

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  03/20/2014
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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 a PCR (Post Certification Revisit) to the investigation of complaint #IN00143156 completed on 2/6/14.</p> <p>Complaint #IN00143156: Not Corrected.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 3/10, 3/11, 3/12, 3/13, 3/14, 3/18, 3/19, and 3/20/2014.</p> <p>FACILITY NUMBER: 0012563 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.</p> <p>Quality review completed April 3, 2014 by Dotty Walton, QIDP.</p>	W000000		
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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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) who lived in the group home, the governing body failed to exercise operating direction over the facility to complete maintenance and repairs at the group home.</p> <p>Findings include:</p> <p>On 3/10/14 from 3:40pm until 5:55pm, and on 3/11/14 from 6:25am until 8:40am, observations were conducted at the group home. During both observation periods, clients #1, #2, #3, and #4 accessed the dining room, bathrooms, kitchen, and the living room areas of the facility. On 3/10/14 at 4:10pm, the Residential Manager (RM) walked out the group home's front door. The front door closed, the alarm system verbally stated "front bedroom window open," and Group Home Staff (GHS) #1 went to look. GHS #1 indicated client #3 was not present in the group home at this time and client #3's bedroom window opened independently when the front door closed. GHS #1 stated "I was hoping you didn't notice" client #3's window opening as the front door closed. GHS #1</p>	W000104	<p>W104: Governing Body - Maintenance (1) Corrective action for resident(s) found to have been affected: Window replacement parts have been ordered, closet door has been replaced, carpets will be cleaned, holes and scratches in walls have been fixed. (2) How facility will identify other residents potentially affected &amp; what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: Repairs and cleaning (4) 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 Plans as needed. The Group Home manager is responsible for maintenance in the home and reports to the IDT at their regular meetings. Maintenance is a standing item on the meeting agenda. The manager completes home visit forms and will monitor the implementation of new</p>	04/19/2014			

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	<p>indicated client #3's window needed repair.</p> <p>During both observation periods the following maintenance areas were identified:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom closet was missing one of two closet doors.</li> <li>-Client #3's bedroom window was loose from the casing and opened outward when touched.</li> <li>-Client #4's tan colored bedroom carpet had dark stains and discolorations on the floor surrounding her bed.</li> <li>-Two of four wooden living room window casing controls were broken and exposed broken and splintered wood.</li> <li>-The group home wall behind the front door had a hole in it the shape of the front door knob.</li> <li>-On 3/10/14 at 5:50pm, the Residential Manager (RM) stated two of two dining room walls had "over" eighteen areas in which the wall finish was damaged and/or discolored.</li> </ul> <p>On 3/14/14 at 11:35am, an interview with the RM was conducted. The RM indicated the group home maintenance requests had been submitted for the repairs to be completed at the group home. The RM indicated clients #1, #2, #3, and #4's dining room walls, living room windows, and front door dry wall</p>		<p>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 the manager 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.</p>		

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	<p>needed repair. The RM indicated client #2 needed a closet door, client #3's window needed repair, and client #4's carpet needed cleaning.</p> <p>This deficiency was cited on 2/6/2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to the investigation of Complaint #IN00143156.</p> <p>9-3-1(a)</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 6 of 19 BDDS (Bureau of Developmental Disabilities Services) reports (clients #1, #2, #3, and #4) reviewed, the facility neglected to implement the facility's policy and procedure to prohibit client to client abuse/mistreatment, neglected to protect clients #1, #2, #3, and #4 from the potential of further abuse, neglect, and/or mistreatment, and neglected to ensure sufficient staff supervision to implement client #3's behavioral requirements while in the community.</p> <p>Findings include:</p> <p>On 3/11/14 at 8:55am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 02/06/14 through 03/11/14.</p> <p>-A 3/7/14 BDDS report for an incident on 3/6/14 at 3:25pm indicated client #1 "was upset after [client #3] was disturbing (the) home environment with [client #3's] display of behavior (sic). [Client #1] went to her room, slammed the door, and began to head bang</p>	W000149	<p>W149: Staff Treatment of Clients – Supervision &amp; Peer Aggression/Abuse. (1) Corrective action for resident(s) found to have been affected: All BSPs have interventions in place to prevent peer aggression. At staff meeting, BC, QIDP, and Manager discussed staffing level, keeping spacing between agitated clients rather than just getting between them, and changed how to address shift change. Discussion included role play. (2) How facility will identify other residents potentially affected &amp; what measures taken: All residents potentially affected, and corrective measures address the needs of all clients. (3) Measures or systemic changes facility put in place to ensure no recurrence: review with staff including role play. (4) 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. The BC is the primary IDT member responsible for monitoring and updating BSPs. The Group Home Manager</p>	04/19/2014
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	<p>(banging her head on objects to cause injury)." The report indicated staff redirected client #1 and client #1 began to "head bang again. [Client #1] began physical aggression towards staff" and the staff placed client #1 in Mandt holds (facility approved behavior management restraint technique) on the floor for her safety (for) three minutes "on and off until calm."</p> <p>-A 3/5/14 BDDS report for an incident on 3/4/14 at 5:00pm indicated client #1 "began showing signs of escalation when a peer was displaying physical aggression towards staff and scratched them (the staff) on the face which caused the staff to bleed." The report indicated client #1 was redirected, (but) client #1 "continued to escalate and then charged at staff and peer." The report indicated client #1 was placed in a Mandt hold, and after the client calmed, client #1 went into her bedroom and began to head bang. Staff placed client #1 in an additional Mandt hold when client #1 refused to stop head banging. The report indicated the staff called a fourth staff person to the group home to supervise clients #1, #2, #3, and #4 because of client #1's escalating behaviors.</p> <p>-A 3/5/14 BDDS report for an incident on 3/4/14 at 3:40pm indicated client #3</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. The Manager completes 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 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>		

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	<p>"began verbal aggression toward staff then she was not assigned the staff member [client #3] preferred. [Client #3] was redirected by staff...[client #3] escalated in her display of behavior to include throwing items in the home, slamming doors, spitting on staff, physically attacking staff by hitting, scratching, biting, and kicking (sic). This behavior began at 3:40pm and continued off and on until 5:13pm. During that time [client #3] was placed into 4 Mandt [holds/physical restraints] and three HRC holds (facility's Human Rights Committee approved emergency measures)." Client #3 made threats to staff "that she was going to tell the management that staff was hurting her to get [staff] fired." The report indicated client #3 made threats "to kill the staff."</p> <p>-A 2/18/14 BDDS report for an incident on 2/17/14 at 5:00pm indicated client #3 "began displaying attention seeking behavior by going into her room and opening the window. Staff were alerted by the window alarm. The report indicated client #3 was prompted by the staff to close the window when client #3 refused to allow staff inside her bedroom. Client #3 "went into the living room and began yelling at staff she hated them and would kill all staff. When staff ignored [client #3's] comments, [client #3] began</p>			
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	<p>taunting [client #1]...[Client #1] ignored [client #3's] comments at first. [Client #1] then asked [client #3] to stop. [Client #3] continued and went towards [client #1]. Staff blocked [client #3's] path and [client #3] began attacking staff." The report indicated client #3 was placed in a Mandt hold for "about 30 seconds," staff released client #3, and client #3 "tried to go towards [client #1] and continued to call names and make comments." The report indicated client #1 went towards client #3, staff stepped between the two clients, and staff redirected clients #1 and #3 to different parts of the group home.</p> <p>-A 2/16/14 BDDS report for an incident on 2/15/14 at 10:50am indicated client #3 "went to a Special Olympics event with a staff and peer. The peers (sic) game was about to begin and staff was assisting the peer. [Client #3] informed staff that she was going to go into the lobby to find her teammates. Staff informed [client #3] that all her team were there in the gym. [Client #3] insisted that she was going out into the lobby. Staff redirected and reminded [client #3] to make good choices. [Client #3] went out of the gym into the lobby and then returned in 2 mins. (minutes). Staff did not have visual contact for those 2 mins...."</p> <p>-A 2/14/14 BDDS report for an incident</p>						

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	<p>on 2/13/14 at 4:25pm indicated the Residential Manager (RM) was investigating a report that client #4 had told the RM that client #1 had taken client #4's DVD player. The report indicated the RM was talking to client #1 about the DVD player, client #1 indicated client #4 had given her the DVD player, and client #1 was told that even if client #4 had given client #1 the DVD player, that the DVD player must be returned. The report indicated client #1 became upset "threw it at the wall and broke (the DVD player)." The report indicated client #1 went to her room, the RM followed to stay outside client #1's doorway to listen for client #1 because she had a history of SIB (Self Injurious Behaviors). The report indicated client #1 "escalated and began throwing items, broke her door, and attacked [the RM]. [Client #1] continued to escalate and banged her head," and bit herself on her arms six times. The staff intervened, client #1's nose was bloodied, client #1 took "a brush and used it to hurt her skin on her forearm. [Client #1] made threats to kill herself. [Client #1] was placed on suicide watch and her room cleared."</p> <p>On 3/13/14 at 10:15am, the Residential Manager (RM) stated client #3 "targets" clients #2 and #4. The RM stated client #3 "will bully" client #1 and then client</p>			
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	<p>#1 reacts and "will then attack [client #3]." The RM indicated clients #1, #2, #3, and #4 needed to be supervised while at the group home if the clients were not alone in their bedrooms and/or in the bathroom. The RM indicated client #3 should not have been with a single staff and another client in the community. The RM indicated client #3 should have had a one on one while in the community.</p> <p>On 3/20/14 at 3:30pm, an interview with the Director was conducted. The Director indicated the facility continued to address peer to peer aggression in an effort to decrease the behaviors. The Director indicated decreasing the injuries suffered by the clients from peer to peer physical aggression continued to be a priority. The Director 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 Director indicated the plan to resolve client to client physical aggression had decreased the incidents of client to client physical aggression. The Director indicated client to client physical aggression had continued at the group home. The Director indicated staff should know where client #3 was while in the community. The Director indicated client</p>						

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	<p>#3's supervision level changed from staff knowing where she was, to one on one staff supervision after 2/14/14. The Director indicated client #3's behaviors continued before and after one on one staff was added to supervise client #3. The Director indicated client #3 was aggressive with staff and clients #1, #2, and #4 on a daily basis "at times" and stated "these behaviors have decreased" since the added supervision was implemented. The Director indicated client #3 was discharged on 3/13/14 from the facility to a more secure active treatment environment because of client #3's behaviors of physical aggression and the potential of injury to clients #1, #2, and #4.</p> <p>Client #3's record review was conducted on 3/13/14 at 3:30pm. Client 3's 5/29/13 ISP (Individual Support Plan) and 8/1/13 BSP (Behavior Support Plan) indicated she had targeted behaviors of physical aggression and verbal aggression. Client #3's 8/1/13 BSP indicated "Required level of Supervision: [Client #3] 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 #3] will not also be responsible for</p>						

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	<p>supervising anyone else. [Client #3] requires 1:1 supervision whenever smoking or whenever using any kitchen appliance, especially the stove or microwave. [Client #3] has a history of trying to set things on fire. [Client #3] requires 1:1 supervision whenever she is with her boyfriend and (staff) will maintain complete visual contact...."</p> <p>Client #3's BSP indicated client #3 required staff "in close enough proximity to provide safety. The staff member must be aware of [client #3's] location at all times." Client #3's 2/2014 Risk Plan and record indicated client #3 "has been in Jail for trespassing, criminal mischief, and battery (for) beating up her grandmother. When [client #3] is being verbally aggressive she will make racial slurs towards staff. [Client #3] has destroyed housemates (sic) items and items in the house when she has become physically aggressive."</p> <p>On 3/11/14 at 1:00pm, the 12/5/12 facility policy on "Abuse and Neglect" of clients was reviewed and indicated, "Purpose. 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</p>						

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	<p>abuse, psychological abuse or sexual abuse." The policy indicated abuse, neglect, and/or mistreatment was "not tolerated" by the agency.</p> <p>This deficiency was cited on 2/6/2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to the investigation of Complaint #IN00143156.</p> <p>9-3-2(a)</p>			
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