

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 408 N REED ST SOUTH WHITLEY, IN 46787
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W0000	<p>This visit was for the investigation of complaint #IN00109991.</p> <p>Complaint #IN00109991: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W104, W122, W149, W157, W199, W200, W262, W266, W288, and W289.</p> <p>Dates of survey: June 18, 19, 20, 21, and 22, 2012.</p> <p>Facility number: 000766 Provider number: 15G243 AIM number: 100243280</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) 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 6/18/12 from 3:25pm until 5:45pm, and on 6/19/12 from 7am until 11:15am, clients A, B, C, D, E, F, G, and H were observed at the group home and the following was observed with Group Home Staff (GHS) #1:</p> <p>-At 3:25pm, Client B had no dresser and his clothing was stacked on the floor. GHS #1 stated client B "kicked a hole in the dresser."</p> <p>-At 3:25pm, GHS #1 stated client B had two holes in his bedroom walls "from [client B's] fists."</p> <p>-At 3:25pm, Client B's closet door was missing and GHS #1 stated client B "damaged it."</p> <p>-At 4pm, the House Manager (HM) stated three (3) holes in the wall in the living room were from client B's "fists." The</p>	W0104	<p>The governing body will exercise general policy, budget and operating direction over the facility to complete maintenance and repairs at the group home. The holes on the kitchen, living room and bedroom walls were repaired. A replacement dresser has been obtained for client B and placed in his room. The closet door for client B was replaced. The down spouts for the facility gutters were repaired. The drapes for client B have been replaced. The living room front door was repaired. The house manager and QMRP will complete work orders as needed.</p>	07/20/2012			

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	<p>HM stated "one hole was 3" (inches) by 2", one hole was 5" by 5", and one hole was 5" by 4" each." The HM stated an additional hole in the wall at eye level from the kitchen to the garage was "five inches by five inches."</p> <p>-At 5:15pm, GHS #1 showed the outside of the group home and stated "five of eight group home down spouts" for the facility's gutters were "flattened or damaged" by client B's behaviors of "hitting them with his fists or a tree limb."</p> <p>On 6/19/12 at 7am, client B was asleep on a mattress laying on the floor of his bedroom. Four additional holes in the wall were observed. At 7am, GHS #4 stated client B "had behaviors last night." GHS #4 stated "one hole was three inches by three inches (3" x 3"), one hole was one and one half feet by two and one half feet (1 1/2' x 2 1/2'), one hole was one foot by six inches (1' x 6"), and two additional holes were small." GHS #4 stated "The smaller ones are where [client B] put his bedframe wheels through the wall." At 7am, client B's window was missing one of two drapes. At 7am, GHS #4 stated the kitchen had two additional "new holes" in the wall from client B's "fists." GHS #4 stated "The two holes were three inches by four inches (3" x 4") each." At 8:20am, the living room front door casing would not allow the door to</p>			

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	<p>open or close without lifting the door up to open and close the door. At 8:20am, GHS #4 indicated client B had hit the door last night during his behaviors. The living room wall had three additional holes on one side, one additional hole on the opposite side of the room, and GHS #4 stated client B had put his "fist" through the wall. GHS #4 stated the wooden studs inside the walls were exposed as the "result" of client B "putting his fists through the plaster."</p> <p>On 6/19/12 at 10:30am, an interview was conducted with the Director of Group Home Services (DGHS). The DGHS stated the maintenance man "was coming out to fix" the property destruction and no maintenance schedule was available for review.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-2(a)</p>				

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review, observation, and interview, for 1 of 3 sample clients (client B), the Condition of Participation of Client Protections is not met as the facility neglected to ensure the facility's policy was implemented for client B's behaviors and neglected to take effective corrective action for client B's behavioral episodes.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149. The facility neglected to implement their abuse, neglect, and mistreatment policy and procedure to protect client B from his aggressive behaviors and neglected to take sufficient corrective action for client B's potential behavioral episodes for 1 of 3 sample client (client B). 2. Please refer to W157. The facility failed to take sufficient corrective action for client B's behavioral episodes for 6 of 10 BDDS (Bureau of Disability Services) reports reviewed from 3/1/12 through 6/19/12 (client B). <p>This federal tag relates to complaint #IN00109991.</p>	W0122	<p>The facility will ensure that specific client protections requirements are met. The facility policy will be implemented for client behaviors and take effective corrective action for client behavioral episodes. On 6/20/12, client B was assessed by a Behavior Specialist who developed a BAT (Behavioral Application Tool). The IDT met and developed a comprehensive Behavioral Support Plan for client B. Staff were trained on the BSP on 6/29/12. Client B saw a psychiatrist on 6/26/12 and his medications were adjusted. The QMRP will monitor behavior episodes weekly to ensure behavior plan remains appropriate.</p>	07/20/2012	

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 sample clients (client B), the facility neglected to implement their abuse, neglect, and mistreatment policy and procedure to protect client B from his aggressive behaviors and neglected to take effective corrective action for client B's potential behavioral episodes.</p> <p>Findings include:</p> <p>On 6/18/12 from 3:25pm until 5:45pm, client B was observed at the group home with Group Home Staff (GHS) #1, GHS #2, and GHS #3. At 4:15pm, client B was observed to watch a recorded movie alone in his bedroom watching previews of werewolves, vampires, killing of vampires with wooden stakes, and a movie with gang violence, fighting, and hallucinations at a mental hospital. At 5:05pm, GHS #1 stated client B was "basically one on one supervision (one staff to be with client B)." At 5:05pm, client B walked out of his room and began pushing GHS #1 in his chest with both of client B's hands. Client B then began to hit GHS #1 on GHS #1's chest</p>	W0149	<p>The facility will ensure that policies and procedures are implemented that prohibit mistreatment, neglect or abuse of clients from aggressive behaviors and take effective corrective action for client potential behavioral episodes. On 6/20/12, client B was assessed by a Behavior Specialist who developed a BAT (Behavioral Application Tool). The IDT met and developed a comprehensive Behavioral Support Plan for client B. Staff were trained on the BSP on 6/29/12. Client B saw a psychiatrist on 6/26/12 and his medications were adjusted. The QMRP will monitor behavior episodes weekly to ensure behavior plan remains appropriate.</p>	07/20/2012			

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	again multiple times. Client B stated to GHS #1 "I'm going to bite you." GHS #1 verbally redirected each of client B's pushes and client B's comments. Client B then walked away from GHS #1 and punched the kitchen walls and doorway with client B's hand. GHS #1 stated client B "thinks he is a werewolf." Client B began running through the house and hit the walls with his hands. At 5:05pm, GHS #1 stated "We do not have a plan yet for [client B], we just keep ourselves (staff) between [client B] and the other clients at all times." At 5:15pm, client B and GHS #1 walked outside the group home into the front yard then walked to the backyard. At 5:15pm, GHS #1 spoke to client C and requested client C play catch with client B with a football. From 5:15pm until 5:25pm, clients B and C threw the football back and forth to one another. At 5:25pm, client B began to yell at client C and threw the football out of client C's reach to client C's side. Client B began to yell names at client C "Hey, go fetch you dog" and "Take that you son of a B----." Client C showed no reaction and kept throwing the ball and GHS #1 redirected client B verbally to not call client C names. At 5:30pm, client B continued to call client C profane names and was yelling at client C. At 5:30pm, client C took off running toward client B in a full run and GHS #1 ran to get			

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	<p>between clients B and C. Client B began running away AWOL (Absent without Leave), left the property, and continued to run for distance between client C and himself. GHS #1 verbally calmed client C down and kept client B within eyesight. Once client C was calm GHS #1 walked closer to client B and prompted him to return to the property. Client B yelled profanities from 5:25pm until 5:33pm.</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 3/1/12 through 6/18/12 were reviewed on 6/18/12 at 12:55pm and indicated the following for client B:</p> <p>-A 6/16/12 BDDS report for an incident on 6/15/12 at 8pm, indicated "YSIS (Your Safe I'm Safe behavior physical restraint) techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B was watching television and became upset when a commercial came on. Client B "started kicking and hitting the walls of the home and knocking over furniture." Client B was placed in a YSIS two person standing technique for fifteen minutes. The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p>			

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	-A 6/15/12 BDDS report for an incident on 6/14/12 at 2:30pm, indicated "On 6/14/12 YSIS techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B "became upset while trying to adjust a control button on his television, hit it, causing it to break." The report indicated client B became "verbally and physically aggressive and this continued throughout the evening. [Client B] was hitting and kicking at the walls and objects in the house. He kicked his dresser putting a hole in it. At one point he went out of the home with staff following, and walked to a busy street." The report indicated the police were in the area and stopped to assist the staff. Client B returned to the group home, became aggressive again, and four (4) different YSIS physical restraint techniques were implemented: A one person standing technique lasting four minutes, a two person standing technique lasting four minutes, a one person standing technique lasting ten minutes, and a two person standing to laying supine technique lasting twenty minutes. The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.			

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	<p>-A 6/14/12 BDDS report for an incident on 6/13/12 at 7am, indicated "On 6/13/12 [client B] was taken by police car" to the local behavioral health unit at the hospital for assessment and admission. The report indicated client B "became verbally and physically aggressive for unknown reasons. [Client B] began to make threats to his staff and peers." The report indicated "YSIS one person standing technique was implemented in an attempt to keep him from throwing a pan toward his peers and staff." The report indicated client B calmed, staff released client B, client B "ran outside" the group home, and "began to throw rocks." The report indicated client B returned inside the group home and "began to throw household items." The report indicated client B was "handcuffed by police" during transport to the local hospital and "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/13/12 BDDS report for an incident on 6/12/12 at 9:50pm, indicated client B was changing the channel and the volume on the living room television "to keep a housemate from watching it (the television)." Client B "became upset and</p>			

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	<p>went outside and began hitting at objects and swinging at staff. He returned inside the group home and continued to swing at the walls and doors while speaking inappropriately. After several attempts to redirect [client B] the police were called." The report indicated client B was handcuffed and transported by police car to the local behavioral unit at the hospital for "possible admission." Client B was "released to" return to the group home "because he did not meet the criteria for admission." The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/4/12 BDDS report for an incident on 6/3/12 at 5:15pm, indicated "After attempts to redirect [client B], YSIS technique was implemented in an attempt to calm [client B]." The report indicated client B was upset about the television set he was watching not working, went to the garage, "grabbed windchimes," broke the windchimes, and began hitting the house with a piece of windchimes pipe. The report indicated client B went "outside and hit a tree several times with the piece of windchimes, scarping the knuckle of his right hand." The report indicated client B went back into the house, staff</p>						

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	<p>took the piece of windchimes, and client B "flipped a couch over and began to hit the wall." The report indicated client B was placed in a manual restraint for fifteen (15 minutes) by two staff persons. The report indicated "Plan to resolve... [client B's] 30 day admission meeting is scheduled for 6/22/12. Verbal and physical aggression will be made part of his plan." No current behavior plan and no corrective action for client B were available for review.</p> <p>On 6/19/12 at 6pm, the DQA (Director of Quality Assurance) provided an additional BDDS report dated 6/19/12 for an incident on 6/18/12 at 6:30pm. The report indicated "YSIS techniques were implemented on [client B] in an attempt to calm him." The report indicated client B became upset when staff did not agree with him on watching an inappropriate movie, client B got up from a table, and began hitting the walls. The report indicated he went to his room, began to hit walls, and "for [client B's] safety a two person standing to laying technique was implemented" and lasted twenty minutes. The report indicated a "few hours" later client B began to "throw shoes at a housemate" and a "YSIS technique" two person standing restraint was implemented" for fifteen minutes. The report indicated "on the morning of</p>			

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	<p>6/19/12 at 11:50am" client B was in the community with staff, "became verbally aggressive," and "began to make personal threats to staff." The report indicated client B "raised his fists to staffs face (sic) stating that she was gonna get it," staff implemented an "approved one person YSIS technique," and the restraint lasted five minutes. The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>On 6/18/12 at 1pm, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility policy</p>			

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	<p>indicated the facility would investigate allegations of abuse, neglect, and mistreatment of clients. The facility policy indicated the facility would take corrective action during investigations when the facility determined corrective action systematically would protect the clients from abuse/neglect.</p> <p>On 6/18/12 at 12:55pm, a review of the facility's 7/2007 "Operations Standard. Reporting concerns and Investigating abuse/neglect/exploitation," indicated "ResCare Northern Region Indiana staff actively advocate for the rights and safety of all individuals...ResCare strictly prohibits abuse/neglect/exploitation...."</p> <p>On 6/18/12 at 1:30pm, an interview with the Site Director (SD) was conducted. The SD indicated the facility did not have documented oversight of the implementation of the agency's policy and procedure for abuse, neglect, mistreatment. The SD indicated no documented corrective measures were implemented and none were available for review for client B's incident reports. The SD indicated client B's record did not have a behavior support plan. The SD indicated client B had a history of physical aggression, property destruction, verbal aggression, and AWOL (Absent without Leave) behaviors and indicated</p>			

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	<p>no plan had been developed because client B was within his thirty days of admission to the facility.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-2(a)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview, for 6 of 10 BDDS (Bureau of Disability Services) reports reviewed from 3/1/12 through 6/19/12 (client B), the facility failed to take sufficient corrective action for client B's behavioral episodes.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 3/1/12 through 6/18/12 were reviewed on 6/18/12 at 12:55pm and indicated the following for client B:</p> <p>-A 6/16/12 BDDS report for an incident on 6/15/12 at 8pm, indicated "approved YSIS (Your Safe I'm Safe behavior physical restraint) techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B was watching television and became upset when a commercial came on. Client B "started kicking and hitting the walls of the home and knocking over furniture." Client B was placed in a YSIS two person standing technique for fifteen minutes. The report indicated "Plan to</p>	W0157	The facility will ensure that sufficient corrective action will be taken for client behavioral episodes. On 6/20/12, client B was assessed by a Behavior Specialist who developed a BAT (Behavioral Application Tool). The IDT met and developed a comprehensive Behavioral Support Plan for client B. Staff were trained on the BSP on 6/29/12. Client B saw a psychiatrist on 6/26/12 and his medications were adjusted. The QMRP will monitor behavior episodes weekly to ensure behavior plan remains appropriate.	07/20/2012

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	<p>resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/15/12 BDDS report for an incident on 6/14/12 at 2:30pm, indicated "On 6/14/12 YSIS techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B "became upset while trying to adjust a control button on his television, hit it, causing it to break." The report indicated client B became "verbally and physically aggressive and this continued throughout the evening. [Client B] was hitting and kicking at the walls and objects in the house. He kicked his dresser putting a hole in it. At one point he went out of the home with staff following, and walked to a busy street." The report indicated the police were in the area and stopped to assist the staff. Client B returned to the group home, became aggressive again, and four (4) different YSIS physical restraint techniques were implemented: A one person standing technique lasting four minutes, a two person standing technique lasting four minutes, a one person standing technique lasting ten minutes, and a two person standing to laying supine technique lasting twenty minutes. The report</p>			

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	<p>indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/14/12 BDDS report for an incident on 6/13/12 at 7am, indicated "On 6/13/12 [client B] was taken by police car" to the local behavioral health unit at the hospital for assessment and admission. The report indicated client B "became verbally and physically aggressive for unknown reasons. [Client B] began to make threats to his staff and peers." The report indicated "YSIS one person standing technique was implemented in an attempt to keep him from throwing a pan toward his peers and staff." The report indicated client B calmed, staff released client B, client B "ran outside" the group home, and "began to throw rocks." The report indicated client B returned inside the group home and "began to throw household items." The report indicated client B was "handcuffed by police" during transport to the local hospital and "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/13/12 BDDS report for an incident</p>			

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	<p>on 6/12/12 at 9:50pm, indicated client B was changing the channel and the volume on the living room television "to keep a housemate from watching it (the television)." Client B "became upset and went outside and began hitting at objects and swinging at staff. He returned inside the group home and continued to swing at the walls and doors while speaking inappropriately. After several attempts to redirect [client B] the police were called." The report indicated client B was handcuffed and transported by police car to the local behavioral unit at the hospital for "possible admission." Client B was "released to" return to the group home "because he did not meet the criteria for admission." The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>-A 6/4/12 BDDS report for an incident on 6/3/12 at 5:15pm, indicated "After attempts to redirect [client B], YSIS technique was implemented in an attempt to calm [client B]." The report indicated client B was upset about the television set he was watching not working, went to the garage, "grabbed windchimes," broke the windchimes, and began hitting the house with a piece of windchimes pipe. The</p>						

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	<p>report indicated client B went "outside and hit a tree several times with the piece of windchimes, scarping the knuckle of his right hand." The report indicated client B went back into the house, staff took the piece of windchimes, and client B "flipped a couch over and began to hit the wall." The report indicated client B was placed in a manual restraint for fifteen (15 minutes) by two staff persons. The report indicated "Plan to resolve... [client B's] 30 day admission meeting is scheduled for 6/22/12. Verbal and physical aggression will be made part of his plan." No current behavior plan and no corrective action for client B were available for review.</p> <p>On 6/19/12 at 6pm, the DQA (Director of Quality Assurance) provided an additional BDDS report dated 6/19/12 for an incident on 6/18/12 at 6:30pm. The report indicated "approved YSIS techniques were implemented on [client B] in an attempt to calm him." The report indicated client B became upset when staff did not agree with him on watching an inappropriate movie, client B got up from a table, and began hitting the walls. The report indicated he went to his room, began to hit walls, and "for [client B's] safety a two person standing to laying technique was implemented" and lasted twenty minutes. The report indicated a</p>						

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	<p>"few hours" later client B began to "throw shoes at a housemate" and a "YSIS technique" two person standing restraint was implemented" for fifteen minutes. The report indicated "on the morning of 6/19/12 at 11:50am" client B was in the community with staff, "became verbally aggressive," and "began to make personal threats to staff." The report indicated client B "raised his fists to staffs face (sic) stating that she was gonna get it," staff implemented an "approved one person YSIS technique," and the restraint lasted five minutes. The report indicated "Plan to resolve...[client B's] 30 day admission meeting is scheduled for 6/22/12." No current behavior plan and no corrective action for client B were available for review.</p> <p>On 6/18/12 at 1:30pm, an interview with the Site Director (SD) was conducted. The SD indicated no documented corrective measures were implemented and none were available for review for client B's incident reports. The SD indicated client B's record did not have a documented behavioral risk plan and did not have a behavior support plan. The SD indicated client B had a history of physical aggression, property destruction, verbal aggression, and AWOL (Absent without Leave) behaviors and indicated no plan had been developed because</p>						

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	<p>client B was within his thirty days of admission to the facility.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-2(a)</p>			

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W0199	<p>483.440(b)(2) ADMISSIONS, TRANSFERS, DISCHARGE Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or by outside sources.</p> <p>Based on observation, record review, and interview, for 1 of 1 new admission since 3/1/12 (client B), the facility failed to complete client B's admission decision based on a preliminary evaluation for his active treatment needs.</p> <p>Findings include:</p> <p>On 6/18/12 from 3:25pm until 5:45pm, client B was observed at the group home with Group Home Staff (GHS) #1, GHS #2, and GHS #3. At 4:15pm, client B was observed to watch a recorded movie alone in his bedroom watching previews of werewolves, vampires, killing of vampires with wooden stakes, and a movie with gang violence, fighting, and hallucinations at a mental hospital. At 5:05pm, GHS #1 stated client B was "basically one on one supervision (one staff to be with client B)." At 5:05pm, client B walked out of his room and began pushing GHS #1 in his chest with both of client B's hands. Client B then began to hit GHS #1 in GHS #1's chest again multiple times. Client B stated to GHS #1 "I'm going to bite you." GHS #1</p>	W0199	<p>The facility will ensure that admission decisions are based on a preliminary evaluation of client active treatment needs that is conducted or updated by the facility or by outside sources. On 6/22/12, an IDT meeting was held for client B. At that time, all assessments from previous placement and current placement were reviewed. An ISP, including goals and objectives was developed and will be reviewed at least monthly. The BSP was developed with the input of his Behavior Specialist. The QMRP will review goal and objectives monthly and behavior data weekly.</p>	07/20/2012	

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	<p>verbally redirect each of client B's pushes and client B's comments. Client B then walked away from GHS #1 and punched the kitchen walls and doorway with client B's hand. GHS #1 stated client B "thinks he is a werewolf." Client B began running through the house and hit the walls with his hands. At 5:05pm, GHS #1 stated "We do not have a plan yet for [client B], we just keep ourselves (staff) between [client B] and the other clients at all times." At 5:15pm, client B and GHS #1 walked outside the group home into the front yard then walked to the backyard. At 5:15pm, GHS #1 spoke to client C and requested client C play catch with client B with a football. From 5:15pm until 5:25pm, clients B and C threw the football back and forth to one another. At 5:25pm, client B began to yell at client C and threw the football out of client C's reach to client C's side. Client B began to yell names at client C "Hey, go fetch you dog" and "Take that you son of a B----." Client C showed no reaction and kept throwing the ball and GHS #1 redirected client B verbally to not call client C names. At 5:30pm, client B continued to call client C profane names and was yelling at client C. At 5:30pm, client C took off running toward client B in a full run and GHS #1 ran to get between clients B and C. Client B began running away AWOL (Absent without</p>			

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	<p>Leave), left the property, and continued to run for distance between client C and himself. GHS #1 verbally calmed client C down and kept client B within eyesight. Once client C was calm GHS #1 walked closer to client B and prompted him to return to the property. Client B yelled profanities from 5:25pm until 5:33pm.</p> <p>On 6/18/12 at 12:40pm, an interview and record review was conducted with the Agency Director of Group Home Services (DGHS). The DGHS stated client B was an "emergency admission from BDDS (Bureau of Developmental Disability Services)" office on 5/24/12. The DGHS indicated the agency had no preliminary plans, no data to review for client B, and no pre admission assessments for his active treatment needs. The DGHS indicated client B's admission was based on a "Discharge Review" document dated 5/24/12 from his previous placement. The "Discharge Review" indicated "[Client B] is an anxious boy who is impulsive and displays poor attention span. He has been exposed to violent media such as horror movies, Freddy Krueger, Halloween, and other gory movies, and wrestling (sic). He will take on the persona of such fictional beings as werewolves, robots, vampires, demons, and also that of Satan, where he may threaten his peers and staff with the</p>			

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	<p>supernatural strength he has. Due to the fantasy and witchcraft nature of the television show Charmed, [Client B] has been prohibited from watching horror movies and magical shows and movies." Client B's "Discharge Review" indicated he "exhibited sexually inappropriate gestures and comments." Client B "has a history of physical aggression towards others. This aggression includes chasing his mother with a knife, hitting a 10 (ten) year old neighbor boy in the head with a hammer, and most recently hitting a peer in the stomach unprovoked. [Client B] had a battery charge...[Client B's] negative behaviors historically include property destruction and self harm head banging and picking scabs." Client B's plan included the use of Abilify 30mg (milligrams) every morning and Depakote 500mg twice a day for behaviors. The DGHS indicated no current behavior plan and no active treatment needs were documented for client B which included the data from the 5/24/12 document. The DGHS indicated client B had no preliminary reviews completed by the agency for his active treatment needs before admission to the group home.</p> <p>Client B's record was reviewed on 6/19/12 at 8:45am. Client B's record indicated he was admitted to the group home on 5/24/12 and no documented pre</p>			

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	<p>admission assessment was available for review. Client B's record indicated a 4/2012 medical report and psychological report from client B's former. Client B had a medical risk plan and no behavior plan was available for review. Client B's record did not indicate program training objectives and no data for client B was available for review.</p> <p>On 6/18/12 at 2:15pm, the facility's 2/2012 "New Admissions" policy was reviewed. The policy indicated a written referral packet received from an outside agency would be reviewed by the agency for possible admission, then the potential client would visit the group home twice, and then an overnight visit would be scheduled pending approvals by the team after each visit. The policy indicated "Staff who met the potential consumer should fill out the pre admission visit form." The policy indicated "after the overnight visit" the IDT (Interdisciplinary Team) meets with the client "to complete the transition paperwork and a move in date is scheduled. A risk management plan will be completed for the home staff and they will be trained on the plan prior to the consumer's admission date."</p> <p>This federal tag relates to complaint #IN00109991.</p>						

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W0200	<p>483.440(b)(3) ADMISSIONS, TRANSFERS, DISCHARGE A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.</p> <p>Based on observation, record review, and interview, for 1 of 1 new admission since 3/1/12 (client B), the facility failed to ensure client B's preliminary evaluation identified his behavioral needs.</p> <p>Findings include:</p> <p>On 6/18/12 from 3:25pm until 5:45pm, client B was observed at the group home with Group Home Staff (GHS) #1, GHS #2, and GHS #3. At 4:15pm, client B was observed to watch a recorded movie alone in his bedroom with previews of werewolves, vampires, killing of vampires with wooden stakes, and a movie with gang violence, fighting, and hallucinations at a mental hospital. At 5:05pm, GHS #1 stated client B was "basically one on one supervision (one staff to be with client B)." At 5:05pm, client B walked out of his room and began pushing GHS #1 on his chest with both of client B's hands. Client B then began to hit GHS #1 in GHS #1's chest</p>	W0200	The facility will ensure that a preliminary evaluation will contain background information as well as current valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility. The facility will request evaluations that include background information, current valid assessments of functional developmental, behavioral, and social, health and nutritional status prior to admitting a new consumer.	07/20/2012			

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	again multiple times. Client B stated to GHS #1 "I'm going to bite you." Client B punched the kitchen walls and doorway with his hand. GHS #1 stated client B "thinks he is a werewolf." Client B began running through the house and hit the walls with his hands. At 5:05pm, GHS #1 stated "We do not have a plan yet for [client B], we just keep ourselves (staff) between [client B] and the other clients at all times." At 5:15pm, client B and GHS #1 walked outside the group home into the front yard then walked to the backyard. At 5:15pm, GHS #1 spoke to client C and requested client C play catch with client B with a football. From 5:15pm until 5:25pm, clients B and C threw the football back and forth to one another. At 5:25pm, client B began to yell at client C and threw the football out of client C's reach to client C's side. Client B began to yell names at client C "Hey, go fetch you dog" and "Take that you son of a B----." Client C showed no reaction and kept throwing the ball and GHS #1 redirected client B verbally to not call names. At 5:30pm, client B continued to call client C profane names and was yelling at client C. At 5:30pm, client C took off running toward client B in a full run and GHS #1 ran to get between clients B and C. Client B began running away AWOL (Absent without Leave), left the property, and continued to			

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	<p>run for distance between client C and himself. GHS #1 verbally calmed client C down and kept client B within eyesight. Once client C was calm GHS #1 walked closer to client B and prompted him to return to the property. Client B yelled profanities from 5:25pm until 5:33pm.</p> <p>On 6/18/12 from 3:25pm until 5:45pm, client B was within the eye sight of GHS #1 at the group home. At 3:25pm, Client B had no dresser and his clothing was stacked on the floor. GHS #1 stated client B "kicked a hole in the dresser." At 3:25pm, GHS #1 stated client B had two holes in his bedroom walls "from [client B's] fists." At 3:25pm, Client B had no closet door and GHS #1 stated client B "damaged it." At 4pm, the House Manager (HM) stated three (3) circular holes in the wall in the living room were from client B's "fists." The HM stated "one hole was three inches by two inches (3" by 2"), one hole was five inches by five inches (5" by 5"), and one hole was five inches by four inches (5" by 4") each." The HM stated an additional hole in the wall at eye level from the kitchen to the garage "five inches by five inches (5" by 5)." At 5:15pm, GHS #1 showed the outside of the group home and stated "five of eight down spouts" for the facility's gutters were "flattened or damaged" by client B's behaviors of</p>			

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	<p>"hitting them with his fists or a tree limb."</p> <p>On 6/19/12 at 7am, client B was asleep on a mattress laying on the floor of his bedroom. Four additional holes in the wall were observed. At 7am, GHS #4 stated client B "had behaviors last night." GHS #4 indicated client B did not have programs and did not have a behavior plan because he was a new admission to the group home. GHS #4 stated "one hole was three inches by three inches (3" x 3"), one hold was one and one half feet by two and one half feet (1 1/2' x 2 1/2'), one hole was one foot by six inches (1' x 6"), and two additional holes were small." GHS #4 stated "the smaller ones are where [client B] put his bedframe wheels through the wall." At 7am, client B's window was missing one of two drapes. At 7am, GHS #4 showed and stated the kitchen had two additional "new holes" in the wall from client B's "fists." GHS #4 stated "the two holes were three inches by four inches (3" x 4") each." At 8:20am, the living room front door casing would not allow the door to open or close without lifting the door up to open and close the door. At 8:20am, GHS #4 indicated client B had hit the door last night during his behaviors. The living room wall had three additional holes on one side, one additional hole on the opposite side of the room, and GHS #4</p>						

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	<p>stated client B had put his "fist" through the wall. GHS #4 stated the wooden studs inside the walls were exposed as the "result" of client B "putting his fists through the plaster."</p> <p>On 6/18/12 at 12:40pm, an interview and record review was conducted with the Agency Director of Group Home Services (DGHS). The DGHS stated client B was an "emergency admission from BDDS (Bureau of Developmental Disability Services)" office on 5/24/12. The DGHS indicated client B had no preliminary assessments completed by the facility for client B's behaviors available for review. The DGHS indicated client B's admission was based on a "Discharge Review" document dated 5/24/12 from his previous placement. The "Discharge Review" indicated "[Client B] is an anxious boy who is impulsive and displays poor attention span. He as been exposed to violent media such as horror movies, Freddy Krueger, Halloween, and other gory movies, and wrestling (sic). He will take on the persona of such fictional beings as werewolves, robots, vampires, demons, and also that of Satan, where he may threaten his peers and staff with the supernatural strength he has. Due to the fantasy and witchcraft nature of the television show Charmed, [Client B] has been prohibited from watching</p>						

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	<p>horror movies and magical show and movies." Client B's "Discharge Review" indicated he "exhibited sexually inappropriate gestures and comments." Client B "has a history of physical aggression towards others. This aggression includes chasing his mother with a knife, hitting a 10 (ten) year old neighbor boy in the head with a hammer, and most recently hitting a peer in the stomach unprovoked. [Client B] had a battery charge...[Client B's] negative behaviors historically include property destruction and self harm head banging and picking scabs." Client B's plan included the use of Abilify 30mg (milligrams) every morning and Depakote 500mg twice a day for behaviors. The DGHS indicated no current behavioral assessment and no behavior plan were documented for client B.</p> <p>On 6/19/12 at 11:15am, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP stated client B's behavioral "rates (of behaviors) physical aggression toward staff and property, the intensity (of behaviors), and property destruction were all increasing." The QDP indicated no documented behavioral plan and no preliminary plan for staff to follow had been developed. The QDP indicated client B was a new admission on 5/24/12</p>			

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	<p>and the facility had thirty (30) days to complete. The QDP stated "Now I realize [client B] should not have been watching those movies and television shows."</p> <p>Client B's record was reviewed on 6/19/12 at 8:45am. Client B's record indicated he was admitted to the group home on 5/24/12 and no documented behavioral plan and no preliminary behavioral assessment completed by the facility were available for review. Client B's record indicated a 4/2012 medical report and psychological report from client B's former placement. Client B's record did not include a behavioral plan available for review.</p> <p>On 6/18/12 at 2:15pm, the facility's 2/2012 "New Admissions" policy was reviewed. The policy indicated a written referral packet received from an outside agency would be reviewed by the agency for possible admission, then the potential client would visit the group home twice, and then an overnight visit would be scheduled pending approvals by the team after each visit. The policy indicated "Staff who met the potential consumer should fill out the pre admission visit form." The policy indicated "after the overnight visit" the IDT (Interdisciplinary Team) meets with the client "to complete the transition paperwork and a move in</p>			

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	<p>date is scheduled. A risk management plan will be completed for the home staff and they will be trained on the plan prior to the consumer's admission date."</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-4(a)</p>			

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, for 1 of 3 sample clients (client B) who had psychotropic medication prescribed, the facility's specially constituted committee (HRC) failed to approve client B's psychotropic medication prior to implementation.</p> <p>Findings include:</p> <p>On 6/18/12 at 12:40pm, an interview and record review was conducted with the Agency Director of Group Home Services (DGHS). The DGHS stated client B was an "emergency admission from BDDS (Bureau of Developmental Disability Services)" office on 5/24/12. The DGHS indicated client B's psychotropic medication had not been approved by the facility's HRC since his admission to the group home. The DGHS indicated client B's admission was based on a "Discharge Review" document dated 5/24/12 from his previous placement. The "Discharge Review" indicated "[Client B] is an anxious boy who is impulsive and</p>	W0262	<p>The facility will ensure that a committee review, approve and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. On 6/21/12, HRC approval was obtained for current psychotropic medications. HRC approval was obtained for YSIS on 6/21/12. The QMRP will obtain HRC approval for any future restrictive techniques.</p>	07/20/2012

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	<p>displays poor attention span." Client B's discharge review indicated "has a history of physical aggression towards others. This aggression includes chasing his mother with a knife, hitting a 10 (ten) year old neighbor boy in the head with a hammer, and most recently hitting a peer in the stomach unprovoked...[Client B's] negative behaviors historically include property destruction and self harm head banging and picking scabs." Client B's review included the use of Abilify 30mg (milligrams) every morning and Depakote 500mg twice a day for behaviors. No HRC approval of the client's psychotropic medication was available for review.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-4(a)</p>				

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W0266	<p>483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met.</p> <p>Based on record review and interview, for 1 of 1 new admission to the facility (client B), the Condition of Participation: Client Behavior and Facility Practices, is not met as the facility failed to develop a written behavior support plan based for client B's identified behavior needs and failed to have a written description in client B's record for physical behavioral interventions implemented for behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W288. The facility failed to develop active treatment programs based on client B's identified behavioral need, the use of psychotropic medications, and the use of physical restraints who had restrictive practices employed for behaviors for 1 of 1 sample client (client B) who had physical interventions employed. 2. Please refer to W289. The facility failed to have a written description in client B's plans for physical behavioral interventions YSIS (Your Safe I'm Safe) which were used for client B for 1 of 1 	W0266	<p>The facility will ensure that specific client behavior and facility practices requirements are met. The facility will ensure a written behavior support plan is developed and implemented based on client identified behavior needs and that physical interventions are implemented for behaviors. On 6/22/12, an IDT meeting was held for client B. At that time, all assessments from previous placement and current placement were reviewed. An ISP, including goals and objectives was developed. In addition, on 6/29/12, staff were trained on client B's ISP. The BSP, which includes the physical interventions using YSIS techniques, was developed with the input of his Behavior Specialist. Staff were trained on the BSP on 6/29/12. The QMRP will review goals and objectives monthly and behavior data weekly.</p>	07/20/2012	

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	<p>sample client (client B) who had physical interventions employed for behaviors.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-5(a)</p>			

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W0288	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on record review and interview, for 1 of 1 sample client (client B) who had restrictive practices employed for behaviors, the facility failed to develop active treatment programs based on client B's identified behavioral need, the use of psychotropic medications, and the use of physical restraints.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 3/1/12 through 6/18/12 were reviewed on 6/18/12 at 12:55pm and indicated the following for client B:</p> <p>-A 6/16/12 BDDS report for an incident on 6/15/12 at 8pm, indicated Client B was placed in a YSIS (You're Safe - I'm Safe physical restraint) two person standing technique was implemented for fifteen minutes."</p> <p>-A 6/15/12 BDDS report for an incident on 6/14/12 at 2:30pm, indicated client B was physically aggressive and four (4) different YSIS physical restraint</p>	W0288	<p>The facility will ensure that techniques to manage inappropriate client behavior will never be used as a substitute for an active treatment program. The facility will develop active treatment programs based on client identified behavioral need, the use of psychotropic medications and the use of physical restraints. On 6/22/12, an IDT meeting was held for client B. At that time, all assessments from previous placement and current placement were reviewed. An ISP, including goals and objectives was developed. The BSP, which includes the physical interventions using YSIS techniques, was developed with the input of his Behavior Specialist. Staff were trained on the ISP and BSP on 6/29/12. The QMRP will review goal and objectives monthly and behavior data weekly.</p>	07/20/2012	

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	<p>techniques were implemented: a one person standing technique lasting four minutes, a two person standing technique lasting four minutes, a one person standing technique lasting ten minutes, and a two person standing to laying supine technique lasting twenty minutes.</p> <p>-A 6/14/12 BDDS report for an incident on 6/13/12 at 7am, indicated client B "became verbally and physically aggressive for unknown reasons. [Client B] began to make threats to his staff and peers." The report indicated "YSIS one person standing technique was implemented in an attempt to keep him from throwing a pan toward his peers and staff."</p> <p>-A 6/4/12 BDDS report for an incident on 6/3/12 at 5:15pm, indicated "YSIS technique was implemented in an attempt to calm [client B]." The report indicated client B went back into the house, staff took the piece of windchimes, and "flipped a couch over and began to hit the wall." The report indicated client B was placed in a manual restraint for fifteen (15 minutes) by two staff persons.</p> <p>On 6/19/12 at 6pm, the DQA (Director of Quality Assurance) provided an additional BDDS report dated 6/19/12 for an incident on 6/18/12 at 6:30pm. The</p>				

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	<p>report indicated "YSIS techniques were implemented on [client B] in an attempt to calm him." The report indicated client B became upset, "for [client B's] safety a two person standing to laying technique was implemented," and lasted twenty minutes. The report indicated a "few hours" later client B began to "throw shoes at a housemate" and a "YSIS technique" two person standing restraint was implemented" for fifteen minutes. The report indicated "on the morning of 6/19/12 at 11:50am" client B was in the community with staff, "became verbally aggressive," and "began to make personal threats to staff." The report indicated client B "raised his fists to staffs face (sic) stating that she was gonna get it," staff implemented a "one person YSIS technique," and the restraint lasted five minutes.</p> <p>On 6/18/12 at 12:40pm, an interview and record review was conducted with the Agency Director of Group Home Services (DGHS). The DGHS stated client B was an "emergency admission from the BDDS office on 5/24/12. The DGHS indicated a plan for client B's psychotropic medication for behaviors had not been developed. The DGHS indicated client B's admission was based on a "Discharge Review" document dated 5/24/12 from his previous placement. The "Discharge</p>				

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	<p>Review" indicated "[Client B] is an anxious boy who is impulsive and displays poor attention span." Client B's discharge review indicated "has a history of physical aggression towards others. This aggression includes chasing his mother with a knife, hitting a 10 (ten) year old neighbor boy in the head with a hammer, and most recently hitting a peer in the stomach unprovoked...[Client B's] negative behaviors historically include property destruction and self harm head banging and picking scabs." Client B's review included the use of Abilify 30mg (milligrams) every morning and Depakote 500mg twice a day for behaviors.</p> <p>On 6/18/12 at 1:30pm, an interview with the Site Director (SD) was conducted. The SD indicated client B's record did not have a documented behavioral plan.</p> <p>On 6/19/12 at 11:15am, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP indicated no documented behavioral plan and no preliminary plan had been developed. The QDP indicated client B was a new admission on 5/24/12 and the facility had thirty (30) days to complete.</p> <p>Client B's record was reviewed on 6/19/12 at 8:45am. Client B's record indicated he was admitted to the group</p>			

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	<p>home on 5/24/12 and no documented behavioral plan and no preliminary behavioral assessment completed by the facility were available for review. Client B's record indicated a 4/2012 medical report and psychological report from client B's former placement. Client B's record did not include a behavior plan and did not include a plan for the use of YSIS restraint techniques available for review.</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-5(a)</p>			

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on record review and interview, for 1 of 1 sample client (client B) who had physical interventions employed for behavior, the facility failed to have a written description in client B's plans for physical behavioral interventions YSIS (Your Safe I'm Safe) which were used for client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 3/1/12 through 6/18/12 were reviewed on 6/18/12 at 12:55pm and indicated the following for client B:</p> <p>-A 6/16/12 BDDS report for an incident on 6/15/12 at 8pm, indicated "YSIS (Your Safe I'm Safe behavior physical restraint) techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B became upset when a commercial came on the television and "started kicking and hitting the walls of the home and knocking over</p>	W0289	<p>The facility will ensure the use of systematic interventions to manage inappropriate client behavior and will be incorporated into the client's individual program plan. The facility will have a written description in clients plan for physical behavioral interventions YSIS. On 6/22/12, an IDT meeting was held for client B. At that time, all assessments from previous placement and current placement were reviewed. An ISP, including goals and objectives was developed and will be reviewed at least monthly. The BSP, which includes the physical interventions using YSIS techniques, was developed with the input of his Behavior Specialist. The QMRP will review goal and objectives monthly and behavior data weekly.</p>	07/20/2012	

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	<p>furniture." Client B was placed in a YSIS two person standing technique implemented for fifteen minutes."</p> <p>-A 6/15/12 BDDS report for an incident on 6/14/12 at 2:30pm, indicated "On 6/14/12 YSIS techniques were implemented on [client B] in an attempt to calm [client B]." The report indicated client B was verbally and physically aggressive "throughout the evening. [Client B] was hitting and kicking at the walls and objects in the house.". Client B later returned to the group home, became aggressive again, and four (4) different YSIS physical restraint techniques were implemented: a one person standing technique lasting four minutes, a two person standing technique lasting four minutes, a one person standing technique lasting ten minutes, and a two person standing to laying supine technique lasting twenty minutes.</p> <p>-A 6/14/12 BDDS report for an incident on 6/13/12 at 7am, indicated client B "became verbally and physically aggressive for unknown reasons. [Client B] began to make threats to his staff and peers." The report indicated "YSIS one person standing technique was implemented in an attempt to keep him from throwing a pan toward his peers and staff."</p>			

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	<p>-A 6/4/12 BDDS report for an incident on 6/3/12 at 5:15pm, indicated "After attempts to redirect [client B]...YSIS technique was implemented in an attempt to calm [client B]" when he became physically aggressive. The report indicated client B was placed in a manual restraint for fifteen (15 minutes) by two staff persons.</p> <p>On 6/19/12 at 6pm, the DQA (Director of Quality Assurance) provided an additional BDDS report dated 6/19/12 for an incident on 6/18/12 at 6:30pm. The report indicated "YSIS techniques were implemented on [client B] in an attempt to calm him." The report indicated client B became upset when staff did not agree with him on watching an inappropriate movie, became physically aggressive, and "for [client B's] safety a two person standing to laying technique was implemented" and lasted twenty minutes. The report indicated a "few hours" later client B began to "throw shoes at a housemate" and a "YSIS technique" two person standing restraint was implemented for fifteen minutes. The report indicated "on the morning of 6/19/12 at 11:50am" client B was in the community with staff, "became verbally aggressive," and "began to make personal threats to staff." The report indicated</p>			

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	<p>client B "raised his fists to staffs face (sic) stating that she was gonna get it," staff implemented "one person YSIS technique," and the restraint lasted five minutes.</p> <p>On 6/18/12 at 1:30pm, an interview with the Site Director (SD) was conducted. The SD indicated client B's record did not have a documented behavior plan. The SD indicated client B had a history of physical aggression, property destruction, verbal aggression, and AWOL (Absent without Leave) behaviors and indicated no plan had been developed.</p> <p>On 6/19/12 at 11:15am, an interview was conducted with the QDP (Qualified Developmental Professional). The QDP stated client B's behavioral "rates (of behaviors) physical aggression toward staff and property, the intensity (of behaviors), and property destruction were all increasing." The QDP indicated no documented behavioral plan and no preliminary plan for staff to follow had been developed.</p> <p>Client B's record was reviewed on 6/19/12 at 8:45am. Client B's record indicated he was admitted to the group home on 5/24/12. Client B's record did not include a behavior plan and did not include a plan for the use of YSIS</p>				

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	<p>restraint techniques available for review.</p> <p>On 6/18/12 at 2:50pm, a review of the facility's undated "You're Safe - I'm Safe (YSIS) Techniques for achieving positive behavior results" was conducted. The facility's policy and procedure indicated the hierarchy from least restrictive to most intrusive as: "Basic Techniques: Personal Space- one and one half arms length away from individual; Blocks; Swinging Objects- focus on individual not on removing the weapon; Physical Redirection- move behind individual in crisis and turn the individual; Kicks; Wrist release; Hair pulls; Clothing Release; Bites...Advance moves: Upper Bear Hug; Lower Bear Hug; One Person Standing Restraint; Two Person Standing Restraint; Seated Restraints-two persons required; Two Person Lift; Two person Restraint-Possible transition to Supine Position Floor Restraint."</p> <p>This federal tag relates to complaint #IN00109991.</p> <p>9-3-5(a)</p>			
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