

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G758	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2015
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 665 E BURRELL DR CROWN POINT, IN 46307
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W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>Dates of Survey: June 23, 24, 25 and July 2, 2015.</p> <p>Facility number: 011988 Provider number: 15G758 AIM number: 200952950</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<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 record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility's Governing Body failed to exercise general operating direction in a manner to provide oversight to ensure their abuse and neglect policy was implemented. The facility's Governing Body failed to exercise general operating direction in a</p>	W 0104	All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached policy and staff training documents). The policy outlines: Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any	07/30/2015

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>manner to put measures in place to prevent client to client physical aggression which resulted in injuries. The facility's Governing Body failed to exercise general operating direction in a manner to provide oversight to take effective/sufficient corrective action to prevent client to client aggression which resulted in significant injuries. The Governing Body failed to ensure investigations were completed within 5 working days.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149: The Governing Body failed to exercise general operating direction over the facility for 4 of 4 sampled clients (clients #1, #2, #3 and #4), to implement written policy and procedures to prevent client to client aggression. 2. Please refer to W156: The Governing Body failed to exercise general operating direction over the facility by failing to report the results of 1 of 4 reviewed investigations of client to client aggression, involving 3 of 4 sampled clients (clients #1, #3 and #4), to the administrator within five business days. 3. Please refer to W157: The Governing Body failed to exercise general operating 		<p>consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner.(Please see attached policy and training documents). TradeWinds has revised the Individuals Rights policy. (Please see attached document). TradeWinds has also developed a checklist for the Individual Rights notification. (Please see attached document). Also, TradeWinds has developed and implemented a participant complaint form. (Please see attached document). All Burrell Group Home consumers has been informed and trained on how to make complaints, how to request the participant complaint form and where to locate the forms. (Please see attached participant complaint form and consumer training record) With the revisions made to the policy (Individual Rights) and the development and implementationof the Individual Rights checklist and participant complaint forms (Please see attached documents),</p>	

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	direction of the facility for 4 of 4 sampled clients (clients #1, #2, #3 and #4), to take sufficient/effective corrective measures in regard to preventing/addressing client to client abuse. 9-3-1(a)		TradeWinds has taken action to provide sufficient/effective corrective measures in regards to preventing and addressing client to client abuse. All staff has been trained to report all incidents to the house manager (and to follow the chain of command if they are unable to reach the house manager) immediately after the incidents have been addressed. The house manager is to report the incident to the QIDP and or Residential Nurse(if needed) immediately. The QIDP must be notified as soon as the incident is under control and there is no further danger to either client(s) involved. The QIDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines (within 24 hours of incident). The QIDP is responsible for conducting a thorough investigation (that must be completed within 5 business days), involving all staff members (present or absent in the home during the time of the incident) and consumers (present or absent in the home during the time of the incident) through written documentation. (Please see attached policy on investigations, mandatory components of an investigation, investigation forms and the QIDP training document) All staff and consumer with knowledge of the	

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W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4,	W 0125	incident must complete his/her documentation on the investigation form and forward that information to the QIDP by the end of their shift. All staff has been re-trained to follow the policy (Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights of an Unknown Origin) at all times and to ensure consumers are not aggressed upon. The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QDDP will observe during unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals we serve. All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect,	07/30/2015

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	<p>#5, #6, #7 and #8) to provide assistance to exercise their rights by not developing a policy on how clients document their complaints in exercising their rights.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/24/15 from 5:40 P.M. until 7:00 P.M.. At 6:00 P.M., Clients #1 and #5 stated "We would like to talk to you about why we can't go places we like to go. When we take a shower the water is always cold." Client #1 stated "Why can't I go on dates with my girlfriend? I would like to go to her house and I want her to come to my house." Client #5 stated "I was told I could keep my job at the bait shop I used to work at before I got here, but they got me going to the workshop for 8 hours but I only get paid for 2 hours of work." Clients #1 and #5 were asked if they talked to their staff about their concerns and they both nodded their heads indicating yes. When asked if they filed a written complaint about their concerns, client #1 stated "What written complaint? They don't let us write no complaints."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:40 P.M.. The QIDP indicated the facility</p>		<p>Exploitation, Mistreatment, and Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached policy and staff training documents). The policy outlines: Violating an Individual's Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal prosecution. All allegations of violating an Individual's rights or abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner. (Please see attached policy and training documents). TradeWinds has revised the Individual's Rights policy. (Please see attached document). TradeWinds has also developed a checklist for the Individual Rights notification. (Please see attached document). Also, TradeWinds has developed and implemented a participant complaint form. (Please see attached document). With the revisions made to the policy (Individual Rights) and the development and implementation of the Individual Rights checklist and participant complaint forms (Please see attached</p>	

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W 0126 Bldg. 00	<p>did not have a developed policy to give guidance on how clients were able to document and address their complaints. When asked how clients are able to file complaints/concerns and what the policy and procedure is, the QIDP indicated the facility has a form the clients can fill out and give to the group home manager and then it is given to her. When asked if there was any documentation indicating clients #1, #2, #3, #4, #5, #6, #7 and #8 were informed of and trained on how to make complaints, the QIDP indicated there was not any documentation.</p> <p>9-3-2(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview, for 3 of 4 sampled clients and 1 additional client (clients #1, #3, #4 and #5), the facility failed to encourage and teach each client to access their personal finances.</p>	W 0126	<p>documents), TradeWinds has taken action to provide sufficient/effective corrective measures in regards to preventing and addressing client to client abuse. All consumers has been informed that if they have a complaint to express it to the staff and or house manager. The consumers are also aware that they can discuss the complaint(s) to their QIDP also if needed. There is participant complaint forms located in the Burrell Group Home to ensure that all complaints are documented and are being addressed. (Please see attached document) All Burrell Group Home consumers has been informed and trained on how to make complaints, how to request the participant complaint form and where to locate the forms. (Please see attached participant complaint form and consumer training record)</p> <p>All staff has been re-trained on (Client Finances) the Procedures for ongoing group home consumer financial record keeping (monthly financial ledger and petty cash accountability). All staff has also been informed that</p>	07/30/2015

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	<p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/24/15 from 5:40 P.M. until 7:00 P.M.. At 5:45 P.M., clients #1 and #5 asked this surveyor why they could not have any of their money without going through the Group Home Manager (GHM). When asked if they were given money to spend while at workshop or to go out into the community, clients #1 and #5 stated "We have to ask staff and they have to get it from the GHM." When clients #3 and #4 were asked if they had access to their personal petty cash, they indicated they had to ask staff to get it from the GHM. Clients #1, #3, #4 and #5 could not access their personal petty cash.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 6/24/15 at 1:40 P.M.. The QIDP indicated all clients should have access to a portion of their personal petty cash.</p> <p>9-3-2(a)</p>		<p>staff should allow the consumer's to manage their finances to the extent of each individual's capabilities; however, staff must ensure for accurately documenting and specify the consumer's expenditures on each individual's monthly financial ledger. The policy has been developed to ensure the tracking of each consumer's finances and to maintain a system that assures a complete accurate accounting system when procedure is followed accurately. (Please see attached procedures for ongoing group home consumer bank record keeping, financial ledger and petty cash accountability and staff trainings). Staff is responsible for accurately documenting and specifying the consumer's expenditures on each consumer's monthly financial ledgers. The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QIDP will observe during unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individual's we serve.</p>	

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W 0129 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation and interview, the facility failed for 8 of 8 clients who resided in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8) to keep clients' community activities information confidential.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/23/15 from 5:00 A.M. until 6:50 A.M.. Upon entering the group home, a 2 feet by 2 feet, June 2015 calendar, with clients #1, #2, #3, #4, #5, #6, #7 and #8's behavioral therapy sessions information was on a wall located in the open kitchen/living/dining area where visitors to the group home could see.</p> <p>An evening observation was conducted at the group home on 6/24/15 from 5:40 P.M. until 7:00 P.M.. Upon entering the group home, a 2 feet by 2 feet, June 2015 calendar, with clients #1, #2, #3, #4, #5, #6, #7 and #8's behavioral therapy sessions information was on a wall located in the open kitchen/living/dining area where visitors to the group home</p>	W 0129	All staff has been re-trained on (Protection of clients rights) the policy Protection of an Individual's Rights. The community calendar that was posted in the home with the individual's consumer's community activities has been removed from the open area in the home. By removing the community calendar from the open area in the home has ensured the rights of all of the consumers in the home, in addition to providing each consumer the opportunity for personal privacy with their community activities.	07/30/2015

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	could see. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 6/24/15 at 1:40 P.M.. The QIDP indicated the clients' behavioral therapy information should not be in the open area where visitors to the group home would see. 9-3-2(a)						
W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 3 of 4 sampled clients (clients #1, #2 and #4), for whom the facility managed their personal funds accounts. Findings include: A review of clients #1, #2 and #4's financial records was conducted on 6/25/15 at 11:30 A.M.. Review of the records indicated:	W 0140	All staff has been re-trained on (Client Finances) the Procedures for ongoing group home consumer financial record keeping (monthly financial ledger and petty cash accountability). The policy has been developed to ensure the tracking of each consumer's finances and to maintain a system that assures a complete accurate accounting system when procedure is followed accurately. (Please see attached procedures for ongoing group home consumer bank record keeping, financial ledger and petty cash accountability and	07/30/2015			

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	<p>-Client #1's record dated June 2014 to June 2015 indicated:</p> <p>-Ledger for June 2014 expenditures: "6/5/14 Spending money \$20.00...6/15/14 \$20.00...6/21/14 Spending money \$20.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for July 2014 expenditures: "7/3/14 Spending money \$30.00...7/16/14 Spending money \$35.00...7/31/14 Spending money \$30.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for August 2014 expenditures: "8/6/14 Spending money \$35.00...8/9/14 Spending money \$30.00...8/29/14 Spending money \$30.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for September 2014 expenditures: "9/5/14 Spending money \$38.00...9/27/14 Spending money \$30.00." Further review indicated</p>		<p>staff trainings). Staff is responsible for accurately documenting and specifying the consumer's expenditures on each consumer's monthly financial ledgers. The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QIDP will observe during unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individual's we serve.</p>	

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	<p>handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for October 2014 expenditures: "10/3/14 Spending money \$30.00...10/9/14 Spending money \$10.00...7/31/14 Spending money \$20.00...10/17/14 Spending money \$25.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for November 2014 expenditures: "11/6/14 Spending money \$30.00...11/26/14 Spending money 20.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for December 2014 expenditures: "12/5/14 Spending money \$30.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for January 2015 expenditures:</p>			

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	<p>"1/3/15 Spending money \$25.00...1/23/15 Spending money \$30.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for March 2015 expenditures: "3/14/15 Spending money \$30.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for April 2015 expenditures: "4/1/15 Spending money \$30.00...4/10/15 Spending money \$30.00...4/21/15 Spending money \$30.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for May 2015 expenditures: "5/21/15 Spending money \$30.00...5/29/15 Spending money \$30.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for June 2015 expenditures: "6/12/15 Spending money \$30.00."</p>			

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	<p>Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Client #2's records dated June 2014 to June 2015 indicated:</p> <p>-Ledger for June 2014 expenditures: "6/5/14 Spending money \$10.00...6/21/14 \$10.00...6/21/14 Spending money \$20.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for July 2014 expenditures: "7/16/14 Spending money \$10.00...7/31/14 Spending money\$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for August 2014 expenditures: "8/9/14 Spending money \$15.00...8/15/14 Spending money \$20.00...8/29/14 Spending money \$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p>			

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	<p>-Ledger for September 2014 expenditures: "9/5/14 Spending money \$10.00...9/26/14 Spending money \$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for November 2014 expenditures: "11/12/14 Spending money \$5.00...11/17/14 Spending money 5.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for December 2014 expenditures: "12/10/14 Spending money \$10.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for May 2015 expenditures: "5/29/15 Spending money \$20.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p>			

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	<p>-Client #4 financial record dated June 2014 to June 2015 indicated:</p> <p>-Ledger for June 2014 expenditures: "6/5/14 Spending money \$20.00...6/15/14 \$10.00...6/21/14 Spending money \$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for July 2014 expenditures: "7/3/14 Spending money \$15.00...7/25/14 Spending money \$15.00...7/31/14 Home visit \$60.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for August 2014 expenditures: "8/17/14 Home visit \$70.00...8/17/14 Spending money \$20.00...8/23/14 Spending money \$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for September 2014 expenditures: "9/5/14 Spending money \$10.00...9/27/14 Spending money \$30.00." Further review indicated</p>			

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	<p>handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for October 2014 expenditures: "10/28/14 Spending money \$20.00...10/31/14 Spending money \$10.00." Further review indicated handwritten receipts for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for November 2014 expenditures: "11/26/14 Spending money \$10.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for December 2014 expenditures: "12/5/14 Spending money \$15.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for January 2015 expenditures: "1/9/15 Home visit \$100.00...1/23/15 Home visit \$60.00." Further review indicated handwritten receipts for the</p>			

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	<p>expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for April 2015 expenditures: "4/17/15 Spending money \$19.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for May 2015 expenditures: "5/29/15 Spending money \$15.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>-Ledger for June 2015 expenditures: "6/12/15 Spending money \$15.00." Further review indicated a handwritten receipt for the expenditures which indicated "Spending money" and did not indicate what the expenditures were.</p> <p>A review of the facility's "Procedures for Ongoing Group Home Consumer Bank Record Keeping" no date noted, was conducted on 6/25/15 at 4:00 P.M.. Review indicated "...All expenditures must be accounted by a receipt...All petty cash deposits and receipts will be documented on a 'monthly financial statement.' The staff member assisting</p>			

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W 0149 Bldg. 00	<p>the consumer with a particular transaction will sign the ledger next to the entry. This ledger is to be used immediately and all transactions logged."</p> <p>An interview with Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/24/15 at 1:40 P.M.. The QIDP indicated the facility was responsible for maintaining an accurate accounting of clients #1, #2 and #4's personal finances and further indicated the records did not indicate an accurate accounting system was maintained for the clients' expenditures. The QIDP indicated staff are responsible for documenting and specifying the clients' expenditures on each client's monthly financial ledgers.</p> <p>9-3-2(a)</p> <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 record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility neglected to</p>	W 0149	All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect, Exploitation, Mistreatment, and	07/30/2015

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	<p>implement written policy and procedures to prevent client to client aggression.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigations was conducted on 6/23/15 at 12:15 P.M. and indicated:</p> <p>-Investigation record start date 2/11/15 and end date 2/20/15 involving clients #1, #3 and #4 indicated:</p> <p>"Was the consumer assessed of injuries? Yes Were any injuries found as a result of incident? Yes. [Client #3] suffered from swelling on the right side of his face. [Client #3] had a laceration above his eye and swelling. [Client #1] and [client #4] did not suffer from any injuries. Was nurse in charge contacted? Yes [Client #3] was transported to [Hospital #1], [Direct Support Professional (DSP) #13] went with [client #3] and the residential nurse later met up with them at [Hospital #1]. Was a need determined for urgent care or ER (Emergency Room) Treatment? Yes [Client #3] was taken to the ER to be assessed for the injuries sustained to the right side of his face. Staff member</p>		<p>Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached policy and staff training documents). The policy outlines: Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner. (Please see attached policy and training documents). TradeWinds has revised the Individuals Rights policy. (Please see attached document). TradeWinds has also developed a checklist for the Individual Rights notification. (Please see attached document). Also, TradeWinds has developed and implemented a participant complaint form. (Please see attached document). With the revisions made to the policy (Individual Rights) and the development and implementation of the Individual Rights checklist and participant complaint forms (Please see attached documents), TradeWinds has</p>	

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	[DSP #13] escorted [client #3] in the Ambulance and the residential nurse later met up with them at [Hospital #1]. Observation/Witness of staff member(s): Staff members [DSP #14], [DSP #13] and [DSP #15] finished up the routine fire drill and when they came back inside to prepare dinner that's when the peer on peer aggression began. Staff was preparing dinner while another staff member was getting meds ready for the next med pass. [DSP #13] and [DSP #14] stated that they heard noises coming from the living room. When they looked [client #3] was being hit by [client #1] in the left side of his face. [DSP #15] quickly separated the 2 consumers. None of the staff or consumers witnessed [client #4] hit [client #3] during the fire drill, but he did admit it to [Group Home Manager (GHM)], [Qualified Intellectual Disabilities Professional (QIDP)], and [Residential Coordinator (RC)]. [Client #7] stated that he saw [client #1] hit [client #3], but then went into his bedroom. [Client #2] is nonverbal and could not give a description of the incident. [Client #8] stated that he was unsure of what was happening, but was frightened and went to his room. [Client #4] stated that he saw [client #1] hit [client #3], but was unaware how many times. [Client #6] stated that he was very upset so he went to his room.		taken action to provide sufficient/effective corrective measures in regards to preventing and addressing client to client abuse. All staff has been trained to report all incidents to the house manager (and to follow the chain of command if they are unable to reach the house manager) immediately after the incidents have been addressed. The house manager is to report the incident to the QIDP and or Residential Nurse(if needed) immediately. The QIDP must be notified as soon as the incident is under control and there is no further danger to either client(s) involved. The QIDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines (within 24 hours of incident). The QIDP is responsible for conducting a thorough investigation (that must be completed within 5 business days), involving all staff members (present or absent in the home during the time of the incident) and consumers (present or absent in the home during the time of the incident) through written documentation. (Please see attached policy on investigations, mandatory components of an investigation, investigation forms and the QIDP training document) All staff and consumer with knowledge of the incident must complete his/her	

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	<p>Description: On 2/11/15 at approximately 6:15 P.M., the [Group Home name] consumers participated in a fire drill. Immediately following the fire drill [client #3] told staff he was hit on the head by another consumer, [client #4]. Staff immediately assessed [client #3] and although there were no visible signs of injury, an internal incident report was complete (sic) by staff. Staff followed the BSP (Behavior Support Plan) for [client #4]. At 7 P.M., staff was preparing a snack for the [Group Home name] to celebrate the birthday of one of the consumers. [Client #1] approached staff and demanded a cigarette. Staff asked [client #1] to wait while they finish (sic) preparing the snack and he would get his cigarette immediately. [Client #1] became upset and began to slam doors. After slamming doors, yelling/screaming and cursing at staff, [client #1] then ran out of the home. Another staff member immediately ran after [client #1] and was able to talk [client #1] back into the home. Shortly after arriving back into the home, [client #1] began attacking another consumer [client #3], by hitting [client #3] on his head and face area. [Client #3] developed slight swelling to the forehead, lip and right side of [client #3]'s face area. Staff was able to intervene and separate [client #1] and</p>		<p>documentation on the investigation form and forward that information to the QIDP by the end of their shift. All staff hasbeen re-trained to follow the policy (Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights of an Unknown Origin) at all times and to ensure consumers are not aggressed upon. The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QDDP will observe during unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals we serve.</p>	

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	<p>[client #3]. The police and ambulance were contacted. Once the police arrived, [client #1] was calm and was in compliance with the police. The police did not take [client #1] into custody, due to his Developmental Disability. [Client #3] was transported to [Hospital #1] for further evaluation by [Hospital #1]'s medical staff. Once the police left the home, [client #1] informed staff, he was going to start again. [Client #1] then began to scream/yell, curse staff, hit walls, slam doors and etc....[Client #1] continuously made more threats on acting out and was in aggressive behaviors. The police was (sic) contacted, [client #1] ran out of the front door and ran down the street. The QIDP and RC got into their vehicles to search for [client #1]. [Client #1] was apprehended by the police (where he was handcuffed and placed in the back seat of the police car) and taken to the city jail. [Client #1] was never placed into holding/custody; however he remained at the station until [Hospital #2] was contacted by police. [Client #1] was later transported by the police and taken to [Hospital #3], where he was accompanied by the QIDP and RC. While at [Hospital #3], [client #1] had blood work and a urinalysis complete (sic). After the results from the blood work and urinalysis came back, the QIDP and RC was (sic) informed that a</p>			

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	<p>representative from [Hospital #2] will arrive to assess [client #1]. Once the representative from [Hospital #2] arrived, she informed the QIDP and RC that [client #1] will be held for a 72 hour observation/detention. On the morning of 2/12/15, [client #1] was then transported to [Hospital #2]. [Client #1] was released from [Hospital #2] on 2/13/15.</p> <p>Prevention: The consumers were separated and the BSP's (sic) were followed. Another staff member was added to the schedule to monitor [client #4], [client #1] and [client #3]. [Client #1] had physical aggression added back to his BSP. February 13/15 to 2/20/15.</p> <p>Conclusion/Recommendation of Investigation: [Client #3] was released from the hospital 2/12/15. [Client #3] suffered from swelling and a laceration above his eye.</p> <p>Follow up: There have been no other incidents between the consumers. Physical aggression was added back to [client #1]'s BSP. [Client #3] has healed from his injuries sustained on 2/11/15. [Client #4] has had no other issues with [client #3], per his BSP he lost an outing for a 24 hour period. The extra staff will be removed by the end of the month to</p>			

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	<p>ensure the safety of all staff and consumers."</p> <p>-Investigation dated 4/11/15 to 4/13/15 involving clients #1 and #2 indicated: "...Were any injuries found as a result of incident? Yes. [Client #2] suffered a small cut to the left side of his eye.</p> <p>On 4/11/15 at 7:20 P.M., [client #1] was sitting on the couch next to another consumer (client #2) in the home while watching a basketball game. While watching the game [client #2] went into behavior and threw his arm at [client #1]'s chest. [Client #2] was not targeting [client #1], but [client #1] happened to be in the way when [client #2] went into behavior. [Client #1] then got up and hit the consumer in the left side of his face. [Client #1] was separated from the other consumer and they were both evaluated for injuries. [Client #1] stated that the consumer hit him hard in the chest and caused him to lose his breath. [Client #1] stated that he got up and hit him in retaliation. [Client #1]'s BSP was followed for physical aggression. [Client #1] did not exhibit any signs of bruising to his chest. [Client #2] suffered a small cut to the left side of his eye from [client #1]'s hit. The following day on 4/12/15 [client #2]'s guardians visited to (sic) the group home to evaluate his eye. At that</p>			

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	<p>time [client #2]'s guardians called the police and filed a report for the injuries sustained from [client #1]. [Client #1] suffered no further injuries from the incident and his BSP will continued (sic) to be followed. QIDP and RC spoke with [client #2]'s guardian and they have decided that they will not be pressing charges as they feel it was an isolated incident and [client #1] acted out of instinct and not purposefully. It was addressed with all staff in the house that when [client #2] goes into a behavior all consumers are removed from the area to prevent further incidents. All BSPs will continued to be followed."</p> <p>A review of the facility's abuse/neglect policy date 4/20/10 was conducted at the facility's administrative office on 6/23/15 at 2:00 P.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and</p>			

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	<p>applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury...Verbal abuse: Oral, written and or gestured language that includes disparaging and derogatory remarks toward consumers...Injuries of unknown origin, in addition all injuries of unknown origin must be reported to Adult Protective Services within 24 hours of the injury being discovered. A complete investigation of the injury must be conducted by the Qualified Mental Retardation Professional (QMRP) or the Residential Coordinator...All staff with knowledge of the incident must complete a copy of the unknown injury report and forward it to the QMRP by the end of their shift."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:40 P.M.. The QIDP indicated clients should be free of physical aggression. The QIDP indicated staff should follow the facility's abuse/neglect policy at all times and ensure clients are not aggressed upon.</p> <p>9-3-2(a)</p>			

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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 665 E BURRELL DR CROWN POINT, IN 46307
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W 0156 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed to report the results of 1 of 4 reviewed investigations of client to client aggression, involving 3 of 4 sampled clients (clients #1, #3 and #4), to the administrator within five business days.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigations was conducted on 6/23/15 at 12:15 P.M. and indicated:</p> <p>-Investigation record start date 2/11/15 and end date 2/20/15 involving clients #1, #3 and #4 indicated:</p> <p>"Was the consumer assessed of injuries? Yes</p>	W 0156	All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached policy and staff training documents). The policy outlines:Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner. (Please see attached	07/30/2015

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	<p>Were any injuries found as a result of incident? Yes. [Client #3] suffered from swelling on the right side of his face. [Client #3] had a laceration above his eye and swelling. [Client #1] and [client #4] did not suffer from any injuries.</p> <p>Was nurse in charge contacted? Yes [Client #3] was transported to [Hospital #1], [Direct Support Professional (DSP) #13] went with [client #3] and the residential nurse later met up with them at [Hospital #1].</p> <p>Was a need determined for urgent care or ER (Emergency Room) Treatment? Yes [Client #3] was taken to the ER to be assessed for the injuries sustained to the right side of his face. Staff member [DSP #13] escorted [client #3] in the Ambulance and the residential nurse later met up with them at [Hospital #1].</p> <p>Observation/Witness of staff member(s): Staff members [DSP #14], [DSP #13] and [DSP #15] finished up the routine fire drill and when they came back inside to prepare dinner that's when the peer on peer aggression began. Staff was preparing dinner while another staff member was getting meds ready for the next med pass. [DSP #13] and [DSP #14] stated that they heard noises coming from the living room. When they looked [client #3] was being hit by [client #1] in the left side of his face. [DSP #15] quickly separated the 2 consumers. None</p>		<p>policy and training documents). TradeWinds has revised the Individuals Rights policy. (Please see attached document). TradeWinds has also developed a checklist for the Individual Rights notification. (Please see attached document). Also, TradeWinds has developed and implemented a participant complaint form. (Please see attached document). With the revisions made to the policy (Individual Rights) and the development and implementation of the Individual Rights checklist and participant complaint forms (Please see attached documents), TradeWinds has taken action to provide sufficient/effective corrective measures in regards to preventing and addressing client to client abuse. All staff has been trained to report all incidents to the house manager (and to follow the chain of command if they are unable to reach the house manager) immediately after the incidents have been addressed. The house manager is to report the incident to the QIDP and or Residential Nurse(if needed) immediately. The QIDP must be notified as soon as the incident is under control and there is no further danger to either client(s) involved. The QIDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the</p>	

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	<p>of the staff or consumers witnessed [client #4] hit [client #3] during the fire drill, but he did admit it to [Group Home Manager (GHM)], [Qualified Intellectual Disabilities Professional (QIDP)], and [Residential Coordinator (RC)]. [Client #7] stated that he saw [client #1] hit [client #3], but then went into this bedroom. [Client #2] is nonverbal and could not give a description of the incident. [Client #8] stated that he was unsure of what was happening, but was frightened and went to his room. [Client #4] stated that he saw [client #1] hit [client #3], but was unaware how many times. [Client #6] stated that he was very upset so he went to his room.</p> <p>Description: On 2/11/15 at approximately 6:15 P.M., the [Group Home name] consumers participated in a fire drill. Immediately following the fire drill [client #3] told staff he was hit on the head by another consumer, [client #4]. Staff immediately assessed [client #3] and although there were no visible signs of injury, an internal incident report was complete (sic) by staff. Staff followed the BSP (Behavior Support Plan) for [client #4]. At 7 P.M., staff was preparing a snack for the [Group Home name] to celebrate the birthday of one of the consumers. [Client #1] approached staff and demanded a cigarette. Staff</p>		<p>guidelines (within 24 hours of incident). The QIDP is responsible for conducting a thorough investigation (that must be completed within 5 business days), involving all staff members (present or absent in the home during the time of the incident) and consumers (present or absent in the home during the time of the incident) through written documentation. (Please see attached policy on investigations, mandatory components of an investigation, investigation forms and the QIDP training document) All staff and consumer with knowledge of the incident must complete his/her documentation on the investigation form and forward that information to the QIDP by the end of their shift. All staff has been re-trained to follow the policy (Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights of an Unknown Origin) at all times and to ensure consumers are not aggressed upon. The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QDDP will observe during unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression,</p>	

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	<p>asked [client #1] to wait while they finish (sic) preparing the snack and he would get his cigarette immediately. [Client #1] became upset and began to slam doors. After slamming doors, yelling/screaming and cursing at staff, [client #1] then ran out of the home. Another staff member immediately ran after [client #1] and was able to talk [client #1] back into the home. Shortly after arriving back into the home, [client #1] began attacking another consumer [client #3], by hitting [client #3] on his head and face area. [Client #3] developed slight swelling to the forehead, lip and right side of [client #3]'s face area. Staff was able to intervene and separate [client #1] and [client #3]. The police and ambulance were contacted. Once the police arrived, [client #1] was calm and was in compliance with the police. The police did not take [client #1] into custody, due to his Developmental Disability. [Client #3] was transported to [Hospital #1] for further evaluation by [Hospital #1]'s medical staff. Once the police left the home, [client #1] informed staff, he was going to start again. [Client #1] then began to scream/yell, curse staff, hit walls, slam doors and etc....[Client #1] continuously made more threats on acting out and was in aggressive behaviors. The police was (sic) contacted, [client #1] ran out of the front door and ran down the</p>		<p>exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals we serve.</p>	

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	<p>street. The QIDP and RC got into their vehicles to search for [client #1]. [Client #1] was apprehended by the police (where he was handcuffed and placed in the back seat of the police car) and taken to the city jail. [Client #1] was never placed into holding/custody; however he remained at the station until [Hospital #2] was contacted by police. [Client #1] was later transported by the police and taken to [Hospital #3], where he was accompanied by the QIDP and RC. While at [Hospital #3], [client #1] had blood work and a urinalysis complete (sic). After the results from the blood work and urinalysis came back, the QIDP and RC was (sic) informed that a representative from [Hospital #2] will arrive to assess [client #1]. Once the representative from [Hospital #2] arrived, she informed the QIDP and RC that [client #1] will be held for a 72 hour observation/detention. On the morning of 2/12/15, [client #1] was then transported to [Hospital #2]. [Client #1] was released from [Hospital #2] on 2/13/15.</p> <p>Prevention: The consumers were separated and the BSP's (sic) were followed. Another staff member was added to the schedule to monitor [client #4], [client #1] and [client #3]. [Client #1] had physical aggression added back</p>			

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	<p>to his BSP. February 13/15 to 2/20/15.</p> <p>Conclusion/Recommendation of Investigation: [Client #3] was released from the hospital 2/12/15. [Client #3] suffered from swelling and a laceration above his eye.</p> <p>Follow up: There have been no other incidents between the consumers. Physical aggression was added back to [client #1]'s BSP. [Client #3] has healed from his injuries sustained on 2/11/15. [Client #4] has had no other issues with [client #3], per his BSP he lost an outing for a 24 hour period. The extra staff will be removed by the end of the month to ensure the safety of all staff and consumers." Review of this record failed to indicate this investigation of alleged client to client aggression with injury was concluded, and the findings were reported to the administrator within 5 business days.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 6/25/15 at 1:40 P.M.. The QIDP indicated the results of the investigation should have been reported to the administrator within 5 business days. The QIDP further indicated the results of the investigation were not reported to the administrator</p>			

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W 0157 Bldg. 00	<p>within 5 business days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to take sufficient/effective corrective measures in regard to preventing/addressing client to client abuse.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IRs) and investigations was conducted on 6/23/15 at 12:15 P.M. and indicated:</p> <p>-Investigation record start date 2/11/15 and end date 2/20/15 involving clients #1, #3 and #4 indicated:</p>	W 0157	<p>All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached policy and staff training documents). The policy outlines: Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action up to an including discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents defined in</p>	07/30/2015

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	<p>"Was the consumer assessed of injuries? Yes Were any injuries found as a result of incident? Yes. [Client #3] suffered from swelling on the right side of his face. [Client #3] had a laceration above his eye and swelling. [Client #1] and [client #4] did not suffer from any injuries. Was nurse in charge contacted? Yes [Client #3] was transported to [Hospital #1], [Direct Support Professional (DSP) #13] went with [client #3] and the residential nurse later met up with them at [Hospital #1]. Was a need determined for urgent care or ER (Emergency Room) Treatment? Yes [Client #3] was taken to the ER to be assessed for the injuries sustained to the right side of his face. Staff member [DSP #13] escorted [client #3] in the Ambulance and the residential nurse later met up with them at [Hospital #1]. Observation/Witness of staff member(s): Staff members [DSP #14], [DSP #13] and [DSP #15] finished up the routine fire drill and when they came back inside to prepare dinner that's when the peer on peer aggression began. Staff was preparing dinner while another staff member was getting meds ready for the next med pass. [DSP #13] and [DSP #14] stated that they heard noises coming from the living room. When they looked [client #3] was being hit by [client #1] in</p>		<p>this policy are to be reported and investigated in prompt and procedurally correct manner. (Please see attached policy and training documents). TradeWinds has revised the Individuals Rights policy.(Please see attached document). TradeWinds has also developed a checklist for the Individual Rights notification. (Please see attached document). Also,TradeWinds has developed and implemented a participant complaint form. (Please see attached document). With the revisions made to the policy (Individual Rights) and the development and implementation of the Individual Rights checklist and participant complaint forms (Please see attached documents), TradeWindshas taken action to provide sufficient/effective corrective measures in regards to preventing and addressing client to client abuse.</p>	

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	<p>the left side of his face. [DSP #15] quickly separated the 2 consumers. None of the staff or consumers witnessed [client #4] hit [client #3] during the fire drill, but he did admit it to [Group Home Manager (GHM)], [Qualified Intellectual Disabilities Professional (QIDP)], and [Residential Coordinator (RC)]. [Client #7] stated that he saw [client #1] hit [client #3], but then went into this bedroom. [Client #2] is nonverbal and could not give a description of the incident. [Client #8] stated that he was unsure of what was happening, but was frightened and went to his room. [Client #4] stated that he saw [client #1] hit [client #3], but was unaware how many times. [Client #6] stated that he was very upset so he went to his room.</p> <p>Description: On 2/11/15 at approximately 6:15 P.M., the [Group Home name] consumers participated in a fire drill. Immediately following the fire drill [client #3] told staff he was hit on the head by another consumer, [client #4]. Staff immediately assessed [client #3] and although there were no visible signs of injury, an internal incident report was complete (sic) by staff. Staff followed the BSP (Behavior Support Plan) for [client #4]. At 7 P.M., staff was preparing a snack for the [Group Home name] to celebrate the birthday of one of</p>			

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	<p>the consumers. [Client #1] approached staff and demanded a cigarette. Staff asked [client #1] to wait while they finish (sic) preparing the snack and he would get his cigarette immediately. [Client #1] became upset and began to slam doors. After slamming doors, yelling/screaming and cursing at staff, [client #1] then ran out of the home. Another staff member immediately ran after [client #1] and was able to talk [client #1] back into the home. Shortly after arriving back into the home, [client #1] began attacking another consumer [client #3], by hitting [client #3] on his head and face area. [Client #3] developed slight swelling to the forehead, lip and right side of [client #3]'s face area. Staff was able to intervene and separate [client #1] and [client #3]. The police and ambulance were contacted. Once the police arrived, [client #1] was calm and was in compliance with the police. The police did not take [client #1] into custody, due to his Developmental Disability. [Client #3] was transported to [Hospital #1] for further evaluation by [Hospital #1]'s medical staff. Once the police left the home, [client #1] informed staff, he was going to start again. [Client #1] then began to scream/yell, curse staff, hit walls, slam doors and etc....[Client #1] continuously made more threats on acting out and was in aggressive behaviors. The</p>			

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	<p>police was (sic) contacted, [client #1] ran out of the front door and ran down the street. The QIDP and RC got into their vehicles to search for [client #1]. [Client #1] was apprehended by the police (where he was handcuffed and placed in the back seat of the police car) and taken to the city jail. [Client #1] was never placed into holding/custody; however he remained at the station until [Hospital #2] was contacted by police. [Client #1] was later transported by the police and taken to [Hospital #3], where he was accompanied by the QIDP and RC. While at [Hospital #3], [client #1] had blood work and a urinalysis complete (sic). After the results from the blood work and urinalysis came back, the QIDP and RC was (sic) informed that a representative from [Hospital #2] will arrive to assess [client #1]. Once the representative from [Hospital #2] arrived, she informed the QIDP and RC that [client #1] will be held for a 72 hour observation/detention. On the morning of 2/12/15, [client #1] was then transported to [Hospital #2]. [Client #1] was released from [Hospital #2] on 2/13/15.</p> <p>Prevention: The consumers were separated and the BSP's (sic) were followed. Another staff member was added to the schedule to monitor [client</p>			

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	<p>#4], [client #1] and [client #3]. [Client #1] had physical aggression added back to his BSP. February 13/15 to 2/20/15.</p> <p>Conclusion/Recommendation of Investigation: [Client #3] was released from the hospital 2/12/15. [Client #3] suffered from swelling and a laceration above his eye.</p> <p>Follow up: There have been no other incidents between the consumers. Physical aggression was added back to [client #1]'s BSP. [Client #3] has healed from his injuries sustained on 2/11/15. [Client #4] has had no other issues with [client #3], per his BSP he lost an outing for a 24 hour period. The extra staff will be removed by the end of the month to ensure the safety of all staff and consumers."</p> <p>-Investigation dated 4/11/15 to 4/13/15 involving clients #1 and #2 indicated: "...Were any injuries found as a result of incident? Yes. [Client #2] suffered a small cut to the left side of his eye.</p> <p>On 4/11/15 at 7:20 P.M., [client #1] was sitting on the couch next to another consumer (client #2) in the home while watching a basketball game. While watching the game [client #2] went into behavior and threw his arm at [client</p>			

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	#1]'s chest. [Client #2] was not targeting [client #1], but [client #1] happened to be in the way when [client #2] went into behavior. [Client #1] then got up and hit the consumer in the left side of his face. [Client #1] was separated from the other consumer and they were both evaluated for injuries. [Client #1] stated that the consumer hit him hard in the chest and caused him to lose his breath. [Client #1] stated that he got up and hit him in retaliation. [Client #1]'s BSP was followed for physical aggression. [Client #1] did not exhibit any signs of bruising to his chest. [Client #2] suffered a small cut to the left side of his eye from [client #1]'s hit. The following day on 4/12/15 [client #2]'s guardians visited to (sic) the group home to evaluate his eye. At that time [client #2]'s guardians called the police and filed a report for the injuries sustained from [client #1]. [Client #1] suffered no further injuries from the incident and his BSP will continued (sic) to be followed. QIDP and RC spoke with [client #2]'s guardian and they have decided that they will not be pressing charges as they feel it was an isolated incident and [client #1] acted out of instinct and not purposefully. It was addressed with all staff in the house that when [client #2] goes into a behavior all consumers are removed from the area to prevent further incidents. All BSPs will			

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W 0249 Bldg. 00	<p>continued to be followed."</p> <p>No documentation was available for review to indicate the facility took sufficient/effective corrective action to prevent recurrence.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 6/25/15 at 1:40 P.M.. The QIDP indicated all clients should be free of abuse. The QIDP indicated staff should have prevented client #1 from physically aggressing on client #2 causing injury.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p>	W 0249	A meaningful day/activity calendar has been developed and implemented for clients #1, #2, #3 and #4 (in addition to the remaining consumers at the Burrell Group Home). (Please see attached meaningful day/activity calendar for clients #1, #2, #3 and #4) The	07/30/2015

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	<p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/23/15 from 5:00 A.M. until 6:50 A.M.. From 5:40 A.M. until 6:45 A.M., clients #1, #2, #3 and #4 sat in the living room with no activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any activity.</p> <p>An evening observation was conducted at the group home on 6/24/15 from 5:40 P.M. until 7:00 P.M.. From 5:40 P.M. until 7:00 P.M., clients #1, #2, #3 and #4 sat in the living room with no activity. Direct Support Professionals (DSP) #4, #5 and #6 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any activity.</p> <p>A review of client #1's record was conducted on 6/24/15 at 3:30 P.M.. A review of client #1's Individual Support Plan (ISP) dated 12/17/14 indicated the following objectives that could have been implemented during both observations: "Will participate in some form of exercise...I will learn to keep track of my petty cash ledgers...I will learn to independently prepare a meal...I will learn the emergency evaluation (sic) protocol."</p>		<p>meaningful day/activity calendar will outline active treatment opportunities, training goal objectives and various activities for the consumers to be involved in and etc... With each consumer having a meaningful day/activity calendar will allow each consumer to receive a continuous active treatment program that will consist of the needs of interventions and services in sufficient number and frequency to support the achievement of the goal objectives that are identified in each consumer's Individualized Support Plan (ISP). The meaningful day/activity calendar will also allow staff to implement the consumer's training goal objectives when formal and or informal opportunities exists within the group home. The group home manager is responsible for monitoring and ensuring that staff is making sure each consumer is receiving a continuous active treatment program. In addition, the QIDP will observe staff during unannounced visits to the group home to ensure that staff is making sure each consumer is receiving a continuous active treatment program.</p>	

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	<p>A review of client #2's record was conducted on 6/24/15 at 4:00 P.M.. A review of client #2's Individual Support Plan (ISP) dated 11/26/14 indicated the following objectives that could have been implemented during both observations: "Will learn to put words into sentences...Will participate in some form of exercise...Will learn to sweep and clean my bedroom... Will learn to cross the street safely...Will learn to shop for items I want to purchase...Will participate in activities with my pears (sic)."</p> <p>A review of client #3's record was conducted on 6/24/15 at 4:55 P.M.. A review of client #3's Individual Support Plan (ISP) dated 2/11/15 indicated the following objectives that could have been implemented during both observations: "Will complete my choirs (sic) that are scheduled...Will learn to cook by helping prepare meals...Will participate in some form of exercise...Will learn the value of money by counting change and learning the value of quarters, dimes, nickels...Will learn to balance my checkbook...Will learn to appropriately socialize with my peers and staff... Will practice learning my home address...Will learn how to communicate with people appropriately."</p>			

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W 0323 Bldg. 00	<p>A review of client #4's record was conducted on 6/24/15 at 4:35 P.M.. A review of client #4's Individual Support Plan (ISP) dated 10/22/14 indicated the following objectives that could have been implemented during both observations: "Will exercise for 30 minutes...Will learn how to use income to pay monthly bills for a household budget...Will learn the procedure for caring for minor injuries..."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:40 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p>			

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	<p>Based on record review and interview, the facility failed to assure 3 of 4 sampled clients (clients #1, #2 and #4) had hearing evaluations as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 6/24/15 at 3:30 P.M.. Client #1's record indicated a most current hearing assessment dated 1/4/13 with the recommendation to return in 1 year. No further documentation was available for review to indicate client #1 returned in 1 year to have an annual hearing evaluation/assessment as recommended by the audiologist.</p> <p>A review of client #2's record was conducted on 6/24/15 at 4:00 P.M.. Client #2's record indicated a most current hearing assessment dated 8/6/13 with the recommendation to return in 1 year. No further documentation was available for review to indicate client #2 returned in 1 year to have an annual hearing evaluation/assessment as recommended by the audiologist.</p> <p>A review of client #4's record was conducted on 6/24/15 at 4:35 P.M.. Client #4's record indicated a most current hearing assessment dated 7/30/14</p>	W 0323	<p><u>Client # 1</u> - was seen by his Primary Care Physician 12-12-14 for an annual physical. At the time of the annual physical, the Primary Care Physician evaluated client #1 hearing and noted on the annual physical form normal hearing. See attached copy of annual physical form.</p> <p><u>Client #2</u> - A request was made to the Primary Care Physician for client #2 to request a prescription for an audio logical evaluation. Upon receipt of the prescription, an audio logical evaluation will be scheduled. See attached copy of the request. A prescription for an audio logical evaluation will be requested annually to repeat audio logical evaluations annually.</p> <p><u>Client #4</u> - Client #4 is scheduled for an audiological evaluation on 8-4-15 at 10:30 am. A prescription for an audio logical evaluation will be requested annually to repeat audio logical evaluations annually.</p>	07/30/2015

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	<p>with the recommendation to return in 1 year. No further documentation was available for review to indicate client #4 returned in 1 year to have an annual hearing evaluation/assessment as recommended by the audiologist.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted 6/24/15 at 2:25 P.M.. The QIDP indicated clients #1, #2 and #4 should have returned in 1 year as recommended by the audiologist. The QIDP indicated there was no documentation in the clients' files to show their hearing evaluations were completed as recommended by their physician.</p> <p>9-3-6(a)</p>			
W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 4</p>	W 0436	The staff has been re-trained on (Space and Equipment) the need	07/30/2015

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	<p>sampled clients (clients #1, #3 and #4) to teach and encourage the use of their eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/23/15 from 5:00 A.M. until 6:50 A.M.. During the entire observation clients #1, #3 and #4 were observed not wearing their prescribed eyeglasses. Direct Support Professionals (DSPs) #1, #2 and #3 did not prompt clients #1, #3 and #4 to wear their eyeglasses.</p> <p>An evening observation was conducted at the group home on 6/24/15 from 5:40 P.M. until 7:00 P.M.. During the entire observation clients #1, #3 and #4 were observed not wearing their prescribed eyeglasses. Direct Support Professionals (DSPs) #4, #5 and #6 did not prompt clients #1, #3 and #4 to wear their eyeglasses.</p> <p>A review of client #1's record was conducted on 6/24/15 at 3:30 P.M.. Review of client #1's 12/1/14 vision exam indicated he was prescribed eyeglasses.</p> <p>A review of client #3's record was conducted on 6/24/15 at 4:55 P.M..</p>		<p>to prompt and encourage individual consumers to use their adaptive equipment(s). Staff has been trained on the importance of teaching the individual consumers to use and to make informed choices about the use of their adaptive equipment's, such as: eyeglasses, walker, wheelchair, hearing aid, braces(leg/ankle), dentures, communication devices and etc... Staff has been trained on to prompt and encourage individual consumers to use all adaptive equipment(s); however, if there are several refusals, staff must document in the consumers communication book in addition to the behavior tracking sheet (if the consumer receives behavioral services), so there is documentation of refusals noted in the communication book and or behavior tracking sheets. The group home manager is responsible for ensuring that staff is prompting and encouraging the individual consumers to use their adaptive equipment(s). In addition, the QIDP will observe staff during unannounced visits to the group home to ensure staff is prompting and encouraging individual consumers to use their adaptive equipment(s).</p>	

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W 0484 Bldg. 00	<p>Review of client #3's 4/16/15 vision exam indicated he was prescribed eyeglasses. The record indicated "Glasses at all times."</p> <p>A review of client #4's record was conducted on 6/24/15 at 4:35 P.M.. Review of client #4's 6/3/15 vision exam indicated he was prescribed eyeglasses.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:36 P.M.. The QIDP indicated clients #1, #3 and #4 should wear their prescribed eyeglasses. The QIDP further indicated staff should prompt the clients to wear their eyeglasses.</p> <p>9-3-7(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the</p>	W 0484	The staff has been re-trained on (Dining Areas and Services) involving the need to provide	07/30/2015

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W 0488 Bldg. 00	<p>facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/23/15 from 5:00 A.M. until 6:50 A.M.. At 5:30 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their morning meal which consisted of cold cereal and toasted bagels. There were no butter/margarine and jelly on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8 to use for their evening meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:36 P.M.. The QIDP indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the</p>	W 0488	<p>condiments during meal time. (Please see attached documents) The group home manager is responsible for monitoring staff to ensure that condiments are available on the table during meal time. The QIDP will observe staff during unannounced visits to the group home to ensure that condiments are available on the table during meal time. This includes, but not limited to: jelly, mustard, butter, ketchup, pepper, salt, mayo, sugar/sugar substitutes and etc... The group home manager and QIDP will conduct home visits during meal times to ensure that this is properly implemented in the home.</p> <p>The staff has been re-trained on</p>	07/30/2015

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	<p>facility failed to assure 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/23/15 from 5:00 A.M. until 6:50 A.M.. At 5:00 A.M., Direct Support Professional (DSP) #2 toasted bagels as clients #1, #2, #3, #4, #5, #6, #7 and #8 were in their bedrooms. DSP #2 then placed the toasted bagels on a plate and set the plate on the kitchen counter. At 5:30 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their breakfast independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not toast their bagels.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/25/15 at 1:36 P.M.. The QIDP indicated clients were capable of toasting their bagels and further indicated they should be doing so at all times.</p> <p>9-3-8(a)</p>		(Dining Areas and Services) involving consumers in meal preparation. (Please see attached documents)The group home manager is responsible for monitoring staff to ensure that the consumers are involved in the meal preparations. In addition, the QIDP will also observe staff during unannounced visits to the group home to ensure that the consumers are involved in the meal preparation and serving the meals according to their level of functioning.	