STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN-PACT INC	723 N 200 E VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000		W000000		
	This visit was for an annual recertification and state licensure survey. Dates of Survey: March 25, 26, 27, 28, 31 and April 4, 2014. Facility number: 000792 Provider number: 15G272 AIM number: 100249020 Surveyor: Christine Colon, QIDP The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/10/14 by Ruth Shackelford, QIDP.			
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), to exercise general operating direction in a manner to provide oversight to ensure their abuse and neglect policy was implemented. The governing body failed to ensure allegations of abuse were immediately reported to the administrator and to the Bureau of Developmental Disabilities Services (BDDS). Findings include:	W000104	All management staff will be re-trained on the abuse/neglect policy, which includes all allegations are immediately reported. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes all allegations are immediately reported. Responsible person: Elaina Blystone QDDP. A reliability will be completed to ensure competency. Responsible person: Renee Tomerlin, Group Home Manager. To ensure	05/04/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	1. Please refer to W149: The governing body failed for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), to ensure implementation of written policy and procedures in regards to client to client aggression and alleged staff abuse. 2. Please refer to W153: The governing body failed for 1 of 3 sampled clients and 3 additional clients (clients #2, #4, #5 and #6), to report suspected abuse immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.		future compliance, Manager will review all internal reports daily. Responsible person: Renee Tomerlin, Group Home Manager.	
W000125	9-3-1(a) 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, record review and interview, for 1 of 3 sampled clients (client #2), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in financial decisions. Findings include: A morning observation was conducted at the group home on 3/25/14 from 7:00 A.M. until 8:20 A.M.. During the observation client #2 was non-verbal in communication in that the client did not speak.	W000125	Families of the consumers who are an emancipated adults have received information about guardianship and the different types of guardianship. It also included information about legal assistance. Responsible person: Sandra Kimbrough, Administrative Assistant. Power of Attorney was sought out for the consumers that are emancipated adults and are unable to give informed consent for financial affairs and/or healthcare. Responsible person: Sandra Kimbrough, Administrative Assistant. A	

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	An evening observation was conducted at the group home on 3/26/14 from 4:30 P.M. until 6:40 P.M.. During the observation client #2 was non-verbal in communication in that the client did not speak. A review of client #2's record was conducted at the facility's administrative office on 3/28/14 at 2:30 P.M.. Client #2's Individual Support Plan (ISP) dated 3/28/13 indicated: "Legal Status: Emancipated Adult...Will learn to identify coins." The "Comprehensive Functional Assessment" dated 3/8/13 indicated client #3 could not identify coins or paper money, could not associate value of coins, could not make change with coins or bills, could not demonstrate responsibility when handling money, could not make small purchases, could not read price tags, could not count to ten, could not balance savings/checking accounts, could not balance petty cash money and could not manipulate a calculator to perform simple arithmetic computations. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 3/31/14 at 3:50 P.M.. The QIDP indicated client #2 did not have a legally sanctioned decision maker to assist him with financial decisions. The QIDP further indicated client #2 could not independently manage his finances and was unable to independently make financial decisions.		document signed designating an advocate without whom s/he won't make major decisions was sought out for the consumers that are emancipated adults and are unable to give informed consent. Responsible person: Sandra Kimbrough, Administrative Assistant. Family member(s) or designated person will continue to advocate on their behalf by actively participating and signing all consents. Responsible person: Sandra Kimbrough, Administrative Assistant. Mother of Client #2 has stated that she has looked into guardianship. Responsible person: Mom & Traci Hardesty, QDDP. To ensure compliance, annually at the ISP meeting, guardianship/legal representation to assist in the aid to the consumer in making informed consent will be discussed. Responsible person: Social Service Coordinator, Judy Edwards.	
W000126	9-3-2(a) 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			

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	affairs and teach them to do so to the extent of their capabilities. Based on observation and interview, for 6 of 6 clients residing at the group home (clients #1, #2, #3, #4, #5 and #6), the facility failed to 1. encourage and teach each client to access their personal finances and 2. to implement client #4's money management objectives utilizing United States currency. Findings include: 1. A morning observation was conducted at the group home on 3/25/14 from 7:00 A.M. until 8:20 A.M.. At 8:00 A.M., Direct Support Professional (DSP) #2 was asked to reconcile clients #1, #2, #3, #4, #5 and #6's personal petty cash funds. DSP #2 indicated the clients' personal petty cash funds were locked in the manager's office. When asked how clients were able to utilize their personal finances, DSP #2 indicated the group home manager would have to access their finances. An interview with client #4 was conducted on 3/25/14 at 8:09 A.M.. When client #4 was asked if he carried a wallet, he stated "Yes." Client #4 pulled out his wallet and showed this surveyor he had his identification card, a picture and his casino card. When asked if he carried any of his money with him, client #4 stated "Oh no, my money is locked in the manager's office, all our money is there. When asked if he would like to carry his money with him to work, client #4 stated "Well of course, but we can't because it's locked up." An evening observation was conducted at the	W000126	Management staff were re-trained on our policy. There is a system in place to encourage and teach each client to access their own personal funds and to utilize real United States currency. Responsible person: Sheila O'Dell, Group Home Director. Direct care staff were re-trained on our policy. There is a system in place to encourage and teach each client to access their own personal funds and to utilize real United States currency. Responsible person: Elaina Blystone, QDDP. Clients # 1, 2, 3, 4 and 5 will have money accessible to their money/wallets at all times. Responsible person: Renee Tomerlin , Group Home Manager. All the clients have a money goal/program in place to teach them to the extent of their capabilities their financial affairs and we do have written authorization from consumer and/or guardian to receive assistance from residential staff in handling personal finances. Responsible person: Elaina Blystone, QDDP. Client #4's money program will be revised to use real United States currency. Responsible person: Elaina Blystone, QDDP.To ensure future compliance, a program reliability will be completed to ensure real U.S. currency is being used. Responsible person:	05/04/2014

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	group home on 3/26/14 from 4:30 P.M. until 6:40 P.M.. At 4:45 P.M., DSP #3 was asked to reconcile clients #1, #2, #3, #4, #5 and #6's personal petty cash funds. DSP #3 indicated the clients' personal petty cash funds were locked in the manager's office. When asked how clients were able to utilize their personal finances, DSP #3 indicated the group home manager would have to access their finances. A review of the facility's "Policy on Consumer Financial Management" no date noted was conducted on 3/27/14 at 8:00 A.M. and indicated: "In-Pact will make every effort to ensure the protection of the financial interests of all consumers within the home. All individuals residing in the home will be allowed to retain their own money in their possession for use in the community. Those consumers not capable of keeping their own money will, with written authorization from the consumer and/or his guardian, receive assistance from residential staff in handling personal finances. Consumers will be encouraged to maintain savings and/or checking accounts in community institutions. In-Pact will provide training to individuals needing assistance toward accomplishing this. An individual consumer's personal funds are to be used directly by or for the consumer to secure incidentals and special needs or desired items." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated the clients should be taught how to manage their personal funds and should have access at all times to some of their money to make purchases they may want.		Renee Tomerlin, Group Home Manager. To ensure compliance, a program status report will be completed monthly, which will include client access to the money and that safety measure are in place to detour misappropriation of those funds. Responsible person: Elaina Blystone, QDDP and Sheila O'Dell, Group Home Director.	

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	2. An evening observation was conducted at the group home on 3/26/14 from 4:30 P.M. until 6:40 P.M.. At 5:30 P.M., DSP #2 prompted client #4 to start his programs. Client #4 retrieved his program book and took out laminated fake paper money and a sheet of paper which had black and white pictures of dollar bills, quarters, nickels, dimes and pennies. DSP #2 asked client #4 to identify each bill and coin and count them. DSP #2 implemented client #4's money management objective not utilizing United States currency. An interview with DSP #2 was conducted on 3/26/14 at 4:45 P.M.. When asked if she was implementing client #4's money management training objective, DSP #2 stated "Yes." When asked if she was implementing his objective using United States currency, she stated "No." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated the group home staff should only use U.S. currency when implementing clients' money management training objectives.			
W000130	9-3-2(a) 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview, the facility failed for 6 of 6 clients observed	W000130	All staff will be retrained to administer medication to ensure privacy during medication administration and to ensure	

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	during medication administration (clients #1, #2, #3, #4, #5 and #6) to ensure privacy during medication administration and to ensure client #1 was clothed while in public areas. Findings include: 1. A morning observation was conducted at the group home on 3/25/14 from 7:00 A.M. until 8:20 A.M.. At 7:15 A.M., Direct Support Professional (DSP) #2 began administering client #5's morning medication in the medication room while DSP #1 and clients #1, #2, #3, #4 and #6 walked in and out of the kitchen area where client #5's medication information could be heard. As DSP #2 administered each of client #5's prescribed medications, she stated the names and dosage and reason for each medication. At 7:25 A.M., DSP #2 began administering client #4's morning medication in the medication room while DSP #1 and clients #1, #2, #3, #5 and #6 walked in and out of the kitchen area where client #4's medication information could be heard. As DSP #2 administered each of client #4's prescribed medications, she stated the names and dosage and reason for each medication. At 7:33 A.M., DSP #2 began administering client #2's morning medication in the medication room while DSP #1 and clients #1, #3, #4, #5 and #6 walked in and out of the kitchen area where client #2's medication information could be heard. As DSP #2 administered each of client #2's prescribed medications, she stated the names and dosage and reason for each medication. At 7:42 A.M., DSP #2 began administering client #3's morning medication in the medication room while DSP #1 and clients #1, #2, #4, #5 and #6 walked in and out of the kitchen area		clients are clothed while in public areas. Responsible person: Elaina Blystone, QDDP. Staff will be trained to redirect clients not only to be in another area, but to be far enough away so that they do not over hear other client's medication information. Responsible person: Elaina Blystone, QDDP. Staff will be retrained in Ethics of touch, which includes privacy issues. Responsible person: Renee Tomerlin, Group Home Manger. To ensure future compliance, the staff will brainstorm and come up with privacy guidelines on specific issues that may surround client #1 and his privacy issues, so that all staff redirect/respond the same appropriate way. Responsible person: Renee Tomerlin , Group Home Manager. To ensure compliance, a med pass reliability will be completed to show competency. Responsible person: Renee Tomberlin, Group Home Manager	

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	where client #3's medication information could be heard. As DSP #2 administered each of client #3's prescribed medications, she stated the names and dosage and reason for each medication. At 7:55 A.M., DSP #2 began administering client #1's morning medication in the medication room while DSP #1 and clients #2, #3, #4, #5 and #6 walked in and out of the kitchen area where client #1's medication information could be heard. As DSP #2 administered each of client #1's prescribed medications, she stated the names and dosage and reason for each medication. At 8:05 A.M., DSP #2 began administering client #6's morning medication in the medication room while DSP #1 and clients #1, #2, #3, #4 and #5 walked in and out of the kitchen area where client #6's medication information could be heard. As DSP #2 administered each of client #6's prescribed medications, she stated the names and dosage and reason for each medication. There was no staff redirection regarding privacy observed during medication administration. An interview with the Qualified Intellectual Disabilities professional (QIDP) was conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated while staff are administering a client's medications, the other clients should be downstairs to ensure privacy. The QIDP further indicated all clients should have privacy during medication administration. 2. A morning observation was conducted at the group home on 3/25/14 from 7:00 A.M. until 8:20 A.M.. Upon entering the group home., client #1 was observed walking around the group home with only a shirt and his underwear on, carrying a pair of pants. Client #1 walked past Direct Support			

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	Professionals (DSPs) #1 and #2 and was not prompted or assisted to put his pants on. At 7:10 A.M., client #1 walked to the kitchen with no pants on. Client #1 walked past DSPs #1 and #2 and was not prompted or assisted to put his pants on. At 7:30 A.M., client #1, walked around the group home with no pants on. Client #1 walked past DSPs #1 and #2 and was not prompted or assisted to put his pants on. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated staff should ensure client #1 was clothed while in public areas and further indicated client #1 should not have been walking around the group home with no pants on.			
W000149	9-3-2(a) 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 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), the facility failed to implement written policy and procedures regarding incidents of client to client aggression and staff abuse. Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 3/25/14 at 3:25 P.M.. Review of the records indicated:	W000149	All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Elaina Blystone QDDP. A reliability will be completed to ensure competency. Responsible person: Renee Tomerlin, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Renee Tomerlin, Group Home Manager.	

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	-BDDS report dated 5/08/13 indicated an allegation of staff abuse involving client #1 which indicated: "Staff, Employee Development Specialist for [Outside day program], was walking through the workshop this morning. As staff was walking through staff saw [client #1]'s sresidential (sic) staff [Staff name] grab him by the wrist, forcefully and spin [client #1] around and directed him to his line (she didn't walk him back, once he came around from spinning she let him go). Residential staff, [Staff name], verbally prompted [client #1] by raising her voice to him: stating: 'Go back to your line and get back to work, my God'. [Client #1] went back to his seat and staff walked away shaking her head. Staff went and checked on [client #1] and he had no marks on his wrist and he wasn't upset, he was smiling and he said 'I'm okay'. After staff checked [client #1] out, staff went to [client #1]'s Day Services line supervisor to find out the name of the residential staff. Her name is [Staff name]. [Client #1] went back to his seat and staff walked away shaking her head. As soon as staff got back to his office he notified Day Service QDDP (Qualified Developmental Disabilities Professional), [QDDP name]....Based off of the three witnesses who actually witnessed [Staff name] grabbing [client #1]'s left wrist and raising her voice to [client #1]. It is felt that this incident is substantiated and [Staff name] will be terminated from [Facility name]." -BDDS report dated 7/25/13 involving clients #4 and #5 indicated: "[Client #4] was verbally trying to start a fight with [client #5]. Staff intervened and tried to diffuse the situation, but it became physical between [client #4] and [client #5]. [Client #5] started hitting [client #4] in the chest 2 or 3 times, while			

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	kicking his legs 3 or 4 times. Staff intervened to separate the two consumers. [Client #5] came after staff, with his fists balled up as if he was going to hit her. She got away from [client #5]. Staff was trying to get [client #4] away from the area but [client #5] came after staff and [client #4]. Staff did a physical takedown according to [client #5]'s HRC (Human Rights Committee) approved BSP (Behavior Support Plan). He was held down for approximately 5 minutes until he was calm, then he was released. [Client #4] stated that he did not have any injuries and staff checked them and did not see any." -BDDS report dated 8/22/13 involving clients #4 and #5 indicated: "[Client #5] and [client #4] were riding in the van for morning transport. [Client #4] went to change the temperature control button and [client #5] slapped [client #4] on his arm. He slapped him on his right, lower arm, towards his wrist area." -BDDS report dated 2/24/14 involving clients #2, #3 and #6 indicated: "The midnight staff was assisting the consumers into the van for morning transport . When [client #2] got into the van he began hitting [client #6] multiple times on his right arm. The midnight staff got in between the two consumers to stop [client #2]'s hits. [Client #2] turned around in his seat attempting to hit [client #3]. [Client #3] put up his arms to block the hit and [client #2] bit [client #3]'s hand. The morning staff came to assist and began to rearrange seating to keep the consumers safe. [Client #2] did not exhibit anymore aggressions for the remainder of transport." 2. A review of the group home records was conducted on 3/26/14 at 4:45 P.M.. Review			

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	of the medical record book indicated the following internal incident reports documented by group home staff: -Internal Incident Report dated 1/8/14 involving clients #2 and #6: "[Client #6] was sitting in the living room and [client #2] came up to him and grabbed his shoulders and began shaking him. I immediately separated them. Then about 10 minutes later the same consumer punched [client #6] two more times. I did not see where he hit him because I was trying to block the other consumer's hits. Redness on shoulder." Further review failed to indicate this incident of client to client abuse was reported to BDDS. -Internal Incident Report dated 1/8/14 involving clients #2 and #4: "Consumer was sitting in kitchen eating breakfast, when consumer (client #2) suddenly jumped up and headed toward kitchen biting his arm and hitting consumer (client #4) repeatedly on left forearm." Further review failed to indicate this incident of client to client abuse was reported to BDDS. -Internal Incident Report dated 2/27/14 involving clients #4 and #5: "I was in the kitchen assisting a consumer shave when I heard 'Ow' and a slap. I immediately separated [client #5] and [client #4] because [client #5] slapped [client #4] on top of the head." Further review failed to indicate this incident of client to client abuse was reported to BDDS. A review of the facility's records was conducted at the facility's administrative office on 3/26/14 at 8:30 A.M.. Review of the facility's "28. POLICY ON REPORTING AND			

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	INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting			

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	any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift." An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated the facility's abuse/neglect policy should be followed at all times. The QIDP indicated staff are to write an Internal Incident report as the policy indicates, they then fax it to the office and are to call the Group Home Manager. The QIDP then indicated the QIDP is to file a BDDS report. No BDDS reports were submitted for review in regards to the mentioned incident reports.			
W000153	9-3-2(a) 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 3 sampled clients and 3 additional clients (clients #2, #4, #5 and #6), to report suspected abuse immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include:	W000153	All management staff will be re-trained on the abuse/neglect policy, which includes all allegations are immediately reported. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes all allegations are immediately reported. Responsible person: Elaina Blystone QDDP. A reliability will be completed to	

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	A review of the group home records was conducted on 3/26/14 at 4:45 P.M.. Review of the medical record book indicated the following internal incident reports documented by group home staff: -Internal Incident Report dated 1/8/14 involving clients #2 and #6: "[Client #6] was sitting in the living room and [client #2] came up to him and grabbed his shoulders and began shaking him. I immediately separated them. Then about 10 minutes later the same consumer punched [client #6] two more times. I did not see where he hit him because I was trying to block the other consumer's hits. Redness on shoulder." Further review failed to indicate this incident of client to client abuse was reported to BDDS. -Internal Incident Report dated 1/8/14 involving clients #2 and #4: "Consumer was sitting in kitchen eating breakfast, when consumer (client #2) suddenly jumped up and headed toward kitchen biting his arm and hitting consumer (client #4) repeatedly on left forearm." Further review failed to indicate this incident of client to client abuse was reported to BDDS. -Internal Incident Report dated 2/27/14 involving clients #4 and #5: "I was in the kitchen assisting a consumer shave when I heard 'Ow' and a slap. I immediately separated [client #5] and [client #4] because [client #5] slapped [client #4] on top of the head." Further review failed to indicate this incident of client to client abuse was reported to BDDS. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was		ensure competency. Responsible person: Renee Tomerlin, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily. Responsible person: Renee Tomerlin, Group Home Manager.	

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	conducted on 3/31/14 at 3:50 P.M.. The QIDP indicated these incidents were not immediately reported to the administrator or BDDS. The QIDP further indicated the incidents should have been immediately reported to the administrator and within 24 hours to BDDS.			
W009999	9-3-2(a) State Findings: The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met. 460 IAC 9-3-3 Facility Staffing (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. This state rule is not met as evidenced by: Based on interview and record review for 1 of 3 staff personnel records (staff #12), the facility failed to ensure staff #12 received an	W009999	All staff are to receive a Mantoux prior to assuming job duties and annually thereafter. Responsible person: Sherri DiMarrco, RN.Staff #12 received his Mantoux test. Responsible person: Sherri DiMarrco, RN.To ensure future compliance, at the required annual training; all staff will also receive their Mantoux. Responsible person: Sherri DiMarrco, RN.To ensure future compliance, monthly a TB report will go out to Department heads on who and when TB test are due. Responsible person: Mary Jane Lewis, HR.	

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	annual mantoux test/screening. Findings include: The facility's employee records were reviewed on 3/26/14 at 2:10 P.M.. Review of staff #12's personnel file did not indicate the results of a TB skin test given on 9/24/13. The Human Resource Director (HRD) was interviewed on 3/26/14 at 2:50 P.M.. The HRD indicated staff #12's TB skin test documentation did not indicate a date read, no signature and no date to indicate the results of the TB test. 9-3-3(e)			