

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G201	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2011
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 305 NE THIRD ST LOOGOOTEE, IN47553
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W0000	<p>This visit was for an investigation of complaint #IN00100514.</p> <p>Complaint #IN00100514: Substantiated. Federal/state deficiencies related to the allegations are cited at W120 and W227.</p> <p>Dates of Survey: December 2, 5, 6, 7 and 9, 2011.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000731 AIM Number: 100243220 Provider Number: 15G201</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 12/16/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0120	<p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the day services provider implemented procedures to prevent employee misconduct toward client A (staff violated Employee</p>	W0120	<p><b>W120: The facility must ensure that outside services meet the needs of the client.</b></p> <p><b>Corrective action:</b></p>	12/23/2011

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>Workplace Conduct and Harassment Policies).</p> <p>Findings include:</p> <p>Review of day service incidents on 12/02/11 at 2:44 PM indicated the following:</p> <p>On 11/22/11 day service QDDP/Qualified Developmental Disabilities Professional #2 reported day services staff #10 and client A, whom she supervised, were being investigated concerning a personal relationship which was contrary to their employee policies. The 11/22/11 report indicated the house manager at the facility, HM #5, had reported to day services operations manager/OM #6 client A had told facility staff #7 he and day services staff #10 "were boyfriend and girlfriend. He said that he had touched her breasts and private area through clothing." OM #6 spoke with client A and staff #10. "Both admitted that [client A] had touched [staff #10] in private areas and she did not resist. They also stated that they had been calling and texting each other. A few days ago, [staff #10] had dropped off an XBOX (video gaming system) for [client A] in the evening at the group home. [Client A] and [staff #10] kissed outside the group home where there were no witnesses." The following</p>		<ul style="list-style-type: none"> <li>· Workshop staff #10 was terminated (Attachment A).</li> <li>· Workshop staff have been inserviced on Code of Conduct, Personnel policies and procedures (Attachment B).</li> </ul> <p><b>How we will identify others:</b> Program Coordinators will verify that workshop has conducted training with their personnel regarding Codes of Conduct involving relationships with clients.</p> <p><b>Measures to be put in place:</b> Program Coordinators, Home Managers will perform weekly observations (Attachment C) at workshop to ensure that codes of conduct are being followed per policy and procedure.</p> <p><b>Monitoring of Corrective Action:</b> Director of Supervised Group Living will review Workshop observations.</p>		

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	<p>report dated 11/29/11 indicated the allegations had been investigated and substantiated.</p> <p>The day services 11/23/11 investigative report was reviewed on 12/02/11 at 3:00 PM. The investigative report indicated there had been an allegation by another resident (name unknown) that client A had received a gift from a workshop employee. It was alleged staff #10 had taken an XBOX to the facility on 11/21/11 at 9:30 PM and given it to client A. This information had been reported to OM #6 who asked staff #10 about it on 11/22/11, staff #10 confirmed she had given the XBOX and kissed him. The 11/23/11 report indicated staff #10 had been interviewed on 11/22/11 by OM #6 regarding the second allegation made by HM #5 about she and client A having an inappropriate personal relationship. During the 11/22/11 interview, staff #10 "admitted to the texting and sending naked and upper and lower body pictures to him (client A). He (client A) had sent her pictures of his naked lower body. She also admitted he touched her breast, legs, and vagina through her clothes. When asked when this occurred she said when she took him up front to give him his medication. She also admits to kissing him on the lips outside the [agency] group home on one occasion. She denies any further sexual</p>		<p>Director of Supervised Group Living, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that workshop Code of Conducts are present and being followed.</p> <p><b>Completion Date: 12-23-2011</b></p>		

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	<p>contact with him...."</p> <p>The summary of final findings and recommendations section of the 11/23/11 investigation indicated the workshop administration found that staff #10 "was having an inappropriate relationship with [client A]. She admitted to the incidents. This was a violation of [workshop agency] Workplace Conduct [and] Harassment Policy and Employee Policy." Staff #10 was terminated from employment effective 11/23/11.</p> <p>The workshop agency's 1/09 Workplace Conduct (and) Harassment Policy was reviewed on 12/06/11 at 11:00 AM. The policy indicated the agency prohibited verbal or physical conduct of a sexual nature from a person in a management level position directed to an employee. The policy indicated the agency "will not tolerate any manner of unprofessional behavior, discrimination or harassment regardless of whether it is sexual...whether initiated by or directed to its employees, consumers...."</p> <p>Review of staff #10's personal file on 12/02/11 at 3:45 PM indicated a record of a verbal warning signed by staff #10 on 3/03/11. The record indicated group home staff #11 had shared concerns regarding client A and Staff #10 with workshop supervisory staff #10. Client A had told</p>				

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	<p>staff #10 she was beautiful, that he wanted her to be his girlfriend and he had asked for her phone number. The report indicated staff #10 had given her private cell phone number to client A. The record indicated the staff was counseled to act professionally and not to take after hours phone call from client A.</p> <p>The personal file review indicated staff #10's 90 day job performance review dated 5/06/11. Workshop supervisory staff #9 documented on the 5/6/11 review staff #10's concerns regarding client A. Client A had been asking her personal questions; her religion and where she lived. Staff #10 was counseled not to share personal information and to redirect client A to another topic. Staff #10 was told to inform her supervisor, OM #6, for advice regarding client A as needed.</p> <p>The personal file review indicated staff #10 had received training in the workshop agency's 1/09 Workplace Conduct (and) Harassment Policy on 1/18/11.</p> <p>Interview with workshop supervisory staff #9 on 12/02/11 at 2:44 PM indicated staff #10 had violated the workshop agency's standards of employee workplace conduct and harassment policy by having a personal relationship with a consumer she supervised. The interview indicated staff #10 had been trained in regards to the professional standards of conduct</p>			

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W0227	<p>expected by the agency. The interview indicated staff #10 had been verbally warned on 3/3/11 not to accept any after hours phone calls from consumers and to keep all interactions with consumers on a professional level. The interview indicated workshop supervisory staff #9 and OM #6 would go into the workshop area to observe client A and staff #10 to see if there were any issues. The interview indicated workshop supervisors were unaware of the conduct of staff #10 and client A outside of work hours until the reports of 11/22 and 23/11.</p> <p>This federal tag relates to complaint #IN00100514.</p> <p>9-3-1(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure programming was implemented to address client A's infatuation with his work supervisor and failed to ensure he received sexuality education.</p> <p>Findings include:</p>	W0227	<p><b>W227: The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</b></p>	12/23/2011	

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	<p>12/07/11 at 215 PM a 2/28/11 progress note for the time frame of 6:00 AM to 9:00 AM made in client A's record by former house manager/HM staff #13 was reviewed. The 2/28/11 progress note indicated a female work services staff (identity not documented) reported client A "would not quit touching her calling her and stating that he loved her." The progress note indicated HM #13 had a meeting with work services operations manager/OM #6 on 2/28/11 with client A regarding "how clients and staff are to act with each other." The progress note indicated HM #13 and OM #6 had "counseled [client A] on appropriate behavior." HM #13 indicated he had notified program coordinator #19 regarding the concerns and client A's meeting of 2/28/11.</p> <p>Client A's workshop programs were reviewed on 12/02/11 at 3:00 PM. The review indicated client A had a training program dated 11/23/11 to "give an example of an appropriate Social Interaction with one verbal prompt..." The method for the objective included the following:</p> <p>"1. In a quiet area of the home staff will sit down with [client A]and discuss appropriate social interaction with others. 2. Staff will discuss with [client A] what</p>		<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Client A has received sexual education training (Attachment D)</li> <li>Client A has had a goal implemented for sexual education training (Attachment E).</li> </ul> <p><b>How we will identify others:</b></p> <p>Program Coordinators will review client goals to ensure that sexual education, if needed, per assessments, has been implemented.</p> <p><b>Measures to be put in place:</b></p> <p>Program coordinators will perform quarterly reviews to ensure that all client needs are being meet, including sexual education.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>Director of Supervised Group Living, Quality Assurance Director/Coordinator will</p>				

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	<p>appropriate interaction with members of the opposite sex is.</p> <p>3. Staff will give [client A] 1 verbal prompt to tell them what is appropriate interaction with the opposite sex.</p> <p>4. [Client A] will be praised for giving examples of appropriate Social Interaction with one verbal prompt or less.</p> <p>5. Staff will offer praise and encouragement for all attempts."</p> <p>The objective contained no language explaining personal versus workplace conduct.</p> <p>The objective did not contain specific information/methods to ensure staff implemented consistent training to address client A's pursuing a personal relationship with a supervisor in a workplace setting. The objective contained no information regarding what the effects of inappropriate workplace conduct could be (one could be reprimanded or terminated). The objective contained no information/methods to assist client A in dealing with unwanted sexual advances if the situation occurred.</p> <p>Review of client A's facility record on 12/05/11 at 10:30 AM indicated an ISP/Individual Support Plan with accompanying CFA/Comprehensive Functional Assessment both dated 3/08/11. The ISP indicated client A was his own guardian and the CFA indicated</p>		<p>perform periodic service reviews, including Best in Class, to ensure that client needs, including sexual education have been met</p> <p><b>Completion Date: 12-23-2011</b></p>		

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	<p>client A could make decisions regarding sexual activity. The review of the ISP/CFA indicated no human sexuality education (sexually transmitted diseases, anatomy, family planning and hygiene).</p> <p>Interview with program coordinator staff #20 on 12/05/11 at 1:45 PM indicated client A had not received a sexual education class which had been offered to his peers by consultants in the past. the interview indicated client A had been sexually active, could make informed choice regarding sexual partners but had not had the sexual education class which his peers had. the interview indicated client A could benefit from the education.</p> <p>The federal tag relates to complaint #IN00100514.</p> <p>9-3-4(a)</p>				