at 11:15 AM client D became upset with client H and threw a remote at client H and hit client H in the stomach with the remote control. __The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 10/13/14 BDDS report indicated on 10/13/14 at 9:50 AM while at work client B stepped in to help de-escalate an altercation between a female peer and two male peers and reportedly was smacked by the female peer on her upper chest area. __The facility records indicated no investigation in regard to the client to client abuse.</p>		<p>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist</p>	

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	<p>The 10/24/14 BDDS report indicated on 10/23/14 at 4 PM while conducting an investigation into another allegation client G reported that client F was kissed her on the mouth multiple times without staff knowing about it or being present. Client G indicated she did not like girls and told client F this but client F did not care.</p> <p>___The facility records indicated no investigative interview notes, summary and/or conclusion of an investigation for the allegation of sexual assault made by client G on 10/23/14. The facility records indicated no investigation was conducted.</p> <p>The 10/25/14 BDDS report indicated on 10/25/14 at 1 PM client D was in the kitchen with two other clients and telling the other clients that one of them should stab client G with a knife. Client G overheard this from the next room and grabbed two butter knives from the kitchen drawer and placed them on the table in front of client D and the other two clients. "She (client G) told [client D] 'well do it then' several times." Staff removed the butter knives and locked them up. Client G "shouted" she was being targeted by her roommates and they continued to lie on her. The report indicated an IDT (Interdisciplinary Team) meeting would be held the following</p>			
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	<p>week to discuss how to best address more outings needed in the community in hopes of promoting more camaraderie among the clients.</p> <p>__The facility records indicated no investigation in regard to the allegations of and threats of abuse between clients D, G and the "other two clients" mentioned in the report.</p> <p>The 10/25/14 BDDS report indicated on 10/25/14 at 9:20 PM client D grabbed client F and attempted to communicate to client F. Client F slapped client D across the face. Client F's 1:1 staff was in the same room with clients D and F when this happened.</p> <p>__The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 11/10/14 BDDS report indicated on 11/9/14 at 8:30 PM clients F and G became physically upset with each other. The staff intervened using physical interventions to separate them. Client F obtained a "half inch scratch and a couple small bruises on her shoulder" and a "half inch scratch on her forehead." Client G refused to allow the staff to assess her for injuries. "Both [client F] and [client G] were pulling each others hair.... [Client F] complained of a headache."</p> <p>__The facility records indicated no</p>			

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W000249	<p>investigation in regard to the client to client abuse.</p> <p>During interview with the AD (Area Director) on 11/14/14 at 2 PM, the AD indicated no investigation for the incidents of client to client abuse of 8/12/14, 8/24/14, 9/27/14, 10/13/14, 10/24/14, 10/25/14 and 11/10/14. The AD indicated all incidents of client to client abuse were to be thoroughly investigated.</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 treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on interview and record review for 1 additional client (F), the facility failed to ensure staff implemented client F's Behavior Support Plan in regard to the client's identified behaviors of elopement and inappropriate behavior with housemates.</p> <p>Findings include:</p>	W000249	<p>Client F Behavior Support Plans has been updated to include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client F elopes from the home.</p> <p>All Direct Care staff will receive retraining to include a review of</p>	12/26/2014

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	<p>The facility's reportable and investigative records were reviewed on 11/12/14 at 2:30 PM.</p> <p>The 9/3/14 BDDS (Bureau of Developmental Disabilities Services) report indicated:            ___ On 9/2/14 at 8:40 PM client F eloped from the group home.            ___ A missing persons report was filed with the local police department by the PD (Program Director).            ___ Client F was located on 9/3/14 at 8:15 AM at another Indiana Mentor group home where client F's alleged boyfriend lived.            ___ The police were notified of client F's location and an officer was dispatched to the home to talk with client F with the PD present.            ___ Client F was visually checked by the facility nurse.            ___ Client F's legal guardian/mother arrived at the group home and client F was interviewed again by the AD (Area Director), the PD and the HM (Home Manager).            ___ Client F indicated after eloping from the group home she (client F) had slept with her boyfriend in his room all night and had consensual sex with him.            ___ The facility nurse scheduled a doctor's appointment to assess client F for any</p>		<p>Client F ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, 1:1 supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. Training will emphasize ensuring that supervision levels are followed as directed by the Behavior Support Plan at all times. Failure to follow designated supervision levels may lead to corrective action.</p> <p>Program Director will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.</p> <p>IDT meetings will continue to occur a minimum of monthly to evaluate the continued need for increased supervision levels. Once the IDT determines that supervision levels can be decreased the IDT will develop a plan for reducing supervision levels slowly to continue to prevent future elopements.</p> <p>Home Manager and/or Program Director will complete observations in the home a</p>		

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	<p>medical needs and client F was placed on 1:1 (one staff to one client) supervision until the next IDT (Interdisciplinary Team) meeting to determine when or if the 1:1 supervision could be lifted.</p> <p>The 9/14/14 BDDS report indicated:            ___ On 9/13/14 at 11:30 PM staff found client F in her bedroom, the window open and client F had changed out of her pajamas and was fully dressed.            ___ Staff questioned client F as to what she was doing, client F got angry and began cursing staff.            ___ Client F indicated she (client F) was going to leave the group home because she wanted to see her boyfriend.            ___ Client F ran to the front door and attempted to elope and the staff had to use physical intervention to prevent client F from leaving the home.            ___ During the physical intervention client F punched staff in the face twice.            ___ Staff called 911 and the police arrived and informed client F they (the police) were aware client F had recently eloped and if she (client F) did it again, she would be taken to jail and held there.            ___ Client F indicated she understood the officer and retired to her bedroom where staff checked on her every 15 minutes throughout the rest of the night.            ___ Client F was to continue on 1:1 staff supervision during waking hours until the</p>		<p>minimum of 3 times weekly for 4 weeks to ensure staff are following Client F supervision protocols to prevent future elopements. Ongoing after the 4 weeks, the Home Manager and/or Program Director will complete observations in the home a minimum of 2 times weekly to ensure staff are following Client F supervision protocols to prevent future elopements.</p> <p>Responsible staff: Home Manager, Program Director</p>		

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	<p>IDT decided client F no longer needed the 1:1 supervision.</p> <p>The 9/30/14 BDDS report indicated:            ___ On 9/29/14 at 5:15 PM during shift change staff found clients F, G and H in client F's room under client F's bedspread.            ___ The outgoing staff reported clients F, G and H were watching television together and the incoming staff reported they found the three clients under the covers together.            ___ Client F indicated client G had felt her breasts and private area over her clothes.            ___ Client H indicated she saw client G feeling client F on her breast over her clothes but client H was not touched.            ___ Client G reported nothing happened and stated "we were just under the covers together."            ___ The facility staff implemented a plan, "no clients to be in other client's rooms whom are not roommates and only roommates could be in their rooms with their own roommates."</p> <p>The facility investigative summary dated 9/30/14 in regard to the incident of 9/29/14 indicated client F was not receiving 1:1 supervision during the reported incident of 9/29/14 as directed by the IDT.</p>			
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	<p>The 10/7/14 BDDS report indicated:            ___ On 10/7/14 at 4:15 PM the HM witnessed client F bend down to tie her shoe and noticed a mark on client F's left arm.            ___ Client F indicated she (client F) had cut her arm several times without staff knowledge using a cd (compact disc) in her room that she broken into pieces.            ___ Client F indicated her 1:1 staffing was getting to be too much, she had no time for herself and the staff sat their chair outside her bedroom door watching her.            ___ Client F indicated she was tired of her mother restricting her phone calls and she (client F) waited until the overnight shift started their shift and pretended to be asleep but was "really in her room cutting herself."            ___ The staff checked the cuts on her arm and found them to be superficial.            ___ Client F was to continue with her 1:1 supervision.</p> <p>The 10/18/14 BDDS report indicated:            ___ On 10/18/14 at 8:11 PM the HM called the PD to report client F had eloped from the group home around 8 PM.            ___ The 1:1 staff assigned to client F had "lost sight of" client F and 911 was called to notify the police.            ___ Client F was found at 8:28 PM and transported back to the group home by the facility staff.</p>			
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	<p>__ Client F told the staff she would likely run away again that night or the following day because she (client F) really wanted to see her boyfriend.</p> <p>__ Staff explained to client F that was not a good choice and client F would remain on 1:1 supervision.</p> <p>__ Staff indicated to client F the staff would "park their chair outside her bedroom door all night as a result of this evening's elopement."</p> <p>__ Client F would continue with her one to one staffing during waking hours. "Tonight and tomorrow night the Overnight Staff will place their chair in [client F's] bedroom door entryway in an effort to keep a close eye on her just in case she attempts to elope again. The Overnight Staff will also check her every ten minutes by walking over to her bed."</p> <p>The 10/24/14 BDDS report indicated:            __ On 10/23/14 at 4 PM client G reported client F kissed her on the mouth multiple times without staff present.            __ Client G indicated she did not like girls and had told client F this but client F "did not care."            __ Client G indicated client F said sometimes they were together and sometimes they were not together but she did not swing that way.            __ Client C indicated she had seen client F and client G kissing on multiple</p>			

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	<p>occasions and neither of the clients pulled away or said 'no'.</p> <p>__ Client C indicated she did not want to tell staff because it made her feel uncomfortable.</p> <p>__ When client F was asked what her side of the story was client F indicated client G was always the aggressor and she (client F) didn't know why she didn't stop her (client G).</p> <p>__ Client F indicated she didn't know why she had never told the staff but felt sorry for her (client G) since no one in the house liked her (client G).</p> <p>__ When client F was asked where this took place client F indicated it always happened in client G's and client C's room and that client F went in there just to watch TV (television) and hang.</p> <p>__ Client F indicated client G had a flirtatious way about her and that was how they ended up under the blanket in her (client F's) bedroom but it was client G's idea and she (client F) just went along with it. Staff were to be vigilant of that type of behavior occurring and were to report it when it was seen.</p> <p>__ Client F was to remain on 1:1 supervision and could no longer be in a bedroom alone, staff were to be within arms-length until the IDT determined otherwise.</p> <p>Client F's record was reviewed on</p>			

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	<p>11/14/14 at 1 PM.</p> <p>Client F's revised BSP dated October 2014 indicated client F had targeted behaviors of "vacating" and "kissing other clients in the home." The plan indicated:            ___ Staff were to be aware of client F's location at all times.            ___ If client F eloped from staff the staff were to keep her in eyesight and calmly request client F to make a positive choice and return to the home or vehicle with the staff.</p> <p>Client F's addendum to the October 2014 BSP dated 9/3/14 indicated:            ___ Client F was to receive 1:1 supervision during all waking hours.            ___ Waking hours to be defined as the time client F woke in the morning to begin her day until "at least one hour after she (client F) retired for the evening."            ___ The staff providing the 1:1 supervision and the other staff must agree that client F was asleep before the 1:1 supervision was finished for that day.            ___ 1:1 Supervision was to be defined as staff were to be within arms length of client F with the only exception to that was when client F was in the bathroom or in her bedroom at which time the staff were to have the door of the bedroom and/or bathroom in line of sight and</p>						

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	<p>would resume 1:1 once client F came out of the bathroom or her bedroom.</p> <p>__ When client F was in a room asleep staff were to complete 15 minute checks.</p> <p>__ If client F woke up in the middle of the night and came out of her room the overnight staff was to monitor client F until she returned to her room.</p> <p>Client F's IDT meeting notes indicated:</p> <p>__ 9/3/14 "Team agrees that [client F] needs one-one staffing due to elopement. Legal guardian, mother, asked that alarms be placed on all exits to the house to keep [client F] from eloping. [Name of AD] explained that the other guardians of clients in the home will be notified of this request.... Team agrees [client F] should be tested as well as pregnancy tested. [Client F's] mother said she does not want [client F] to take 'the morning after pill' because she wants to see if she's pregnant. And if she is, then at that time they will decide what to do about that."</p> <p>__ 9/16/14 "Team agreed to place two people on Overnight shift starting tonight, 9/16/14, to mitigate possible elopement. She (client F) attempted to elope on Saturday, 9/13/14 but was unsuccessful due to staff using physical intervention. IDT will convene on Friday, 9/19/14 to decide if removing double staffed overnight is appropriate. She is to continue her 1:1 staffing through day</p>			
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	<p>time/awake hours."            ___9/19/14 "Team agreed to remove the double staffing during Overnight shift due to no incidents of attempted elopement. However, team agrees, and her mother approves of contingent the 1:1 (supervision) until the next IDT."            ___10/17/14 "No medical recommendations at this time. Her pregnancy test and STD (Sexually Transmitted Disease) tests were negative."            ___10/27/14 "On 10/24/14 [client F] slapped her housemate [client D]. Nurse said [client F's] doctor has been contacted for a referral to [name of psychiatric clinic] for psych care through [name of doctor's office].... Regarding [client F's] 1:1, the team feels as though [client F] still needs the one-on-one due to the numerous negative behaviors she has partaked (sic) in. The team agrees to meet again and include her mom, 4 weeks from today to see if the restrictive 1:1 staffing is to be permitted."</p> <p>During interview with the AD (Area Director) on 11/14/14 at 2 PM, the AD indicated the staff failed to implement client F's BSP in regard to client F's 1:1 supervision. The AD indicated the staff were to be within arms reach of client F during client F's waking hours and stated, "They clearly didn't do that." The AD</p>			

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W000429	<p>indicated it was ok for the clients to visit in each other's bedroom but it was not appropriate for the clients to be under the covers together and the staff should have intervened and redirected the clients to appropriate social behaviors.</p> <p>9-3-4(a)</p> <p>483.470(e)(2)(i) HEATING AND VENTILATION The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation and interview for 1 of 4 sampled clients (A), the facility failed to maintain the temperature of client A's bedroom within a normal comfort range above 68 degrees F (Fahrenheit).</p> <p>Findings include:</p> <p>Observations were conducted at the facility group home on 11/12/14 between 4:30 PM and 6:30 PM. At 6:15 PM the temperature of client A's bedroom was 61 degrees. Client A's room was small with two windows and a door to the outside. Client A stated her bedroom "was cold" and pointed to the bottom of the door. A black strip of thick cloth was under client</p>	W000429	<p>Maintenance staff is looking at Client A windows in the room to determine if they can be sealed any better. Client A mattress has been replaced so she will hopefully choose to not continue to sleep on the floor. Staff will assist Client A with ensuring that clothing or other objects are not placed over the vent in the room to allow the heat to come through. Staff will encourage Client A to keep her bedroom door open during the daytime and at night if she is comfortable with it to allow the heat from the house to circulate into the room.</p> <p>Home Manager and staff will evaluate the temperature in Client A room daily to ensure it is at a comfortable temperature and not too cold. If it is below 65 degrees,</p>	12/26/2014

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	<p>A's door to stop a cold draft from coming into client A's bedroom. Client A stated the draft stopper helped but her room was still "really cold." Client A pointed to an air vent in the floor and stated, "Warm air comes out of there but not much. My bedroom used to be part of a garage and it was converted to a bedroom. My mom wanted to get an electric heater but they said that was a fire hazard. I want to see if maybe I can have an electric blanket or something." Client A indicated she was sleeping on the floor between her bed and the outside door because her mattress was broken down and she couldn't sleep on it. Client A's bed was piled high with comforters, blankets and clothing.</p> <p>During interview with the PD (Program Director) on 11/13/14 at 11:30 AM, the PD stated, "There's nothing wrong with [client A's] mattress but we are replacing it for her because she is refusing to sleep on the one she has. [Client A] chooses to sleep on the floor and has been doing that for the last few days." The PD indicated she did not know if client A's room was a garage in the past but client A's room was cold. The PD indicated maintenance was going to take a look at the windows to see if they could be sealed better to keep the cold out.</p> <p>During interview with the AD (Area</p>		<p>the Home Manger will contact maintenance staff do determine what other options can be looked at that are not safety hazards to increase the temperature in Client A room.</p> <p>Ongoing, the Home Manager will complete weekly walkthroughs of all rooms of the house a minimum of 2 times weekly to ensure that all maintenance issues that are identified are reported to the Program Director and/or maintenance staff right away so they can be addressed in a timely manner.</p> <p>Responsible Party: Home Manager, Program Director, Maintenance staff</p>				

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	Director) on 11/14/14 at 2 PM, the AD indicated the home was to be kept at an average comfortable temperature. The PD indicated a temperature of 61 was not a comfortable temperature and would be too cold for the clients.  9-3-7(a)				