

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G797	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA RD LA FONTAINE, IN 46940
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W000000	<p>This visit was for the investigation of complaint #IN00143156.</p> <p>Complaint #IN00143156: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W186, W227, and W240.</p> <p>Dates of Survey: 1/29, 1/30, 1/31, 2/3, 2/4, 2/5, and 2/6, 2014.</p> <p>Facility Number: 012563 Provider Number: 15G797 Aim Number: 201018540</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/13/14 by Ruth Shackelford, QIDP.</p>	W000000	Note: previously the on-line survey system did not erase all formatting when entering/pasting POC responses into the response field. In order to answer all the questions required for each citation, (e.g., how corrective actions will be monitored to ensure no recurrence), the responses provided in this corrective plan includes headings and spacing. None of spaces or bold typeface that designated the headings was retained after hitting update, which makes the response less easy to read.	
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview, and record review, the facility failed to meet</p>	W000102	Includes updates from 3/3 follow-up letter from Steve Corya - in the body of the monitoring	03/08/2014

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 Condition of Participation: Governing Body for 3 of 3 sampled clients (clients A, B, and C) and for 1 additional client (client D). The governing body failed to provide oversight and management to ensure the Condition of Participation: Client Protections was met. The Governing Body failed to ensure the facility implemented the facility's policy and procedures to prevent client A's bullying, intimidation, and physical aggression behaviors, failed to provide administrative oversight to ensure sufficient staff at the group home to supervise client A according to her behavioral needs, and failed to ensure clients B, C, and D's active treatment plans included the prevention of further abuse and/or mistreatment by client A.</p> <p>Findings include:</p> <p>Please refer to W104. The governing body failed to exercise operating direction over the facility to ensure the facility's policy and procedure to prevent abuse, neglect, and/or mistreatment was implemented, failed to provide administrative oversight of the group home to provide sufficient staff to supervise client A to protect clients B, C, and D, and to ensure the safety of clients B, C, and D from client A's</p>		<p>section below it is specified that the manager will spend four (4) hours documented time per week in the home. W 102: Governing Body - Condition: The facility must provide oversight and implement its policies and procedures to prevent Client A's bullying and aggressive behavior, and it must provide administrative oversight to ensure there are sufficient staff at the home to supervise Client A according to behavioral need. The facility also must implement active treatment plans for housemates that prevent further abuse and bullying of housemates by Client A. Corrective action for resident(s) found to have been affected: (1) Direct Support Professionals (DSPs) across shifts will be trained on agency policy on abuse, neglect, and exploitation. Training will include the policy on prevention of staff-to-client and client-to-client abuse as well as the requirements to intervene and report if any form of abuse occurs. (2) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this Plan of Correction (POC) is submitted to the Indiana State Department of Health (ISDH). (3) Client A's Behavior Support Plan (BSP) will be updated so</p>				

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	<p>bullying, intimidation, and physical aggression behaviors. The governing body failed to ensure clients B, C, and D's plans included the potential of being further victims of substantiated abuse, neglect, and/or mistreatment by client A for 2 of 3 sampled clients (clients B, and C) and 1 additional client (client D).</p> <p>Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D). The governing body failed to implement their policy and procedures to prevent abuse, neglect, and/or mistreatment; failed to protect clients A, B, C, and D from substantiated staff abuse; failed to provide sufficient staff supervision to prevent client A's bullying, physical aggression, and intimidation behaviors; and failed to develop a plan to keep clients B, C, and D safe from client A's bullying, intimidation, and physical aggressive behaviors.</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-1(a)</p>		<p>that bullying behavior is addressed. This will take place prior to the transition. (4) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (5) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (6) Risk plans will be updated for all three housemates of Client A to include the risk of being bullied and what staff members should systematically do to intervene if bullying occurs. (7) DSPs will be trained on updated BSP and Risk Plan interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs and Risk Plans; Change in Supervision Level; Training on these changes to the BSP, Risk Plan, and Supervision Level;</p>				

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			<p>Training on the Agency's Abuse, Neglect, & Exploitation Policy. How corrective actions will be monitored to ensure no recurrence: The Interdisciplinary Team (IDT) includes the Qualified Intellectual Disability Professional (QIDP), Group Home Manager, Behavior Clinician (BC), Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The QIDP is the primary IDT member responsible for monitoring and updating Risk Plans. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager supervises staff, including ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4)</p>	

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D), the governing body failed to exercise operating direction over the facility to ensure the facility's policy and procedure to prevent abuse, neglect, and/or mistreatment was implemented, failed to provide administrative oversight of the group home to provide sufficient staff to supervise client A to protect clients B, C, and D and to ensure the safety of clients B, C, and D from client A's bullying, intimidation, and physical aggression behaviors. The governing</p>	W000104	<p>hours per week. The IDT meets regularly, including special meetings where all Incident Reports (IRs) are reviewed. The agency's Incident Oversight Committee (IOC) – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.</p> <p>W 104: Governing Body – Standard: The facility must provide operating direction and implement its policies and procedures to prevent abuse, and it must provide administrative oversight to ensure there is sufficient staffing at the home to supervise Client A and prevent bullying of housemates. Plans must include guidelines to keep housemates safe from Client A. Corrective action for resident(s) found to have been affected: (1) DSPs across shifts will be trained on agency policy on abuse, neglect, and exploitation. Training will include the policy on prevention of staff-to-client and client-to-client abuse as well as</p>	03/08/2014	

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	<p>body failed to ensure clients B, C, and D's plans included guidelines to keep clients B, C, and D safe from client A.</p> <p>Findings include:</p> <p>Please refer to W149. The governing body neglected to implement the facility's policy and procedure to prohibit staff and client to client abuse, neglect, and/or mistreatment, neglected to protect clients A and D from staff abuse, and neglected to provide sufficient staff supervision to address client A's continued physical aggression, bullying, and intimidation behaviors for 24 of 33 BDDS (Bureau of Developmental Disabilities Services) reports (clients A, B, C, and D) reviewed of client to client physical aggression and two of two allegations of staff abuse, neglect, and/or mistreatment.</p> <p>Please refer to W186. The governing body failed to provide sufficient staff to supervise client A and implement client A's Individual Support Plans (ISP) and Behavior Support Plan (BSP) according to the client's behavioral needs for 1 of 3 sampled clients (client A).</p> <p>Please refer to W240. The governing body failed to develop a plan which</p>		<p>the requirements to intervene and report if any form of abuse occurs. (2) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (3) Client A's BSP will be updated so that bullying behavior is addressed. This will take place prior to the transition. (4) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (5) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (6) Risk plans will be updated for all three housemates of Client A to include the risk of being bullied and what staff members should systematically do to intervene if bullying occurs. (7) DSPs will be trained on updated BSP and Risk Plan interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken:</p>				

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	<p>included how staff were to monitor and prevent client A's physical aggression, intimidation, and bullying behaviors; and failed to develop a plan which included how staff were to monitor and protect clients B, C, and D from client A's intimidation, physical aggression, and bullying behaviors for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D) who lived in the group home.</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-1(a)</p>		<p>All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs and Risk Plans; Change in Supervision Level; Training on these changes to the BSP, Risk Plan, and Supervision Level; Training on the Agency's Abuse, Neglect, & Exploitation Policy. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The QIDP is the primary IDT member responsible for monitoring and updating Risk Plans. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager supervises staff, including ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new</p>		

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W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview, and record review, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (clients A, B, and C) and 1 additional client (client D). The facility failed to implement their policy and procedures to prevent abuse, neglect, and/or	W000122	corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete. W 122: Client Protections – Condition: The facility must implement its policies and procedures to prevent abuse, and it must provide sufficient staff are at the home to supervise Client A and prevent bullying of and aggression toward housemates. The facility also must develop a plan to keep housemates safe	03/08/2014	

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	<p>mistreatment; failed to provide sufficient staff supervision to prevent client A's bullying, physical aggression, and intimidation behaviors; and failed to develop a plan to keep clients B, C, and D safe from client A's bullying, intimidation, and physical aggressive behaviors.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement the facility's policy and procedure to prohibit staff to client abuse, client to client abuse, neglect, and/or mistreatment, neglected to protect clients A and D from staff abuse, and neglected to implement sufficient staff supervision to address client A's continued physical aggression, bullying, and intimidation behaviors for 24 of 33 BDDS (Bureau of Developmental Disabilities Services) reports (clients A, B, C, and D) reviewed of client to client physical aggression and two of two allegations of staff abuse, neglect, and/or mistreatment.</p> <p>Please refer to W186. The facility failed to provide sufficient staff to supervise and to implement client A's Individual Support Plan (ISP) and Behavior Support Plan (BSP) according to the</p>		<p>from Client A's bullying and aggression. Corrective action for resident(s) found to have been affected: (1) DSPs across shifts will be trained on agency policy on abuse, neglect, and exploitation. Training will include the policy on prevention of staff-to-client and client-to-client abuse as well as the requirements to intervene and report if any form of abuse occurs. (2) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (3) Client A's BSP will be updated so that bullying behavior is addressed. This will take place prior to the transition. (4) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (5) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (6) Risk plans will be updated for all three housemates of Client A to include the risk of being bullied and what staff members should systematically do to intervene if bullying occurs. (7) DSPs will be trained on updated BSP and Risk</p>				

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	<p>client's behavioral needs for 1 of 3 sampled clients (client A).</p> <p>Please refer to W227. The facility failed to develop a plan to address client A's identified behavioral needs of intimidation and bullying for 1 of 3 sample client (client A).</p> <p>Please refer to W240. The facility failed to develop guidelines on how staff were to monitor and protect clients B, C, and D from client A's intimidation, physical aggression, and bullying behaviors for 2 of 3 sampled clients (clients B and C) and 1 additional client (client D).</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-2(a)</p>		<p>Plan interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs and Risk Plans; Change in Supervision Level; Training on these changes to the BSPs, Risk Plans, and Supervision Level; Training on the Agency's Abuse, Neglect, & Exploitation Policy. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The QIDP is the primary IDT member responsible for monitoring and updating Risk Plans. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager supervises staff, including</p>		

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			<p>ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.</p>		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 24 of 33 BDDS (Bureau of Developmental Disabilities Services) reports (clients A, B, C, and D) reviewed of client to client physical aggression and two of two allegations of staff abuse, neglect, and/or mistreatment, the facility neglected to implement the facility's policy and procedure to prohibit staff to client abuse and client to client abuse, and neglected to implement sufficient staff supervision to address client A's continued physical aggression, bullying, and intimidation behaviors towards clients B, C, and D.</p> <p>Findings include:</p> <p>1. On 1/30/14 at 12:50pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 11/1/13 through 01/30/14 which included two (2) substantiated incidents of staff abuse.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A]</p>	W000149	W 149: Staff Treatment of Clients – Standard: Facility must implement its policy and procedure to prohibit staff-to-client abuse and client-to-client abuse. The facility must also ensure sufficient staff are at the home to supervise Client A and prevent bullying of housemates. Corrective action for resident(s) found to have been affected: (1) DSPs across shifts will be trained on agency policy on abuse, neglect, and exploitation. Training will include the policy on prevention of staff-to-client and client-to-client abuse as well as the requirements to intervene and report if any form of abuse occurs. (2) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (3) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (4) DSPs will be trained on updated supervision requirements to address bullying. This will include the requirement	03/08/2014			

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	<p>physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched [GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b----', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the ground." The report indicated the other two staff in the group home separated GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip." The report indicated the staff person walked off the job at the group home and would not be rehired. The report indicated the police were called and a report was filed.</p> <p>-A 12/30/13 BDDS report for an incident on 12/29/13 at 11pm indicated "a staff member" at the group home reported that staff was mistreating client D. The BDDS report indicated the staff person was in client D's "face" and "belly bumped" client D to "intimidate"</p>		<p>to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Change in Supervision Level; Training on the change in Supervision Level; Training on the Agency's Abuse, Neglect, & Exploitation Policy. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The Group Home Manager supervises staff, including ensuring that supervision levels are maintained. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises</p>		

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	<p>client D. The report indicated the staff person was suspended pending an investigation and then terminated.</p> <p>On 1/31/14 at 12:15pm, an interview with the SD (Site Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated the facility staff reported the incidents/allegations immediately and reacted at the time of the incident to protect clients A, B, C, and D. The SD indicated those staff that had abused the clients were no longer employed by the agency.</p> <p>2. On 1/30/14 at 12:50pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 11/1/13 through 01/30/14 and indicated the following for client A's physical aggressive behaviors toward clients B, C, D, facility staff, and the use of physical restraints:</p> <p>-A 1/26/14 BDDS report for an incident on 1/25/14 at 1:00pm indicated client A was verbally aggressive "all day" and became physically aggressive toward staff "trying to bit (sic)" staff. The report indicated client A had "more than" four (4) MANDT holds used to control her behaviors.</p>		<p>management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.</p>				

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	<p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 5:30pm indicated client A "called [client C] stupid," client A got vocally louder and louder, client C "ran to [client A], jumped on [client A], and both [clients A and C] hit the floor." The report indicated client C "bit" client A on her arm and client A was taken to the emergency room for the open wound.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A] physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated multiple MANDT holds were used to control client A's physically aggressive behaviors. The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched [GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b---', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the ground." The report indicated the other two staff in the group home separated</p>						

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	<p>GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip."</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 3:45pm indicated client A had had "multiple assaults" on staff, hit client D in the face, hit client B in the arm, and threw objects hitting client C. The report indicated staff had used multiple MANDT holds to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/22/14 at 2:30pm indicated client A was physically aggressive, sprayed cooking spray on the kitchen floor, walls, and appliances, and staff redirected client A not to. Client A took client B's false teeth and threw them. Client A then "attacked" the staff. The report indicated MANDT holds were used to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 5:12pm indicated client A threw food from the kitchen cabinets on the floor and staff used "MANDT restraints" after client A threw a jar of food at the staff. The report indicated client A bit the staff's right arm.</p>						

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	<p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A made "threats and intimidation of staff," was physically aggressive toward staff, client A was placed in MANDT holds after she hit staff with a broom, and kicked the staff in the shin three times.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A was on the telephone, once off the phone and client A was "yelling and cussing" at the staff. Client A was asked to wait three times for client A's medication administration, client A attempted to bite the staff, and left the group home AWOL (Absent without Leave).</p> <p>-A 1/21/14 BDDS report for an incident on 1/20/14 at 5:00pm indicated client A was asked to turn down her music, client A threw the Wii controller at staff, hit staff, and threw a pop can at client C and a visitor. The report indicated client A was placed in multiple MANDT holds by the facility staff.</p> <p>-A 1/20/14 BDDS report for an incident on 1/18/14 at 3:04pm indicated client A attempted to smash her medications into a powder and snort them up her nose. The report indicated when client A was redirected not to do this, client A chased</p>						

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	<p>the staff and made physical threats of harm.</p> <p>-A 1/14/14 BDDS report for an incident on 1/14/14 at 8am indicated client A had verbal and physical aggression, "flipped" the dining room table over, and threw objects which hit client C in the foot.</p> <p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 3:10pm indicated client A was verbally aggressive with her peers (clients B, C, and D) then physically aggressive toward the facility staff, and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 9:30am indicated client A became physically aggressive toward the facility staff and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/6/14 BDDS report for an incident on 1/5/14 at 6:15am indicated client A was verbally aggressive toward clients B, C, and D and became physically aggressive toward the facility staff. The report indicated staff used MANDT holds to control client A's behaviors.</p> <p>-A 1/5/14 BDDS report for an incident on 1/5/14 at 7:05am indicated client A was verbally and physically aggressive</p>				

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	<p>toward staff and staff used "at least" four (4) different MANDT holds to control client A's aggressive behaviors.</p> <p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 6:00pm indicated client A did not want to return to the group home and staff used two (2) physical MANDT restraints to get client A to return home.</p> <p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 4:25pm indicated client A threw chairs, ran after and "attacked" client B, hitting client B in the head. The report indicated staff used multiple MANDT (physical restraint holds) to control client A.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 5:00pm indicated client A kicked the trash can and hit client B.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 7:15pm indicated client A was verbally and physically aggressive, placed in MANDT (physical restraint holds) by staff to control her behavior.</p> <p>-A 12/23/13 BDDS report for an incident on 12/23/13 at 12:00pm indicated client A became verbally aggressive with clients B, C, and D. The</p>			

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	<p>report indicated client A "called them names and threatened to hurt them (clients B, C, and D). Then [client A] stood in front of the van so [clients B, C, and D] couldn't leave (on the van for an outing). [Client A] was redirected inside (the group home). Staff then blocked and redirected [client A] from breaking the printer. [Client A] tried to hit staff. For [client A's] and staff's safety, [client A] was placed in a one arm MANDT restraint. [Client A] continued to be verbally aggressive with [client C] who still remained at the house. [Client C] went to [client C's] bedroom and tried to call [client C's] family to get away from [client A]. [Client A] kept yelling at [client C] from the kitchen, demanding the phone, and threatening to harm [client C]. Staff was blocking [client A] from entering [client C's] bedroom. [Client C] came out of her room, pushed staff out of [client C's] way, and attacked [client A], hitting [client A] twice in the cheek. Staff separated them. Both clients went to their rooms. The staff called the manager (for the group home)." The report indicated client A called the police to report client C. The report indicated "the police showed up, took statements from [clients A and C]. The police told [client A] that if she pressed charges, that they were going to charge</p>						

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	<p>both of them. [Client A] decided not to press charges." The police did not make a report. The report indicated client A later wanted to go on an outing and staff declined because of the peer to peer altercation earlier, client A became physically aggressive with staff, and "staff restrained [client A] several more times until [client A] stopped attacking staff. All of the restraints were side body MANDT restraints." The corrective action indicated "The home manager stayed in the home until the clients showed that they could be safe and counseled them on bullying and physical aggression."</p> <p>-A 11/3/13 BDDS report for an incident on 11/2/13 at 2pm indicated client A broke a fire extinguisher box, "grabbed a fire extinguisher," and staff were relocating the fire extinguisher after removing it from client A. Client A went into client B's bedroom, "shoved" client B "out of her bed," and removed client B from client B's bedroom into another room. Client A came after client B again in the second room, and was "hitting" client B. The report indicated staff "put [client A] in a MANDT hold, [Client A] started saying she (client A) was going to kill [client B] tonight and was going to kill the behavior consultant." The report</p>						

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	<p>indicated "additional staff (from another group home) showed up to assist to calm [client A]." The report indicated client A was put into a one person MANDT side body hug restraint and when client A went to the ground and continued to be physically aggressive towards staff, "[client A] was put into another HRC (Human Rights Committee) approved restraint...." The report indicated client A had hit client B in the head during client A's physically aggressive behaviors.</p> <p>-A 11/1/13 BDDS report for an incident on 10/31/13 at 12:30pm indicated client A was verbally aggressive on the facility van, took off her seat belt, threw items at clients B, C, D, and the staff, and then became physically aggressive towards clients B and D. The report indicated multiple MANDT hold restraints were used on client A to control her behaviors.</p> <p>During observation and interview at the group home on 1/29/14 at 3:30pm, the dining room table was a plastic outdoor table. At 3:30pm, GHS #3 stated client A targeted clients B and D "mostly" with verbal and physical aggression at the group home "almost daily." At 3:30pm, GHS #3 indicated client A had broken the wooden table during a behavior and</p>						

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	<p>the facility had obtained the plastic table for clients A, B, C, and D to use for dining. At 3:30pm, GHS #3 indicated there were two other staff in addition to GHS #10 who were present at the group home on 1/23/14 during the incident. GHS #3 indicated there were three (3) staff usually for day shift and second shift at the group home to supervise clients A, B, C, and D. At 3:30pm, client A stated she had been "abused" by a staff at the group home "about a week ago." Client A stated she was hit "at least" five (5) times in the head and face by GHS #10 which resulted in a bloody lip and nose. Client A stated "I'm a bully. That's my job." Client A stated she bullied other clients in the group home "especially [clients B and D] and nobody can do anything about it." Client A stated she bullied client C "sometimes, but she (client C) fights back." At 4:25pm, GHS #4 stated client A "targets" clients B and D and client A will "fight with all" the clients B, C, and D. GHS #4 stated client A "attacks them" and there is no reason or pattern.</p> <p>On 1/31/14 at 11:50am, client B began to cry and tears ran down her face and cheeks as client B recalled client A chasing her through the group home. Client B recalled being pulled out of her bed by client A and being hit by client A</p>			

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	<p>in the head before the staff got between them. Client B stated client A "called" her names and hits her "almost daily."</p> <p>On 1/31/14 at 12noon, client D stated she was not afraid of client A "but (she) was tired of all of it." Client D then stated "I'm afraid of everyone" and indicated she was unsure of who she could trust.</p> <p>Confidential Interview (CI) #1 stated the group home "always had just three (3) staff" and client A "targets" clients B and D. CI #1 stated "she targets them cause they are more dependent than anyone else."</p> <p>On 1/31/14 at 12:15pm, the Residential Manager (RM) stated client A "targets" clients B and D. The RM stated client A "will bully" client C and then client C reacts and "will get the best of [client A]." When asked how the facility was keeping clients B, C, and D safe from client A's behaviors of bullying, intimidation, and physical aggression, the RM indicated the staff call for more staff if needed. When asked if client B, C, and D's plans included guidelines to keep the clients safe from the potential of abuse, neglect, and/or mistreatment from client A. The RM stated "no" the plans do not include guidelines to keep</p>						

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	<p>clients B, C, and D safe from the potential of bullying, intimidation by other clients, and/or physical aggression. The RM indicated they review environmental factors after each incident and the events but the plans did not include proactive strategies to keep the clients safe from intimidation and physical aggression.</p> <p>On 1/31/14 at 12:30pm, an interview with the SD (Site Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated the facility continues to address peer to peer aggression in an effort to decrease the behaviors. The SD indicated the injuries suffered by the clients from peer to peer physical aggression continue to be a priority to decrease. The SD indicated the staff implemented each client's BSP, the IDT was reviewing incidents during weekly meetings, and action would be taken based on the discussion and team decisions made. The SD indicated the plan to resolve client to client physical aggression had decreased the incidents of client to client physical aggression. The SD indicated client to client physical aggression had continued at the group home. The SD stated staff "must" know where client A was at "all times." When asked if staff knew where client A</p>			

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	<p>was "at all times" and how was client A able to continue to be aggressive with clients B, C, and D, the SD stated client A was "smart and fast." When asked if staff protected clients B, C, and D from client A's physical and verbal aggression, the SD did not respond. The SD indicated client A had broken the dining room wooden table during a behavior. The SD indicated client A had required multiple physical restraints each time in an attempt to control client A's behaviors. The SD stated clients B and D were "targets" of client A. When asked how the facility was keeping the clients safe from being client A's targets, the SD stated the staff were to follow client A's plans. The SD stated when client A was "out of control," the facility staff called for additional assistance from the staff at another group home.</p> <p>Client A's record review was conducted on 1/30/14 at 3:30pm, and on 1/31/14 at 9:00am. Client A's 5/29/13 ISP (Individual Support Plan), 8/1/13 BSP (Behavior Support Plan), and 4/20/13 Risk Plan did not indicate how many staff were needed to supervise client A. Client A's 8/1/13 BSP indicated "Required level of Supervision: [Client A] requires a supervision level of 24 hours, seven days per week, with a minimum staff to client ratio of 3 staff to</p>						

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	<p>4 clients during normally awake hours...During instances where 1:1 (one on one) staff is required, the staff member responsible to supervise [client A] will not also be responsible for supervising anyone else. [Client A] requires 1:1 supervision whenever smoking or whenever using any kitchen appliance, especially the stove or microwave. [Client A] has a history of trying to set things on fire. [Client A] requires 1:1 supervision whenever she is with her boyfriend and will maintain complete visual contact..." Client A's BSP indicated client A required staff "in close enough proximity to provide safety. The staff member must be aware of [client A's] location at all times." Client A's BSP did not identify bullying and intimidating other clients as targeted behaviors. Client A's 4/20/13 Risk Plan indicated client A "has been in Jail for trespassing, criminal mischief, and battery (for) beating up her grandmother. When [client A] is being verbally aggressive she will make racial slurs towards staff. [Client A] has destroyed housemates items and items in the house when she has become physically aggressive."</p> <p>On 1/30/14 at 1:00pm, the 12/5/12 facility's policy on "Abuse and Neglect" was reviewed and indicated "Purpose.</p>			

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W000186	<p>To educate and inform staff of the definition, define reporting requirements and stress that AWS will not tolerate abuse, neglect or exploitation of any kind...Description, AWS does not tolerate abuse in any form by any person; this includes physical abuse, verbal abuse, psychological abuse or sexual abuse." The policy indicated abuse, neglect, and/or mistreatment was "not tolerated" by the agency.</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF 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> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client A), the facility failed to provide sufficient staff at the group home to supervise and to implement client A's Individual Support Plans (ISP) and Behavior Support Plan (BSP) to address</p>	W000186	Includes update from 3/3 follow-up letter from Steve Corya in the body of the corrective action section below. W 186: Direct Care Staff – Standard: The facility must provide sufficient staff at the home to supervise and implement client BSPs to address	03/08/2014			

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	<p>the client's physically aggressive behaviors.</p> <p>Findings include:</p> <p>On 1/30/14 at 12:50pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 11/1/13 through 01/30/14 for client A's physical aggressive behaviors toward clients B, C, D, facility staff, and the use of physical restraints.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A] physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated multiple MANDT holds were used to control client A's physically aggressive behaviors. The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched [GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b----', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the</p>		<p>aggression. Corrective action for resident(s) found to have been affected: (1) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (2) In order to fully address this citation, Client A's supervision has been increased to one-to-one during waking hours, and her BSP has been updated to prevent bullying from escalating into abusive behavior toward peers. Consistent with the BSP interventions, all three housemate risk plans include new bullying-related interventions that ensure consistency across plans. The plans provide staff members concrete steps to take whenever bullying/taunting behavior occurs. In addition to these steps, a new house manager now works at the home and will be required to have documented monitoring each week for a minimum of four (4) hours. The previous manager who was filling in until a new manager could be recruited will now return to shift work. He was the first staff member hired for the ESN program and will be assigned as a team leader among staff. This staff person also is a certified trainer in the agency's crisis management /</p>				

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	<p>ground." The report indicated the other two staff in the group home separated GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip."</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A was on the telephone, once off the phone client A was "yelling and cussing" at the staff, asked to wait three times for client A's medication administration, client A attempted to bite the staff, and left the group home AWOL (Absent without Leave).</p> <p>-A 12/23/13 BDDS report for an incident on 12/23/13 at 12:00pm indicated client A became verbally aggressive with clients B, C, and D. The report indicated client A "called them names and threatened to hurt them (clients B, C, and D). Then [client A] stood in front of the van so [clients B, C, and D] couldn't leave (on the van for an outing). [Client A] was redirected inside (the group home). Staff then blocked and redirected [client A] from breaking the printer. [Client A] tried to hit staff. For [client A's] and staff's safety, [client A] was placed in a one</p>		<p>physical intervention system, so he will be ideally suited to mentor fellow staff members. (3) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (4) DSPs will be trained on updated BSP interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs; Change in Supervision Level; Training on these changes to the BSPs and Supervision Level. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The BC is the primary</p>				

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	arm MANDT restraint. [Client A] continued to be verbally aggressive with [client C] who still remained at the house. [Client C] went to [client C's] bedroom and tried to call [client C's] family to get away from [client A]. [Client A] kept yelling at [client C] from the kitchen, demanding the phone, and threatening to harm [client C]. Staff was blocking [client A] from entering [client C's] bedroom. [Client C] came out of her room, pushed staff out of [client C's] way, and attacked [client A], hitting [client A] twice in the cheek. Staff separated them. Both clients went to their rooms. The staff called the manager (for the group home)." The report indicated client A called the police to report client C. The report indicated "the police showed up, took statements from [clients A and C]. The police told [client A] that if she pressed charges, that they were going to charge both of them. [Client A] decided not to press charges." The police did not make a report. The report indicated client A later wanted to go on an outing and staff declined because of the peer to peer altercation earlier, client A became physically aggressive with staff, and "staff restrained [client A] several more times until [client A] stopped attacking staff. All of the restraints were side body MANDT restraints." The		IDT member responsible for monitoring and updating BSPs. The Group Home Manager supervises staff, including ensuring that supervision levels are maintained. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.		

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	<p>corrective action indicated "The home manager stayed in the home until the clients showed that they could be safe and counseled them on bullying and physical aggression."</p> <p>During observation and interview at the group home on 1/29/14 at 3:30pm, GHS #3 indicated client A targeted clients B and D "mostly" for verbal and physical aggression. At 3:30pm, GHS #3 indicated there were two other staff in addition to GHS #10 who were present at the group home on 1/23/14 during the incident for four clients. GHS #3 indicated there were three (3) staff usually for day shift and second shift at the group home to supervise clients A, B, C, and D. At 3:30pm, client A stated she had been "abused" by a staff at the group home "about a week ago." Client A stated she was hit "at least" five (5) times in the head and face by GHS #10 which resulted in a bloody lip and nose. Client A stated "I'm a bully. That's my job." Client A stated she bullied other clients in the group home "especially [clients B and D] and nobody can do anything about it." Client A stated she bullied client C "sometimes, but she (client C) fights back." At 4:25pm, GHS #4 stated client A "targets" clients B and D and client A will "fight with all" the clients B, C, and D. GHS #4</p>			

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	<p>stated client A "attacks them" and there is no reason or pattern. GHS #4 indicated additional agency staff from another group home come to the group home when called to assist staff with client A's physically aggressive behavior.</p> <p>On 1/31/14 at 11:50am, client B stated she "was afraid" of client A. Client B began to cry and tears ran down her face and cheeks as client B recalled client A chasing her through client B's house. Client B recalled being pulled out of her bed by client A and hit by client A in the head before the staff got between them. Client B stated client A "called" her names and hits her "almost daily."</p> <p>On 1/31/14 at 12noon, client D stated she was not afraid of client A "but (she) was tired of all of it." Client D then stated "I'm afraid of everyone" and indicated she was unsure of who she could trust.</p> <p>Confidential Interview (CI) #1 stated the group home "always had just three (3) staff" and client A "targets" clients B and D. CI #1 stated "she targets them (be) cause they are more dependent than anyone else." CI #1 stated agency staff from another group home come to client A's group home to assist staff when</p>						

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	<p>client A was "out of control" which was "almost daily sometimes."</p> <p>On 1/31/14 at 12:15pm, the Residential Manager (RM) stated client A "targets" clients B and D. The RM stated client A "will bully" client C and then client C reacts and "will get the best of [client A]." When asked how are you keeping clients B, C, and D safe from client A's behaviors of bullying, intimidation, and physical aggression. The RM indicated the staff call for more staff if needed.</p> <p>On 1/31/14 at 12:30pm, an interview with the SD (Site Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated the facility continues to address peer to peer aggression in an effort to decrease the behaviors. The SD indicated the injuries suffered by the clients from peer to peer physical aggression continue to be a priority to decrease. The SD indicated the staff implemented each clients' BSP, the IDT was reviewing incidents during weekly meetings, and action would be taken based on the discussion and team decisions made. The SD indicated the plan to resolve client to client physical aggression had decreased the incidents of client to client physical aggression. The SD indicated client to client</p>			

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	<p>physical aggression had continued at the group home. The SD stated staff "must" know where client A was at "all times." When asked if staff knew where client A was "at all times" and how was client A able to continue to be aggressive with clients B, C, and D, the SD stated client A was "smart and fast." The SD indicated client A had required multiple physical restraints each time in an attempt to control client A's behaviors. The SD stated clients B and C were "targets" of client A. When asked how the facility was keeping the clients safe from being client A's targets, the SD stated the staff were to follow client A's plans. The SD stated when client A was "out of control" the facility staff called for additional assistance from the staff at another group home. The SD indicated the facility had three (3) staff in the group home which was the minimum number of staff to supervise clients A, B, C, and D.</p> <p>Client A's record review was conducted on 1/30/14 at 3:30pm, and on 1/31/14 at 9:00am. Client A's 5/29/13 ISP (Individual Support Plan), 8/1/13 BSP (Behavior Support Plan), and 4/20/13 Risk Plan did not indicate how many staff were needed to supervise client A. Client A's 8/1/13 BSP indicated "Required level of Supervision: [Client</p>						

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	<p>A] requires a supervision level of 24 hours, seven days per week, with a minimum staff to client ratio of 3 staff to 4 clients during normally awake hours...During instances where 1:1 (one on one) staff is required, the staff member responsible to supervise [client A] will not also be responsible for supervising anyone else. [Client A] requires 1:1 supervision whenever smoking or whenever using any kitchen appliance, especially the stove or microwave. [Client A] has a history of trying to set things on fire...." Client A's BSP indicated client A required staff "in close enough proximity to provide safety. The staff member must be aware of [client A's] location at all times." Client A's 4/20/13 Risk Plan indicated client A "has been in Jail for trespassing, criminal mischief, and battery (for) beating up her grandmother. When [client A] is being verbally aggressive she will make racial slurs towards staff. [Client A] has destroyed housemates items and items in the house when she has become physically aggressive."</p> <p>On 2/5/14 at 3:00pm, the undated "Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences" for ICF/MR (Intermediate Care Facilities/Mentally Retarded) was reviewed. The undated policy/procedure</p>						

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	<p>indicated "ICF/MR residential services in the form of a 24 hour extensive support needs residence, are needed to support and maintain MR/DD (Mentally Retarded/Developmentally Disabled) consumers with challenging behavioral issues in the community. Consumers in an extensive needs residence will receive intensive assistance with their problematic behaviors and continued active treatment...Extensive support needs homes may not provide services to consumers who have such significant behavioral difficulties that would endanger the other consumers in the home...To be eligible for 24 hours per resident day under this category...Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of: three (3) staff on the day shift; three (3) staff on the evening shift...."</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-3(a)</p>			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</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.</p> <p>Based on observation, record review, and interview, for 1 of 3 sample clients (client A), the facility failed to develop a plan to address client A's identified behavioral needs of bullying, and intimidation behaviors towards clients B, C, and D.</p> <p>Findings include:</p> <p>On 1/30/14 at 12:50pm, the facility's BDDS (Bureau of Developmental Disabilities Services) 1. Reports and investigations were reviewed from 11/1/13 through 01/30/14.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A] physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched</p>	W000227	W 227: Individual Program Plan – Standard: The facility must develop a plan to address Client A's behavior needs of bullying and intimidation toward housemates. Corrective action for resident(s) found to have been affected: (1) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (2) Client A's BSP will be updated so that bullying behavior is addressed. This will take place prior to the transition. (3) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (4) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (5) Risk plans will be updated for all three housemates of Client A to include the risk of being bullied and what staff members should systematically	03/08/2014	

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	<p>[GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b----', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the ground." The report indicated the other two staff in the group home separated GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip." The report indicated the staff person walked off the job at the group home and would not be rehired. The report indicated the police were called and a report was filed.</p> <p>-A 1/26/14 BDDS report for an incident on 1/25/14 at 1:00pm indicated client A was verbally aggressive "all day" and became physically aggressive toward staff "trying to bit (sic)" staff. The report indicated client A had "more than" four (4) MANDT holds used to control her behaviors.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 5:30pm indicated client A "called [client C] stupid," client A got vocally louder and louder, client C "ran to [client A], jumped on [client A], and both [clients A and C] hit the floor." The report indicated client C "bit" client</p>		<p>do to intervene if bullying occurs. (6) DSPs will be trained on updated BSP and Risk Plan interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs and Risk Plans; Change in Supervision Level; Training on these changes to the BSPs, Risk Plans, and Supervision Level. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The QIDP is the primary IDT member responsible for monitoring and updating Risk Plans. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager</p>				

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	<p>A on her arm and client A was taken to the emergency room for the open wound.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 3:45pm indicated client A had had "multiple assaults" on staff, hit client D in the face, hit client B in the arm, and threw objects hitting client C. The report indicated staff had used multiple MANDT holds to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/22/14 at 2:30pm indicated client A was physically aggressive, sprayed cooking spray on the kitchen floor, walls, and appliances, and staff redirected client A not to. Client A took client B's false teeth and threw them. Client A then "attacked" the staff. The report indicated MANDT holds were used to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 5:12pm indicated client A threw food from the kitchen cabinets on the floor and staff used "MANDT restraints" after client A threw a jar of food at the staff. The report indicated client A bit the staff's right arm.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A</p>		<p>supervises staff, including ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.</p>				

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	<p>made "threats and intimidation of staff," was physically aggressive toward staff, client A was placed in MANDT holds after she hit staff with a broom, and kicked the staff in the shin three times.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A was on the telephone, once off the phone and client A was "yelling and cussing" at the staff. Client A was asked to wait three times for client A's medication administration, client A attempted to bite the staff, and left the group home AWOL (Absent without Leave).</p> <p>-A 1/21/14 BDDS report for an incident on 1/20/14 at 5:00pm indicated client A was asked to turn down her music, client A threw the Wii controller at staff, hit staff, and threw a pop can at client C and a visitor. The report indicated client A was placed in multiple MANDT holds by the facility staff.</p> <p>-A 1/20/14 BDDS report for an incident on 1/18/14 at 3:04pm indicated client A attempted to smash her medications into a powder and snort them up her nose. The report indicated when client A was redirected not to do this, client A chased the staff and made physical threats of harm.</p>				

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	<p>-A 1/14/14 BDDS report for an incident on 1/14/14 at 8am indicated client A had verbal and physical aggression, "flipped" the dining room table over, and threw objects which hit client C in the foot.</p> <p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 3:10pm indicated client A was verbally aggressive with her peers (clients B, C, and D) then physically aggressive toward the facility staff, and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 9:30am indicated client A became physically aggressive toward the facility staff and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/6/14 BDDS report for an incident on 1/5/14 at 6:15am indicated client A was verbally aggressive toward clients B, C, and D and became physically aggressive toward the facility staff. The report indicated staff used MANDT holds to control client A's behaviors.</p> <p>-A 1/5/14 BDDS report for an incident on 1/5/14 at 7:05am indicated client A was verbally and physically aggressive toward staff and staff used "at least" four (4) different MANDT holds to control client A's aggressive behaviors.</p>						

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	<p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 6:00pm indicated client A did not want to return to the group home and staff used two (2) physical MANDT restraints to get client A to return home.</p> <p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 4:25pm indicated client A threw chairs, ran after and "attacked" client B, hitting client B in the head. The report indicated staff used multiple MANDT (physical restraint holds) to control client A.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 5:00pm indicated client A kicked the trash can and hit client B.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 7:15pm indicated client A was verbally and physically aggressive, placed in MANDT (physical restraint holds) by staff to control her behavior.</p> <p>-A 12/23/13 BDDS report for an incident on 12/23/13 at 12:00pm indicated client A became verbally aggressive with clients B, C, and D. The report indicated client A "called them names and threatened to hurt them (clients B, C, and D). Then [client A]</p>						

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	<p>stood in front of the van so [clients B, C, and D] couldn't leave (on the van for an outing). [Client A] was redirected inside (the group home). Staff then blocked and redirected [client A] from breaking the printer. [Client A] tried to hit staff. For [client A's] and staff's safety, [client A] was placed in a one arm MANDT restraint. [Client A] continued to be verbally aggressive with [client C] who still remained at the house. [Client C] went to [client C's] bedroom and tried to call [client C's] family to get away from [client A]. [Client A] kept yelling at [client C] from the kitchen, demanding the phone, and threatening to harm [client C]. Staff was blocking [client A] from entering [client C's] bedroom. [Client C] came out of her room, pushed staff out of [client C's] way, and attacked [client A], hitting [client A] twice in the cheek. Staff separated them. Both clients went to their rooms. The staff called the manager (for the group home)." The report indicated client A called the police to report client C. The report indicated "the police showed up, took statements from [clients A and C]. The police told [client A] that if she pressed charges, that they were going to charge both of them. [Client A] decided not to press charges." The police did not make a report. The report indicated client A</p>				

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	<p>later wanted to go on an outing and staff declined because of the peer to peer altercation earlier, client A became physically aggressive with staff, and "staff restrained [client A] several more times until [client A] stopped attacking staff. All of the restraints were side body MANDT restraints." The corrective action indicated "The home manager stayed in the home until the clients showed that they could be safe and counseled them on bullying and physical aggression."</p> <p>-A 11/3/13 BDDS report for an incident on 11/2/13 at 2pm indicated client A broke a fire extinguisher box, "grabbed a fire extinguisher," and staff were relocating the fire extinguisher after removing it from client A. Client A went into client B's bedroom, "shoved" client B "out of her bed," and removed client B from client B's bedroom into another room. Client A came after client B again in the second room, and was "hitting" client B. The report indicated staff "put [client A] in a MANDT hold, [Client A] started saying she (client A) was going to kill [client B] tonight and was going to kill the behavior consultant." The report indicated "additional staff (from another group home) showed up to assist to calm [client A]." The report indicated client</p>						

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	<p>A was put into a one person MANDT side body hug restraint and when client A went to the ground and continued to be physically aggressive towards staff, "[client A] was put into another HRC (Human Rights Committee) approved restraint...." The report indicated client A had hit client B in the head during client A's physically aggressive behaviors.</p> <p>-A 11/1/13 BDDS report for an incident on 10/31/13 at 12:30pm indicated client A was verbally aggressive on the facility van, took off her seat belt, threw items at clients B, C, D, and the staff, and then became physically aggressive towards clients B and D. The report indicated multiple MANDT hold restraints were used on client A to control her behaviors.</p> <p>During observation and interview at the group home on 1/29/14 at 3:30pm, the dining room table was a plastic outdoor table. At 3:30pm, GHS #3 stated client A targeted clients B and D "mostly" for verbal and physical aggression at the group home "almost daily." At 3:30pm, GHS #3 indicated client A had broken the wooden table during a behavior and the facility had obtained the plastic table for clients A, B, C, and D to use for dining. Client A stated "I'm a bully.</p>						

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	<p>That's my job." Client A stated she bullied other clients in the group home "especially [clients B and D] and nobody can do anything about it." Client A stated she bullied client C "sometimes, but she (client C) fights back." At 4:25pm, GHS #4 stated client A "targets" clients B and D and client A will "fight with all" the clients B, C, and D. GHS #4 stated client A "attacks them" and there is no reason or pattern.</p> <p>On 1/31/14 at 11:50am, client B began to cry and tears ran down her face and cheeks as client B recalled client A chasing her through the group home. Client B recalled being pulled out of her bed by client A and being hit by client A in the head before the staff got between them. Client B stated client A "called" her names and hits her "almost daily."</p> <p>On 1/31/14 at 12noon, client D stated she was not afraid of client A "but (she) was tired of all of it." Client D then stated "I'm afraid of everyone" and indicated she was unsure of who she could trust.</p> <p>Confidential Interview (CI) #1 stated client A "targets" clients B and D. CI #1 stated "she targets them (be) cause they are more dependent than anyone else."</p>			

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	<p>On 1/31/14 at 12:15pm, the Residential Manager (RM) stated client A "targets" clients B and D. The RM stated client A "will bully" client C and then client C reacts and "will get the best of [client A]."</p> <p>On 1/31/14 at 12:30pm, an interview with the SD (Site Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated the facility continues to address peer to peer aggression in an effort to decrease the behaviors. The SD indicated the injuries suffered by the clients from peer to peer physical aggression continue to be a priority to decrease. The SD indicated the staff implemented each client's BSP, the IDT was reviewing incidents during weekly meetings, and action would be taken based on the discussion and team decisions made. The SD indicated the plan to resolve client to client physical aggression had decreased the incidents of client to client physical aggression. The SD indicated client to client physical aggression had continued at the group home. The SD stated staff "must" know where client A was at "all times." When asked if staff knew where client A was "at all times" and how was client A able to continue to be aggressive with clients B, C, and D, the SD stated client</p>			

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	<p>A was "smart and fast." When asked if staff protected clients B, C, and D from client A's physical and verbal aggression, the SD did not respond. The SD indicated client A had broken the dining room wooden table during a behavior. The SD indicated client A had required multiple physical restraints each time in an attempt to control client A's behaviors. The SD stated clients B and D were "targets" of client A. When asked how the facility was keeping the clients safe from being client A's targets, the SD stated the staff were to follow client A's plans. The SD stated when client A was "out of control" the facility staff called for additional assistance from the staff at another group home.</p> <p>Client A's record review was conducted on 1/30/14 at 3:30pm, and on 1/31/14 at 9:00am. Client A's 5/29/13 ISP (Individual Support Plan), 8/1/13 BSP (Behavior Support Plan), and 4/20/13 Risk Plan did not indicate how many staff were needed to supervise client A. Client A's 8/1/13 BSP indicated "Required level of Supervision: [Client A] requires a supervision level of 24 hours, seven days per week, with a minimum staff to client ratio of 3 staff to 4 clients during normally awake hours...During instances where 1:1 (one on one) staff is required, the staff</p>						

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	<p>member responsible to supervise [client A] will not also be responsible for supervising anyone else. [Client A] requires 1:1 supervision whenever smoking or whenever using any kitchen appliance, especially the stove or microwave. [Client A] has a history of trying to set things on fire. [Client A] requires 1:1 supervision whenever she is with her boyfriend and will maintain complete visual contact..." Client A's BSP indicated client A required staff "in close enough proximity to provide safety. The staff member must be aware of [client A's] location at all times." Client A's BSP did not identify bullying and intimidating other clients as targeted behaviors. Client A's 4/20/13 Risk Plan indicated client A "has been in Jail for trespassing, criminal mischief, and battery (for) beating up her grandmother. When [client A] is being verbally aggressive she will make racial slurs towards staff. [Client A] has destroyed housemates items and items in the house when she has become physically aggressive."</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-4(a)</p>						

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review, and interview, for 2 of 3 sampled clients (clients B and C) and 1 additional client (client D), the facility failed to develop a plan which included guidelines to monitor and protect clients B, C, and D from client A's intimidation, physical aggression, and bullying behaviors.</p> <p>Findings include:</p> <p>On 1/30/14 at 12:50pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 11/1/13 through 01/30/14.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A] physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched</p>	W000240	<p>W 240: Individual Program Plan – Standard: The facility must develop a plan that includes guidelines to monitor and protect housemates from Client A's bullying and aggression. Corrective action for resident(s) found to have been affected: (1) The IDT was already in the planning stages for Client A to transition before the incident that resulted in the survey. At this time, Client A's referral has been approved to a more-secure facility. The transition target date is within one month of the time this POC is submitted to the ISDH. (2) Client A's BSP will be updated so that bullying behavior is addressed. This will take place prior to the transition. (3) Client A's supervision level will be increased to 1-to-1 during waking hours. This supervision level will be added to the BSP. (4) Two other clients in the home also engage in some bullying behavior, although at much lower rates than Client A. Their BSPs will be updated to also include bullying behavior. (5) Risk plans will be updated for all three housemates of Client A to include the risk of being bullied and what staff members should systematically do to intervene if</p>	03/08/2014			

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	<p>[GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b----', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the ground." The report indicated the other two staff in the group home separated GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip." The report indicated the staff person walked off the job at the group home and would not be rehired. The report indicated the police were called and a report was filed.</p> <p>-A 1/26/14 BDDS report for an incident on 1/25/14 at 1:00pm indicated client A was verbally aggressive "all day" and became physically aggressive toward staff "trying to bit (sic)" staff. The report indicated client A had "more than" four (4) MANDT holds used to control her behaviors.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 5:30pm indicated client A "called [client C] stupid," client A got vocally louder and louder, client C "ran to [client A], jumped on [client A], and both [clients A and C] hit the floor." The report indicated client C "bit" client</p>		<p>bullying occurs. (6) DSPs will be trained on updated BSP and Risk Plan interventions to address bullying. This will include the requirement to physically stand or otherwise screen the bullied housemate while verbally redirecting the individual engaged in bullying or intimidating behavior. How facility will identify other residents potentially affected & what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence: Approved transition of Client A to more-restrictive facility in near future; Changes to BSPs and Risk Plans; Change in Supervision Level; Training on these changes to the BSPs, Risk Plans, and Supervision Level. How corrective actions will be monitored to ensure no recurrence: The IDT includes the QIDP, Group Home Manager, BC, Nurse, Facility Administrator/Director, and others. The IDT holds regular documented meetings, and it monitors and updates all Individual Program Plans as needed. The QIDP is the primary IDT member responsible for monitoring and updating Risk Plans. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager supervises staff, including</p>				

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	<p>A on her arm and client A was taken to the emergency room for the open wound.</p> <p>-A 1/23/14 BDDS report for an incident on 1/23/14 at 4:00pm indicated client A "was very aggressive and [client A] physically assaulted one staff person [and clients B and D]. [Client C] was struck by something [client A] threw. During the course of [client A's] aggressive behavior the staff member who was previously struck got her hair pulled by [client A]." The BDDS report indicated multiple MANDT holds were used to control client A's physically aggressive behaviors. The BDDS report indicated Group Home Staff (GHS) #10 "came to help but [client A] punched [GHS #10] in the face. [GHS #10] then said something similar to 'you hit the wrong b---', and [GHS #10] retaliated with multiple punches to [client A's] head while taking [client A] to the ground." The report indicated the other two staff in the group home separated GHS #10 and client A. The report indicated a fourth staff arrived from another group home to assist. The report indicated client A had a nose bleed and blood "apparently from her lip."</p> <p>-A 1/23/14 BDDS report for an incident</p>		<p>ensuring that their training needs are met. The Behavior Clinician BC trains staff on BSPs. Management staff work with and directly supervise DSPs, including implementation of all plans approved by the IDT. Management staff complete home visit forms and will monitor the implementation of new corrections. The group home manager will be required to monitor the facility in-person for a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings, including ensuring that the manager has been in the home a minimum of four (4) hours per week. The Director supervises management staff and reviews home visit forms at regular meetings. The IDT meets regularly, including special meetings where all IRs are reviewed. The agency's IOC – comprised of the Director, an agency Vice President, and a Compliance Officer – reviews all incidents and monitors IDT actions and follow-up. When insufficient corrective action is put in place, the IOC follows up with the agency's management staff. IRs are not considered "closed" by the IOC until all follow-up is complete.</p>				

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	<p>on 1/23/14 at 3:45pm indicated client A had had "multiple assaults" on staff, hit client D in the face, hit client B in the arm, and threw objects hitting client C. The report indicated staff had used multiple MANDT holds to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/22/14 at 2:30pm indicated client A was physically aggressive, sprayed cooking spray on the kitchen floor, walls, and appliances, and staff redirected client A not to. Client A took client B's false teeth and threw them. Client A then "attacked" the staff. The report indicated MANDT holds were used to control client A's behaviors.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 5:12pm indicated client A threw food from the kitchen cabinets on the floor and staff used "MANDT restraints" after client A threw a jar of food at the staff. The report indicated client A bit the staff's right arm.</p> <p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A made "threats and intimidation of staff," was physically aggressive toward staff, client A was placed in MANDT holds after she hit staff with a broom, and kicked the staff in the shin three times.</p>						

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	<p>-A 1/22/14 BDDS report for an incident on 1/21/14 at 3:30pm indicated client A was on the telephone, once off the phone and client A was "yelling and cussing" at the staff. Client A was asked to wait three times for client A's medication administration, client A attempted to bite the staff, and left the group home AWOL (Absent without Leave).</p> <p>-A 1/21/14 BDDS report for an incident on 1/20/14 at 5:00pm indicated client A was asked to turn down her music, client A threw the Wii controller at staff, hit staff, and threw a pop can at client C and a visitor. The report indicated client A was placed in multiple MANDT holds by the facility staff.</p> <p>-A 1/20/14 BDDS report for an incident on 1/18/14 at 3:04pm indicated client A attempted to smash her medications into a powder and snort them up her nose. The report indicated when client A was redirected not to do this, client A chased the staff and made physical threats of harm.</p> <p>-A 1/14/14 BDDS report for an incident on 1/14/14 at 8am indicated client A had verbal and physical aggression, "flipped" the dining room table over, and threw objects which hit client C in the foot.</p>						

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	<p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 3:10pm indicated client A was verbally aggressive with her peers (clients B, C, and D) then physically aggressive toward the facility staff, and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/13/14 BDDS report for an incident on 1/13/14 at 9:30am indicated client A became physically aggressive toward the facility staff and MANDT holds were used to control client A's behaviors.</p> <p>-A 1/6/14 BDDS report for an incident on 1/5/14 at 6:15am indicated client A was verbally aggressive toward clients B, C, and D and became physically aggressive toward the facility staff. The report indicated staff used MANDT holds to control client A's behaviors.</p> <p>-A 1/5/14 BDDS report for an incident on 1/5/14 at 7:05am indicated client A was verbally and physically aggressive toward staff and staff used "at least" four (4) different MANDT holds to control client A's aggressive behaviors.</p> <p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 6:00pm indicated client A did not want to return to the group home and staff used two (2) physical MANDT</p>						

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	<p>restraints to get client A to return home.</p> <p>-A 1/5/14 BDDS report for an incident on 1/4/14 at 4:25pm indicated client A threw chairs, ran after and "attacked" client B, hitting client B in the head. The report indicated staff used multiple MANDT (physical restraint holds) to control client A.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 5:00pm indicated client A kicked the trash can and hit client B.</p> <p>-A 12/12/13 BDDS report for an incident on 12/11/13 at 7:15pm indicated client A was verbally and physically aggressive, placed in MANDT (physical restraint holds) by staff to control her behavior.</p> <p>-A 12/23/13 BDDS report for an incident on 12/23/13 at 12:00pm indicated client A became verbally aggressive with clients B, C, and D. The report indicated client A "called them names and threatened to hurt them (clients B, C, and D). Then [client A] stood in front of the van so [clients B, C, and D] couldn't leave (on the van for an outing). [Client A] was redirected inside (the group home). Staff then blocked and redirected [client A] from</p>			

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	<p>breaking the printer. [Client A] tried to hit staff. For [client A's] and staff's safety, [client A] was placed in a one arm MANDT restraint. [Client A] continued to be verbally aggressive with [client C] who still remained at the house. [Client C] went to [client C's] bedroom and tried to call [client C's] family to get away from [client A]. [Client A] kept yelling at [client C] from the kitchen, demanding the phone, and threatening to harm [client C]. Staff was blocking [client A] from entering [client C's] bedroom. [Client C] came out of her room, pushed staff out of [client C's] way, and attacked [client A], hitting [client A] twice in the cheek. Staff separated them. Both clients went to their rooms. The staff called the manager (for the group home)." The report indicated client A called the police to report client C. The report indicated "the police showed up, took statements from [clients A and C]. The police told [client A] that if she pressed charges, that they were going to charge both of them. [Client A] decided not to press charges." The police did not make a report. The report indicated client A later wanted to go on an outing and staff declined because of the peer to peer altercation earlier, client A became physically aggressive with staff, and "staff restrained [client A] several more</p>				

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	<p>times until [client A] stopped attacking staff. All of the restraints were side body MANDT restraints." The corrective action indicated "The home manager stayed in the home until the clients showed that they could be safe and counseled them on bullying and physical aggression."</p> <p>-A 11/3/13 BDDS report for an incident on 11/2/13 at 2pm indicated client A broke a fire extinguisher box, "grabbed a fire extinguisher," and staff were relocating the fire extinguisher after removing it from client A. Client A went into client B's bedroom, "shoved" client B "out of her bed," and removed client B from client B's bedroom into another room. Client A came after client B again in the second room, and was "hitting" client B. The report indicated staff "put [client A] in a MANDT hold, [Client A] started saying she (client A) was going to kill [client B] tonight and was going to kill the behavior consultant." The report indicated "additional staff (from another group home) showed up to assist to calm [client A]." The report indicated client A was put into a one person MANDT side body hug restraint and when client A went to the ground and continued to be physically aggressive towards staff, "[client A] was put into another HRC</p>						

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	<p>(Human Rights Committee) approved restraint...." The report indicated client A had hit client B in the head during client A's physically aggressive behaviors.</p> <p>-A 11/1/13 BDDS report for an incident on 10/31/13 at 12:30pm indicated client A was verbally aggressive on the facility van, took off her seat belt, threw items at clients B, C, D, and the staff, and then became physically aggressive towards clients B and D. The report indicated multiple MANDT hold restraints were used on client A to control her behaviors.</p> <p>During observation and interview at the group home on 1/29/14 at 3:30pm, the dining room table was a plastic outdoor table. At 3:30pm, GHS #3 indicated client A targeted clients B and D "mostly" for verbal and physical aggression. At 3:30pm, GHS #3 indicated client A had broken the wooden table during a behavior and the facility had attained the plastic table for clients A, B, C, and D to use for dining. Client A stated "I'm a bully. That's my job." Client A stated she bullied other clients in the group home "especially [clients B and D] and nobody can do anything about it." Client A stated she bullied client C "sometimes, but she</p>						

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	<p>(client C) fights back." At 4:25pm, GHS #4 stated client A "targets" clients B and D and client A will "fight with all" the clients B, C, and D. GHS #4 stated client A "attacks them" and there is no reason or pattern.</p> <p>On 1/31/14 at 11:50am, client B began to cry and tears ran down her face and cheeks as client B recalled client A chasing her through client B's house. Client B recalled being pulled out of her bed by client A and hit by client A in the head before the staff got between them. Client B stated client A "called" her names and hits her "almost daily."</p> <p>On 1/31/14 at 12noon, client D stated she was not afraid of client A "but (she) was tired of all of it." Client D then stated "I'm afraid of everyone" and indicated she was unsure of who she could trust.</p> <p>Confidential Interview (CI) #1 stated client A "targets" clients B and D. CI #1 stated "she targets them (be) cause they are more dependent than anyone else."</p> <p>On 1/31/14 at 12:15pm, the Residential Manager (RM) stated client A "targets" clients B and D. The RM stated client A "will bully" client C and then client C reacts and "will get the best of [client</p>						

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	<p>A]." When asked how are you keeping clients B, C, and D safe from client A's behaviors of bullying, intimidation, and physical aggression, the RM indicated the staff call for more staff if needed.</p> <p>When asked if client B, C, and D's plans included a plan to keep the clients safe from the potential of abuse, neglect, and/or mistreatment from staff and/or other clients, the RM stated "no" the plans do not include guidelines to keep clients B, C, and D safe from the potential of bullying, intimidation by other clients, and/or physical aggression. The RM indicated they review environmental factors after each incident and the events but the plans did not include proactive strategies to keep the clients safe from the potential.</p> <p>On 1/31/14 at 12:30pm, an interview with the SD (Site Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The SD and the QIDP both indicated the facility continues to address peer to peer aggression in an effort to decrease the behaviors. The SD indicated the injuries suffered by the clients from peer to peer physical aggression continue to be a priority to decrease. The SD indicated the staff implemented each client's BSP, the IDT was reviewing incidents during weekly meetings, and action would be</p>				

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	<p>taken based on the discussion and team decisions made. The SD indicated the plan to resolve client to client physical aggression had decreased the incidents of client to client physical aggression. The SD indicated client to client physical aggression had continued at the group home. The SD stated staff "must" know where client A was at "all times." When asked if staff knew where client A was "at all times" and how was client A able to continue to be aggressive with clients B, C, and D, the SD stated client A was "smart and fast." When asked if staff protected clients B, C, and D from client A's physical and verbal aggression, the SD did not respond. The SD indicated client A had broken the dining room wooden table during a behavior. The SD indicated client A had required multiple physical restraints each time in an attempt to control client A's behaviors. The SD stated clients B and C were "targets" of client A. When asked how the facility was keeping the clients safe from being client A's targets, the SD stated the staff were to follow client A's plans. The SD stated when client A was "out of control" the facility staff called for additional assistance from the staff at another group home.</p> <p>Client B's record was reviewed on 1/31/14 at 2:30pm. Client B's 4/17/13</p>			

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	<p>ISP, 12/10/13 BSP, and 5/8/13 Risk Plan did not indicate client B was the target and at risk for being the victim of bullying, intimidation, and physical aggression by others. Client B's plans did not include guidelines on how the facility staff were to monitor and keep client B safe from bullying, intimidation, and physical aggression.</p> <p>Client C's record was reviewed on 2/5/14 at 10:00am. Client C's 4/17/13 ISP, 4/17/13 BSP, and 5/8/13 Risk Plan did not indicate client C was the target and at risk for being the victim of bullying, intimidation, and physical aggression by others. Client C's plans did not include guidelines on how the facility staff were to monitor and keep client C safe from bullying, intimidation, and physical aggression</p> <p>This federal tag relates to complaint #IN00143156.</p> <p>9-3-4(a)</p>						