

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G462	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN 46011
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W 0000 Bldg. 00	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of Survey: April 11, 12, 13, 15, 18 and 19, 2016.</p> <p>Facility number: 000976 Provider number: 15G462 AIM number: 100235450</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/25/16.</p>	W 0000		
W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections. The facility failed for 3 of 4 sampled clients (clients #1, #2 and #4) and 2 additional clients (clients #8 and #9) to implement policy and procedures to protect clients from abuse, neglect and mistreatment.</p>	W 0122	The Program Quality Coordinator has reviewed information regarding all falls experienced by client #2 in the past year. The results of this review has provided recommendations to the Individual Support Team to further address trend of falls in an effort to help reduce recurrence. This has included identifying this client as an individual	05/03/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>The facility failed to develop and implement effective corrective action to address a pattern of falls involving client #2. The facility failed to ensure adequate staffing levels to implement client #2's dining plan and supervision needs. The facility failed to develop and implement effective corrective action to prevent fractures involving client #9.</p> <p>Findings include:</p> <p>1. The facility neglected to implement policy and procedures to protect clients from abuse, neglect and mistreatment for 3 of 4 sampled clients (clients #1, #2 and #4) and 2 additional clients (clients #8 and #9). The facility failed to develop and implement effective corrective action to address a pattern of falls involving client #2. The facility failed to ensure adequate staffing levels to implement client #2's dining plan, supervision needs and client #1's supervision level. The facility failed to develop and implement effective corrective action to prevent fractures involving client #9. The facility failed to protect client #8 from the use of physical intervention resulting in a fracture. Please see W149.</p> <p>2. The facility failed for 1 of 4 sampled clients (client #2) to document an investigation into 2 of 7 incidents of falls with injury. Please see W154.</p> <p>3. The facility failed for 1 of 4 sampled</p>		<p>with Unusually High ServiceNeeds. The agency has a policy regarding identifying and monitoring individualswith this designation. The policy is attached for review. The IST hasidentified client #2 as having an Unusually High Service Need per this policywith an index event as any fall. This will require the IST to review the factsof any fall and making and monitoring recommendations to reduce recurrence. Additionally,update recommendations have been made to the IST regarding this clients' riskplans regarding falls and monitoring of weight. The risk plans have beenupdated and the direct care staff have been trained on these updates. There[L1] is an increased level of professional presence in the home. One intent of theseobservations is to ensure risk plans for client #2 and all other clients in thefacility are being followed and are effective. Administrators are included incompleting these observations. The incident reports for all clients in the homehave also been reviewed for the past year to ensure that there are no othertrends that have not been effectively addressed. No other trends have beenidentified. The administrator will complete a review for trends no less thanquarterly. Any identified trends will be presented to the relevant IST's forreview and discussion to ensure current programming is</p>		

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	<p>clients (client #2) and 1 additional client (client #9) to develop and implement effective corrective action to address a pattern of falls involving client #2 and failed to develop and implement effective corrective action to prevent fractures involving client #9. Please see W157.</p> <p>4. The facility failed to ensure there were adequate staff to meet the identified needs of 4 of 4 sampled clients (clients, #1, #2, #3 and #4) and 3 additional clients (clients #5, #6, #7). Please see W186.</p> <p>9-3-2(a)</p>		<p>effectively meeting the needs of clients. The fracture to client #9 was the result of client #2 pushing him. Due to the medical condition of client #9 he was more susceptible to injury. He had cirrhosis which caused him also to have osteoporosis. His condition was terminal, he passed on 3/1/16. It shall also be noted that staffing levels were appropriate at the time of this incident as two staff were present. The agency does ensure that an investigation is completed for all incidents when a client does physically aggress towards another client. The QIDP will ensure that the facts of each such incident are reviewed with staff that work in the facility in an effort to strategize and discuss ways to reduce recurrence. The IST, including the behavior consultant, will review client #2's behavior program in relation to physical aggression to ensure it remains effective. Professional staff including the behavior consultant will be completing more observations in the home and reviews of data to ensure the current program is being implemented properly and is effective. The behavior consultant and QIDP will report to the IST their observations and recommendations. The administrator will ensure the recommendations of the IST are addressed and the effectiveness will be monitored. The agency will continue to ensure routine presence of different professional staff in the</p>	

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			<p>facility to ensure needs of all clients are properly being addressed. The incident involving client #8 was investigated by an administrator who found that the staff responsible failed to properly implement the client's program and failed to properly utilize agency approved physical intervention resulting in this injury. The staff person responsible had been properly trained. His employment was terminated. Client #8 no longer lives in the group home as he transitioned to services provided on the Community Integration Habilitation waiver. Staffing levels were also appropriate during this incident. During visits in the facility, professional staff will also focus on observing to ensure all behavior programs are being implemented properly and are effective. Staff will also be interviewed regarding clients and their needs to ensure they do understand how to properly respond to the client's needs. Professional staff who complete observations in the facility will document their observations and circulate them to administrators for review to ensure all needs are properly being addressed. A summary of observations will be presented to the agency IST team each month by the QIDP for discussion and to monitor any needed corrective action.</p> <p>The direct care staff for the home have received retraining to ensure all</p>	

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			<p>client falls are reported to the QIDP. The QIDP and all those QIDPs who take calls for the agency have received retraining to report falls that result in injury to the administrator. The administrator then will assign completion of an investigation and monitor to ensure proper completion of the investigation. The Program Quality Coordinator will also monitor to ensure investigations are assigned for all reported falls as this administrator is copied on reports and assignments of investigation. An electronic tracking mechanism is used by the agency to ensure all assigned investigations are completed and submitted for administrator review. The QIDP and facility nurse will also review electronic documentation for all clients that have a history or are at risk for falls that is completed regarding falls and injuries to ensure all incidents are properly reported and documented. This will occur no less than weekly. A report of these reviews will be provided to the administrator.</p> <p>Upon receipt of the information that a single staff was working in the facility on 4/11/16, the administrator ensured the staff schedule was changed to include at least two staff on schedule and working in the home when the clients are home and active, to include all meal times. The administrator is also routinely</p>	

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			<p>reviewing electronic time records to ensureadequate staffing is in place. This practice will continue at a high frequencyuntil the administrator determines staffing has remained adequate per reviewfor at least two weeks. A routine check will continue on-going. The IndividualSupport Team with approval from the administrator has defined an adequateminimum staffing level for the home. This has taken into account thesupervision needs of each client in the home including needs to implementdning plans and to meet other supervision needs of the clients in the facility.This includes having at least 2 staff working in the home from 6am to 8am eachweekday morning and 4pm to 9pm each weekday afternoon into the evening. Onweekends, there shall be at least two staff from 8am until 9pm. The administrator is responsible forreviewing and approving the staffing schedule for the home per agency policy.The administrator will ensure the staffing schedule meets the minimum staffinglevel guidelines when reviewing and approving schedules. The ResidentialDirectors who handle staffing calls have been trained on the minimum staffinglevels and that staffing must not drop below the defined levels. Additionally professionalstaff, including various administrators, will have an increased unannouncedpresence in the facility to ensure staffing levels</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 3 of 4 sampled clients (clients #1, #2 and #4) and 2 additional clients (clients #8 and #9) the facility neglected to implement policy and procedures to protect clients from abuse, neglect and mistreatment. The facility failed to develop and implement effective corrective action to address a pattern of falls involving client #2. The facility failed to ensure adequate staffing levels to implement client #2's dining plan, supervision needs and client #1's supervision level. The facility failed to develop and implement effective corrective action to prevent fractures</p>	W 0149	<p>are appropriate and continue to meet the needs of the clients. This practice will continue until otherwise directed by the agency executive council when provided with significant evidence of compliance with providing appropriate staffing levels. The direct care staff will also be trained on the minimum acceptable staffing levels for this home and the expectation to notify the administrator if they are ever in a situation that falls below this minimum standard. Responsible Party: Area Director</p> <p>The Program Quality Coordinator has reviewed information regarding all falls experienced by client #2 in the past year. The results of this review have provided recommendations to the Individual Support Team to further address trend of falls in an effort to help reduce recurrence. This has included identifying this client as an individual with Unusually High Service Needs. The agency has a policy regarding identifying and monitoring individuals with this designation. The policy is attached for review. The IST has identified client #2 as having an</p>	05/03/2016

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	<p>involving client #9. The facility failed to protect client #8 from the use of physical intervention resulting in a fracture.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM and indicated the following:</p> <p>1. A BDDS report indicated client #9 had been taken to the Emergency Room (ER) on 5/2/15 after complaints of pain to his left foot and observed swelling. Client #9 was diagnosed with a fracture, fitted with a walking boot and prescribed pain medication. The report indicated the fracture was of unknown origin. A follow up report dated 5/8/15 indicated "The specialist indicated that this type of fracture is common with someone of his age and condition and can occur by simply stepping differently, rolling an ankle or by falling." The report indicated an investigation had not determined a cause for client #9's fracture.</p> <p>An investigation dated 5/6/15 into client #9's fracture indicated client #9 had "started to complain and demonstrate that he was in pain on 4/29/15...[client #9] does have multiple medical issues and he is very thin and medically fragile as a result..." Recommendations indicated a protocol was being developed to ensure timely medical treatment in the future and the RD</p>		<p>Unusually High Service Need per this policy with an index event as any fall. This will require the IST to review the facts of any fall and making and monitoring recommendations to reduce recurrence. Additionally, update recommendations have been made to the IST regarding this clients' risk plans regarding falls and monitoring of weight. The risk plans have been updated and the direct care staff have been trained on these updates. There [L1] is an increased level of professional presence in the home. One intent of these observations is to ensure risk plans for client #2 and all other clients in the facility are being followed and are effective. Administrators are included in completing these observations. The incident reports for all clients in the home have also been reviewed for the past year to ensure that there are no other trends that have not been effectively addressed. No other trends have been identified. The administrator will complete a review for trends no less than quarterly. Any identified trends will be presented to the relevant IST's for review and discussion to ensure current programming is effectively meeting the needs of clients. The fracture to client #9 was the result of client #2 pushing him. Due to the medical condition of client #9 he was more susceptible to injury. He had cirrhosis which</p>	

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	<p>(Residential Director) and nurse would receive corrective action.</p> <p>2. A BDDS report dated 1/8/16 indicated client #9 fell to the ground after client #2 pushed him. Client #9 was unable to bear weight on 1/9/16 and taken to a medical clinic and was sent home with pain medication. Client #9 was taken to an orthopaedic clinic on 1/11/16 and diagnosed with a fractured left tibia.</p> <p>An investigation dated 1/8/16-1/15/16 indicated on 1/8/16 client #2 "became aggressive in the home with staff and other consumers. [Client #2] started yelling at [client #9] during the evening from his bedroom. [Client #2] attempted to grab [client #9] causing [client #9] to fall to the ground when [client #9] was headed to the medication room." Staff member #8 separated the clients. Client #9 complained of pain in his knee and the nurse was called. Client #9 was given pain medication and ice to his knee to reduce swelling. Client #9 "was able to apply weight to his leg at that time and was walking...On 1/9/16, [client #9] was unable to apply weight to his leg upon waking for the day. He was seen at [medical clinic] that morning. An X-Ray was attempted but could not be completed. He was referred to [orthopaedic clinic] for further testing, though [medical clinic] felt that the knee was most likely sprained. He was discharged with an order for pain medication...[Client #9] was seen by an orthopedist on 1/11/16 regarding his left</p>		<p>caused him also to have osteoporosis. His condition was terminal, he passed on 3/1/16. It shall also be noted that staffing levels were appropriate at the time of this incident as two staff were present. The agency does ensure that an investigation is completed for all incidents when a client does physically aggress towards another client. The QIDP will ensure that the facts of each such incident are reviewed with staff that work in the facility in an effort to strategize and discuss ways to reduce recurrence. The IST, including the behavior consultant, will review client #2's behavior program in relation to physical aggression to ensure it remains effective. Professional staff including the behavior consultant will be completing more observations in the home and reviews of data to ensure the current program is being implemented properly and is effective. The behavior consultant and QIDP will report to the IST their observations and recommendations. The administrator will ensure the recommendations of the IST are addressed and the effectiveness will be monitored. The agency will continue to ensure routine presence of different professional staff in the facility to ensure needs of all clients are properly being addressed. The incident involving client #8 was investigated by an administrator who found that the staff responsible failed to properly implement the</p>				

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	<p>tibia fracture." Client #9 did not need surgery, but was to be non-weight bearing for 6 weeks. Client #9 was discharged from the hospital on 1/12/16. Recommendations indicated "staff separate [client #2] and other consumers when he is in a behavior."</p> <p>Hospital records included in the investigation dated 1/10/16 indicated client #9 had been taken to the hospital after complaints of left knee pain, diagnosed with a fracture of his left knee and admitted for evaluation and treatment.</p> <p>3. A BDDS report dated 7/29/15 at 9:15 PM indicated client #2 fell backwards down "several steps in his home. He was talking on the phone when he fell. He hit the back of his head when he landed. Emergency personnel were called. He was transported to the hospital where he has been admitted for further evaluation and monitoring...[Client #2] did not have a history of falling and had not been identified as having a risk for falling. An investigation has been initiated regarding this incident. There is no indication that his incident happened as a result of abuse or neglect. The staff person working when the incident occurred was suspended until it was determined that this did not happen as a result of abuse or neglect...The investigation into this incident will be completed and will include recommendations to prevent future occurrence."</p> <p>A follow up report dated 8/7/15 indicated</p>		<p>client's program and failed to properly utilize agencyapproved physical intervention resulting in this injury. The staff personresponsible had been properly trained. His employment was terminated. Client #8 no longer lives in the group homeas he transitioned to services provided on the Community Integration Habilitationwaiver. Staffing levels were also appropriate during this incident. During visits in the facility, professionalstaff will also focus on observing to ensure all behavior programs are beingimplemented properly and are effective. Staff will also be interviewedregarding clients and their needs to ensure they do understand how to properlyrespond to the client's needs. Professional staff who complete observations inthe facility will document their observations and circulate them toadministrators for review to ensure all needs are properly being addressed. Asummary of observations will be presented to the agency IST team each month bythe QIDP for discussion and to monitor any needed corrective action.</p> <p>The direct care staff for the home have received retrainingto ensure all client falls are reported to the QIDP. The QIDP and all thoseQIDPs who take calls for the agency have received retraining to report falls thatresult in injury to the administrator. The administrator</p>		

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	<p>"the investigation found that [client #2's] fall was simply an accident and may have been the result of passing out. He had recently lost weight which may have contributed to the fall. The staff person was not responsible for his fall. The staff was properly monitoring [client #2] and responded appropriately when he fell...." The follow up report indicated client #2 was discharged to the group home on 7/31/15 and staff had been trained on client #2's updated risk plans including the use of Ensure (dietary supplement) to aid in gaining weight.</p> <p>An investigation dated 7/30/15-7/31/15 indicated client #2 "had fallen down steps at his home and hit his head. He was now in ICU (intensive care unit) at [hospital] as a brain bleed was found on a head CT scan. The incident occurred around 9:30 PM...An investigation is required. The staff that was working when the incident occurred, [staff #3] is suspended from work until a determination is made if the incident occurred as the result of abuse or neglect..."</p> <p>The investigation indicated client #2 had fallen backward when going upstairs while listening to music played over the phone by his mother. Staff #3 had gone upstairs to redirect client #2 back downstairs at the time of the incident. The incident was unsubstantiated for abuse, neglect or mistreatment and client #2 did not have a history of falls at the time of the incident. An attached Plan of Action to Separate Aggressive Consumers revised 4/10/15 indicated the clients were divided into two</p>		<p>then will assign completion of an investigation and monitor to ensure proper completion of the investigation. The Program Quality Coordinator will also monitor to ensure investigations are assigned for all reported falls as this administrator is copied on reports and assignments of investigation. An electronic tracking mechanism is used by the agency to ensure all assigned investigations are completed and submitted for administrator review. The QIDP and facility nurse will also review electronic documentation for all clients that have a history or are at risks for falls that is completed regarding falls and injuries to ensure all incidents are properly reported and documented. This will occur no less than weekly. A report of these reviews will be provided to the administrator.</p> <p>Upon receipt of the information that a single staff was working in the facility on 4/11/16, the administrator ensured the staff schedule was changed to include at least two staff on schedule and working in the home when the clients are home and active, to include all meal times. The administrator is also routinely reviewing electronic time records to ensure adequate staffing is in place. This practice will continue at a high frequency until the administrator determines staffing has remained adequate per review for at least two</p>				

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	<p>groups and were to attend "core" activities together. Group 1 "will consist of [client #2], [client #8], [client #10] and [client #5]. Group 2 will consist of [client #1], [client #4], [client #9] and [client #6]. The rationales for these groupings are that all of Group 2 is a target of [client #2] when he becomes aggressive, and [client #2] has also been the target of most members of Group 2...Two staff will always be on during the evening hours so that the groups may interact separately and so that staff can intervene quickly if there are any disagreements amount (sic) the consumers...The staff assigned to [client #2] must keep [client #2] in their line of site (sic) at all times while on shift. This staff must also guarantee that [client #2] does not go upstairs in the house."</p> <p>Client #2's risk plan included in the investigation dated 7/31/15 indicated he had "suffered a head injury. As a result of this, he has a significant concussion, and also a hematoma. [Client #2] must be monitored for any change in consciousness..." Staff were to notify the nurse if client #2 exhibited symptoms of a "loss of consciousness lasting longer than 30 seconds, a headache that gets worse over time, changes in behavior...changes in physical coordination, such as stumbling or clumsiness, confusion or disorientation...slurred speech or other changes in speech...."</p> <p>Recommendations of the investigation indicated client #2's 7/31/15 risk plan should be implemented, a physical therapist should</p>		<p>weeks. A routine check will continue on-going. The IndividualSupport Team with approval from the administrator has defined an adequateminimum staffing level for the home. This has taken into account thesupervision needs of each client in the home including needs to implementdning plans and to meet other supervision needs of the clients in the facility.This includes having at least 2 staff working in the home from 6am to 8am eachweekday morning and 4pm to 9pm each weekday afternoon into the evening. Onweekends, there shall be at least two staff from 8am until 9pm. The administrator is responsible forreviewing and approving the staffing schedule for the home per agency policy.The administrator will ensure the staffing schedule meets the minimum staffinglevel guidelines when reviewing and approving schedules. The ResidentialDirectors who handle staffing calls have been trained on the minimum staffinglevels and that staffing must not drop below the defined levels. Additionally professionalstaff, including various administrators, will have an increased unannouncedpresence in the facility to ensure staffing levels are appropriate and continueto meet the needs of the clients. Thispractice will continue until otherwise directed by the agency executive councilwhen provided with significant evidence of</p>	

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	<p>evaluate client #2 and consult with a neurologist to ensure current assessments are completed and his needs are being addressed.</p> <p>4. A BDDS report dated 8/4/15 indicated client #2 was seen by his doctor's office and "was immediately sent to the Emergency Room for further evaluation as he was displaying problems with walking and being incontinent...The ER (emergency room) physician ordered a new CT (computerized tomography) and lab (laboratory) work. All work came back within normal range. [Client #2's] CT scan showed no changes since his admission following a fall on 7/29/15. During his ER visit, [client #2] managed to bypass the nurse who was assessing him and took off running out of his room resulting in a laceration to this chin. The laceration required 4 stitches. The ER physician indicated that the head injury sustained in (sic) 7/29/15 will take time to heal. He was discharged to follow up with his neurologist." Corrective action indicated the facility would ensure client #2 would attend future medical appointments and ensure his stitches were removed in a week as ordered.</p> <p>5. A BDDS report dated 10/12/15 indicated client #2 had an abrasion 1 inch by 2 inches in size on his forehead when he arrived home from workshop on 10/12/15. Client #2 "is reporting that he fell in his bedroom the night prior." Corrective action indicated the "facts of the fall" would be investigated.</p>		<p>compliance with providing appropriate staffing levels. The direct care staff will also be trained on the minimum acceptable staffing levels for this home and the expectation to notify the administrator if they are ever in a situation that falls below this minimum standard.</p> <p>Responsible Party: Area Director</p>				

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	<p>A follow up report dated 10/23/15 indicated client #2 indicated he had "tripped over dirty laundry that was on his bedroom floor. On 10/22/15, [client #2's] physician ordered a helmet due to [client #2's] increase in falls. [Client #2's] injuries have healed well and he is doing well since the fall...." Corrective action indicated client #2 was being fitted for the helmet on 10/27/15 and "additional tests and evaluations are being completed as recommended by [client #2's] physicians and IST (Individual Support Team) members."</p> <p>An investigation dated 10/12/15-10/15/15 indicated client #2's scratches were the result of client #2 either scratching his forehead or from falling over clothing left on the bedroom floor. "It is likely that [client #2] tripped over clothing left on the bedroom floor sustaining the injuries to his forehead." Corrective action indicated client #2 and his roommate were encouraged to pick up their clothing from the floor.</p> <p>6. A BDDS report dated 10/15/15 indicated client #2 "became verbally aggressive with another client. They began to argue. [Client #2] stood up from the table and started to walk away, (sic) he then began to run. Staff got up and went after him to steady him, but his pants fell to his knees. He tripped and fell (sic) hitting his head on the floor before staff could get to him. Staff checked for injuries, and found an abrasion on his forehead above his right eye." Corrective action indicated staff would continue to monitor [client #2] and assist him when needed. He continues to</p>			

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	<p>be unstable when walking, and even more when running. Staff encourage him to sit in a chair." There was no evidence of an investigation into the incident.</p> <p>7. A BDDS report dated 12/6/15 indicated client #2 had 4 marks on his body (unspecified) "that look like rug burns. They are all approx. (approximately) the size of a nickel. [Client #2] reports he fell off his bed when he was standing on it. The injuries were found during a routine body check. An investigation will determine the facts of the injury. [Client #2] currently is unstable when walking due to his current health status." Corrective action indicated the facility would continue to monitor client #2.</p> <p>An investigation dated 12/5/15 was reviewed on 4/19/16 at 12:28 PM and indicated client #2 was standing on his bed on 12/5/15 and fell. No corrective action was indicated in the investigation.</p> <p>8. A BDDS report dated 1/23/16 indicated client #2 sustained a nickel sized scrape after he fell as a result of tripping over items in his room.</p> <p>Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #11 indicated on 2/20/16 client #2 "has a small red line on his (sic) from falling over the dishwasher door. He also has bruising on</p>			

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	<p>his right side and on his lower back. These do look like they are older...red mark on knee and also bruising on his right side and his lower back...The RD (residential director) and the nurse on call has (sic) already been notified..."</p> <p>Staff #5 indicated on 2/15/16 client #2 "has scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night." There was no evidence provided client #2's bruising or fall had been reported to the administrator or investigated.</p> <p>Client #2's record was reviewed on 4/12/16 at 1:25 PM. Individual Plan reports addressing client #2's risks indicated the following:</p> <p>A durable medical equipment plan dated 12/7/15 indicated [client #2] "suffers from dyskinesia as a result from his psychotropic medications. Dyskinesia causes [client #2] to be unsteady, and at a greater risk from falls. [Doctor] has prescribed the use of a protective helmet. This helmet is made to protect [client #2]. He will wear this helmet during all waking hours. [Client #2] may take this helmet off for showers and to sleep at night. Staff are responsible for encouraging [client #2] to wear this helmet at all waking hours...."</p> <p>A dining plan dated 10/27/15 indicated client #2 was to receive a mechanical soft diet with ground meat and "all foods to be cut into 1/2 inch bite sized pieces. No hard or crunchy</p>			

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	<p>foods such as potato chips, popcorn, etc...."</p> <p>A Behavior Developmental Plan dated 2/16/16 included in the risk plan indicated targeted behaviors of resistance (failure to comply with requests), physical assault (striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects), self injurious behavior (forceful blow or bite, head hitting and head banging), non-severe anger control problems (screaming, crying, jumping up and down, banging objects, stamping his feet) and disordered behavior (agitation, wearing underclothes in public areas), changing clothing numerous times, drinking water excessively, attempting to bathe while clothed or more than twice daily). Client #2's plan indicated physical intervention requiring the use of two staff (elbow pin and take down to a mat), separation from others/staff placing themselves between client #2 and other clients when client #2 exhibits disordered behavior. During weekends and evenings, staff were to employ a grouping strategy in which client #2 and the identified individuals are in different groups.</p> <p>A water protocol in the risk plan dated 11/12/15 indicated client #2 should be monitored for symptoms of abdominal swelling, increased headaches, lightheadedness, nausea, vomiting, seizure, changes in behavior, confusion, irritability, drowsiness, difficulty breathing with exertion, muscle weakness, twitching,</p>			

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	<p>cramping, increased thirst and slurred speech.</p> <p>A fall protocol dated 11/12/15 in the risk plan indicated client #2 was at risk for falls and should have assistance at all times when going up and down stairs and exiting, entering the van, and "encourage [client #2] to walk slowly on uneven terrain and with small steps while staff is near him and especially while near obstacles that may be in his path of walking."</p> <p>9. An investigation dated 7/13/15-7/14/15 indicated client #8 had sustained a fractured clavicle "when engaging in horseplay" at the group home. The investigation indicated staff #9 had intervened in client #8's maladaptive behavior which resulted in a fall for client #8. Client #8 was interviewed and indicated staff #9 had "body slammed him," and he "shoved me down away from him." Findings indicated client #8 had fallen after staff had blocked him from physical aggression. "Per staff descriptions and demonstrations of what occurred and review of the training, [staff #9] did not use proper technique to respond to the aggression. His response resulted in the fall which was hard enough to cause injury. He responded in a manner that is not consistent with training." The investigation indicated staff #9's employment was terminated "as he failed to respond properly and as trained on blocking a hit from a consumer. His failure to perform this properly resulted in significant injury to the consumer."</p>				

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	<p>10. A BDDS report dated 4/6/16 indicated client #1 had been left unattended while staff #7 went into the bank. The report indicated staff #7 had been suspended and the incident was being investigated.</p> <p>An investigation into the incident dated 4/7/16-4/12/16 indicated the allegation of neglect was substantiated and staff #7 was terminated.</p> <p>The Program Quality Coordinator (PQC) was interviewed on 4/12/16 at 1:20 PM and indicated staff #9 had not used facility approved techniques in intervening in client #8's behavior which resulted in client #8's fall and subsequent fracture and had been terminated as a result.</p> <p>The PQC was interviewed again on 4/19/16 at 2:44 PM and indicated staff had implemented corrective action in place at the time of client #9's fall, but had not been able to intervene to prevent client #2 from pushing client #9 down. She indicated there was a pattern of falls for client #2 and his physician had indicated there were residual effects from his fall on 7/29/15 that would increase his risk for falling. The PQC indicated there were to be 2 staff on duty until 9:00 or 10:00 PM at night to address the needs of the clients.</p> <p>The facility's Preventing Abuse and Neglect policy dated 10/13 was reviewed on 4/18/16 at 12:00 PM and indicated</p>			

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	<p>"DSA, Inc. prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves...'Abuse' means the following:...Emotional/Verbal abuse including but is not limited to communicating with words or actions in a person's presence with intent to: (a) cause the individual to be placed in fear of retaliation;...cause the individual to be placed in fear of confinement or restraint;...cause the individual to experience emotional distress or humiliation...'Neglect' means failure to provide supervision, training, appropriate care, food, medical care or medical supervision to an individual...Immediately upon learning of an allegation of abuse/neglect, exploitation, sexual abuse and/or sexual exploitation or similar circumstances...staff are to immediately report the incident to the Residential Director on-call..."</p> <p>9-3-2(a)</p>			

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W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based upon record review and interview for 1 of 4 sampled clients (client #2), the facility failed to document an investigation into 2 of 7 incidents of falls with injury.	W 0154	The direct care staff for the home have received retraining to ensure all client falls are reported to the QIDP. The QIDP and all those QIDPs who take calls for the agency have provided written evidence that	05/03/2016

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	<p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM and indicated the following:</p> <p>1. A BDDS report dated 10/15/15 indicated client #2 "became verbally aggressive with another client. They began to argue. [Client #2] stood up from the table and started to walk away, (sic) he then began to run. Staff got up and went after him to steady him, but his pants fell to his knees. He tripped and fell (sic) hitting his head on the floor before staff could get to him. Staff checked for injuries, and found an abrasion on his forehead above his right eye." Corrective action indicated staff would "continue to monitor [client #2] and assist him when needed. He continues to be unstable when walking, and even more when running. Staff encourage him to sit in a chair." There was no evidence of an investigation into the incident.</p> <p>2. Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #5 indicated on 2/15/16 client #2 "has scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night." There was no evidence provided client #2's bruising or fall had been</p>		<p>theyknow the requirement to report falls that result in injury to the administrators well as the other types of reportable events.. The administrator then willassign completion of an investigation and monitor to ensure proper completionof the investigation. The Program Quality Coordinator will also monitor toensure investigations are assigned for all reported falls as this administratoris copied on reports and assignments of investigation. An electronic trackingmechanism is used by the agency to ensure all assigned investigations arecompleted and submitted for administrator review. The QIDP and facility nurse will also reviewelectronic documentation weekly for all clients who have a history or risk offalls that is completed regarding falls and injuries to ensure all incidentsare properly reported and documented. A report of these reviews will beprovided to the administrator. Responsible Party: QIDP</p>	

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W 0157 Bldg. 00	<p>investigated.</p> <p>The PQC (Program Quality Coordinator) indicated on 4/19/16 at 12:10 PM there was no investigation available for the incident on 10/15/15 involving client #2. There was no investigation provided into the incident dated 2/15/16 involving a cut on client #2's nose and his self reported fall.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2) and 1 additional client (client #9) the facility failed to develop and implement effective corrective action to address a pattern of falls involving client #2 and failed to develop and implement effective corrective action to prevent fractures involving client #9.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were</p>			W 0157	<p>The Program Quality Coordinator has reviewed information regarding all falls experienced by client #2 in the past year. The results of this review has provided recommendations to the Individual Support Team to further address trend of falls in an effort to help reduce recurrence. This has included identifying this client as an individual with Unusually High Service Needs. The agency has a policy regarding identifying and monitoring individuals with this designation. The policy is attached for review. The IST has identified client #2 as having an</p>		05/03/2016

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	<p>reviewed on 4/12/16 at 11:05 AM and indicated the following:</p> <p>1. A BDDS report indicated client #9 had been taken to the Emergency Room (ER) on 5/2/15 after complaints of pain to his left foot and observed swelling. Client #9 was diagnosed with a fracture, fitted with a walking boot and prescribed pain medication. The report indicated the fracture was of unknown origin. A follow up report dated 5/8/15 indicated "The specialist indicated that this type of fracture is common with someone of his age and condition and can occur by simply stepping differently, rolling an ankle or by falling." The report indicated an investigation had not determined a cause for client #9's fracture.</p> <p>An investigation dated 5/6/15 into client #9's fracture indicated client #9 had "started to complain and demonstrate that he was in pain on 4/29/15...[client #9] does have multiple medical issues and he is very thin and medically fragile as a result..." Recommendations indicated a protocol was being developed to ensure timely medical treatment in the future and the RD (Residential Director) and nurse would receive corrective action.</p> <p>2. A BDDS report dated 1/8/16 indicated client #9 fell to the ground after client #2 pushed him. Client #9 was unable to bear weight on 1/9/16 and taken to a medical clinic and was sent home with pain medication. Client #9 was taken to an</p>		<p>Unusually High Service Need per this policy with an index event as any fall. This will require the IST to review the facts of any fall and making and monitoring recommendations to reduce recurrence. Additionally, update recommendations have been made to the IST regarding this clients' risk plans regarding falls and monitoring of weight. The risk plans have been updated and the direct care staff have been trained on these updates. There [L1] is an increased level of professional presence in the home. One intent of these observations is to ensure risk plans for client #2 and all other clients in the facility are being followed and are effective. Administrators are included in completing these observations. The incident reports for all clients in the home have also been reviewed for the past year to ensure that there are no other trends that have not been effectively addressed. No other trends have been identified. The administrator will complete a review for trends no less than quarterly. Any identified trends will be presented to the relevant IST's for review and discussion to ensure current programming is effectively meeting the needs of clients. The fracture to client #9 was the result of client #2 pushing him. Due to the medical condition of client #9 he was more susceptible to injury. He had cirrhosis which</p>	

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	<p>orthopaedic clinic on 1/11/16 and diagnosed with a fractured left tibia.</p> <p>An investigation dated 1/8/16-1/15/16 indicated on 1/8/16 client #2 "became aggressive in the home with staff and other consumers. [Client #2] started yelling at [client #9] during the evening from his bedroom. [Client #2] attempted to grab [client #9] causing [client #9] to fall to the ground when [client #9] was headed to the medication room." Staff member #8 separated the clients. Client #9 complained of pain in his knee and the nurse was called. Client #9 was given pain medication and ice to his knee to reduce swelling. Client #9 "was able to apply weight to his leg at that time and was walking...On 1/9/16, [client #9] was unable to apply weight to his leg upon waking for the day. He was seen at [medical clinic] that morning. An X-Ray was attempted but could not be completed. He was referred to [orthopaedic clinic] for further testing, though [medical clinic] felt that the knee was most likely sprained. He was discharged with an order for pain medication...[Client #9] was seen by an orthopedist on 1/11/16 regarding his left tibia fracture." Client #9 did not need surgery, but was to be non-weight bearing for 6 weeks. Client #9 was discharged from the hospital on 1/12/16. Recommendations indicated "staff separate [client #2] and other consumers when he is in a behavior."</p> <p>Hospital records included in the investigation dated 1/10/16 indicated client</p>		<p>caused him also to have osteoporosis. His condition was terminal, he passed on 3/1/16. It shall also be noted that staffing levels were appropriate at the time of this incident as two staff were present. The agency does ensure that an investigation is completed for all incidents when a client does physically aggress towards another client. The QIDP will ensure that the facts of each such incident are reviewed with staff that work in the facility in an effort to strategize and discuss ways to reduce recurrence. The IST, including the behavior consultant, will review client #2's behavior program in relation to physical aggression to ensure it remains effective. Professional staff including the behavior consultant will be completing more observations in the home and reviews of data to ensure the current program is being implemented properly and is effective. The behavior consultant and QIDP will report to the IST their observations and recommendations. The administrator will ensure the recommendations of the IST are addressed and the effectiveness will be monitored. The agency will continue to ensure routine presence of different professional staff in the facility to ensure needs of all clients are properly being addressed. Staff will also be interviewed regarding clients and their needs to ensure they do understand how to</p>	

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	<p>#9 had been taken to the hospital after complaints of left knee pain, diagnosed with a fracture of his left knee and admitted for evaluation and treatment.</p> <p>3. A BDDS report dated 7/29/15 at 9:15 PM indicated client #2 fell backwards down "several steps in his home. He was talking on the phone when he fell. He hit the back of his head when he landed. Emergency personnel were called. He was transported to the hospital where he has been admitted for further evaluation and monitoring...[Client #2] did not have a history of falling and had not been identified as having a risk for falling. An investigation has been initiated regarding this incident. There is no indication that his incident happened as a result of abuse or neglect. The staff person working when the incident occurred was suspended until it was determined that this did not happen as a result of abuse or neglect...The investigation into this incident will be completed and will include recommendations to prevent future occurrence."</p> <p>A follow up report dated 8/7/15 indicated "the investigation found that [client #2's] fall was simply an accident and may have been the result of passing out. He had recently lost weight which may have contributed to the fall. The staff person was not responsible for his fall. The staff was properly monitoring [client #2] and responded appropriately when he fell...." The follow up report indicated client #2 was discharged to the</p>		<p>properly respond to the client's needs. Professional staff who complete observations in the facility will document their observations and circulate them to administrators for review to ensure all needs are properly being addressed. A summary of observations will be presented to the agency IST team each month by the QIDP for discussion and to monitor any needed corrective action.</p> <p>Responsible Party: Area Director</p> <p><u>[L1]</u></p>	

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	<p>group home on 7/31/15 and staff had been trained on client #2's updated risk plans including the use of Ensure (dietary supplement) to aid in gaining weight.</p> <p>An investigation dated 7/30/15-7/31/15 indicated client #2 "had fallen down steps at his home and hit his head. He was now in ICU (intensive care unit) at [hospital] as a brain bleed was found on a head CT scan. The incident occurred around 9:30 PM...An investigation is required. The staff that was working when the incident occurred, [staff #3] is suspended from work until a determination is made if the incident occurred as the result of abuse or neglect...."</p> <p>The investigation indicated client #2 had fallen backward when going upstairs while listening to music played over the phone by his mother. Staff #3 had gone upstairs to redirect client #2 back downstairs at the time of the incident. The incident was unsubstantiated for abuse, neglect or mistreatment and client #2 did not have a history of falls at the time of the incident. An attached Plan of Action to Separate Aggressive Consumers revised 4/10/15 indicated the clients were divided into two groups and were to attend "core" activities together. Group 1 "will consist of [client #2], [client #8], [client #10] and [client #5]. Group 2 will consist of [client #1], [client #4], [client #9] and [client #6]. The rationales for these groupings are that all of Group 2 is a target of [client #2] when he becomes aggressive, and [client #2] has also been the target of most members of Group</p>			

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	<p>2...Two staff will always be on during the evening hours so that the groups may interact separately and so that staff can intervene quickly if there are any disagreements amount (sic) the consumers...The staff assigned to [client #2] must keep [client #2] in their line of site (sic) at all times while on shift. This staff must also guarantee that [client #2] does not go upstairs in the house."</p> <p>Client #2's risk plan included in the investigation dated 7/31/15 indicated he had "suffered a head injury. As a result of this, he has a significant concussion, and also a hematoma. [Client #2] must be monitored for any change in consciousness...." Staff were to notify the nurse if client #2 exhibited symptoms of a "loss of consciousness lasting longer than 30 seconds, a headache that gets worse over time, changes in behavior...changes in physical coordination, such as stumbling or clumsiness, confusion or disorientation...slurred speech or other changes in speech...."</p> <p>Recommendations of the investigation indicated client #2's 7/31/15 risk plan should be implemented, a physical therapist should evaluate client #2 and consult with a neurologist to ensure current assessments are completed and his needs are being addressed.</p> <p>4. A BDDS report dated 8/4/15 indicated client #2 was seen by his doctor's office and "was immediately sent to the Emergency Room for further evaluation as he was</p>			

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	<p>displaying problems with walking and being incontinent...The ER (emergency room) physician ordered a new CT (computerized tomography) and lab (laboratory) work. All work came back within normal range. [Client #2's] CT scan showed no changes since his admission following a fall on 7/29/15. During his ER visit, [client #2] managed to bypass the nurse who was assessing him and took off running out of his room resulting in a laceration to this chin. The laceration required 4 stitches. The ER physician indicated that the head injury sustained in (sic) 7/29/15 will take time to heal. He was discharged to follow up with his neurologist." Corrective action indicated the facility would ensure client #2 would attend future medical appointments and ensure his stitches were removed in a week as ordered.</p> <p>5. A BDDS report dated 10/12/15 indicated client #2 had an abrasion 1 inch by 2 inches in size on his forehead when he arrived home from workshop on 10/12/15. Client #2 "is reporting that he fell in his bedroom the night prior." Corrective action indicated the "facts of the fall" would be investigated.</p> <p>A follow up report dated 10/23/15 indicated client #2 indicated he had "tripped over dirty laundry that was on his bedroom floor. On 10/22/15, [client #2's] physician ordered a helmet due to [client #2's] increase in falls. [Client #2's] injuries have healed well and he is doing well since the fall..." Corrective action indicated client #2 was being fitted for the helmet on 10/27/15 and "additional tests</p>			

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	<p>and evaluations are being completed as recommended by [client #2's] physicians and IST (Individual Support Team) members."</p> <p>An investigation dated 10/12/15-10/15/15 indicated client #2's scratches were the result of client #2 either scratching his forehead or from falling over clothing left on the bedroom floor. "It is likely that [client #2] tripped over clothing left on the bedroom floor sustaining the injuries to his forehead." Corrective action indicated client #2 and his roommate were encouraged to pick up their clothing from the floor.</p> <p>6. A BDDS report dated 10/15/15 indicated client #2 "became verbally aggressive with another client. They began to argue. [Client #2] stood up from the table and started to walk away, (sic) he then began to run. Staff got up and went after him to steady him, but his pants fell to his knees. He tripped and fell (sic) hitting his head on the floor before staff could get to him. Staff checked for injuries, and found an abrasion on his forehead above his right eye." Corrective action indicated "staff would continue to monitor [client #2] and assist him when needed. He continues to be unstable when walking, and even more when running. Staff encourage him to sit in a chair."</p> <p>7. A BDDS report dated 12/6/15 indicated client #2 had 4 marks on his body (unspecified) "that look like rug burns. They are all approx. (approximately) the size of a nickel. [Client #2] reports he fell off his bed</p>			

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	<p>when he was standing on it. The injuries were found during a routine body check. An investigation will determine the facts of the injury. [Client #2] currently is unstable when walking due to his current health status." Corrective action indicated the facility would continue to monitor client #2.</p> <p>An investigation dated 12/5/15 was reviewed on 4/19/16 at 12:28 PM and indicated client #2 was standing on his bed on 12/5/15 and fell. No corrective action was indicated in the investigation.</p> <p>8. A BDDS report dated 1/23/16 indicated client #2 sustained a nickel sized scrape after he fell tripping over items in his room.</p> <p>Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #11 indicated on 2/20/16 client #2 "has a small red line on his (sic) from falling over the dishwasher door. He also has bruising on his right side and on his lower back. These do look like they are older...red mark on knee and also bruising on his right side and his lower back...The RD (residential director) and the nurse on call has (sic) already been notified...."</p> <p>Staff #5 indicated on 2/15/16 client #2 "has scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night." There was no evidence of corrective</p>			

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	<p>action.</p> <p>Client #2's record was reviewed on 4/12/16 at 1:25 PM. Individual Plan reports addressing client #2's risks indicated the following:</p> <p>A durable medical equipment plan dated 12/7/15 indicated [client #2] "suffers from dyskinesia as a result from his psychotropic medications. Dyskinesia causes [client #2] to be unsteady, and at a greater risk from falls. [Doctor] has prescribed the use of a protective helmet. This helmet is made to protect [client #2]. He will wear this helmet during all waking hours. [Client #2] may take this helmet off for showers and to sleep at night. Staff are responsible for encouraging [client #2] to wear this helmet at all waking hours...."</p> <p>A dining plan dated 10/27/15 indicated client #2 was to receive a mechanical soft diet with ground meat and "all foods to be cut into 1/2 inch bite sized pieces. No hard or crunchy foods such as potato chips, popcorn, etc...."</p> <p>A Behavior Developmental Plan dated 2/16/16 included in the risk plan indicated targeted behaviors of resistance (failure to comply with requests), physical assault (striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects), self injurious behavior (forceful blow or bite, head hitting and head banging), non-severe anger control problems (screaming, crying, jumping up and down,</p>			

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	<p>banging objects, stamping his feet) and disordered behavior (agitation, wearing underclothes in public areas), changing clothing numerous times, drinking water excessively, attempting to bathe while clothed or more than twice daily). Client #2's plan indicated physical intervention requiring the use of two staff (elbow pin and take down to a mat), separation from others/staff placing themselves between client #2 and other clients when client #2 exhibits disordered behavior. During weekends and evenings, staff were to employ a grouping strategy in which client #2 and the identified individuals are in different groups.</p> <p>A water protocol in the risk plan dated 11/12/15 indicated client #2 should be monitored for symptoms of abdominal swelling, increased headaches, lightheadedness, nausea, vomiting, seizure, changes in behavior, confusion, irritability, drowsiness, difficulty breathing with exertion, muscle weakness, twitching, cramping, increased thirst and slurred speech.</p> <p>A fall protocol dated 11/12/15 in the risk plan indicated client #2 was at risk for falls and should have assistance at all times when going up and down stairs and exiting, entering the van, and "encourage [client #2] to walk slowly on uneven terrain and with small steps while staff is near him and especially while near obstacles that may be in his path of walking."</p>			

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	<p>The PQC (Program Quality Coordinator) was interviewed on 4/19/16 at 2:44 PM and indicated staff had implemented corrective action in place at the time of client #9's fall, but had not been able to intervene to prevent client #2 from pushing client #9 down. She indicated there was a pattern of falls for client #2 and his physician had indicated there were residual effects from his fall on 7/29/15 that would increase his risk for falling.</p> <p>9-3-2(a)</p>			
W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p>			

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	<p>Based upon observation, record review and interview, the facility failed to ensure there were adequate staff to meet the identified needs of 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6, #7).</p> <p>Findings include:</p> <p>During observation at the group home on 4/11/16 from 5:55 PM until 7:15 PM, staff #4 was the only staff working in the home. Staff #4 sat with client #2 as he ate his meal and reminded him to slow down while eating and to chew his food thoroughly. While staff #4 assisted other clients making lunches, client #2 got a graham cracker out of a cupboard in the medication administration area and started to eat it. Client #5 notified staff #4 that client #2 had a cracker and staff #4 removed the cracker from client #2, threw it in the trash and stated, "He's a choke risk." While staff #4 was assisting other clients to finish making lunches client #2 got the cracker out of the trash and attempted to eat it before staff #4 could intervene. While in the kitchen, staff #4 received a phone call from another group home and told the caller clients #1, #2, #3, #4, #5, #6 and #7 would not be attending a social activity scheduled that night as they were "short staffed." The Residential Director (RD)</p>	W 0186	<p>Upon receipt of the information that a single staff was working in the facility on 4/11/16, the administrator ensured the staffing schedule was changed to include at least two staff on schedule and working in the home when the clients are home and active, to include all meal times. The administrator is also routinely reviewing electronic time records to ensure adequate staffing is in place. This practice will continue at a high frequency until the administrator determines staffing has remained adequate per review for at least two weeks. A routine check will continue on-going. The Individual Support Team with approval from the administrator has defined an adequate minimum staffing level for the home. This has taken into account the supervision needs of each client in the home including needs to implement dining plans and to meet other supervision needs of the clients in the facility. This includes having at least 2 staff working in the home from 6am to 8am each weekday morning and 4pm to 9pm each weekday afternoon into the evening. On weekends, there shall be at least two staff from 8am until 9pm. The administrator is responsible for reviewing and approving the staffing schedule for the home per agency policy. The administrator will ensure the staffing schedule meets the minimum staffing level guidelines</p>	05/03/2016			

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	<p>/QIDP (Qualified Intellectual Disabilities Professional) arrived at the group home at 6:41 PM. The RD/QIDP made arrangements for clients to attend the social event by calling another group home to pick up the clients and clients #1, #4 and #7 left with another group home van.</p> <p>Staff #4 was interviewed on 4/11/16 at 5:56 PM and indicated there should be 2 staff working at that time, but a staff had recently quit working at the home resulting in a shortage of staff.</p> <p>The RD/QIDP was interviewed on 4/11/16 at 6:41 PM and indicated 1 staff for 7 clients was an approved ratio. She indicated the IST (Individual Support Team) and the management team made the determination in regards to the needs of the staffing ratio of the home.</p> <p>The RD/QIDP was interviewed on 4/12/16 at 10:40 AM and indicated having 1 staff working with 7 clients was an acceptable staffing level for the clients at the group home. She indicated client #2 did not normally go through the cupboards for food, but the crackers were being moved to another location and two staff would be on duty that evening to ensure clients would be able to attend community activities.</p>		<p>when reviewing and approving schedules. The Residential Directors who handle staffing calls have been trained on the minimum staffing levels and that staffing must not drop below the defined levels. Additionally professional staff, including various administrators, will have an increased unannounced presence in the facility to ensure staffing levels are appropriate and continue to meet the needs of the clients. This practice will continue until otherwise directed by the agency executive council when provided with significant evidence of compliance with providing appropriate staffing levels. The direct care staff will also be trained on the minimum acceptable staffing levels for this home and the expectation to notify the administrator if they are ever in a situation that falls below this minimum standard.</p> <p>Responsible Party: Area Director</p>				

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	<p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM and indicated the following:</p> <p>1. A BDDS report dated 1/8/16 indicated client #9 fell to the ground after client #2 pushed him. Client #9 was unable to bear weight on 1/9/16 and taken to a medical clinic and was sent home with pain medication. Client #9 was taken to an orthopaedic clinic on 1/11/16 and diagnosed with a fractured left tibia.</p> <p>2. A BDDS report dated 7/29/15 at 9:15 PM indicated client #2 fell backwards down "several steps in his home. He was talking on the phone when he fell. He hit the back of his head when he landed. Emergency personnel were called. He was transported to the hospital where he has been admitted for further evaluation and monitoring...[Client #2] did not have a history of falling and had not been identified as having a risk for falling. An investigation has been initiated regarding this incident. There is no indication that his incident happened as a result of abuse or neglect. The staff person working when the incident occurred was suspended until it was determined that this did not happen as a result of abuse or neglect...The investigation into this incident will be completed and will include recommendations to prevent future occurrence."</p>			
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	<p>A follow up report dated 8/7/15 indicated "the investigation found that [client #2's] fall was simply and accident and may have been the result of passing out. He had recently lost weight which may have contributed to the fall. The staff person was not responsible for his fall. The staff was properly monitoring [client #2] and responded appropriately when he fell...." The follow up report indicated client #2 was discharged to the group home on 7/31/15 and staff had been trained on client #2's updated risk plans including the use of Ensure (dietary supplement) to aid in gaining weight.</p> <p>An investigation dated 7/30/15-7/31/15 indicated client #2 "had fallen down steps at his home and hit his head. He was now in ICU (intensive care unit) at [hospital] as a brain bleed was found on a head CT scan. The incident occurred around 9:30 PM...The investigation indicated client #2 had fallen backward when going upstairs while listening to music played over the phone by his mother. Staff #3 had gone upstairs to redirect client #2 back downstairs at the time of the incident. An attached Plan of Action to Separate Aggressive Consumers revised 4/10/15 indicated the clients were divided into two groups and were attend "core" activities together. Group 1 "will consist of [client #2], [client #8], [client #10] and [client #5]. Group 2 will consist of [client #1], [client #4], [client #9] and [client #6]. The rationales for these groupings are that all of Group 2 is a target of [client #2] when he</p>			

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	<p>becomes aggressive, and [client #2] has also been the target of most members of Group 2...Two staff will always be on during the evening hours so that the groups may interact separately and so that staff can intervene quickly if there are any disagreements amount (sic) the consumers...The staff assigned to [client #2] must keep [client #2] in their line of site (sic) at all times while on shift. This staff must also guarantee that [client #2] does not go upstairs in the house."</p> <p>Client #2's risk plan included in the investigation dated 7/31/15 indicated he had "suffered a head injury. As a result of this, he has a significant concussion, and also a hematoma. [Client #2] must be monitored for any change in consciousness..." Staff were to notify the nurse if client #2 exhibited symptoms of a "loss of consciousness lasting longer than 30 seconds, a headache that gets worse over time, changes in behavior...changes in physical coordination, such as stumbling or clumsiness, confusion or disorientation...slurred speech or other changes in speech...."</p> <p>Recommendations of the investigation indicated client #2's 7/31/15 risk plan should be implemented.</p> <p>3. A BDDS report dated 8/4/15 indicated client #2 was seen by his doctor's office and "was immediately sent to the Emergency Room for further evaluation as he was displaying problems with walking and being incontinent...The ER (emergency room)</p>			

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	<p>physician ordered a new CT (computerized tomography) and lab (laboratory) work. All work came back within normal range. [Client #2's] CT scan showed no changes since his admission following a fall on 7/29/15. During his ER visit, [client #2] managed to bypass the nurse who was assessing him and took off running out of his room resulting in a laceration to this chin. The laceration required 4 stitches. The ER physician indicated that the head injury sustained in (sic) 7/29/15 will take time to heal. He was discharged to follow up with his neurologist." Corrective action indicated the facility would ensure client #2 would attend future medical appointments and ensure his stitches were removed in a week as ordered.</p> <p>4. A BDDS report dated 10/12/15 indicated client #2 had an abrasion 1 inch by 2 inches in size on his forehead when he arrived home from workshop on 10/12/15. Client #2 "is reporting that he fell in his bedroom the night prior." Corrective action indicated the "facts of the fall" would be investigated.</p> <p>A follow up report dated 10/23/15 indicated client #2 indicated he had "tripped over dirty laundry that was on his bedroom floor. On 10/22/15, [client #2's] physician ordered a helmet due to [client #2's] increase in falls. [Client #2's] injuries have healed well and he is doing well since the fall....." Corrective action indicated client #2 was being fitted for the helmet on 10/27/15 and "additional tests and evaluations are being completed as recommended by [client #2's] physicians and</p>			

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	<p>IST (Individual Support Team) members."</p> <p>An investigation dated 10/12/15-10/15/16 indicated client #2's scratches were the result of client #2 either scratching his forehead or from falling over clothing left on the bedroom floor. "It is likely that [client #2] tripped over clothing left on the bedroom floor sustaining the injuries to his forehead." Corrective action indicated client #2 and his roommate were encouraged to pick up their clothing from the floor.</p> <p>5. A BDDS report dated 10/15/15 indicated client #2 "became verbally aggressive with another client. They began to argue. [Client #2] stood up from the table and started to walk away, (sic) he then began to run. Staff got up and went after him to steady him, but his pants fell to his knees. He tripped and fell (sic) hitting his head on the floor before staff could get to him. Staff checked for injuries, and found an abrasion on his forehead above his right eye." Corrective action indicated staff would continue to monitor [client #2] and assist him when needed. He continues to be unstable when walking, and even more when running. Staff encourage him to sit in a chair."</p> <p>6. A BDDS report dated 12/6/15 indicated client #2 had 4 marks on his body (unspecified) "that look like rug burns. They are all approx. (approximately) the size of a nickel. [Client #2] reports he fell off his bed when he was standing on it. The injuries were found during a routine body check. An</p>			

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	<p>investigation will determine the facts of the injury. [Client #2] currently is unstable when walking due to his current health status." Corrective action indicated the facility would continue to monitor client #2.</p> <p>7. A BDDS report dated 1/23/16 indicated client #2 sustained a nickel sized scrape after he fell tripping over items in his room.</p> <p>Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #11 indicated on 2/20/16 client #2 "has a small red line on his (sic) from falling over the dishwasher door. He also has bruising on his right side and on his lower back. These do look like they are older...red mark on knee and also bruising on his right side and his lower back...."</p> <p>Staff #5 indicated on 2/15/16 client #2 "has scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night." There was no evidence provided client #2's bruising or fall had been reported to the administrator or investigated.</p> <p>Client #2's record was reviewed on 4/12/16 at 1:25 PM. Individual Plan reports addressing client #2's risks indicated the following:</p> <p>A durable medical equipment plan dated 12/7/15 indicated [client #2] "suffers from</p>			

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	<p>dyskinesia as a result from his psychotropic medications. Dyskinesia causes [client #2] to be unsteady, and at a greater risk from falls. [Doctor] has prescribed the use of a protective helmet. This helmet is made to protect [client #2]. He will wear this helmet during all waking hours. [Client #2] may take this helmet off for showers and to sleep at night. Staff are responsible for encouraging [client #2] to wear this helmet at all waking hours...."</p> <p>A dining plan dated 10/27/15 indicated client #2 was to receive a mechanical soft diet with ground meat and "all foods to be cut into 1/2 inch bite sized pieces. No hard or crunchy foods such as potato chips, popcorn, etc...."</p> <p>A Behavior Developmental Plan dated 2/16/216 included in the risk plan indicated targeted behaviors of resistance (failure to comply with requests), physical assault (striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects), self injurious behavior (forceful blow or bite, head hitting and head banging), non-severe anger control problems (screaming, crying, jumping up and down, banging objects, stamping his feet) and disordered behavior (agitation, wearing underclothes in public areas), changing clothing numerous times, drinking water excessively, attempting to bathe while clothed or more than twice daily). Client #2's plan indicated physical intervention requiring the use of two staff (elbow pin and take down to a mat), separation from</p>			

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	<p>others/staff placing themselves between client #2 and other clients when client #2 exhibits disordered behavior. During weekends and evenings, staff were to employ a grouping strategy in which client #2 and the identified individuals are in different groups.</p> <p>A water protocol in the risk plan dated 11/12/15 indicated client #2 should be monitored for symptoms of abdominal swelling, increased headaches, lightheadedness, nausea, vomiting, seizure, changes in behavior, confusion, irritability, drowsiness, difficulty breathing with exertion, muscle weakness, twitching, cramping, increased thirst and slurred speech.</p> <p>A fall protocol dated 11/12/15 in the risk plan indicated client #2 was at risk for falls and should have assistance at all times when going up and down stairs and exiting, entering the van, and "encourage [client #2] to walk slowly on uneven terrain and with small steps while staff is near him and especially while near obstacles that may be in his path of walking."</p> <p>8. A BDDS report dated 5/20/15 indicated client #4 was taken to a medical clinic after being evaluated by the group home nurse for swelling, redness and pain to his right outer forearm. Client #4 reported that he had hit his arm on his dresser when he was asked what had happened. Client #4 was diagnosed with a fracture of the ulna (forearm). Client</p>			

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	<p>#4 was taken to an orthopaedic specialist. The specialist indicated that this is a common fracture when the forearm hits a hard object. "There are reports that he has had a prior history of hitting furniture and walls in an aggressive manner..." Client #4's arm was placed in a cast to protect it from further injury. Corrective action indicated client #4's interdisciplinary team would "review the incident and determine what strategies must be implemented to address the behavior that caused this injury in an effort to prevent future incidents of this nature."</p> <p>Client #4's record was reviewed on 4/12/16 at 12:46 PM. Client #4's Individual Support Plan dated 6/3/15 indicated client #4 had a behavior development program which included target behaviors of resistance, self injurious behavior, property destruction and non-severe anger control problems.</p> <p>Client #1's record was reviewed on 4/12/16 at 2:00 PM. Client #1's Individual Plan Report (risk plans) indicated the following:</p> <p>A Behavior Developmental Plan dated 5/15 indicated targeted behaviors of resistance, physical assault, non severe anger control problems, infringing on others' privacy and compulsive behavior (hands in pockets and pulls his shirtsleeves down over his hand and refrains from using that hand while working or completing his responsibilities at home). The plan indicated client #1 had been diagnosed with early onset dementia.</p>			

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	<p>Client #3's record was reviewed on 4/12/16 at 2:22 PM. An ISP dated 4/11/16 indicated client #3 had a behavior developmental program with targeted behaviors of self injurious behavior, property destruction, non-severe anger control problems, resistance and hallucinations/delusions.</p> <p>Staffing records for the group home from 3/1/16 to 4/11/16 were reviewed on 4/18/16 at 2:30 PM and indicated there were not 2 staff working during the evening shift until 9:00 PM on 3/19/16, 3/20/16, 3/21/16, 3/23/16, 3/24/16, 3/25/16, 3/26/16, 3/27/16, 3/28/16, 3/29/16, 3/30/16, 3/31/16, 4/7/16, 4/9/16 and 4/10/16.</p> <p>The QIDP was interviewed on 4/13/16 at 2:08 PM and indicated one of the staff working at the group home had recently left and there were usually 2 staff working from 4:00 PM until 8:00 PM. She indicated one staff person on duty was not an appropriate ratio observed by the surveyor upon arrival at the group home on 4/11/16.</p> <p>The PQC (Program Quality Coordinator) was interviewed on 4/19/16 at 2:44 PM and indicated staff had implemented corrective action in place at the time of client #9's fall, but had not been able to intervene to prevent client #2 from pushing client #9 down. She indicated there was a pattern of falls for client #2 and his physician had indicated there were residual effects from his fall on 7/29/25 that would increase his risk for</p>			

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W 0191 Bldg. 00	<p>falling. The PQC indicated there were to be 2 staff on duty until 9:00 or 10:00 PM at night to address the needs of the clients and there were not sufficient staff on duty to address the needs of the clients on any shift in which there were not 2 staff until that time.</p> <p>9-3-3(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.</p> <p>Based upon record review and interview, the facility failed to ensure for one additional client (client #8) to ensure staff implemented training to address his behavioral needs.</p> <p>Findings include:</p> <p>The facility's investigations of abuse and neglect were reviewed on 4/12/16 at 11:05</p>	W 0191	<p>W191</p> <p>The incident involving client #8 was investigated by an administrator who found that the staff responsible failed to properly implement the client's program and failed to properly utilize agency approved physical intervention resulting in this injury. The staff person responsible had been properly trained. His employment was terminated. Client</p>	05/03/2016

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	<p>AM and indicated the following:</p> <p>An investigation dated 7/13/15-7/14/15 indicated client #8 had sustained a fractured clavicle "when engaging in horseplay" at the group home. The investigation indicated staff #9 had intervened in client #8's maladaptive behavior which resulted in a fall for client #8. Client #8 was interviewed and indicated staff #9 had "body slammed him," and he "shoved me down away from him." Findings indicated client #8 had fallen after staff had blocked him from physical aggression. "Per staff descriptions and demonstrations of what occurred and review of the training, [staff #9] did not use proper technique to respond to the aggression. His response resulted in the fall which was hard enough to cause injury. He responded in a manner that is not consistent with training." The investigation indicated staff #9's employment was terminated "as he failed to respond properly and as trained on blocking a hit from a consumer. His failure to perform this properly resulted in significant injury to the consumer."</p> <p>The Program Quality Coordinator (PQC) was interviewed on 4/12/16 at 1:20 PM and indicated staff #9 had not used facility approved techniques in intervening in client #8's behavior which resulted in client #8's fall and subsequent fracture and had been terminated as a result.</p> <p>9-3-3(a)</p>		<p>#8 no longer lives in the group home as he transitioned to services provided on the Community Integration/Habilitation waiver. There is an increased frequency of professional oversight in the facility. During visits in the facility, professional staff will also focus on observing to ensure all behavior programs are being implemented properly as evidence that staff are properly trained on the client programs. Staff will also be interviewed regarding clients and their needs to ensure they do understand how to properly respond to the client's needs. Professional staff who complete observations in the facility will document their observations and circulate them to administrators for review to ensure all needs are properly being addressed. A summary of observations will be presented to the agency IST team each month by the QIDP for discussion and to monitor any needed corrective action. There are also monthly staff meetings for facility staff. During these meetings scenarios will be reviewed regarding clients in the facility and there will be discussion on how to respond properly per the clients' programs. This will include completing role play of proper response to a targeted problem behavior for each client in the facility that has a behavior development program.</p> <p>Responsible Party: QIDP</p>		

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, interview and record review, the facility failed for 1 of 4 sampled clients (client #2) to ensure he was supervised to implement his dining plan, risk plans and behavior plan.</p> <p>Findings include:</p> <p>During observation at the group home on 4/11/16 from 5:55 PM until 7:15 PM, staff #4 was the only staff working in the home. Staff #4 let the surveyor into the group home after opening the door, leaving clients #1, #2, #3 and #4 eating alone at the table. After letting the surveyor in the door, staff #4 sat with client #2 as he ate his meal and reminded</p>	W 0249	<p>Upon receipt of the information that a single staff was working in the facility on 4/11/16, the administrator ensured the staffing schedule was changed to include at least two staff on schedule and working in the home when the clients are home and active, to include all meal times. The administrator is also routinely reviewing electronic time records to ensure adequate staffing is in place. This practice will continue at a high frequency until the administrator determines staffing has remained adequate per review for at least two weeks. A routine check will continue on-going. The Individual Support Team with approval from the administrator has defined an adequate minimum staffing level for</p>	05/03/2016

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	<p>him to slow down while eating and to chew his food thoroughly. While staff #4 assisted other clients making lunches, client #2 got a graham cracker out of a cupboard in the medication administration area and started to eat it. Client #5 notified staff #4 that client #2 had a cracker and staff #4 removed the cracker from client #2 and threw it in the trash and stated, "He's a choke risk." While staff #4 was assisting other clients to finish making lunches client #2 got the cracker out of the trash and attempted to eat it before staff #4 could intervene. While in the kitchen, staff #4 received a phone call from another group home and told the caller clients #1, #2, #3, #4, #5, #6 and #7 would not be attending a social activity scheduled that night as they were "short staffed." The Residential Director (RD) /QIDP (Qualified Intellectual Disabilities Professional) arrived at the group home at 6:41 PM. The RD/QIDP made arrangements for clients to attend the social event by calling another group home to pick up the clients and clients #1, #4 and #7 left with another group home van.</p> <p>Staff #4 was interviewed on 4/11/16 at 5:56 PM and indicated there should be 2 staff working at that time, but a staff had recently quit working at the home resulting in a shortage of staff.</p>		<p>the home. This has taken into account the supervision needs of each client in the home including needs to implement dining plans and to meet other supervision needs of the clients in the facility. This includes having at least 2 staff working in the home from 6am to 8am each weekday morning and 4pm to 9pm each weekday afternoon into the evening. On weekends, there shall be at least two staff from 8am until 9pm. The administrator is responsible for reviewing and approving the staffing schedule for the home per agency policy. The administrator will ensure the staffing schedule meets the minimum staffing level guidelines when reviewing and approving schedules. The Residential Directors who handle staffing calls have been trained on the minimum staffing levels and that staffing must not drop below the defined levels. Additionally professional staff, including various administrators, will have an increased unannounced presence in the facility to ensure staffing levels are appropriate and continue to meet the needs of the clients. This practice will continue until otherwise directed by the agency executive council when provided with significant evidence of compliance with providing appropriate staffing levels. The direct care staff will also be trained on the minimum acceptable staffing levels for this home and</p>	

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	<p>The RD/QIDP was interviewed on 4/11/16 at 6:41 PM and indicated 1 staff for 7 clients was an approved ratio. She indicated the IST (Individual Support Team) and the management team made the determination in regards to the needs of the staffing ratio of the home.</p> <p>The RD/QIDP was interviewed on 4/12/16 at 10:40 AM and indicated having 1 staff working with 7 clients was an acceptable staffing level for the clients at the group home. She indicated client #2 did not normally go through the cupboards for food, but the crackers were being moved to another location and two staff would be on duty that evening to ensure clients would be able to attend community activities.</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 at 9:15 PM indicated client #2 fell backwards down "several steps in his home. He was talking on the phone when he fell. He hit the back of his head when he landed. Emergency personnel were called. He was transported to the hospital where he has been admitted for further evaluation and monitoring...[Client</p>		<p>theexpectation to notify the administrator if they are ever in a situation thatfalls below this minimum standard. The QIDP is also re-training all staff onclient #2's risk plans and behavior program. There is an increase in thefrequency of professional presence in the facility to ensure that client riskplans and programs are being followed properly. Professional staff who completeobservations in the facility will document their observations and circulatethem to administrators for review to ensure all needs are properly beingaddressed. A summary of observations will be presented to the agency IST teameach month by the QIDP for discussion and to monitor any needed correctiveaction. Responsible Party: QIDP</p>				

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	<p>#2] did not have a history of falling and had not been identified as having a risk for falling. An investigation has been initiated regarding this incident. There is no indication that his incident happened as a result of abuse or neglect. The staff person working when the incident occurred was suspended until it was determined that this did not happen as a result of abuse or neglect...The investigation into this incident will be completed and will include recommendations to prevent future occurrence."</p> <p>A follow up report dated 8/7/15 indicated "the investigation found that [client #2's] fall was simply and accident and may have been the result of passing out. He had recently lost weight which may have contributed to the fall. The staff person was not responsible for his fall. The staff was properly monitoring [client #2] and responded appropriately when he fell...." The follow up report indicated client #2 was discharged to the group home on 7/31/15 and staff had been trained on client #2's updated risk plans including the use of Ensure (dietary supplement) to aid in gaining weight.</p> <p>An investigation dated 7/30/15-7/31/15 indicated client #2 "had fallen down steps at his home and hit his head. He was now in ICU (intensive care unit) at [hospital] as a brain bleed was found on a head CT scan. The incident occurred around 9:30 PM...The investigation indicated client #2 had fallen backward when going upstairs while</p>			

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	<p>listening to music played over the phone by his mother. Staff #3 had gone upstairs to redirect client #2 back downstairs at the time of the incident. An attached Plan of Action to Separate Aggressive Consumers revised 4/10/15 indicated the clients were divided into two groups and were attend "core" activities together. Group 1 "will consist of [client #2], [client #8], [client #10] and [client #5]. Group 2 will consist of [client #1], [client #4], [client #9] and [client #6]. The rationales for these groupings are that all of Group 2 is a target of [client #2] when he becomes aggressive, and [client #2] has also been the target of most members of Group 2...Two staff will always be on during the evening hours so that the groups may interact separately and so that staff can intervene quickly if there are any disagreements amount (sic) the consumers...The staff assigned to [client #2] must keep [client #2] in their line of site (sic) at all times while on shift. This staff must also guarantee that [client #2] does not go upstairs in the house."</p> <p>Client #2's risk plan included in the investigation dated 7/31/15 indicated he had "suffered a head injury. As a result of this, he has a significant concussion, and also a hematoma. [Client #2] must be monitored for any change in consciousness..." Staff were to notify the nurse if client #2 exhibited symptoms of a "loss of consciousness lasting longer than 30 seconds, a headache that gets worse over time, changes in behavior...changes in physical coordination, such as stumbling or clumsiness, confusion</p>			

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	<p>or disorientation...slurred speech or other changes in speech...."</p> <p>Recommendations of the investigation indicated client #2's 7/31/15 risk plan should be implemented.</p> <p>2. A BDDS report dated 8/4/15 indicated client #2 was seen by his doctor's office and "was immediately sent to the Emergency Room for further evaluation as he was displaying problems with walking and being incontinent...The ER (emergency room) physician ordered a new CT (computerized tomography) and lab (laboratory) work. All work came back within normal range. [Client #2's] CT scan showed no changes since his admission following a fall on 7/29/15. During his ER visit, [client #2] managed to bypass the nurse who was assessing him and took off running out of his room resulting in a laceration to this chin. The laceration required 4 stitches. The ER physician indicated that the head injury sustained in (sic) 7/29/15 will take time to heal. He was discharged to follow up with his neurologist." Corrective action indicated the facility would ensure client #2 would attend future medical appointments and ensure his stitches were removed in a week as ordered.</p> <p>3. A BDDS report dated 10/12/15 indicated client #2 had an abrasion 1 inch by 2 inches in size on his forehead when he arrived home from workshop on 10/12/15. Client #2 "is reporting that he fell in his bedroom the night prior." Corrective action indicated the</p>						

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	<p>"facts of the fall" would be investigated.</p> <p>A follow up report dated 10/23/15 indicated client #2 indicated he had "tripped over dirty laundry that was on his bedroom floor. On 10/22/15, [client #2's] physician ordered a helmet due to [client #2's] increase in falls. [Client #2's] injuries have healed well and he is doing well since the fall....." Corrective action indicated client #2 was being fitted for the helmet on 10/27/15 and "additional tests and evaluations are being completed as recommended by [client #2's] physicians and IST (Individual Support Team) members."</p> <p>An investigation dated 10/12/15-10/15/15 indicated client #2's scratches were the result of client #2 either scratching his forehead or from falling over clothing left on the bedroom floor. "It is likely that [client #2] tripped over clothing left on the bedroom floor sustaining the injuries to his forehead." Corrective action indicated client #2 and his roommate were encouraged to pick up their clothing from the floor.</p> <p>4. A BDDS report dated 10/15/15 indicated client #2 "became verbally aggressive with another client. They began to argue. [Client #2] stood up from the table and started to walk away, (sic) he then began to run. Staff got up and went after him to steady him, but his pants fell to his knees. He tripped and fell (sic) hitting his head on the floor before staff could get to him. Staff checked for injuries, and found an abrasion on his forehead above his right eye." Corrective action indicated</p>			

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	<p>staff would continue to monitor [client #2] and assist him when needed. He continues to be unstable when walking, and even more when running. Staff encourage him to sit in a chair."</p> <p>5. A BDDS report dated 12/6/15 indicated client #2 had 4 marks on his body (unspecified) "that look like rug burns. They are all approx. (approximately) the size of a nickel. [Client #2] reports he fell off his bed when he was standing on it. The injuries were found during a routine body check. An investigation will determine the facts of the injury. [Client #2] currently is unstable when walking due to his current health status." Corrective action indicated the facility would continue to monitor client #2.</p> <p>6. A BDDS report dated 1/23/16 indicated client #2 sustained a nickel sized scrape after he fell tripping over items in his room.</p> <p>Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #11 indicated on 2/20/16 client #2 "has a small red line on his (sic) from falling over the dishwasher door. He also has bruising on his right side and on his lower back. These do look like they are older...red mark on knee and also bruising on his right side and his lower back...</p> <p>Staff #5 indicated on 2/15/16 client #2 "has</p>			

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	<p>scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night."</p> <p>Client #2's record was reviewed on 4/12/16 at 1:25 PM. Individual Plan reports addressing client #2's risks indicated the following:</p> <p>A durable medical equipment plan dated 12/7/15 indicated [client #2] "suffers from dyskinesia as a result from his psychotropic medications. Dyskinesia causes [client #2] to be unsteady, and at a greater risk from falls. [Doctor] has prescribed the use of a protective helmet. This helmet is made to protect [client #2]. He will wear this helmet during all waking hours. [Client #2] may take this helmet off for showers and to sleep at night. Staff are responsible for encouraging [client #2] to wear this helmet at all waking hours...."</p> <p>A dining plan dated 10/27/15 indicated client #2 was to receive a mechanical soft diet with ground meat and "all foods to be cut into 1/2 inch bite sized pieces. No hard or crunchy foods such as potato chips, popcorn, etc...."</p> <p>A Behavior Developmental Plan dated 2/16/16 included in the risk plan indicated targeted behaviors of resistance (failure to comply with requests), physical assault (striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects), self injurious behavior (forceful blow or bite, head hitting and head</p>			

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	<p>banging), non-severe anger control problems (screaming, crying, jumping up and down, banging objects, stamping his feet) and disordered behavior (agitation, wearing underclothes in public areas), changing clothing numerous times, drinking water excessively, attempting to bathe while clothed or more than twice daily). Client #2's plan indicated physical intervention requiring the use of two staff (elbow pin and take down to a mat), separation from others/staff placing themselves between client #2 and other clients when client #2 exhibits disordered behavior. During weekends and evenings, staff were to employ a grouping strategy in which client #2 and the identified individuals are in different groups.</p> <p>A water protocol in the risk plan dated 11/12/15 indicated client #2 should be monitored for symptoms of abdominal swelling, increased headaches, lightheadedness, nausea, vomiting, seizure, changes in behavior, confusion, irritability, drowsiness, difficulty breathing with exertion, muscle weakness, twitching, cramping, increased thirst and slurred speech.</p> <p>A fall protocol dated 11/12/15 in the risk plan indicated client #2 was at risk for falls and should have assistance at all times when going up and down stairs and exiting, entering the van, and "encourage [client #2] to walk slowly on uneven terrain and with small steps while staff is near him and</p>			

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W 0304 Bldg. 00	<p>especially while near obstacles that may be in his path of walking."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/11/16 at 6:41 PM and indicated staff were to be aware of client #2's whereabouts at all times and his plan was not followed when he was able to obtain crackers.</p> <p>The PQC (Program Quality Coordinator) was interviewed on 4/19/16 at 2:44 PM and indicated there were to be 2 staff on duty until 9:00 or 10:00 PM at night to address the needs of the clients and implement plans as written.</p> <p>9-3-4(a)</p> <p>483.450(d)(5) PHYSICAL RESTRAINTS Restraints must be designed and used so as not to cause physical injury to the client. Based upon record review and interview, the facility failed for 1 additional client (client #8) to ensure physical techniques used to manage behavior did not result in injury.</p> <p>Findings include: The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM and</p>	W 0304	The incident involving client #8 was investigated by an administrator who found that the staff responsible failed to properly implement the client's program and failed to properly utilize agency approved physical intervention resulting in this injury. The staff person responsible had been properly trained. His employment was terminated. Client #8 no longer lives in the group	05/03/2016	

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	<p>indicated the following:</p> <p>An investigation dated 7/13/15-7/14/15 indicated client #8 had sustained a fractured clavicle "when engaging in horseplay" at the group home. The investigation indicated staff #9 had intervened in client #8's maladaptive behavior which resulted in a fall for client #8. Client #8 was interviewed and indicated staff #9 had "body slammed him," and he "shoved me down away from him." Findings indicated client #8 had fallen after staff had blocked him from physical aggression. "Per staff descriptions and demonstrations of what occurred and review of the training, [staff #9] did not use proper technique to respond to the aggression. His response resulted in the fall which was hard enough to cause injury. He responded in a manner that is not consistent with training." The investigation indicated staff #9's employment was terminated "as he failed to respond properly and as trained on blocking a hit from a consumer. His failure to perform this properly resulted in significant injury to the consumer."</p> <p>The Program Quality Coordinator (PQC) was interviewed on 4/12/16 at 1:20 PM and indicated staff #9 had not used facility approved techniques in intervening in client #8's behavior which resulted in client #8's fall and subsequent fracture and had been terminated as a result.</p> <p>9-3-5(a)</p>		<p>homeas he transitioned to services provided on the Community IntegrationHabilitation waiver. There is an increased frequency of professional oversightin the facility. During visits in thefacility, professional staff will also focus on observing to ensure allbehavior programs are being implemented properly as evidence that staff areproperly trained on the client programs. Staff will also be interviewedregarding clients and their needs to ensure they do understand how to properlyrespond to the client's needs. Professional staff who complete observations inthe facility will document their observations and circulate them toadministrators for review to ensure all needs are properly being addressed. Asummary of observations will be presented to the agency IST team each month by theQIDP for discussion and to monitor any needed corrective action. There are alsomonthly staff meetings for facility staff. During these meetings scenarios willbe reviewed regarding clients in the facility and there will be discussion onhow to respond properly per the clients' programs. This will include completingrole play of proper response to a targeted problem behavior for each client inthe facility that has a behavior development program.</p> <p>Responsible Party: QIDP</p>				

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 3 additional clients (clients #5, #6 and #7) to ensure evacuation drills were completed on a quarterly basis on all shifts.</p> <p>Findings include:</p> <p>The facility's evacuation drills from 4/15-4/16 were reviewed on 4/12/16 at 6:30 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6 and #7 on the second shift between 5/19/15 to 12/29/15.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/12/16 at 6:35 PM and indicated she would look for the missing drill.</p>	W 0440	<p>The agency has a Professional Presence policy which includes the use of a home visit note that directs items professional staff review when in the program. The QIDP is in the home no less than weekly and completed the form. This form has been updated to include a review of evacuation drills that have been completed and to take steps to ensure any needed drills are completed. A copy of this form is provided for review as an attachment. The QIDP will be trained on this updated expectation. The QIDP will also will retrain all staff in the home regarding the expectations for completing evacuation drills. The administrator will be copied on provided training to verify completion. The administrator is also provided copies of the completed home visit notes to verify the QIDP is reviewing and ensuring completion of required evacuation drills.</p> <p>Responsible Party: QIDP</p>	05/03/2016

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W 0454 Bldg. 00	<p>The Program Quality Coordinator was interviewed on 4/19/16 at 2:44 PM and indicated there were no additional drills for the second shift for the missing time period.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based upon observation and interview, the facility failed to ensure there were soap and towels available for clients to wash their hands after using the restroom for 3 of 4 sampled clients (clients #1, #3, #4) and 3 additional clients (clients #5, #6 and #7).</p> <p>Findings include:</p> <p>Observations were completed on 4/11/16 from 5:55 PM until 7:15 PM, and 4/12/16 from 6:31 AM to 7:50 AM. The restroom used by clients #1, #3, #4, clients #5, #6 and #7 did not have soap or towels in the restroom.</p>	W 0454	<p>The direct care staff have been retrained on the expectation to ensure soap and towels are available in each restroom in the home for clients to wash their hands properly after using the restroom. During routine visits in the home, professional staff will check to ensure that needed supplies are available. If supplies are not present, the staff will ensure that they become available before their visit ends. This check for supplies will be documented on the home visit note and submitted to the administrator for review.</p> <p>Responsible Party: QIDP</p>	05/03/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G462	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN 46011
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W 9999 Bldg. 00	<p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 4/12/16 at 7:05 AM. The QIDP indicated there should be soap and towels available to wash their hands in the restroom and stated "They usually wash their hands downstairs." When asked if the clients used the toilet in the restroom, she stated, "Well, there's typically soap and towels available."</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: "...A fall resulting in injury, regardless of the severity of the injury."</p> <p>This state rule is not met as evidenced by:</p>	W 9999	<p>The direct care staff for the home have received retraining to ensure all client falls are reported to the QIDP. The QIDP will notify the administrator of all reportable events to include client falls. The QIDP will file an incident report to BDDS and BQIS for all falls that result in injury, regardless of the severity of the injury in addition to all other reportable incidents as defined by state rule. The administrator will verify that incident reports are filed as required by Indiana Code. The QIDP and all those QIDPs who take calls for the agency have provided documented evidence to the administrator that they know what incidents require an incident</p>	05/03/2016

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	<p>Based upon record review and interview for 1 of 4 sampled clients (client #2), the facility failed to report 1 of 7 falls resulting in injury to the Bureau of Developmental Disabilities Services (BDDS) or to the administrator.</p> <p>Findings include:</p> <p>Illness/Injury and Full Body Check Reports from 1/12/16-4/11/16 were reviewed on 4/18/16 at 4:48 PM and indicated the following:</p> <p>Staff #5 indicated on 2/15/16 client #2 "has scratch/cut on nose (sic) small. i (sic) asked him what happened and he said he fell last night." There was no evidence provided client #2's bruising or fall had been reported to the administrator or the BDDS.</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) and investigations of abuse and neglect were reviewed on 4/12/16 at 11:05 AM. Review of the BDDS reports did not indicate the above fall had been reported to BDDS.</p> <p>The PQC (Program Quality Coordinator) was interviewed on 4/19/16 at 2:44 PM and indicated she would look for documentation of a BDDS report submitted for the fall involving client #2. There was no BDDS report provided of the incident.</p>		<p>report and their responsibility to report to the administrator and to complete such incident reports. The QIDP and facility nurse will also review electronic documentation weekly for all clients who have a history or risk of falls that is completed regarding falls and injuries to ensure all incidents are properly reported and documented. A report of these reviews will be provided to the administrator. Responsible Party: QIDP</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	9-3-1(b)				