

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: April 16, 17, 18 and 19, 2012</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/24/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample (#5) who attended an outside services day program, the facility failed to ensure the services met the needs of the client.</p> <p>Findings include:</p> <p>An observation was conducted at client #5's outside services day program on 4/17/12 from 9:02 AM to 10:28 AM. At 9:26 AM, client #5 arrived to the day program. He appeared happy as evidenced by a smile on his face. At 9:38 AM after client #5 returned to the program room after changing his shirt in the restroom, he became agitated. Client #5 hit the program room door, threw a bag of clothes, hit a wall in the cafeteria after leaving the program area, and tipped over a chair. Day program direct care staff #1 offered client #5 to go on a walk or to play basketball. Client #5 repeatedly stated over and over, "mad." Staff #1 verbally prompted client #5 to "act like a man" and "be appropriate." Client #5 was given the choice to return to the program room or to go outside. At 9:41 AM, client #5 returned to the program room.</p>	W0120	<p>W120: The facility must assure that outside services meet the needs of each client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> IDT has been held for Client #5, starting the process to seek alternative Day programming alternatives (Attachment A). <p>How we will identify others:</p> <p>Program Coordinators will review workshop plans to ensure that all client needs are being met and review incidents to ensure that Behavior Support Plans are being followed.</p> <p>Measures to be put in place:</p> <p>Director of Supervised Group Living, Quality Assurance Director will review LARC incident reports to ensure that Behavior Support plans</p>	05/03/2012			

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	<p>He hit the program room door, grabbed his lunchbox and hit it on a table two times. At this point, 7 peers were removed from the program area. Client #5 threw several wooden puzzles in the air, and tried to tip a table. Two staff used a two person hold to restrain client #5 by holding his arms. Staff #1 stated, "[Client #5], stop it, now!" At 9:43 AM, two staff (staff #1 and Administrative staff) were speaking calmly to client #5. Client #5 sat down on a yoga mat. The staff offered several activities for client #5 to participate in including yoga, basketball, or going on a walk. Client #5 indicated he needed to use the restroom but started moving the tables and chairs he knocked around back to where they were supposed to be. At 9:46 AM, client #5 went through the cafeteria toward the restroom. Client #5 hit a locker with his fist, tried to throw chairs, tipped over a table and punched a picture on the wall. Staff #1 held onto client #5's arms to get him toward the restroom. At 9:48 AM, client #5 went outside with staff #1 for a walk. At 9:54 AM, client #5 returned to the program area and had no further incidents.</p> <p>A review of the facility's incident/investigative reports was conducted on 4/16/12 at 11:19 AM. The following incidents occurred at the</p>		<p>have been followed.</p> <p>Monitoring of Corrective Action: Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop incident reports will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee. Monthly meetings will be held at LARC, also PRN meetings after an incident, to review and discuss incidents, Behavior Support plans, and the needs of the clients.</p> <p>Completion Date: 5-3-2012</p>				

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	<p>outside services day program (DP):</p> <p>-On 2/2/12 at 10:45 AM, client #5 threw a CD player across the room; staff "told [client #5] to sit down to calm." Client #5 threw blocks at other clients. The DP staff used a two person transport to escort him to a chair.</p> <p>-On 2/3/12 at 11:30 AM, client #5 was in the breakroom and threw a soda can down the ramp, threw lunchboxes across the room, knocked over a chair, then went to another client and smacked her on top of the head. DP staff used a two person transport to a room away from other clients.</p> <p>-On 2/6/12 at 9:45 AM, client #5 threw his glasses on the floor. Another client was in his way and he kicked him in the left shin. Client #5 was also spitting (no documentation if directed toward staff or peers).</p> <p>-On 2/9/12 at 10:15 AM, client #5 pushed a table out of his way and ran out the door into the breakroom. He attempted to turn over a table and the chairs. Staff used a two person transport to escort him to another room.</p> <p>-On 2/23/12 at 11:00 AM, client #5 came out of the program room and began</p>						

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	<p>spitting, hitting, and punching walls and tables. Staff attempted a two person escort but it did not work as he "got away" and attempted to hit and spit on his peers. He hit the vending machines and threw his soda can. Staff used a two person escort when he spit in staff's face and dropped to the floor. Client #5 smacked the staff in the face and spit in the staff's eye. Staff immediately put client #5 into a seated baskethold until he was calm.</p> <p>-On 2/23/12 at 11:25 AM, client #5 was eating his lunch when he pushed his food off the table. He slapped the wall and "stomped off" toward the front door. Staff "chased after him." Client #5 punched staff in the right eye three times. Another staff placed client #5 in a seated baskethold. Staff then escorted him to the program room and he sat down on the couch.</p> <p>-On 3/8/12 at 11:45 AM, client #5 began punching lockers and turned over a chair. Staff attempted a one person escort. Client #5 attempted to hit clients in his path and began spitting. Staff used a two person escort to his program room. He sat on the couch. A peer from his group home had his name called over the intercom. Client #5 became upset and threw a book at another client and began</p>				

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	<p>spitting. Staff utilized a open handed two person escort. Client #5 attempted to hit a peer. Staff used a two person escort and directed him to the couch. He appeared calm for 15 minutes so staff asked him if he wanted to build something with blocks. He became upset and started spitting. Staff used an open handed two person escort. Client #5 attempted to kick a peer so staff used a two person escort and directed client #5 to sit on the couch.</p> <p>-On 3/12/12 at 8:00 AM, client #5 arrived to the program upset according to the group home staff's report. Client #5 appeared calm. He sat down on the couch next to a peer and hit the peer on the leg. He got up, exited the room and went into the break area. He threw two chairs and hit staff. Staff used a physical intervention that was used at her previous agency but was not used by this day program. The staff was standing behind him holding both upper arms near the elbow. The supervisor intervened and a two person escort was used to get client #5 to his program area.</p> <p>-On 3/15/12 at 11:00 AM, client #5 left the program area and was returned using a two person escort. He attempted to hit and spit on staff and peers in the break area.</p>						

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	<p>-On 3/15/12 at 11:05 AM, client #5 was in cooking class and wanted to take a break. Staff informed him it was not time for a break. He slammed the door and went outside. Client #5 hit the tables and spit on the ground. Once calm, staff asked him if he wanted to eat lunch. On the way, he became "upset again" so staff directed him to his program room. Staff left the area to make lunch. He "stormed" out of the room after one minute and was hitting walls and flipping the table. Staff escorted him back into the program room away from other clients. Ten seconds later, he came out of the room and hit and spit on tables. When asked why he was upset, he threw lunches on the floor. Staff escorted him back to the program room and he calmed down.</p> <p>-On 3/16/12 at 12:00 PM, client #5 was sweeping and looking at comic books. He followed staff to the kitchen and hit the walls and spit toward his peers. He was prompted to return to his program room where he became more upset. He threw books from the desk toward other clients. He then turned toward another client and kicked her in the leg and spit on her. Staff used a bear hug for two minutes and he calmed down.</p> <p>-On 3/16/12 at 8:15 AM, client #5 "seemed" agitated when he arrived. He</p>						

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	<p>threw his lunchbox on the floor. His group home staff picked up the lunchbox and left the room. Client #5 "stomped" out of the room and headed toward the lobby putting down fliers, hitting walls and spitting. He attempted to leave the building. Staff attempted to restrain him (did not indicate type) in order to keep him from entering the driveway. Client #5 turned and kicked staff and spit in her face. He then walked outside and spit on the front of the van. He returned to the program area.</p> <p>-On 3/19/12 at 11:45 AM, client #5 returned to the program room after lunch. He was sweeping and appeared happy. After a few minutes, he threw the broom across the room in the path of other clients. He ran out of the room into the break area. He "put his fist into the wall." Staff moved behind him in a nonrestrictive open hand two person transport. He raised his fists at other clients so staff used a two person transport and moved him away from his peers. He was moved to an empty room where he spit and kicked items in the room. Staff asked him to sit in a chair to calm. Staff was still holding him in a two person transport when he attempted to break away and go toward his peers. Client #5 began "jerking" away from staff. He broke free from staff and turned</p>						

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	<p>over a storage bin and then smacking staff on the chest. Staff was able to get a hold of his hand again and placed him in a two person transport. He tried to pull away. Another staff arrived to assist and asked him to sit in a chair. He sat down and continued to spit. Staff attempted a brief physical hold with open hands standing in front of client #5. Client #5 struck staff on the head several times with his hand. When the door to the room opened, he attempted to get out of his chair. He continued to spit and raised his fists to clients in the room. He got up and attempted to open the door. Staff used a seated baskethold for 5 minutes. After he calmed, he was released and staff sat with him for 5 minutes. Client #5 was asked if he wanted to play basketball. He stood and then ran toward the room he just exited. He hit the wall with his fist. Staff used a two person transport to move him away from other clients. He started spitting and "jerking around" to free himself. Staff used a standing baskethold for 5 minutes. He calmed down.</p> <p>-On 3/22/12 at 8:45 AM, client #5 arrived to the day program. He "stomped" into the break area which was filled with clients. He turned over chairs and a one person escort was used to move him away from his peers. He grabbed at anything in reach to throw. Staff then used a two</p>			

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	<p>person escort for 10 seconds to move him out of the area and back to his program room. He tipped over a large plastic container of water. Staff asked him to mop up the water. He kicked the mop and threw it. Staff used a "non-restrictive escort to help [client #5] sit in a chair and calm." After 15 minutes, he left for a community outing.</p> <p>-On 3/23/12 at 8:50 AM, client #5 arrived to a community exercise gym to swim. He asked to use the restroom. Upon exiting the restroom, client #5 appeared agitated. He threw his bag of clothes to the floor and then kicked the bag. Client #5 slapped the counter, made inappropriate gestures, swung his arms at others in the lobby, spit and yelled. The staff blocked him and he swung at the staff. The staff did a two person escort attempting to take him outside. He broke away from the escort and punched a picture on the wall repeatedly. The two person escort was used again and he was taken outside. He calmed and returned to the day program.</p> <p>-3/23/12 at 10:00 AM, client #5 walked into the day program and immediately became agitated. He tipped over chairs and tables in the break area where other clients were located. Staff did a "non-restrictive escort" to move him away</p>						

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	<p>from his peers. A second staff arrived and stood by him until he was calm. After 10 minutes, he came out of the bathroom agitated and started throwing chairs. Staff used a "non-restrictive escort" to move him into a chair. He painted on a wall and hit the wall. Staff used a two person escort to "re-seat" him. He calmed down and returned to his program room. Within one or two minutes, he threw his lunchbox and stomped on it. He threw items within his reach. Staff used a two person escort to move him away from his peers to an empty room. He sat in a chair for ten minutes until he appeared completely calm. He then went to the break area and sat at a table. Within two minutes, he got up and started walking toward the lobby, smacking walls along the way and ripping papers off the bulletin board. Staff walked up to him and he sat down on the floor where staff waited with him until he left for home.</p> <p>-On 4/5/12 at 8:30 AM, he arrived to the day program after being gone for several days. He took cassette tapes from a packet and tossed them into a basket and left the room. He entered the break area where there were many clients. He frowned, hit a table and walls and was stomping. Client #5 hit, shoved and spit on staff. Staff cleared the area. Staff</p>			

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	<p>utilized Res-Care one person escort, attempting to redirect client #5 back to his program room. Brief and frequent use of bear hug, physical intervention, when Res-Care one person escort not sufficient. Able to eventually get him back to his program room. After fifteen minutes, client #5 wanted to return to the large group activity in the break area. He walked back into the area and immediately became agitated. He threw chairs, turned a table and was "going towards client in a threatening manner." Res-care one person escort used as well as bear hug as needed to keep client #5 and others safe. Client #5 returned to the program area and then went for a walk.</p> <p>-On 4/9/12 at 8:30 AM, the staff began to transition the group to the break area for a large group activity. Client #5 showed signs of agitation (pacing and stomping). Staff attempted to keep him occupied by playing cards. He refused to play cards and gestured he needed to use the restroom. Staff went with him to the front lobby restroom. He then went for a walk. When he returned and walked passed the large group activity, he showed signs of agitation. He used obscene gestures, hit walls and lockers and spit at staff and clients. Staff used a bear hug and he kicked back with his right leg.</p>						

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	<p>-On 4/9/12 at 11:00 AM, client #5 was "pounding walls and spitting." He swiped other clients' lunches to the floor. Staff used a bear hug to prevent additional "destruction" and keep him from hurting himself or others. Staff attempted to release the bear hug but client #5 escalated. A two person escort was used to take client #5 out of the building. Upon exiting the building, he kicked over a cigarette ash container causing a large cloud of smoke on both client #5 and the staff. Staff released the hold since there were no other clients present. Staff then took client #5 on a walk.</p> <p>-On 4/13/12 at 9:28 AM, client #5 became agitated shortly after his arrival. He "seemed intent on causing disruption." When he observed one of his housemates enter the lobby, he attempted to go toward his housemate. Staff placed their upper arms onto client #5's arms with palms open. When client #5 continued toward his housemate, staff slipped their arms down and placed client #5 into a bear hug. Staff was able to keep client #5 from making contact with client #5. Client #5 knocked the sign out book and a laminator onto the floor. He calmed once his housemate left with a group home staff.</p> <p>A review of client #5's record was</p>			

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	<p>conducted on 4/18/12 at 9:48 AM. His Behavior Support Plan, dated May 11, 2011, indicated he had the following targeted behaviors: anxiety and physical aggression. The reactive section indicated, "Staff will use YSIS (You're safe, I'm safe)/CPI (Crisis prevention intervention) techniques starting with the least restrictive to the most restrictive to physically remove [client #5] from others and potential dangers... Staff will attempt utilizing YSIS/CPI one person, open handed escort. [Client #5] may collapse to the floor. If so staff is to assure that he is sitting or lying on the floor while encouraging him to relax. Staff may use YSIS/CPI advance techniques if he is engaging in continuous behaviors."</p> <p>An interview with Day Program Administrative Staff #1 (DPAS #1) was conducted on 4/17/12 at 9:29 AM. DPAS #1 indicated client #5's maladaptive behavior increased starting in January 2012. DPAS #1 indicated client #5 used to have approximately 1-2 incidents per week. DPAS #1 indicated she knew client #5 had medication changes around the time his behavior increased. She indicated client #5 was attending the program on a part-time basis to avoid large group activities. She indicated client #5 was one on one, starting last week, but it was being</p>				

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421
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	<p>weaned. She indicated client #5 was not causing injuries to others and not targeting any clients.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/18/12 at 12:00 PM. The QMRP indicated the day program was not meeting the needs of client #5. The QMRP indicated the facility was looking at other options for client #5's day program needs. The QMRP indicated sending client #5 home was not part of his plan. The QMRP indicated the day program was not implementing client #5's plan as written. The QMRP indicated having client #5 sit down in a chair was not part of his plan.</p> <p>An interview with the Director of Supported Group Living was conducted on 4/16/12 at 1:02 PM. The Director indicated the issue seems to be either with the staff at the day program or the routine. The Director indicated client #5 recently returned to the day program on half-days, going in later in the morning to avoid the large group activities. The Director indicated the group home staff conduct weekly observations at the day program which revealed the staff were not being proactive with client #5's behaviors. The Director indicated the group home staff and the day program staff meet monthly</p>			

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	<p>to discuss issues. The Director indicated she thought the main issue was the staff at the day program not following client #5's behavior plan. The Director indicated the day program, after one incident, stopped taking client #5 on community outings. The Director indicated the day program was not meeting the needs of client #5. The Director stated, "They don't want to deal with him anymore."</p> <p>9-3-1(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 5 of 30 incident/investigative reports reviewed affecting client #5, the facility failed to implement its policies and procedures into conducting thorough investigations of client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 4/16/12 at 11:19 AM. The following incidents occurred at the outside services day program (DP):</p> <p>-On 2/3/12 at 11:30 AM, client #5 was in the breakroom and threw a soda can down the ramp, threw lunchboxes across the room, knocked over a chair, then went to another client and smacked her on top of the head. DP staff used a two person transport to a room away from other clients. There was no investigation into this incident.</p> <p>-On 2/6/12 at 9:45 AM, client #5 threw his glasses on the floor. Another client was in his way and he kicked the other client in the left shin. Client #5 was also spitting (no documentation if directed</p>	W0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> LARC has been inserviced on Incident reporting protocol and their responsibility to follow all regulations, policies, procedures, including timely notification and performing thorough evaluations (Attachment B). <p>How we will identify others:</p> <p>Quality Assurance Director will review incidents reports to ensure thorough investigations have been completed.</p> <p>Measures to be put in place:</p> <p>Director of Supervised</p>	05/03/2012			

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	<p>toward staff or peers). There was no investigation into this incident.</p> <p>-On 3/12/12 at 8:00 AM, client #5 arrived to the program upset according to the group home staff's report. Client #5 appeared calm. He sat down on the couch next to a peer and hit the peer on the leg. He got up, exited the room and went into the break area. He threw two chairs and hit staff. Staff used a physical intervention that was used at her previous agency but was not used by this day program. The staff was standing behind him holding both upper arms near the elbow. The supervisor intervened and a two person escort was used to get client #5 to his program area. A review of the investigation summary, dated 3/15/12, did not include interviews with the clients. The summary included an interview with one staff. The summary did not indicate if abuse was substantiated.</p> <p>-On 3/16/12 at 12:00 PM, client #5 was sweeping and looking at comic books. He followed staff to the kitchen and hit the walls and spit toward his peers. He was prompted to return to his program room where he became more upset. He threw books from the desk toward other clients. He then turned toward another client and kicked her in the leg and spit on her. Staff used a bear hug for two</p>		<p>Group Living, Quality Assurance Director will review LARC incident reports and investigations to ensure that a thorough investigation has been completed.</p> <p>Monitoring of Corrective Action: Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop investigations will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee to ensure that thorough investigations have been completed..</p> <p>Completion Date: 5-3-2012</p>				

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	<p>minutes and he calmed down. The investigative summary, dated 3/19/12, indicated one staff was interviewed. The report indicated one interview was conducted. The investigation did not include interviews with the clients or other staff in the area. The report did not indicate whether or not abuse was substantiated.</p> <p>-On 4/9/12 at 8:30 AM, the staff began to transition the group to the break area for a large group activity. Client #5 showed signs of agitation (pacing and stomping). Staff attempted to keep him occupied by playing cards. He refused to play cards and gestured he needed to use the restroom. Staff went with him to the front lobby restroom. He then went for a walk. When he returned and walked passed the large group activity, he showed signs of agitation. He used obscene gestures, hit walls and lockers and spit at staff and clients. Staff used a bear hug and he kicked back with his right leg causing pain/injury to the staff. As he was being escorted back to the program area, he smacked a female client with his open hand across her left cheek. The day program investigative report, dated 4/10/12, did not include an interview or attempted interview with client #5. The report did not indicate whether or not abuse was substantiated.</p>						

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	<p>A review of client #5's record was conducted on 4/18/12 at 9:48 AM. His Behavior Support Plan, dated May 11, 2011, indicated he had the following targeted behaviors: anxiety and physical aggression. The reactive section indicated, "Staff will use YSIS (You're safe, I'm safe)/CPI (Crisis prevention intervention) techniques starting with the least restrictive to the most restrictive to physically remove [client #5] from others and potential dangers... Staff will attempt utilizing YSIS/CPI one person, open handed escort. [Client #5] may collapse to the floor. If so staff is to assure that he is sitting or lying on the floor while encouraging him to relax. Staff may use YSIS/CPI advance techniques if he is engaging in continuous behaviors."</p> <p>A review of the facility's policy and procedure for abuse, neglect and exploitation dated 7/18/11 was conducted on 4/16/12 at 11:16 AM. The policy indicated, "ResCare strictly prohibits abuse/neglect/exploitation/mistreatment." The policy indicated, "CASC (Community Alternatives South Central) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate</p>						

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	<p>authorities through the appropriate supervisory channels and will be thoroughly investigated...".</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/18/12 at 12:00 PM. The QMRP indicated the day program needed to prevent abuse. The QMRP indicated the investigations the day program conducted were not thorough. The QMRP indicated the day program wanted to do their own investigations and would not allow her to interview staff or other clients who witnessed incidents. The QMRP indicated she had requested witness statements but never received them from the day program. The QMRP stated the reports from the day program staff were "exaggerated." The QMRP stated regarding the investigations conducted by the day program, "They're horrible."</p> <p>An interview with the Director of Supported Group Living was conducted on 4/16/12 at 1:02 PM. The Director indicated Res-care was not receiving full investigations. The Director indicated the facility was receiving investigation summaries. The Director indicated the investigations conducted by client #5's day program were not thorough.</p>				

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	9-3-2(a)			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 5 of 30 incident/investigative reports reviewed affecting client #5, the facility failed to ensure thorough investigations were conducted into client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 4/16/12 at 11:19 AM. The following incidents occurred at the outside services day program (DP):</p> <p>-On 2/3/12 at 11:30 AM, client #5 was in the breakroom and threw a soda can down the ramp, threw lunchboxes across the room, knocked over a chair, then went to another client and smacked her on top of the head. DP staff used a two person transport to a room away from other clients. There was no investigation into this incident.</p> <p>-On 2/6/12 at 9:45 AM, client #5 threw his glasses on the floor. Another client was in his way and he kicked the other client in the left shin. Client #5 was also spitting (no documentation if directed toward staff or peers). There was no</p>	W0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> LARC has been inserviced on Incident reporting protocol and their responsibility to follow all regulations, policies, procedures, including timely notification and performing thorough evaluations (Attachment B). <p>How we will identify others:</p> <p>Quality Assurance Director will review incidents reports to ensure thorough investigations have been completed.</p> <p>Measures to be put in place:</p> <p>Director of Supervised Group Living, Quality</p>	05/03/2012			

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	<p>investigation into this incident.</p> <p>-On 3/12/12 at 8:00 AM, client #5 arrived to the program upset according to the group home staff's report. Client #5 appeared calm. He sat down on the couch next to a peer and hit the peer on the leg. He got up, exited the room and went into the break area. He threw two chairs and hit staff. Staff used a physical intervention that was used at her previous agency but was not used by this day program. The staff was standing behind him holding both upper arms near the elbow. The supervisor intervened and a two person escort was used to get client #5 to his program area. A review of the investigation summary, dated 3/15/12, did not include interviews with the clients. The summary included an interview with one staff. The summary did not indicate if abuse was substantiated.</p> <p>-On 3/16/12 at 12:00 PM, client #5 was sweeping and looking at comic books. He followed staff to the kitchen and hit the walls and spit toward his peers. He was prompted to return to his program room where he became more upset. He threw books from the desk toward other clients. He then turned toward another client and kicked her in the leg and spit on her. Staff used a bear hug for two minutes and he calmed down. The</p>		<p>Assurance Director will review LARC incident reports and investigatios to ensure that a thorough investigation has been completed.</p> <p>Monitoring of Corrective Action: Active Treatment observations will be performed weekly at the workshop by supervisory personnel, and workshop investigations will be reviewed by Director of Supervised Group Living, Quality Assurance Director, and Safety committee to ensure that thorough investigations have been completed..</p> <p>Completion Date: 5-3-2012</p>		

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	<p>investigative summary, dated 3/19/12, indicated one staff was interviewed. The report indicated one interview was conducted. The investigation did not include interviews with the clients or other staff in the area. The report did not indicate whether or not abuse was substantiated.</p> <p>-On 4/9/12 at 8:30 AM, the staff began to transition the group to the break area for a large group activity. Client #5 showed signs of agitation (pacing and stomping). Staff attempted to keep him occupied by playing cards. He refused to play cards and gestured he needed to use the restroom. Staff went with him to the front lobby restroom. He then went for a walk. When he returned and walked passed the large group activity, he showed signs of agitation. He used obscene gestures, hit walls and lockers and spit at staff and clients. Staff used a bear hug and he kicked back with his right leg causing pain/injury to the staff. As he was being escorted back to the program area, he smacked a female client with his open hand across her left cheek. The day program investigative report, dated 4/10/12, did not include an interview or attempted interview with client #5. The report did not indicate whether or not abuse was substantiated.</p>						

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	<p>A review of client #5's record was conducted on 4/18/12 at 9:48 AM. His Behavior Support Plan, dated May 11, 2011, indicated he had the following targeted behaviors: anxiety and physical aggression. The reactive section indicated, "Staff will use YSIS (You're safe, I'm safe)/CPI (Crisis prevention intervention) techniques starting with the least restrictive to the most restrictive to physically remove [client #5] from others and potential dangers... Staff will attempt utilizing YSIS/CPI one person, open handed escort. [Client #5] may collapse to the floor. If so staff is to assure that he is sitting or lying on the floor while encouraging him to relax. Staff may use YSIS/CPI advance techniques if he is engaging in continuous behaviors."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/18/12 at 12:00 PM. The QMRP indicated the day program needed to prevent abuse. The QMRP indicated the investigations the day program conducted were not thorough. The QMRP indicated the day program wanted to do their own investigations and would not allow her to interview staff or other clients who witnessed incidents. The QMRP indicated she had requested witness statements but never received them from the day program. The QMRP</p>			

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	<p>stated the reports from the day program staff were "exaggerated." The QMRP stated regarding the investigations conducted by the day program, "They're horrible."</p> <p>An interview with the Director of Supported Group Living was conducted on 4/16/12 at 1:02 PM. The Director indicated Res-care was not receiving full investigations. The Director indicated the facility was receiving investigation summaries. The Director indicated the investigations conducted by client #5's day program were not thorough.</p> <p>9-3-2(a)</p>			