

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for the investigation of complaint #IN00151210.</p> <p>COMPLAINT #IN00151210: Substantiated. Federal/state deficiencies related to the allegations are cited at W148, W149, W153, and W155.</p> <p>Dates of Survey: July 25 and 28, 2014.</p> <p>Facility number: 000601 Provider number: 15G045 AIM number: 100233480</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/1/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness,</p>			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed to notify 1 of 3 sampled clients (client B's) guardian of 1 of 3 reviewed allegations of verbal abuse.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/25/14 at 9:22 A.M. A review of the facility's incident reports from 4/1/14 to 7/25/14 indicated the following allegation of verbal abuse:</p> <p>- "Date: 7/18/14 (2014), Date Received: July 23, 2014, Today, [direct care staff #1] was complaining about how much [urine] was on [client A's] floor. I [direct care staff #3] told her (direct care staff #1) that she (client A) does that (urinates on the floor) in the last 10 yrs (years) I've been here. She (direct care staff #1) couldn't believe it. I (direct care staff #3) had to deal with [client B] because when she (direct care staff #1) would say things (to client A) like 'don't touch me.' I told [direct care staff #1] I'd watch her. She almost has a bully mentality towards certain individual (clients). She (direct care staff #1) also said in front of [client from another group home] cath (catheter) bag grossed her out. I said he needs it to survive and she said I know but I can't</p>	W000148	<p>The affected client's guardians have been notified of the allegations that led to the deficiency. The Residential Director has reviewed all incidents of alleged abuse/neglect for the past 12 months and found that all respective guardians were notified in an appropriate timeframe.</p> <p>To ensure this deficiency is corrected immediately and in the future, the Residential Director will create a specific document to be used when there is an allegation of abuse and/or neglect of any kind. The document will be provided to all staff and will be comprised of step-by-step instructions to be followed, and the timeframe in which they must occur, when there is suspected abuse/neglect. The person initiating the document will be required to sign off on all steps they have completed and immediately pass it along to their supervisor for further action. All members of the Interdisciplinary Team will be retrained and held responsible for immediately communicating all allegations to the necessary parent/guardian. A record of</p>	08/27/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W000149	<p>stand looking at it. She talks to certain individuals (clients A and B) in a way that make them angry and nervous."</p> <p>Client B's record was reviewed on 7/25/14 at 9:44 A.M. Review of the client's record indicated he was adjudicated incompetent and was receiving the services of a guardian. Further review of client B's record failed to indicated the client's guardian was notified of the 7/18/14 allegation of verbal abuse.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/25/14 at 9:58 A.M. When asked if client B's guardian was notified of the 7/18/14 allegation of verbal abuse, QIDP #1 stated, "I don't know."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00151210.</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,</p>	W000149	<p>the conversation with the parent/guardian and the date/time it took place will be attached to the "Suspected Abuse/Neglect" document and placed in the investigation file. The Residential Director will retain a copy of the document and review it, specifically, for appropriate notifications and also for accurate and timely completion of all steps. The Residential Director will provide an ongoing monitor, that parent/guardians are being informed each time there is an allegation of abuse/neglect, through verbal and documented communication with the Interdisciplinary Team and through follow-up phone calls to the guardians.</p>	08/27/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>the facility neglected to implement their "Adult Protective Policy" to immediately report to the administrator, and to BDDS (Bureau of Developmental Disability Services) according to state law, 2 of 3 reviewed allegations of verbal abuse which affected 2 of 3 sampled clients (clients A and B).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/25/14 at 9:22 A.M. A review of the facility's incident reports from 4/1/14 to 7/25/14 indicated the following two allegations of verbal abuse:</p> <p>- "Date: 06/13/2014, Date of Knowledge: 06/16/2014, On 6/13 (2014) [direct care staff #3] was confronted by another staff member [direct care staff #5] regarding care of [client B], concerning his (client B's) wheelchair. The staff member (direct care staff #5) was upset about which wheelchair he was using. [Direct care staff #3] reported this to her supervisor (direct care staff #4). [Direct care staff #4] went to the home to follow up on the situation, everything seemed fine. The two staff (direct care staff #3 and #5) were not working together on the evening shift and would be handled accordingly with supervisors. On 6/16 (2014) we (Qualified Intellectual</p>		<p>the Interdisciplinary Team to review the "Adult Protective Policy" and to specifically discuss the notification process to the appropriate Administrative staff. The Program Manager has met with the staff at the Earl Road home to discuss their obligation to notify supervisory staff immediately when there is suspicion of abuse/neglect. She explained the notification must take place by phone so there is no delay in following the "Adult Protective Policy".</p> <p>To ensure this deficiency is corrected immediately and in the future, the Residential Director will provide an all staff re-training on the "Adult Protective Policy". The Interdisciplinary Team and the Residential Director will meet and review the existing procedures, that accompany the "Adult Protective Policy", and will make necessary changes to ensure the policy is consistently enforced.</p> <p>The Residential Director will create a specific document to be used when there is an allegation of abuse and/or neglect of any kind. The document will be provided to all staff and will be comprised of step-by-step instructions to be followed, and the timeframe in which they must occur,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Disabilities Professional, Residential Director) received documentation about the incident along with allegations that [direct care staff #5] was verbally inappropriate with [client B] as well. [Direct care staff #3] stated that [direct care staff #5] was yelling and rude to [client B] about how he (client B) could have someone else come in and take care of him as well as having him move from the wheelchair he was in to a different one. [Client B] became upset with [direct care staff #5] for this. Plan to Resolve: Residential Program Manager and the QIDP will be continuing investigation with witness staff and [client B] on 6/17 (2014). [Direct care staff #5] has not worked with [client B] since the knowledge of the verbal inappropriateness. Guardian was notified and will be updated with results."</p> <p>- "Date: 7/18/14 (2014), Date Received: July 23, 2014, Today, [direct care staff #1] was complaining about how much [urine] was on [client A's] floor. I [direct care staff #3] told her (direct care staff #1) that she (client A) does that (urinates on the floor) in the last 10 yrs (years) I've been here. She (direct care staff #1) couldn't believe it. I (direct care staff #3) had to deal with [client B] because when she (direct care staff #1) would say things (to client A) like 'don't touch me.' I told</p>		<p>when there is suspected abuse/neglect. The person initiating the document will be required to sign off on all steps they have completed and immediately pass it along to their supervisor for further action. The procedures for the "Adult Protective Policy" will include the use of this new "Suspected Abuse/Neglect" document. All staff will be trained on the revised procedures in addition to the existing "Adult Protective Policy". The Residential Director will provide an ongoing monitor, each time there is an allegation of abuse/neglect, through review of the "Suspected Abuse/Neglect" document and through verbal and written communication with the Interdisciplinary Team.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>[direct care staff #1] I'd watch her. She almost has a bully mentality towards certain individual (clients). She (direct care staff #1) also said in front of [client from another group home] cath (catheter) bag grossed her out. I said he needs it to survive and she said I know but I can't stand looking at it. She talks to certain individuals (clients A and B) in a way that make them angry and nervous."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/25/14 at 9:58 A.M. When asked if the 6/13/14 incident was reported to the administrator on 6/16/14 and the 7/18/14 incident was reported to the administrator on 7/23/14, QIDP #1 stated, "I know, they (incidents) were reported late to the administrator." When asked if the 7/18/14 incident was reported to BDDS, QIDP stated, "No."</p> <p>The facility's records were reviewed on 7/25/14 at 11:14 A.M. Review of the facility's "Adult Protective Policy", dated 4/08, indicated in part, the following: "All reports on known or suspected neglect, battery, exploitation, including financial, sexual, etc., made under this policy shall be communicated immediately to Program Coordinator, Program Director, or Executive Director and proper Indiana authorities. [The</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000153	<p>facility] will report all alleged incidents of suspected abuse, neglect and exploitation to BDDS within 24 hours."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00151210.</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, the facility failed to immediately report to the administrator, and to BDDS (Bureau of Developmental Disability Services) according to state law, 2 of 3 reviewed allegations of verbal abuse which affected 2 of 3 sampled clients (clients A and B).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/25/14 at 9:22 A.M. A review of the</p>	W000153	<p>Incident reports have been submitted to BQIS and forwarded to BDDS regarding the incidents that led to the deficiency. The Residential Director met with the Interdisciplinary Team to review the "Adult Protective Policy" and to specifically discuss the notification process to the appropriate Administrative staff. The Program Manager has met with the staff at the Earl Road home to discuss their obligation to notify supervisory staff immediately when there is</p>	08/27/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>facility's incident reports from 4/1/14 to 7/25/14 indicated the following two allegations of verbal abuse:</p> <p>- "Date: 06/13/2014, Date of Knowledge: 06/16/2014, On 6/13 (2014) [direct care staff #3] was confronted by another staff member [direct care staff #5] regarding care of [client B], concerning his (client B's) wheelchair. The staff member (direct care staff #5) was upset about which wheelchair he was using. [Direct care staff #3] reported this to her supervisor (direct care staff #4). [Direct care staff #4] went to the home to follow up on the situation, everything seemed fine. The two staff (direct care staff #3 and #5) were not working together on the evening shift and would be handled accordingly with supervisors. On 6/16 (2014) we (Qualified Intellectual Disabilities Professional, Residential Director) received documentation about the incident along with allegations that [direct care staff #5] was verbally inappropriate with [client B] as well. [Direct care staff #3] stated that [direct care staff #5] was yelling and rude to [client B] about how he (client B) could have someone else come in and take care of him as well as having him move from the wheelchair he was in to a different one. [Client B] became upset with [direct care staff #5] for this. Plan to</p>		<p>suspicion of abuse/neglect. She explained the notification must take place by phone so there is no delay in following the "Adult Protective Policy". To ensure this deficiency is corrected immediately and in the future, the Residential Director will provide an all staff re-training on the "Adult Protective Policy". The Interdisciplinary Team and the Residential Director will meet and review the existing procedures, that accompany the "Adult Protective Policy", and will make necessary changes to ensure the policy is consistently enforced. The Residential Director will create a specific document to be used when there is an allegation of abuse and/or neglect of any kind. The document will be provided to all staff and will be comprised of step-by-step instructions to be followed, and the timeframe in which they must occur, when there is suspected abuse/neglect. The person initiating the document will be required to sign off on all steps they have completed and immediately pass it along to their supervisor for further action. The Interdisciplinary Team will be further re-trained</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Resolve: Residential Program Manager and the QIDP will be continuing investigation with witness staff and [client B] on 6/17 (2014). [Direct care staff #5] has not worked with [client B] since the knowledge of the verbal inappropriateness. Guardian was notified and will be updated with results."</p> <p>- "Date: 7/18/14 (2014), Date Received: July 23, 2014, Today, [direct care staff #1] was complaining about how much [urine] was on [client A's] floor. I [direct care staff #3] told her (direct care staff #1) that she (client A) does that (urinates on the floor) in the last 10 yrs (years) I've been here. She (direct care staff #1) couldn't believe it. I (direct care staff #3) had to deal with [client B] because when she (direct care staff #1) would say things (to client A) like 'don't touch me.' I told [direct care staff #1] I'd watch her. She almost has a bully mentality towards certain individual (clients). She (direct care staff #1) also said in front of [client from another group home] cath (catheter) bag grossed her out. I said he needs it to survive and she said I know but I can't stand looking at it. She talks to certain individuals (clients A and B) in a way that make them angry and nervous."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>		<p>on the timely notification of the facility Administrative staff, including the Executive Director and the Bureau of Developmental Disability Services. The Residential Director will provide an ongoing monitor, each time there is an allegation of abuse/neglect, through review of the "Suspected Abuse/Neglect" document and through verbal and written communication with the Interdisciplinary Team and through follow-up with the Executive Director and review of the incident report sent to the Bureau of Developmental Disability Services.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000155	<p>7/25/14 at 9:58 A.M. When asked if the 6/13/14 incident was reported to the administrator on 6/16/14 and the 7/18/14 incident was reported to the administrator on 7/23/14, QIDP #1 stated, "I know, they (incidents) were reported late to the administrator." When asked if the 7/18/14 incident was reported to BDDS, QIDP stated, "No."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00151210.</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on observation, record review, and interview, the facility failed to protect 2 of 3 sampled clients (client A and B) from further potential abuse during the investigation of 1 of 3 reviewed allegations of verbal abuse.</p> <p>Findings include: Client B was observed at the group home</p>	W000155	<p>Upon knowledge of the allegation, (7/23/14) the Residential Director and the Program Manager immediately interviewed all witness staff and the alleged abusing staff while she was off duty. The alleged abusing staff attended "Abuse/Neglect and Respect/Dignity" training on 8/4/14.</p> <p>To ensure this deficiency is corrected immediately and in</p>	08/27/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014
NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>on 7/25/14 from 4:57 A.M. until 6:30 A.M. At 5:47 A.M., client B was assisted from his bedroom to the dining room by direct care staff #1. At 6:14 A.M., client B was assisted to the dining room area by direct care staff #1. Direct care staff #1 was working at the group home where clients A and B resided during the entire 7/25/14 observation period.</p> <p>The facility's records were reviewed on 7/25/14 at 9:22 A.M. A review of the facility's incident reports from 4/1/14 to 7/25/14 indicated the following allegation of verbal abuse:</p> <p>- "Date: 7/18/14 (2014), Date Received: July 23, 2014, Today, [direct care staff #1] was complaining about how much [urine] was on [client A's] floor. I [direct care staff #3] told her (direct care staff #1) that she (client A) does that (urinates on the floor) in the last 10 yrs (years) I've been here. She (direct care staff #1) couldn't believe it. I (direct care staff #3) had to deal with [client B] because when she (direct care staff #1) would say things (to client A) like 'don't touch me.' I told [direct care staff #1] I'd watch her. She almost has a bully mentality towards certain individual (clients). She (direct care staff #1) also said in front of [client from another group home] cath (catheter)</p>		<p>the future, the Residential Director will provide an allstaff re-training on the "Adult Protective Policy" and will specifically explain the process of staff suspension as it relates to allegations of abuse/neglect. The Residential Director will create a specific document to be used when there is an allegation of abuse and/or neglect of any kind. The document will be provided to all staff and will be comprised of step-by-step instructions to be followed, and the timeframe in which they must occur, when there is suspected abuse/neglect. The document will include a section specific to the suspension of the alleged abusing staff. Supervisory staff will be instructed to contact the staff member immediately and suspend them whether or not they are on duty. The staff member will be instructed to remain out of the home until further notice from the investigation team. The Residential Director will provide an ongoing monitor of this process by reviewing each incident of abuse/neglect and ensuring the investigation team has followed the appropriate course of action.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARENTS AND FRIENDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 829 EARL RD MICHIGAN CITY, IN 46360
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>bag grossed her out. I said he needs it to survive and she said I know but I can't stand looking at it. She talks to certain individuals (clients A and B) in a way that make them angry and nervous."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/25/14 at 9:58 A.M. When asked if the 6/13/14 incident had been investigated, QIDP #1 stated, "It is presently being investigated." When asked if direct care staff #1 was working with clients A and B today (7/25/14) and while the 7/18/14 incident was being investigated, QIDP stated, "Yes." When asked how the facility was preventing further potential abuse during the investigation, QIDP stated, "I don't know."</p> <p>9-3-2(a)</p> <p>This federal tag relates to complaint #IN00151210.</p>			