STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G418	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/28/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	5105 N GUION RD INDIANAPOLIS, IN 46254

(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	This visit was for investigation of complaint #IN00138395. Complaint #IN00138395: Substantiated. Federal and state deficiencies related to the allegation are cited at W102, W104, W122, W149, W154, W157, W227, W263 and W289. Dates of survey: October 21, 22, 23, 24 and 28, 2013. Facility Number: 000932 Provider Number: 15G418 AIMS Number: 100244560 Surveyor: Claudia Ramirez, RN The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/1/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview for 3 of 3 sampled clients (clients A, B and C) and 2 additional clients (clients D and E), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to exercise operating direction over the facility to ensure the facility implemented their policy and procedures to ensure adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and to ensure 24 hour supervision was provided for 1 additional client (client D) whose behaviors included elopement. Findings include: 1. The governing body failed to exercise general policy and operating direction over the facility to ensure adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and to ensure 24 hour supervision was provided for 1 additional client (client D) whose behaviors included elopement. Please see W104. 2. The governing body failed to exercise	W000102	Refer to W104Refer to W122	11/27/2013

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	general policy and operating direction over the facility in regards to meeting the Condition of Participation: Client Protections. The governing body neglected to implement their neglect policy and neglected to provide adequate supervision for client B whose behaviors included sexual exploitation to clients A, C and E). The facility neglected to provide 24 hour supervision for client D who eloped from the home. Please see W122. This federal tag relates to complaint #IN00138395. 9-3-1(a)			

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed to exercise general policy and operating direction over the facility to ensure adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and to ensure 24 hour supervision was provided for 1 additional client (client D) whose behaviors included elopement. Findings include: 1. Please see W149. The facility failed for 3 of 3 sample clients (clients A, B and C) and 2 additional clients (clients D and E) to implement the facility's written policy and procedure by neglecting to provide adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and by neglecting to provide 24 hour supervision for 1 additional client (client D) who vacated the home. 2. Please refer to W154. The facility neglected for 3 of 16 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source	W000104	Refer to W149Refer to W154Refer to W157	11/27/2013

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	reviewed, to conduct a thorough investigation in regard to alleged client sexual exploitation for clients A, B and C. 3. Please see W157. The facility failed for 3 of 3 sampled clients (clients A, B and C), to initiate and document effective corrective action to prevent client sexual exploitation, by failing to supervise client B to prevent him from making sexual advances on clients A and C. This federal tag relates to complaint #IN00138395. 9-3-1(a)			

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W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (clients A, B, and C) and 2 additional clients (clients D and E). The facility failed to implement its written policy and procedures to prevent neglect by neglecting to provide adequate supervision for client B whose behaviors included sexual exploitation to clients (A, C and E). The facility neglected to provide 24 hour supervision for client D who eloped from the home. Findings include: 1. Please see W149. The facility failed for 3 of 3 sample clients (clients A, B and C) and 2 additional clients (clients D and E) to implement the facility's written policy and procedure by neglecting to provide adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and by neglecting to provide 24 hour supervision for 1 additional client (client D) who vacated the home. 2. Please refer to W154. The facility neglected for 3 of 16 BDDS (Bureau of	W000122	1. Refer to W1492. Refer to W1543. Refer to W157	11/27/2013

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	Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, to conduct a thorough investigation in regard to alleged client sexual exploitation for clients A, B and C. 3. Please see W157. The facility failed for 3 of 3 sampled clients (clients A, B and C), to initiate and document effective corrective action to prevent client sexual exploitation, by failing to supervise client B to prevent him from making sexual advances on clients A and C. This federal tag relates to complaint #IN00138395. 9-3-2(a)			

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W000149	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 6 of 15 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure by neglecting to provide adequate supervision to prevent sexual coercion/exploitation for (clients A, B, C and E) and by neglecting to provide 24 hour supervision for 1 additional client (client D) who vacated the home. Findings include: On 10/21/13 at 2:30 PM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 08/01/13 through 10/22/13 and indicated the following: 1. 08/20/13: A BDDS report of 08/21/13 for an incident on 08/20/13 at 8:53 PM indicated, "HM (House Manager) called the house to check on the clients and staff informed her that he witnessed [client B] performing oral sex on [client C]. Immediately implemented 10 minute check to ensure that [client B] and [client C] were not near each other. [Client B]	W000149	1,2. Client B is now staying in a single room without any roommates. Client B's supervision levels have been increased at home and at Day Program during waking hours to monitor his interactions with peers more closely to prevent further incidents. Staff complete 15 minute checks on Client B during sleeping hours to monitor to ensure Client B is not going into other housemates' rooms. The Program Director is holding IDT meetings regularly with Client B's guardian to obtain approval for Client B to receive socialization and sexual education training as well as continue to discuss the increased supervision levels. The Program Director will receive retraining to include ensuring that protective measures are immediately put into place following incidents that involve adverse behaviors that effect or have the potential to effect other consumers in the group home. Program Director will also be responsible for holding IDTs as needed to discuss protective measures and if any updates or changes to the BSPs need to be made. 3.The Program Director and Regional Quality Assurance Specialist will receive retraining on completing	11/27/2013

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	and [client C] are roommates and they will be separated. An investigation will be completed. Continue to follow risk plans and behavior plans." A Follow-up BDDS report dated 09/09/13 indicated, "The outcome of the investigation concluded that evidence supported that sexual misconduct did occur and that [client B] initiated the incident. [Client B] kept asking [client C] and [client C] finally said yes, so it appeared to be consensual. [Client C] has a fair knowledge of sexual behavior and knew what he was doing/asking. Staff was passing medication and another staff was completing documentation so yes, staff were appropriately supervising. [Client C] and [client B] shared a room at the time of the incident. 10 minute checks are not permanent because [client C] and [client B] no longer share a room and staff are aware of the incident and on alert. Continue to follow BSP (Behavior Support Plan). IDT (Inter-disciplinary Team) was held to discuss the incident and possible sexual education training and no changes were made to the BSP at this time." Client C's record was reviewed on 10/22/13 at 11:30 AM. The 02/19/13 ISP (Individual Support Plan) indicated, "...Sexual awareness: [Client C] has not taken any Sexual Education training...."		thorough investigations including ensuring that all parties related to the incident or could be effected by the incident are interviewed, designating who staff reported injuries and/or allegations to and ensuring all relevant documents, including risk plan, behavior support plans, medical reports, daily support records, etc. are reviewed so that a thorough investigation can be completed. 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. 4,5The Program Director will consult with Client B and Client C IDTs in order to develop appropriate goals and objectives to address sexuality and relationship education and/or training. The Program Director will be retrained on the development of specific objectives needed in the ISP to meet a client's needs as identified in the Comprehensive Functional Assessments as well as the Sexual Consent assessments.6. The Program Director will work	

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	Client C's Sexual Consent Assessment dated 12/12/12 indicated client C was not capable of consent and in need of human sexuality training. 2. 10/01/13: A BDDS report of 10/02/13 for an incident dated 10/01/13 at 8:00 PM indicated, "Staff reported to HM that [client A] was bent over [client B's] bed and [client B] was behind [client A] humping him. Staff also reported that [client A] told [client B] to stop. Clients were separated and went to Bible Study and resumed their normal routine. Continue to monitor for health and safety and provide adequate supervisor (sic)." A Follow-up BDDS report dated 10/15/13 indicated, "With the information provided it is established that the incident had only occurred for less than 30 seconds prior to staff walking in. [Client A] was moved (sic) rooms and has a different roommate. Staff was completing documentation and getting things ready for the clients to head out to Bible Study. Continue to follow BSP/Risk Plan and provide adequate supervision." 3. 10/07/13: A BDDS report dated 10/07/13 for an incident dated 10/07/13 at 6:30 PM indicated, "While at te (sic) home discussing a different situation [client A] reported to HM that [client B] grabbed his private area last night.		with the Behavior Specialist to add in Client D Project Lifesaver ankle/monitor bracelet into his BSP and define specifically what physical intervention techniques are to be used and how the bracelet is to be used. The Program Director will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained. Responsible Party: Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director	

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	[Client B] admitted to HM that he did grab [client A's] private area. An IDT will be held to discuss steps to help prevent this behavior and immediately 15 minute checks will be done to make sure [client A] is safe and [client B] is not engaging in appropriate sexual behavior. Continue to follow BSP." 10/09/13: IDT notes for client A indicated his guardian indicated, "put my son on the couch." It indicated client A's guardian, "wanted an IDT after the 10/01/13 incident...client A is going home next week for awhile." 10/09/13: IDT notes for client B indicated, "will have his own room...(BSP to be updated and) will include 'inappropriate sexual behavior.' Appropriate masturbation - needs sexual education training...not touching others, engaging in sexual acts and initiating sexual acts...." 10/11/13: IDT notes for client B indicated, "...[guardian] agreed she is okay with [client B] receiving sexual education/training - permission given verbally via phone. [Guardian] says [client B] loves women but is willing to take sexual attention from whomever. [Guardian] said [client B] told her he hit [client A's] private but adamantly denied			

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	'grabbing' his private...[Guardian] wants to ask Dr [psychiatrist] about counseling for [client B]. Mentioned [group home] being a possible alternate house placement." The Summary of Internal Investigation Report dated 10/09/13 for incident dates 10/01/13 and 10/07/13 was not thorough as it indicated only clients A and B were interviewed. There were not interviews of any of the other clients in the home to determine if client B had made any sexual advances towards them. The investigation also indicated, ..."the evidence supports sexual misconduct between [client A] and [client B] on 10/01/13. Evidence supports physical aggression of sexual manner by [client B] toward [client A] on 10/07/13." 4. 10/16/13: A BDDS report on 10/17/13 for an incident dated 10/16/13 at 7:30 PM indicated, "Received call from guardian of consumer (client A). Consumer started planned home visit evening of 10/16/13. Visit planned to continue until Saturday, 10/19/13. Guardian reported that consumer told her on the way home from the SGL (Supervised Group Living) site that another resident (client B) was coming into his room at night and entering the bathroom when he was taking showers. Upon arrival at			

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	guardian's home, consumer used the bathroom. Guardian reported that there was a significant amount of blood in the toilet. Guardian noted that she used Preparation H wipes but that she did not see signs of hemorrhoids. Guardian believes blood is due to sexual contact with another resident which has recently been reported via Incident Reporting System. Guardian is taking consumer to primary care physician on 10/17/13 to have him checked. BDDS will follow up with IDT. Consumer is remaining with guardian at least until 10/19/13." The 10/23/13 Draft Summary of Internal Investigation Report indicated, "...[Client A] ...is able to report incidents but needs verbal support to give further information regarding the incident...[PD (Program Director)] reported that she spoke with [guardian], [client A's] guardian on 10/18/13, and she told [PD] that she had taken [client A] to the doctor on 10/17/13 and the doctor told them he (client A) had a 'fissure in his anus' (a tear in the lining of the lower rectum (anus) that causes pain during bowel movements, not serious and can develop the same time as hemorrhoids, causes include anal intercourse, Crohn's disease, Inflammatory Bowel Disease, injury passing a large stool that stretches the anal canal, constipation and trying to pass			

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	a large hard stood), but [guardian] did not state what could have cause this to occur...following the incident on 10/01/13, [client B] and [client A] began receiving 15 minute checks by staff when at home, day and night. After the 10/07/13 report, the room change was made and [client B] continued to receive 15 minute monitoring. The initial report does not specify which housemate [client A] is alleging to have come into his room at night and into the bathroom while he is showering. The report does not state when these things were alleged to have occurred...." Client interviews indicated none of the clients living in the home had seen anyone go into the bathroom while another was showering. The report indicated, "... [Client B] was interviewed with his guardian. [Client B] stated that he had an incident with [client A] a few weeks ago...[client B] told her (guardian) that the incident with [client A] with him (client B) 'humping him,' [client B] reported to her that he 'may have seen it on (movie channel) and it was funny.' [Guardian] reported [client B] has never displayed sexually inappropriate behaviors before these incidents that started in August...[guardian] stated that she talked with [client B] about the allegation that [client A's] guardian reported. She stated that she asked [client B] if he had ever touched [client A's]			

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	bottom and [client B] seemed confused and didn't know what she was asking him so she explained more specifically, and [client B] was adamant that he had never done anything like that to [client A] and she felt he would not know how to do what she was asking him about. In interview with [client B] about the previous incidents, and based on his responses, it appears that [client B's] sexual knowledge is very limited and he would have a difficult time initiating intercourse with another person due to his lack of knowledge or understanding. [Client B] stated that he doesn't go into the shower when others are showering...There are two staff on duty until 10:00 PM each night, and one overnight staff. The layout of this house would make it extremely difficult for a client to go to the other side of the house without staff seeing them at anytime of the day or night. [House Manager] reported that [client B] and [client A] sleep well at night and sleep all night unless they occasionally have to get up to use the bathroom. [House Manager] reported that [client A] needs staff's verbal assistance when he is showering each evening to ensure that he is cleaning himself. She stated that staff are in the bathroom with him when he is washing and only leave when he is rinsing off and getting out of the shower. [Client A's]			

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	guardian stated on 10/17/13...that he...will not be returning to the home. She came to the home and picked up his belongings on 10/19/13 without [client A]. Conclusion: There is no evidence to support that any client in this home went into the bathroom when [client A] was showering and no evidence to support that any client went into his bedroom at night." Client A's record was reviewed on 10/22/13 at 9:30 AM. The 05/30/13 ISP (Individual Support Plan) indicated, "... [client A] would not initiate sexual contact but would certainly comply with any sexual advances presented...." Client A's 05/30/13 Risk Management Assessment and Plan indicated client A was at risk for sexual abuse. Client B's record was reviewed on 10/22/13 at 10:30 AM. The 02/19/13 ISP (Individual Support Plan) indicated, "...At this time, it is not clear if [client B] has had any Sexual Awareness training; mother would be interested in [client B] attending a training specialized to his comprehension...." Client B's Sexual Consent Assessment dated 12/12/12 indicated client B was in need of human sexuality training. The ISP did not include a formal training objective in regard to sexuality/relationships.			

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	Client B's Supervision Protocol dated 10/18/13 indicated the following: "This protocol will be effective 10/18/13 and remain in place until changed by his Interdisciplinary Team. [Client B] will received 1:1 supervision during all waking hours with the exception of those hours he spends at day placement. Waking hours will be defined as the time he awakens in the morning to begin his day until at least 1 hour after he retires for the evening. The staff providing the 1:1 supervision and the other staff must agree that [client B] is asleep before the 1:1 supervision is finished for that day. 1:1 supervision will be defined as staff being in arm's length of [client B] The only exception to this may be when [client B] is in the bathroom or his bedroom at which time staff will have the door in line of sight and will resume 1:1 once [client B] comes out of the bathroom or bedroom. The staff identified to work as 1:1 with [client B] will have no other responsibilities when working in this home. The staff identified to work 1:1 with [client B] will be responsible for implementing his BSP, completing training goals and objectives, keeping him engaged in activities and completing all			

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	required documentation for [client B]. The 1:1 staff will provide regular reinforcement for appropriate behavior/interactions and keep him engaged in activities. Any staff can administer medication as long as the 1:1 staff is present as prescribed above. During transport [client B's] 1:1 staff will not be the driver of the vehicle and will sit in between her (sic) and the door. If [client B] wakes up in the middle of the night and comes out of his room overnight staff will monitor [client B] until he returns to his room. All staff will continue to engage [client B] as they would normally." An interview was conducted with the HM on 10/22/13 at 9:40 AM. The HM indicated client B was on the 1:1 supervision at the group home but he was not on 1:1 at the day service provider. She indicated the day service provider had not been included in the IDT meeting. She indicated he had gone to the day program on 10/21/13 and was also at the day program at the current time. An interview was conducted with the AD (Area Director) on 10/22/13 at 10:30 AM. The AD indicated at the current time client B was not on 1:1 supervision at the day service program however she			

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	indicated the supervision level needed to be the same at the home and day program. She indicated the agency would immediately implement the 1:1 at the day service program site and advise the day service provider of the current situation and investigation regarding client B. She indicated client B attends two day service programs on different days. One program is with an outside agency and the other one is serviced by the agency. Client B's records were reviewed on 10/22/13 at 3:00 PM. His record included the following update: Client B's Supervision Protocol was updated 10/22/13 and added the following information: "[Client B] will receive 1:1 supervision during all waking hours including those hours he spends at day placement. Indiana Mentor staff will provide the 1:1 staffing for [client B] while at day placement." On 10/23/13 at 3:50 PM an interview was conducted with the AD. The AD indicated clients A and C were at risk for sexual exploitation and were not capable of giving consent. 5. 10/21/13: A BDDS report on 10/22/13 for an incident dated 10/21/13 at 5:15 PM indicated, "[Client E] was in a good mood			

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	when he arrived home yesterday but then staff informed HM that [client E] got in trouble at day placement and could not attend on Thursday and [client E] then said that [client B] kissed him several months ago (March). [Client B] and [client E] are in single rooms and [client B] currently has 1:1 (one staff to one client) staffing, continue to follow BSP." Client E's records were reviewed on 10/22/13 at 1:30 PM. Client E's ISP dated 05/30/13 indicated, "...[Client E] is aware of sex..." Client E's Sexual Consent Assessment dated 01/06/13 indicated client E was not capable of consent and in need of human sexuality training. On 10/23/13 at 3:50 PM an interview was conducted with the AD. The AD indicated client E was at risk for sexual exploitation and was not capable of giving consent. 6. 10/21/13: A BDDS report on 10/22/13 for an incident dated 10/21/13 at 9:15 PM indicated, "[Client D] was walking around the house saying 'call the police, I'm ready to go to jail.' HM (House Manager) was there and called the police just so they could come talk to [client D] to try to calm him down. [Client D] eloped, but he wears a Project Lifesaver bracelet on			

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	his ankle and police were able to locate him. He was gone for approximately an hour. [Client D] had some cuts and bruises and was taken to [hospital] 'individual detention' area for (sic) evaluation. At about 1:30 AM [hospital] called and HM picked up [client D] and returned to the group home. [Client D] resumed his normal routine and went to day placement this morning. Vacating is in [client D's] BSP. Continue to follow BSP and monitor for health and safety." Client D's records were reviewed on 10/22/13 at 1:15 PM. Client D's ISP dated 06/13/13 indicated client D required 24 hour supervision and does not have pedestrian safety skills. The BSP dated 03/10/13 indicated client D's behaviors included vacating, delusional talk, extreme irritability, physical assault and verbal abuse. On 10/23/13 at 3:50 PM an interview was conducted with the Area Director (AD). The AD indicated client D required 24 hours supervision and was at risk out of the home by himself. She indicated he was gone for approximately an hour and staff had no idea where he was. She indicated while he was gone he had obtained cuts and bruises to his body. On 10/21/13 at 2:00 PM, a review of the			

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	facility's 04/2011 Policy of Quality and Risk Management indicated, "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, evaluation and reducing risk to which individuals are exposed. 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...a. Physical abuse, including but not limited to: i. Intentionally touching another person in a rude, insolent, or angry manner...b. Sexual abuse, including but not limited to: i. Nonconsensual sexual activity; ii. Sexual molestation; iii. Sexual coercion; iv. Sexual exploitation...e. Failure to provide appropriate supervision, care or training...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...." On 10/23/13 at 3:30 PM an interview was conducted with the AD. The AD			

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	indicated staff failed to follow the policy/procedure on abuse/neglect. She indicated clients A, C and E required 24 hour supervision, were at risk for sexual exploitation and were not able to give consent. She indicated client D required 24 hour supervision and did not possess pedestrian safety skills. The AD further indicated the agency failed to follow the policy and failed to thoroughly investigate some of the incidents and provide effective corrective action to address client B's sexual exploitation of clients A, C and E. This federal tag relates to complaint #IN00138395. 9-3-2(a)			

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W000154	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 3 of 16 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct a thorough investigation in regard to alleged client sexual exploitation for clients A, B and C. Findings include: On 10/21/13 at 2:30 PM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 08/01/13 through 10/22/13 and indicated the following: 08/20/13: A BDDS report of 08/21/13 for an incident on 08/20/13 at 8:53 PM indicated, "HM (House Manager) called the house to check on the clients and staff informed her that he witnessed [client B] performing oral sex on [client C]. Immediately implemented 10 minute check to ensure that [client B] and [client C] were not near each other. [Client B] and [client C] are roommates and they will be separated. An investigation will be completed. Continue to follow risk	W000154	The Program Director and Regional Quality Assurance Specialist will receive retraining on completing thorough investigations including ensuring that all parties related to the incident or could be effected by the incident are interviewed, designating who staff reported injuries and/or allegations to and ensuring all relevant documents, including risk plan, behavior support plans, medical reports, daily support records, etc. are reviewed so that a thorough investigation can be completed. 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. Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.	11/27/2013

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	plans and behavior plans." A Follow-up BDDS report dated 09/09/13 indicated, "The outcome of the investigation concluded that evidence supported that sexual misconduct did occur and that [client B] initiated the incident. [Client B] kept asking [client C] and [client C] finally said yes, so it appeared to be consensual. [Client C] has a fair knowledge of sexual behavior and knew what he was doing/asking. Staff was passing medication and another staff was completing documentation so yes, staff were appropriately supervising. [Client C] and [client B] shared a room at the time of the incident. 10 minute checks are not permanent because [client C] and [client B] no longer share a room and staff are aware of the incident and on alert. Continue to follow BSP (Behavior Support Plan). IDT (Inter-disciplinary Team) was held to discuss the incident and possible sexual education training and no changes were made to the BSP at this time." The 08/26/13 Summary of Internal Investigation Report indicated only clients B and C were interviewed. The investigation did not include interviews of other clients living in the home to determine if there were any sexual advances made by client B to them. The investigation also indicated, ..."the			

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	evidence supports sexual behavior occurred between [client C] and [client B]. Evidence support [client B] initiated the incident." 10/01/13: A BDDS report of 10/02/13 for an incident dated 10/01/13 at 8:00 PM indicated, "Staff reported to HM that [client A] was bent over [client B's] bed and [client B] was behind [client A] humping him. Staff also reported that [client A] told [client B] to stop. Clients were separated and went to Bible Study and resumed their normal routine. Continue to monitor for health and safety and provide adequate supervisor (sic)." 10/07/13: A BDDS report dated 10/07/13 for an incident dated 10/07/13 at 6:30 PM indicated, "While at te (sic) home discussing a different situation [client A] reported to HM that [client B] grabbed his private area last night. [Client B] admitted to HM that he did grab [client A's] private area. An IDT will be held to discuss steps to help prevent this behavior and immediately 15 minute checks will be done to make sure [client A] is safe and [client B] is not engaging in appropriate sexual behavior. Continue to follow BSP." The Summary of Internal Investigation Report dated 10/09/13 for incident dates			

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	10/01/13 and 10/07/13 was not thorough as it indicated only clients A and B were interviewed. There were not interviews of any of the other clients in the home to determine if client B had made any sexual advances towards them. The investigation also indicated, ..."the evidence supports sexual misconduct between [client A] and [client B] on 10/01/13. Evidence supports physical aggression of sexual manner by [client B] toward [client A] on 10/07/13." On 10/23/13 at 3:30 PM an interview was conducted with the AD. The AD indicated the agency failed to interview all of the clients living in the home and failed to thoroughly investigate the incidents. This federal tag relates to complaint #IN00138395. 9-3-2(a)			

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W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 3 of 3 sampled clients (clients A, B and C), the facility failed to initiate and document effective corrective action to prevent client sexual exploitation, by failing to supervise client B to prevent him from making sexual advances on clients A and C. Findings include: On 10/21/13 at 2:30 PM the facility's BDDS (Bureau of Developmental Disabilities Services) Reports, investigations and internal incident/accident reports were reviewed from 08/01/13 through 10/22/13 and indicated the following: 1. 08/20/13: A BDDS report of 08/21/13 for an incident on 08/20/13 at 8:53 PM indicated, "HM (House Manager) called the house to check on the clients and staff informed her that he witnessed [client B] performing oral sex on [client C]. Immediately implemented 10 minute check to ensure that [client B] and [client C] were not near each other. [Client B] and [client C] are roommates and they will be separated. An investigation will	W000157	The Program Director and Regional Quality Assurance Specialist will receive retraining on completing thorough investigations including ensuring that all parties related to the incident or could be effected by the incident are interviewed, designating who staff reported injuries and/or allegations to and ensuring all relevant documents, including risk plan, behavior support plans, medical reports, daily support records, etc. are reviewed so that a thorough investigation can be completed. 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. The Program Director will work with the Behavior Specialist to include Client B sexual behaviors. The Home Manager and Program Director will receive retraining to include ensuring that the	11/27/2013

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	be completed. Continue to follow risk plans and behavior plans." A Follow-up BDDS report dated 09/09/13 indicated, "The outcome of the investigation concluded that evidence supported that sexual misconduct did occur and that [client B] initiated the incident. [Client B] kept asking [client C] and [client C] finally said yes, so it appeared to be consensual. [Client C] has a fair knowledge of sexual behavior and knew what he was doing/asking. Staff was passing medication and another staff was completing documentation so yes, staff were appropriately supervising. [Client C] and [client B] shared a room at the time of the incident. 10 minute checks are not permanent because [client C] and [client B] no longer share a room and staff are aware of the incident and on alert. Continue to follow BSP (Behavior Support Plan). IDT (Inter-disciplinary Team) was held to discuss the incident and possible sexual education training and no changes were made to the BSP at this time." The 08/26/13 Summary of Internal Investigation Report indicated only clients B and C were interviewed. The investigation did not include interviews of other clients living in the home to determine if there were any sexual advances made by client B to them. The		Behavior Specialist is notified of any behavior incidents so that changes or updates to the plan can be made as needed. Ongoing the Home Manager and/or Program Director will ensure that any Behavior incidents are noted on the consumers' behavior tracking and narrative notes sheets. In addition, the Program Director will forward any BDDS reports relating to behavior issues to the Behavior Specialist so that they can review and determine if any changes or updates to the Behavior Support Plan need to be made. Client B is now staying in a single room without any roommates. Client B's supervision levels have been increased at home and at Day Program during waking hours to monitor his interactions with peers more closely to prevent further incidents. Staff complete 15 minute checks on Client B during sleeping hours to monitor to ensure Client B is not going into other housemates' rooms. The Program Director is holding IDT meetings regularly with Client B's guardian to obtain approval for Client B to receive socialization and sexual education training as well as continue to discuss the increased supervision levels. The Program Director will receive retraining to include ensuring that protective measures are immediately put into place following incidents that involve adverse behaviors that	

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	investigation also indicated, ..."the evidence supports sexual behavior occurred between [client C] and [client B]. Evidence support [client B] initiated the incident." 2. 10/01/13: A BDDS report of 10/02/13 for an incident dated 10/01/13 at 8:00 PM indicated, "Staff reported to HM that [client A] was bent over [client B's] bed and [client B] was behind [client A] humping him. Staff also reported that [client A] told [client B] to stop. Clients were separated and went to Bible Study and resumed their normal routine. Continue to monitor for health and safety and provide adequate supervisor (sic)." Client B's records were reviewed on 10/22/13 at 10:30 AM. Client B's updated BSP dated 10/09/13 indicated client B's behaviors included verbal aggression, physical aggression, irritability, manipulative behavior/lying and inappropriate sexual behavior. The BSP did not contain any record of effective corrective action to prevent client B from repeating the behaviors. 3. 10/07/13: A BDDS report dated 10/07/13 for an incident dated 10/07/13 at 6:30 PM indicated, "While at te (sic) home discussing a different situation [client A] reported to HM that [client B]		effect or have the potential to effect other consumers in the group home. Program Director will also be responsible for holding IDTs as needed to discuss protective measures and if any updates or changes to the BSPs need to be made. Responsible party: Home Manager, Program Director, Behavior Specialist, Regional Quality Assurance Specialist	

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	grabbed his private area last night. [Client B] admitted to HM that he did grab [client A's] private area. An IDT will be held to discuss steps to help prevent this behavior and immediately 15 minute checks will be done to make sure [client A] is safe and [client B] is not engaging in appropriate sexual behavior. Continue to follow BSP." The Summary of Internal Investigation Report dated 10/09/13 for incident dates 10/01/13 and 10/07/13 indicated, "...the evidence supports sexual misconduct between [client A] and [client B] on 10/01/13. Evidence supports physical aggression of sexual manner by [client B] toward [client A] on 10/07/13." On 10/23/13 at 3:30 PM an interview was conducted with the AD. The AD indicated the agency failed to provide sufficient effective corrective action as the incident occurred more than one time. This federal tag relates to complaint #IN00138395. 9-3-2(a)			

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W000227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on interview and record review for 3 of 3 sampled clients (clients A, B and C), the clients' interdisciplinary team failed to address the clients' identified training needs in regard to sexuality/relationships. Findings include: 1. The facility's reportable incident reports and/or investigations were reviewed on 10/21/13 at 2:30 PM. The facility's 08/20/13 reportable incident report indicated, "HM (House Manager) called the house to check on the clients and staff informed her that he witnesses [client B] performing oral sex on [client C]...IDT (Inter-disciplinary Team) was held to discuss the incident and possible sexual education training and no changes were made to the BSP (Behavior Support Plan) at this time." Client B's record was reviewed on 10/22/13 at 10:30 AM. The 02/19/13 ISP (Individual Support Plan) indicated, "...At this time, it is not clear if [client B] has	W000227	The Program Director and Regional Quality Assurance Specialist will receive retraining on completing thorough investigations including ensuring that all parties related to the incident or could be effected by the incident are interviewed, designating who staff reported injuries and/or allegations to and ensuring all relevant documents, including risk plan, behavior support plans, medical reports, daily support records, etc. are reviewed so that a thorough investigation can be completed. 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. The Program Director will work with the Behavior Specialist to include Client B sexual behaviors. The	11/27/2013

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	had any Sexual Awareness training; mother would be interested in [client B] attending a training specialized to his comprehension...." The ISP did not include a formal training objective in regard to sexuality/relationships. Client C's record was reviewed on 10/22/13 at 11:30 AM. The 02/19/13 ISP (Individual Support Plan) indicated, "...Sexual awareness: [Client C] has not taken any Sexual Education training..." The ISP did not include a formal training objective in regard to sexuality/relationships. On 10/23/13 at 3:50 PM an interview was conducted with the AD. The AD indicated client B and C's ISPs did not include any formal sexuality education or training. 2. The facility's reportable incident reports and/or investigations were reviewed on 10/21/13 at 2:30 PM. The facility's reportable incident reports included the following incidents: 10/01/13: An incident dated 10/01/13 at 8:00 PM indicated, "Staff reported to HM that [client A] was bent over [client B's] bed and [client B] was behind [client A] humping him...."		Home Manager and Program Director will receive retraining to include ensuring that the Behavior Specialist is notified of any behavior incidents so that changes or updates to the plan can be made as needed. Ongoing the Home Manager and/or Program Director will ensure that any Behavior incidents are noted on the consumers' behavior tracking and narrative notes sheets. In addition, the Program Director will forward any BDDS reports relating to behavior issues to the Behavior Specialist so that they can review and determine if any changes or updates to the Behavior Support Plan need to be made. Client B is now staying in a single room without any roommates. Client B's supervision levels have been increased at home and at Day Program during waking hours to monitor his interactions with peers more closely to prevent further incidents. Staff complete 15 minute checks on Client B during sleeping hours to monitor to ensure Client B is not going into other housemates' rooms. The Program Director is holding IDT meetings regularly with Client B's guardian to obtain approval for Client B to receive socialization and sexual education training as well as continue to discuss the increased supervision levels. The Program Director will receive retraining to include ensuring that protective	

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	10/07/13: An incident dated 10/07/13 at 6:30 PM indicated, "While at te (sic) home discussing a different situation [client A] reported to HM that [client B] grabbed his private area last night. [Client B] admitted to HM that he did grab [client A's] private area. An IDT will be held to discuss steps to help prevent this behavior and immediately 15 minute checks will be done to make sure [client A] is safe and [client B] is not engaging in appropriate sexual behavior...." 10/16/13: An incident dated 10/16/13 at 7:30 PM indicated, "Received call from guardian of consumer (client A). Consumer started planned home visit evening of 10/16/13. Visit planned to continue until Saturday, 10/19/13. Guardian reported that consumer told her on the way home from the SGL (Supervised Group Living) site that another resident (client B) was coming into his room at night and entering the bathroom when he was taking showers. Upon arrival at guardian's home, consumer used the bathroom. Guardian reported that there was a significant amount of blood in the toilet. Guardian noted that she used Preparation H wipes but that she did not see signs of hemorrhoids. Guardian believes blood is due to sexual contact with another		measures are immediately put into place following incidents that involve adverse behaviors that effect or have the potential to effect other consumers in the group home. Program Director will also be responsible for holding IDTs as needed to discuss protective measures and if any updates or changes to the BSPs need to be made. Responsible party: Home Manager, Program Director, Behavior Specialist, Regional Quality Assurance Specialist	

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	resident which has recently been reported via Incident Reporting System...." Client A's record was reviewed on 10/22/13 at 9:30 AM. The 05/30/13 ISP (Individual Support Plan) indicated, "... [client A] would not initiate sexual contact but would certainly comply with any sexual advances presented...." The ISP did not include a formal training objective in regard to sexuality/relationships. On 10/23/13 at 3:50 PM an interview was conducted with the AD. The AD indicated client A's ISP did not include any formal sexuality education or training. This federal tag relates to complaint #IN00138395. 9-3-4(a)			

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W000263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed to obtain the health care representative (HCR) or guardian's (GU) approval before implementation of a Behavioral Support Plan for 3 of 3 sampled clients (clients A, B and C) and 1 additional client (client D) with restrictive programs. Findings include: 1. Client A's records were reviewed on 10/22/13 at 9:30 AM. Client A's BSP dated 05/20/13 indicated client A's behaviors included verbal aggression, feigning illness, elopement, resistance and inappropriate sexual behavior. The BSP indicated he was on the following medications for the behaviors: Xanax (anxiety), Fluoxetine (depression), Trazodone (Intermittent Explosive Disorder) and Risperdal (Intermittent Explosive Disorder). The BSP did not indicate written informed consent was obtained from client A's GU for the BSP. On 10/23/13 at 3:50 PM an interview was	W000263	The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to Behavior Support Plans without ensuring that guardian or client, if emancipated, approvals have been obtained. Responsible Party: Program Director, Human Rights Committee	11/27/2013

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	conducted with the Area Director (AD). The AD indicated client A's BSP was not signed by the GU. 2. Client B's records were reviewed on 10/22/13 at 10:30 AM. Client B's updated BSP dated 10/09/13 indicated client B's behaviors included verbal aggression, physical aggression, irritability, manipulative behavior/lying and inappropriate sexual behavior. The BSP indicated he was on the following medications for the behaviors: Benztropine (verbal aggression...) and Carbamazepine (verbal aggression...). The BSP did not indicate written informed consent was obtained from client B's GU for the BSP. On 10/23/13 at 3:50 PM an interview was conducted with the Area Director (AD). The AD indicated client B's BSP was not signed by the GU. 3. Client C's records were reviewed on 10/22/13 at 11:30 AM. Client C's BSP dated 05/25/13 indicated client C's behaviors included resistance, extreme irritability, temper outbursts, verbal abuse and physical assault. The BSP indicated he was on the following medications for the behaviors: Gabapentin (mood disorder) and Paroxetine (depression/obsessive compulsive			

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	disorder). The BSP did not indicate written informed consent was obtained from client C's HCR for the BSP. On 10/23/13 at 3:50 PM an interview was conducted with the Area Director (AD). The AD indicated client C's BSP was not signed by the HCR. 4. Client D's records were reviewed on 10/22/13 at 1:15 PM. Client D's BSP dated 03/10/13 indicated client D's behaviors included vacating, delusional talk, extreme irritability, physical assault and verbal abuse. The BSP indicated he was on the following medications for behaviors: Geodon (bipolar disorder), Benztropine (Parkinson's), Clonazepam (anxiety), Mirtazapine (depression) and Divalproex (mood stabilizer). The BSP did not indicate written informed consent was obtained from client D's HCR for the BSP. On 10/23/13 at 3:50 PM an interview was conducted with the Area Director (AD). The AD indicated client D's BSP was not signed by the HCR. This federal tag relates to complaint #IN00138395. 9-3-4(a)			

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W000289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on record review and interview, the facility failed to clearly define the specific techniques utilized in the Behavior Support Plan (BSP) for 1 additional client, (client D), as a part of the client's treatment plans. Findings include: Client D's records were reviewed on 10/22/13 at 1:15 PM. Client D's record contained a BDDS (Bureau of Developmental Disabilities Services) report dated 10/22/13 for an incident dated 10/21/13 at 9:11 PM which indicated, "[Client D] was walking around the house saying 'call the police, I'm ready to go to jail.' HM (House Manager) was there and called the police just so they could come talk to [client D] to try to calm him down. [Client D] eloped, but he wears a Project Lifesaver bracelet on his ankle and police were able to locate him. He was gone for approximately an hour. [Client D] had some cuts and bruises and was taken to [hospital]	W000289	The Program Director will work with the Behavior Specialist to add in Client D Project Lifesaver ankle/monitor bracelet into his BSP and define specifically what physical intervention techniques are to be used and how the bracelet is to be used. The Program Director will receive retraining including the need to ensure that all restrictive practices are included in consumers BSP's and appropriate approvals by Guardian and HRC are obtained. For the next 3 months, the Area Director will review all of this Program Director's Behavior Support Plans to ensure any restrictive measures are incorporated into them. Responsible Party: Program Director, Area Director, Behavior Specialist	11/27/2013

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	'individual detention' area for (sic) evaluation. At about 1:30 AM [hospital] called and HM picked up [client D] and returned to the group home. [Client D] resumed his normal routine and went to day placement this morning. Vacating is in [client D's] BSP. Continue to follow BSP and monitor for health and safety." Client D's BSP dated 03/10/13 indicated client D's behaviors included vacating, delusional talk, extreme irritability, physical assault and verbal abuse. The BSP indicated, "...when he vacates...staff member should use agency approved physical intervention techniques to stop [client D]...." The BSP did not contain any information regarding the Project Lifesaver bracelet. The plan failed to indicate and define specifically what physical intervention techniques were to be used or how the bracelet should be used. On 10/23/13 at 3:50 PM an interview was conducted with the AD. The AD indicated client D's BSP did not state and define the specific techniques for client D. She indicated the Project Lifesaver bracelet was for use if client D vacated. She indicated client D wore the tracking device 24 hours a day on his ankle. She indicated the plan failed to include any information on the Project Lifesaver bracelet.			

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