STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G793		05/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNGARVIN INDIANA LLC	113 S 325 E VALPARAISO, IN 46385

(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
W 0000 Bldg. 00	This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00172902. This visit resulted in an Immediate Jeopardy. Complaint #IN00172902: Substantiated, Federal/state deficiencies related to the allegations are cited at W102, W104, W120, W122, W127, W149, W153, W154, W156, W157, W159, W189, W249, and W331. Dates of Survey: May 8, 11, 12, 13, 14, 15, 18, 19 and 22, 2015. Facility number: 012584 Provider number: 15G793 AIM number: 201018520 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		

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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W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the Governing Body failed to meet the Condition of Participation: Governing Body for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D). The Governing Body neglected to prevent neglect and/or abuse by not developing and/or implementing systematic policies and protocols in regard to staff abuse and neglect of client A resulting in significant injuries (broken nose, black eye, lacerated eyebrow, bruises and scratching). The Governing Body neglected to ensure behavioral services by the behaviorist were provided at the group home, to clients A, B, C and D for their identified behavioral needs. The Governing Body neglected to ensure the facility's nursing services provided thorough assessments and medical care after staff abuse. The Governing Body	W 0102	**W 102 483.410 GOVERNING BODY AND MANAGEMENT** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this CONDITION, and ensure Agency's abuse/neglect Policy is implemented at all times, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following:	06/21/2015

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385	

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	neglected to ensure the facility conducted thorough investigations in regard to staff abuse and an allegation of sexual abuse to clients. Findings include: 1. Please refer to W122. The Governing Body failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients and 1 additional client (clients A, B and D). The Governing Body neglected to implement its written policy and procedures to prevent abuse and/or neglect of clients. The Governing Body neglected to put in place measures to prevent harm and recurrence in regard to staff abuse. The Governing Body neglected to ensure timely medical treatment for client A's significant injuries (broken nose, black eye, lacerated eyebrow, bruising and scratches). 2. Please refer to W104. The Governing Body neglected to exercise general policy and operating direction over the facility for 2 of 2 sampled clients and 1 additional client (clients A, B, C and D), to put measures in place to prevent abuse and neglect in regard to staff abuse. The facility's Governing Body neglected to ensure thorough investigations were completed in regard to staff abuse and an		A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the	

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	allegation of sexual abuse. The Governing Body neglected to ensure timely medical treatment for client A's significant injuries (broken nose, black eye, lacerated eyebrow, bruising and scratches). The Governing Body neglected to ensure behavioral services by the behaviorist were provided at the group home, to clients A, B, C and D for their identified behavioral needs. This federal tag relates to complaint #IN00172902. 9-3-1(a)		Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs,	

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			that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home,	

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			Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general			

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	policy, budget, and operating direction over the facility. Based on record review and interview for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), the facility's Governing Body neglected 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 neglected to immediately report incidents of abuse/neglect and failed to report the results of investigative findings in a timely manner. The facility's Governing Body neglected to exercise general operating direction in a manner to put measures in place to prevent staff physical abuse and neglect which resulted in significant injuries (a broken nose, black eye, lacerated eyebrow, contusions, bruising and scratches). The facility's Governing Body neglected to provide oversight to ensure clients A, B, C and D were provided behavior services as contracted with the Behaviorist. The facility's Governing Body neglected to exercise general operating direction in a manner to provide oversight to ensure staff showed competency in their job duties in regard to immediately reporting incidents of abuse/neglect, documentation, implementing client A's Behavior Support Plan (BSP) as written to prevent abuse/neglect and neglected to	W 0104	**W 104 483.410(a)(1)** **GOVERNING BODY** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy is implemented at all times, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following:	06/21/2015

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	take effective/sufficient corrective action to prevent abuse/neglect of client A which resulted in significant injuries. Findings include: Please refer to W120: The Governing Body neglected to exercise general operating direction over the facility to ensure the contracted behaviorist provided sufficient staff training and oversight to meet the behavioral support needs of 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D). Please refer to W127: The Governing Body neglected to exercise general operating direction over the facility to ensure client A's rights by not preventing staff physical abuse resulting in significant injuries (a broken nose, a black eye, a laceration to his eyebrow, contusions, bruises and scratches). Please refer to W149: The Governing Body neglected to exercise general operating direction over the facility for 3 of 4 clients residing at the group home (clients A, B, and D), by not ensuring implementation of its written policy and procedure to prevent abuse and neglect of clients. The facility neglected to ensure client A was not physically abused by staff resulting in significant injuries		i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification	

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	(broken nose, black eye, lacerated eyebrow, bruising and scratches). The facility neglected to ensure client A received timely nursing services in regard to assessing his injuries after staff physical abuse. The facility neglected to conduct an investigation in regard to an allegation of sexual abuse. Please refer to W153: The Governing Body neglected to exercise general operating direction over the facility by not ensuring for 2 of 2 sampled clients and 1 additional client (clients A, B and D), to report allegations of staff abuse/neglect and an allegation of sexual abuse immediately to the administrator. Please refer to W154: The Governing Body neglected to exercise general operating direction over the facility for 1 of 2 sampled clients and 1 additional client (clients B and D), to provide written evidence a thorough investigation was conducted in regard to an allegation of sexual abuse. Please refer to W157: The Governing Body neglected to exercise general operating direction of the facility for 1 of 2 sampled clients and 1 additional client (clients A and D), to take sufficient/effective corrective measures in regard to preventing/addressing staff		to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect.	

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	abuse. Please refer to W189: The Governing Body neglected to exercise general operating direction over the facility for 1 of 2 sampled clients (client A), to ensure all staff who worked with client A were sufficiently trained to assure competence in regard to the client's behavioral needs/plans. This federal tag relates to complaint #IN00172902. 9-3-1(a)		This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or	

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			allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview, the facility failed to ensure the contracted behaviorist provided sufficient staff training and oversight to meet the behavioral support needs of 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D). Findings include:	W 0120	**W 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy is	06/21/2015

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	1. A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and		implemented at all times, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents.	

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	photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP #28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the		iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift	

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	floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations: [DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated the incidents of staff abuse were substantiated and further indicated all staff involved in the incidents of staff abuse were terminated from employment. 2. -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP		changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and	

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	#28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations: [DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D].		abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served.	

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	This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -BDDS report dated 4/29/15...Date of Knowledge: 4/29/15...Submitted Date: 5/6/15 involving clients B and D indicated: "On 4/29/15 at approximately		**Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	8:30 P.M., staff was having dinner with housemates [client D] sitting to the right side of the table and other housemate was on the left side of the table. [Client B] was at the end of the table. [Client D] kept getting up and going into the kitchen where two staff was (sic) preparing food. [Client B] accused his housemate [client D] of touching his private parts in the dining room. When asked when this took place, [client B] said after dinner. He reported to staff about this incident at 8:35 P.M.. Staff was sitting at the dining room table with both [client D] and [client B] and did not witness this incident. This allegation is being reported late due to discovery by Area Director on 5/5/15." -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the			

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	whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then			

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	moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough			

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	investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." -Investigation record dated 5/1/15 involving client A indicated: -Human Resource Director (HRD), investigator of the incident involving client A statement indicated: "I received a phone call this morning from [DSP #13], who began employment on 3/23/15 and is assigned to the [Group Home #1] and [Group Home #2]. She reported that she had a situation at work to discuss with me and that she cannot trust anyone who works at those homes including the supervisors.			

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	She said that yesterday (which would be 4/30/15) she was told to (sic) she had to take [DSP #20] to the other group home because he doesn't have a car. [DSP #13] reported that this wasn't the first time she had to do this but also had to give him a ride the previous week. [DSP #13] said that [GHL] told her to take an individual with her to drop him off. [DSP #13] said to her she would take [client A] then and [GHL] said know (sic) you take [client C]. [DSP #13], [client C] and [DSP #20] went to the office first to drop off some statements to [QIDP] and then she went to the group home and dropped off [DSP #20]. When [DSP #13] returned to the home, three employees were in the office. She indicated that [GHL], [DSP #18] and [DSP #19] were in the office. [DSP #18] told her that she needed to take [client A] to the urgent care place. [DSP #13] stated that [client A] was beat up. She indicated the doctor said that his nose was broken, there were lacerations, multiple contusions, and scratches on his body. The doctor asked her to call her supervisor. [DSP #13] called [GHM] while she was in the room with [client A] and the doctor. [GHM] told her to call [QIDP] and that [QIDP] was handling that investigation. [GHM] hung up with			

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	her, and [DSP #13] reported that the doctor said to her that she needed to speak with her. [DSP #13] explained to the doctor that she had to call another person. [DSP #13] called [QIDP] and tried to tell [QIDP] what was going on with [client A] but [QIDP] sounded annoyed with her on the phone when she was trying to report this allegation. She indicated that [QIDP] then started to ask her about statements about a different allegation and [DSP #13] reported to [QIDP] that she didn't care about that right now. [DSP #13] said that she told her that they were going to call the police about the incident. She said she was quitting and then [QIDP] asked her if she was quitting without notice. [DSP #13] said yes, and [QIDP] said well you will have to talk to [GHM] about that. [DSP #13] indicated that [QIDP] did finally talk with the doctor. [DSP #13] said the police did come and spoke with [client A] and also with her. There were two other officers that interviewed her. [DSP #13] reported that she wasn't there during the time of the incident but was out of the house. [DSP #13] encouraged [client A] to tell them what happened and he began to cry. [Client A] indicated that [DSP #14] pinched him really hard on the arm. [DSP #13] said that [client A] has a huge			

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	bruise on his arm. [DSP #13] said that [DSP #18] , [DSP #19] and [GHL] told her that he hit his head on an opened door and that he tripped over his shoe laces. [DSP #13] said that when she first worked with [DSP #18], he told her that 'they all tell the same story.' [DSP #18] also talked to [DSP #13] about not giving [client A] his 4 P.M. medication while out. [DSP #13] tried to call [QIDP] after she got back but received no response and was unable to leave messages because her VM (Voice Mail) was full. [QIDP] finally spoke with her at 10:30 and indicated she had a family issue she was dealing with which is why she didn't call her back. The incident [QIDP] was asking [DSP#13] about during the doctor's office visit was related to the statements she dropped off regarding an allegation that [client B] reported that [client D] touched him in his private areas the night before. I asked if there was a GER written and she said that [QIDP] said she didn't need to do a GER for that but that they should all write statements. [DSP #13] said the other staff wrote that they were in the			

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	kitchen, but they were not [DSP #19] and [DSP #18] were in the office because [DSP #13] was the only staff eating dinner with the individuals. [DSP #13] reported that [DSP #18] is always watching t.v. and [DSP #19] is always on her phone. [DSP #13] said she couldn't document in [client A]'s T-log (electronic record) because she didn't have access to his file in [Electronic Program]. [DSP #13] said that when she first started the staff told her they are in a clique and that [QIDP] is part of that clique. She also said that she was told the staff will leave you alone in the room when an individual is having a behavior so you will get beat down, quit, or the (sic) will lie on you and get you fired. Another employee named [DSP #4], not sure of the spelling was very upset and crying about what was going on." -DSP #13 statement indicated: "Could you please describe the on-site training you received? 'I read their books.' In both houses? 'Yes. I knew some of their behaviors.' What staff member conducted your on-site training? 'No. The first day I went to the girls house.			

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	[DSP #18] was the only one there. I was told by [GHN] that we weren't supposed to do any work rather just shadow....Me and [DSP #18] were there my first night.' You didn't go over any training checklist, or tour of where to find anything in the home? 'No.' Did you ever meet with the lead of the house either [GHL #2] or [GHL #1]? 'I met [GHL #1].' What was that meeting like? 'She wasn't real friendly. I read through the books. She said so you have no questions. And I said I usually ask the questions when it comes up.' It sounds like there wasn't any training done before you started working? 'No, especially at the girls home.'...When you called me on May 1, 2015, you stated you were uncomfortable working at the home, would you please describe why you felt that way? '...Basically when I saw [client A] I knew it wasn't what they said happened because [client A] was really beat up.' When you arrived to the shift on April 30, 2015, what was the first thing you did? 'I was told that [client A] had been in behaviors all day and that [DSP #20] needed to go to the [GH #2].' Why did they tell you [DSP #20] had to go to the [GH #2]? 'Because [DSP #20] didn't have a car. I took him on Wed. and he told me I'd have to take him tomorrow (Friday).'...Who were the staff members in the home when you arrived, and what were they doing? '[GHL], [DSP #14] and			

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	[DSP #15]. [DSP #14] and [DSP #15] were standing next to the table and [GHL] was sitting at the table. That's how I knew something was wrong because they are usually in the office. They hang out in the office and are not usually out with the individuals. Especially [GHL], she's usually at the desk doing something.' Did you see or greet any of the individuals upon arrival, if yes which ones? 'No. I saw [client A] from a distance sitting on the couch and he looked at me. Then [GHL] said I needed to take [DSP #20] to [GH #2] and she said take someone with you. I said [client A] and she said , no pick someone else.' Did she say why? 'No. She said earlier he had been having behaviors.' What was the environment like in the house when you arrived on shift, meaning were the individuals in the common area and did they appear happy? 'Very quiet. Usually the individuals are walking around. [Client D] and [client A] were in the living room and they didn't even approach us.' Did you notice anything unusual about any of the individuals upon arrival to the house? 'No. I noticed [client B], he is usually walking around, but he wasn't. None of the individuals were doing what they usually do so I knew something was up.' Why do you think you were not supposed to take [client A]? 'I think they know (sic) if I			

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	saw him. I would have issues and I would be wanting to have taken him. Even if they had taken the van, I would have wanted to take [client A] to Urgent care. Everything was so hush hush. I got told very little about this situation, it was like everyone else knew what was going on but me.' Approximately how long were you gone from the house before you returned? 'I think I got back around 4:30 or 5:15.' What was the first thing you did upon your return to the [GH #1]? 'I walked into the office and still all individuals weren't walking around. I went in to (sic) the office and [DSP #19] was sitting back slouched. I went to put the keys in the office and [DSP #18] said 'You might as well keep those keys, because you're going to take [client A] to urgent care.' At that point I still hadn't seen [client A].' What was the exact reason they said he needed to go to urgent care? 'He said the nurse had told them he needed to go.' Had you ever been asked to take an individual to urgent care before? 'No.' Did anyone explain the process for taking an individual to urgent care before? No, they just gave me his med sheets and a red folder with his driver's license. [Client A] came into the office and when I saw him, I said [client A] go get your jacket. I was just very upset. I didn't say a word to anybody, I just said [client A] let's go.' Did you talk			

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	to [client A] on the way to the urgent care facility or in the waiting room? 'No, because I thought maybe I should let the doctor do that. I don't have any training in that. [Client A] was upset too.' What did he do that made you think he was upset? 'He was shaking more than usual. In the waiting room he told me he was afraid of [DSP #14]. I'm not sure if they told him he couldn't have water but he was drinking excessive water.' Will you describe what you saw when you looked at [client A] when he got in the car? 'He had his jacket on. I was told he had a bump on his head. [DSP #20] said he had a tit (sic) on his head and he tripped over his shoe string and cracked it open on the wall.' When were (sic) talking to [DSP #20] about what happened with [client A]? 'On the way to [GH #2], he was telling me what happened. He said, you know [DSP #13] I like you, you just need to be a little more aggressive. Weird stuff that I found odd.' At that point did you see the extent of his injuries? 'I saw the scratches. I asked him how he got the scratches and he wouldn't answer.' Will you explain what happened when the doctor began to treat [client A]? 'We went in and the nurse was talking to us. I said [client A] let's take off your jacket. I saw a huge bruise under his arm and the nurse took off the other sleeve and saw another bruise. I			

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	said [client A], how did you do that and he said [DSP #14] pinched him. When the doctor came in, she was looking at the bruises and he had a scratch mark and he had a fingernail mark that was bruised into his skin. He had scratches on his shoulder blades and back.' Who did you try to call first when the doctor asked you and what was their response? '[GHM]. She was very short and said to call [QIDP]. I told her [GHM] the police are going to be called and she said well [QIDP] is doing the investigation.' When you spoke to [QIDP], what did she say to you? 'She was annoyed that I had called her. I said there's going to be an investigation. I said the doctor wants to talk to you. I could tell the (sic) she was arguing with the doctor and the doctor said no that's not consistent with what I'm seeing. She had called me back after we hung up with the doctor and I was still in the room with [client A]. She was asking me about the statements. I said as far as I am concerned, I am quitting. I said I'm going to take [client A] back to the house and that'll be it for me. [Client A] told me in the waiting room he was scared of [DSP #14]. When were the police called, and will you please tell me your conversation with them? 'First the police officer was called. He asked me what his diagnosis was and I said I don't know how much I can tell you because of			

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	Hippa (sic). I can't tell you for sure but I think he's schizophrenic. He said sometime accidents happen so then I just looked at him like are you for real. He said, I'm going to call [County police]. He did look at [client A]. The second one was much better, I don't believe [client A] did this to himself. I was just at the house when he assaulted a lady there, and he went to jail for that. I was honest with them. He told me he was going to call [QIDP]. I said not to be rude, but good luck on that one.' After [client A] was released, did the doctor or the police have any concerns with him returning to the home? 'I heard the nurses talking and they said, are you going to release him to that home? The doctor said we can't do anything further, the police took the report and they reported it to the state.' When you arrived back at the house, what was the first thing that happened? 'I put his paperwork on the desk. They [DSP #18] and [DSP #19] asked what happened? I said his nose is broken. What time was that? '8 or 9 P.M..'After you said his nose was broken, then what happened? 'They said wow. [DSP #18] said you forgot to give [client A] his 4 P.M. meds. I said wait a minute, I wasn't even there at 4 P.M.. He said it doesn't matter, you should have given them to him before you left. I wasn't there because I was			

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	taking [DSP #20] to [GH #2]. Everything seems like it's falling on me.' Did you speak to [GHM] or [QIDP] after you returned to the house? Do you remember what time and who you talked to? 'I called [QIDP] at 8:15 or 8:30, the phone rang and rang and rang. I couldn't leave a message. She finally called me back at about 10. She asked what happened, and I told her his nose was broke (sic), and he had multiple contusions, and lacerations. She said wow, that's a lot of paperwork, I said am I good, and she said yeah, thank you and hung up.' Did you document the incident in [Computerized system]? Why or why not? 'No, I would have done T-Log [Report] and a GER but I had no access to [Computerized system]. We had just asked [QIDP] for the past 3 days to get on a profile for them." Follow up questions 5/7/15 "You told me (sic) saw [client A] about 7:30 A.M. on Friday 5/1/15, can you describe what [client A] looked like to you that morning? 'When I showed (sic) I saw the scratches on his face.' When I showed you the pictures your (sic) were really upset, did you feel the same way when you saw him on Friday? 'I didn't see his face like that and I didn't look under his clothes.' When you first saw him what was your impression, did he look like he got beat up? 'No. I didn't get that impression.'"			

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	-GHM statement indicated: "Will you please describe the training process for new employees to work at the ESN homes (Extensive Support Needs)? 'Once they get done with their two-week training, they do their paperwork. I like to have the lead or someone who is more experienced review the paperwork with them. So we have a training here where the QIDP, she goes over their BSPs (Behavior Support Plans) and the Nurse comes in and she does her part. And then I'll come and give a rough thru (sic) of how the house is run, talk about each individual and what they should know about them and to prepare them for working in the home.' Which paperwork are you referring to? 'The first paperwork that they go through, it's a check off list.' Who is the assigned trainer? 'We usually use the lead, but depending if they come in on a second shift and the lead might not be there then we use someone who has been there a long time and can show them the right way.' When they do their shadowing shift are they scheduled in addition to the staffing ratio? 'In addition to the ratio, they are not considered a staff at that point.' On April 30th, 2015, were you aware of any behaviors that [client A] was having? If yes, please explain. 'I, what day was that?' Thursday. 'I was in my office, and			

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	[QIDP] received a phone call in her office and I overheard a conversation on the phone. I overheard her say to document and do a GER. I don't know who she was talking to on the phone. She did come into my office and say that [client A] had been in a behavior almost 3 1/2-4 hours. I want to say the nurse was contacted at that point. I did hear that she made the suggestion for him to go to Urgent care. I left to leave to go home, it had to be around 6 P.M. that I got a call from [DSP #13]. [DSP #13] was saying that she was at the Urgent Care, and that they had separated her and [client A]. I asked her was she okay, and she said no. That's when she told me that [client A] had told the hospital that [DSP #14] had beat him up. I told her that when you hang up from me, I need for you to call [QIDP] and to update her as to what is going on.' Did she say that the doctor wanted to talk to you? 'No. I believe she said that the doctor wanted to talk to [QIDP].' Did you hang up the phone at that point? 'I told her to call [QIDP] and I guess she must have called her because a few minutes later [QIDP] called me. She said I may need you to suspend [DSP #14]. So I called him and suspended him for an allegation of abuse.' Approximately what time did you call [DSP #14]? 'All this happened within about 30 minutes timeframe (sic)			

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	so I want to say it was about 6:30 P.M..' Did anyone explain what [client A] was upset about? 'I talked to [GHL].' Was that the same day? 'Yes. Thursday. She told me that something was going on with the water at the house and she told me he was upset about having to take a shower. She said it just escalated and I guess [DSP #14] was a target but I don't know why.' Where were you during this behavioral episode? 'They called [QIDP] when it was over, so I guess they had been dealing with it all that time.' Did you ever go to the home to assist? Please explain. 'I wasn't aware of it until the behavior was over and the decision was made to go to (sic) checked out and that's when [QIDP] was telling them about the proper paperwork. I never received a phone call from anybody.' Is that unusual that they didn't make anyone aware of a behavior that lasted that long? 'Usually they are supposed to call [QIDP] and make her aware. I didn't know until almost 4 hours and if they don't get in touch with [QIDP] they are supposed to call me.' Is there a behaviorist to call in situations of an extended behavior? 'Our behaviorist that we do have is very hard to get in touch with him.' Would staff need to get that direction from [QIDP] to call the behaviorist or can they call on their own? 'I would say that he's (the behaviorist) not in the picture like that			

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	not the same as [Girls home behaviorist] at the girls home). So all the staff know is to call [QIDP].' When was the first time you heard about [client A]'s injuries? 'When she was on the phone, I heard her yell like, 'What?' and she was told that he hit his head. I didn't really know details but they said it wasn't really that bad.' You still don't know who she was talking to on the phone? 'No, not at that point.' What was reported to you regarding the extent of his injuries? 'I didn't know the extent until I went to the house at 7:30 the next morning and I was talking to him.' So when you went the (sic) at 7:30a.m. (sic) the next morning what was the conversation? 'He was asking me about his outing and he was asking me to come to his side. He said he was sorry and he wasn't going to hit anybody anymore. I could see some scratches on him.' Scratches, was that all you could see? 'That's all I could see.' Did anyone tell you how he was injured? 'no.' What did they tell you about the behaviors? 'When I went there that morning, there was an extra staff. I didn't know that there was another behavior that morning. I saw [DSP #16], and he had, you could tell he had been hit in his face. His face was swollen a little bit.' What did [DSP #16] say? 'That morning [client A] had a behavior, he said everything was calm and fine and the			

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	n out of nowhere he just blew up at him.' Were you aware that the nurse told staff to take [client A] to urgent care? 'That Thursday before I left I did know that she made a decision.' Are you involved with deciding who takes individuals to appointments or Urgent Care? 'No. Usually like on that side of the table I don't step into an investigation. I don't unless there was a relative of [QIDP]'s I don't get involved in the investigation.' Were you aware that the doctor suspected abuse and that they were going to call the police? 'She told me that that night when we were on the phone. When they had them separated and yes, she said that. That's when I told her to please tell [QIDP]. I don't think a paperwork had started, but I know it was in place.' So when you talked to [QIDP], did you tell [QIDP] that the police were called to the hospital? 'I can't remember if it was that day or the next day that the police were called exactly.' What can you tell me about the incident that happened 5/1/15 in the morning? 'His focus that morning he kept telling me he was sorry and he was (sic) going to hit anybody that day. He was concerned and he wanted his outing. I asked him if he was okay, and he said fine.' So he didn't mention anything about [DSP #17] pushing his face into the ground? 'No, not to me.' Is there anything else you want to share?			

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	'I'm just going to say tat (sic) I've been working with [client A] since he came here. I brought him here. I would never allow anyone to hurt him and if I did know about it, I would do something about it. We've been really thin. I've been working both sides of the table. I really didn't know it was this serious. I try to make sure that all the individuals have the best care, me and [QIDP]. We try to do our best to make it happen.'" -DSP #5 interview indicated: On April 30, 2015 thru May 1, 2015, you worked the overnight shift is that correct? 'Yes.' What was the first thing you did on your shift? "When I first come (sic) in I check (sic) on the guys and everyone was asleep. About 12:30, [client A] got up and was telling me about what happened. I was looking at him and all the bruises. He was up and down throughout the night. About 5 A.M. he woke up and he is very scheduled. He always takes a shower, time was going slow. He was getting agitated. [DSP #17] was on his side. [DSP #17] was on his way into the office and [client A] followed, next thing I knew he hit him and then I said no, don't hit him and [client A] hit and fell. [DSP #16] came in because he always gets dropped off early. [DSP #16] and [DSP #17] held him. He was still on the floor though.' When they were holding him on			

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	the floor, can you describe where his hands were? 'They were holding him down by his side. I know that working with [DSP #17] he talk (sic) to him nice. I never seen (sic) [DSP #17] be mean to him never.' Did you at any point see [DSP #17] or [DSP #16] push his head to the floor? 'That I never seen (sic). I just remember seeing [DSP #17] had his hands to the floor. I called [QIDP] and [GHN]. I believe it was going on for over an hour. I got permission to give the PRN (as needed) and he took it and didn't calm down. He then told [DSP #17] he was sorry. I think he was still upset from the night before.' When [client A] falls to the floor, is that in his BSP or DCI (crisis intervention) that you can hold him down like that? 'I don't believe so, that is in his plan. When I did talk to [client A] and he said that when he feels someone is mad at him, it makes him want to hit him. I just think that some of the male staff when [client A] hit him, that some of our male staff want to retaliate and you don't do that. That is unacceptable." Have you ever seen any of the male staff react that way? 'No, but I have heard the male staff talking. Just in this field, when I hear that male staff have been hit they just react. How they were talking about how he got his nose broken, he just let the door open on him.' Did you participate in a shift change with the outgoing evening			

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	staff and if yes, what did they share with you? 'Actually, [DSP #13] was real upset and was still in the dining room. She told me she just got back.' So they didn't tell you about the incident in the shower the morning. 'No that was what happened with [DSP #17]. I explained that was also the start of the morning shift incident and she said she hadn't heard that except from me.' Did you notify [QIDP] or [GHM] about the behavior? '[GHN] and [QIDP] (didn't answer), called [GHM] (didn't answer) [GHN] answered. Then [QIDP] called me back.' Did [GHM] come to the house the next morning? 'Yes, she did.' Approximately what time? 'Early 7 or 8. She came in, made some tea and left (sic).' Did she talk to [client A]? 'No, she came in made some tea and left. [DSP #17] told her that [client A] hit her (sic) and she said she didn't know. She made her tea and left. She seemed so unconcerned.' When you saw [client A] at midnight, what did his face look like? 'His eye was bruised. His arms were so black and blue. His face and knee had lacerations, red mark around his neck. It looked like a crime scene.' And what shift did you work before? 'Yes I worked Wednesday I didn't recall anything (seeing) any injuries like that.' Did [client A] talk to you about the incident? 'He told me [DSP #14] or [DSP #15] choked him. I kept hearing [DSP #15]			

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	and [DSP #14] had hit him.' Is there anything else? '[Client A] keeps asking if [DSP #14] is coming but seems like he is getting better.'" -QIDP interview indicated: "Can you explain the training process for new employees who work at either home? 'Well one of the staff at the home will show them the ropes, basically the documentation, where the medications are located and the keys and where everything at the house is located. There is a training that we asked the new hires to attend, it's supposed to go over the ISPs, behavior plans, risk plans. It depends, sometimes if it's just me, [GHN] and me, or sometimes [GHN], me, and the behaviorist depending on who is available to give the training.' Who is the assigned 'train the trainer?' No, who usually does that training? 'It depends on who is working when that person goes to the home.' On April 30th, were you aware of any behaviors that [client A] was having? 'Yes, I called just by chance. I missed a phone call from [GH #1] earlier but I called back and talked to [GHL]. She said I can't talk right now because [client A] is in a behavior. He's being really aggressive and she hung up. She called back at about 12:45 or so, requesting a PRN it had been at least over an hour. I said yes, call [GHN] to get the			

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	approval to follow the proper protocol.' So then what happened after 12:45? 'I don't remember who called but I remember being told that he was running into a wall that he was throwing shoes, and he tried to open the office door.' Which the door had previously been broken so he couldn't open the door, but the second time he pulled the handle it opened that's when it hit him in the face. I asked them to write statements. I asked them to write a GER, t-log, ABC (behavioral documentation), and I told them make sure you write a blow by blow as to what happened in the documentation.' Where were you when the behavior was happening? 'I was in the office.' Is it typically (sic) for him to be in a behavior that long? 'In the beginning yes, but this year he has had a couple of incidents that he has been in a behavior for an hour and a half. What is strange to me is that he had a behavior every single day this week practically because he was agitated, which is why we had a staff go with us to his psych appointment on Monday.' What did they say he was upset about" 'A shower. They said they noticed his hair was greasy and that he still had an odor and they asked him would you mind taking another shower since you forgot to wash your hair. He got offended by that comment and that he does not stink, and that he got			

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	up and walked away, turned around, and walked back to staff and started swinging and punching at staff.' Who asked him to take a shower? 'I know [GHL] was relaying the information to me but I do not recall who asked him to take the shower.' Did you ever go to the home to assist or to see his injuries on that day? 'I did not.' When they first told you about his injuries, what was reported to you? 'They said he had some scratching on his face, for running into the wall, and hitting himself on the office door.' Were you aware [DSP #13] was taking [DSP #20] to the other home because he doesn't have a car? 'No. I did know of a situation and I did say for one time for us to take him to the home. I never gave consent for it to happen everyday.' Are you aware of an allegation that [client D] touched [client B] in his private parts? If yes, please explain. 'Yes. Staff called and said that many (sic) touched [client B] inappropriately. [DSP #13] called and said that she was with [client B] the whole night and that they were never by themselves. I told everyone to write a statement and to document a GER, t-log, and an ABC. I did tell [Area Director (AD)] about that.' Do you know if anyone did write a GER for that incident? 'I know Friday, when I started to look for the information for the [client A] incident for what happened on Thursday I did not			

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	see a GER for it. I don't remember if I saw a GER for the [client B] incident. I think they did do a GER.' Did [DSP #13] drop off some statements to the office on Thursday? '[DSP #20] dropped off the statements.' Why was [DSP #13] selected to take [client A] to the urgent care facility? 'I have no clue about that. I didn't even know she was at the urgent care until she called. I usually let staff figure it out who is to take an individual to urgent care.' What is the procedure for taking an individual to urgent care? 'The nurse made the call, they are supposed to call me, but they didn't;. I don't remember them calling me but I called to check on the hot water. I do remember talking to [GHL] askin (sic) if the hot water was on and she told me no. She mentioned that [GHN] was there and she wanted [client A] to go to urgent care. I remember being surprised that [DSP #13] and [client A] were at urgent care.' What time was that? 'It was in the evening, maybe after 4 or 5 P.M..' Please describe the phone call [DSP #13] made to you in the doctor's office. 'I'm here at urgent care, she said I don't feel like I should have had to take him to urgent care. I told her that everyone has to learn how to do this and take them to the doctor. You could tell she was overwhelmed/Frustrated/upset. She said they are asking questions, and I don't			

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	know what is going on. I told her to be honest with them. We got disconnected. I called back and asked her if she hung up on me? She said no.' Did she say that the doctor wanted to talk to you? 'Yes.' Did she tell you they were going to call the police? 'She said they were going to report it. She said the doctor said he had some scratches. I said that staff said he had some scratches. She said he has a bruise in the middle of his back. The doctor said he keeps saying [DSP #14] did it. I said I'll start an investigation and suspend the staff. I called [GHM] and told her and said we may have to suspend [DSP #14]. I then called [AD] and didn't get him. I called [GHM] back and told her to just suspend him. I talked to the doctor again. I confirmed with her that I suspended staff and she said I'm sorry but I'm going to have to report this. I sent [AD] a text and I called him. When I got in touch with him I told him that the doctor said she was going to report it and that [GHM] had suspended him.' Did you know that the police were are (sic) the doctor's office? 'No for some reason I didn't hear my phone ring and I was dealing with a family issue of my own. When I checked my phone, I called her back. [DSP #13] said that his nose was broken. She didn't say anything to me about speaking to the police. The police did call me on Friday, but it was an			

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	unknown number and he called me on Saturday. I gave a partial statement to the police investigator of (sic) Saturday.' When was the first time you saw [client A] after he returned from the urgent care facility and what did he look like? 'First time I saw [client A] was Friday evening after 6 P.M.. I was doing DSP work and we had drove (sic) to [GH #1]. AD came out, and the individuals later followed him. That was my first time seeing him and seeing physically how he looked. I was like whoa.' What do you mean whoa? 'I saw some abrasions by his face. I saw some scratches. I didn't see anything by his arms or anything because he was behind someone else and then he turned around.' Did you see his face, what did his face look like with the broken nose? 'I know it was red (pointing to her nose). I remember a strip on his nose or face.' Does [client A] have a BSP for behaviors? 'Yes.' What does it say? 'He has a targeted behavior for physical aggression, property destruction, repeats himself and sometimes he lies about kicking for attention.' How would you describe the working environment in both homes? 'I can only tell you what I see when I go in. Usually it's the individuals laughing and I have to remind staff about their supervision checks on them if they've been in there (sic) room too long. [GH #2] is very laid back vs (versus) the			

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	girls is usually hyper or all over the place.' Are employees happy to work there? At both homes? 'Honestly, I don't think some employees are happy. They feel helpless when individuals go into behaviors they feel like DCI training isn't helpful. I told them I would set something up with [Staff name].' Have you ever been told from a new employee that they heard that at [GH #2] it is very cliquey and they will let you get beat down or lie on you to get you fired? 'No. I've never heard that. I've heard from [DSP #13] that they were unfriendly and she felt unwanted there.' Will you tell me again what staff reported to you regarding [client A]'s behaviors and his injuries? 'That's all I know what I told you earlier. I got the phone call that he was in a behavior. I called to deal with the water issue. I got called for PRN approval. It probably wasn't until 1 P.M. or so, that I got part of the story. They said that he fell during his behaviors, because he was already off balance and he fell into the wall. All [DSP #14] had to do was step back because he was already off balance. I remember they said that he tried to open the office door and couldn't the first time, and then he pulled it a second time and when he pulled it the second time he hit himself in the face with the door. That's what was told to me.' DO you think that looking at the extent of the injuries, that			

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	what they reported is accurate? What is your opinion? 'I think that there is more to the story. I told them to document but I couldn't find the documentation and I called [GHL] and she said she saw [DSP #14] doing a GER. She scanned me the ABC and that's what I used to do the BDDS IR.' Is there anything else you want (sic) share? 'It was reported. I do not know what to say, I do remember getting a phone call at 9:50 P.M. for PRN approval for [client A] saying that he was in a physically aggressive behavior but it was reported that he had some scratches on him from that. I'm not sure if that (sic) when he hit [client D]. [Client A] lies sometimes and sometimes he tells the truth. I hav (sic) noticed he has picked up some behaviors like [client D] and his housemates. [DSP #13] quit on Thursday night while at the doctor's. She said once I take him back to the home she was leaving and she's not coming back. I instructed her to tell [GHM] that. I asked [GHM] did she receive a phone call from [DSP #13] and she said no.'" -Regional Director (RD) statement indicated: "`On 5/1/15 at approximately 10:30 A.M., I received a call from [State Director (SD)]. [SD] informed me there was an allegation that [client A], one of the individuals living in the [Group home name], had received injuries consistent			

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	with abuse. [SD] stated [client A] had gone to Urgent Care on 4/30/15 and the doctor at Urgent Care was concerned about the injuries and filed a police report. [SD] asked me if I would get a hold of [Group Home Nurse (GHN)] or [Nurse Service Manager (NSM)] to go to the home and check the extent of [client A]'s injuries....Upon arriving at the home around 11:00 A.M., the two of us were let in by [DSP #21]. I spoke briefly with [DSP #21] and asked her how things were going. [DSP #21] indicated that things had not been good throughout the morning and motioned towards [client A] who was sitting alone in the back common area of the home. I walked through dining room and saw [client D] in the dining room area. I continued through the home and saw the individual [client C] sitting in the front common area of the home. I popped my head in the office and observed [GHL (Group Home Lead)] sitting in the office with another DSP. After briefly speaking to the two of them I proceeded to the back common area with [NSM] and started speaking to [client A] I asked [client A] what happened to his eye and he responded 'I got beat up'. I asked him where he got beat up and he replied, 'In the office'. I asked him who beat him up and he said, '[DSP #14] and [DSP #15].' [Client A] had never met [NSM] before			

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	and seemed reluctant to answer any questions not knowing who she was or if he could trust her. During the conversation [GHL] entered the room and at that point [client A] stopped answering my questions. [NSM] got up and asked [client A] if she could see his eye. He allowed [NSM] to look at the bruising and cut over his left eye. [NSM] then rolled up the sleeve of his right arm and we both observed a large bruise on the inner part of his bicep in the shape of a palm, a bruise on his right elbow about the size of a golf ball, and smaller bruises about dime sized. [NSM] pointed out the scratches on the right side of [client A]'s neck. Before [NSM] could go further, [GHN] came in the room and [NSM], myself, and [GHN] started talking. [GHN] sat on [client A]'s right side and was talking to him. [GHN] was stating [client A] had displayed aggressive behaviors towards staff and during the incidents he fell several times. [GHN] explained that is how [client A] got the bruise and cut over his eye. I asked [client A] again if staff had 'beaten him up' repeating the words he used initially. [GHN] immediately asked [client A] if the staff had actually beat [client A] up or if the staff was defending themselves. [Client A] stated staff was defending themselves. As we were talking I observed another large bruise on the outer			

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	bicep area of [client A]'s left arm. Since [client A] had given two different statements, I asked [client A] what he meant when he first stated the staff had beaten him up. [Client A] again was reluctant to answer the question. [GHN] asked [client A] if he had been beaten up and that if he had we (meaning [RD] and [NSM]) needed to know because that is why the two of us were there. After a few minutes [client A] stated again he had been beaten up by staff. When I asked [client A] if he had fallen, [client A] answered 'I was taken down'. I again asked [client A] who had taken him down. He again repeated [DSP #14] and [DSP #15]. This time [client A] mentioned [GHL] and [DSP #16], but didn't specifically state how or when they were involved. We suspected the incident with [DSP #16] may have occurred that morning, but [client A] did not give specifics. [AD] came to the home and joined the conversation. [AD] asked [client A] what had happened and [client A] stated he had been beaten up. [Client A] stated he had been beaten up in the office, that he had been taken down, and that [DSP #14] and [DSP #15] had done it. [Client A] consistently stated two staff that he identified as beating him up and taking him down. [AD] took [client A] to the restroom and photographed the extent of the injuries.			

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	Along with the bruised and cut eye, bruised arm, [client A] had scratches on his neck, back and chest. He had scabs on his knees, one looked older but one looked fairly fresh that were consistent with floor burn. The injuries supported [client A]'s statement that he had been taken down by staff...." -Group Home Nurse (GHN) statement involving client A indicated: "Staff told me that he (client A) was hit by a door, they made it sound like he was pulling on the door and somehow it hit himin (sic) the face. [Client A] told me that day that [DSP #14] did it. I knew that there would be an investigation so I didn't say anything that day because sometimes they don't tell the truth. So I knew there would be an investigation and that they would get to the bottom of it. I got there around 2 P.M.. They called me at 12:30 and said this happened. They called at 9:30 to get approval for the PRN (as needed), but he refused that. I found out he was having behaviors around 9:30. I saw him at about 2 P.M., I saw his left eye swollen and a little cut. They had put a Band-Aid on it and then I saw the bruises and redness on the right side of his neck, it looked like someone was pulling his shirt from behind. I hadn't noticed the swelling of the other parts. I told [GHL] that they needed to take him			

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	to urgent care. It was right around shift change." If you spoke with [GHL] to tell them to go to urgent care, what (sic) the normal procedures and how long does it take? "It depends on staff and the ratio of staff to deal with the other individuals. Ideally within an hour. They may not have felt it was an urgent thing.....Can you please clarify again for me why you didn't tell anyone that [client A] told you [DSP #14] did it initially on the 30th before you recommended he go to the urgent care? 'Because-I needed to see what he told [QIDP] in the investigation.'" -Client D's statement involving client A indicated: "...You know [client A]'s bruises...and his eye? Do you know how that happened? '[DSP #14], [GHL] and [DSP #15] beat up [client A].' ...How do you know? 'I heard stop, stop, stop!' When did this happen? 'Yesterday.' How do you know? Did you see it? 'I was sleeping...and I heard it. I opened my door to look out, and they said, 'get back in your room!'...How were they beating him up? 'Kicking him...stomping him...all 3 of them.'..." A review of client A's urgent care discharge summary dated 4/30/15 was conducted on 5/11/15 at 7:00 P.M. and indicated: "Diagnosis: Your diagnoses			

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	were FACIAL CONTUSION, INITIAL ENCOUNTER, EYEBROW LACERATION, LEFT, INITIAL ENCOUNTER, NASAL BONES, CLOSED FRACTURE, INITIAL ENCOUNTER, MULTIPLE CONTUSIONS, ABRASIONS OF MULTIPLE SITES, AND SUSPECTED ADULT PHYSICAL ABUSE BY NONSPOUSE OR NONPARTNER, INITIAL ENCOUNTER. Nondisplaced nasal fractures, left eyebrow laceration, abrasions and scratches right neck and arm. Right ear multiple contusions. Glued left eyebrow laceration-recommend keep dry except blot after washing near eye area for 5 days. Apply Bacitracin to scratches right ear, neck, arm daily for 1 week. Ice as needed. See PCP (Personal Care Physician) 4-5 days." A review of client A's hospital medical record was conducted at the hospital on 5/15/15 at 2:00 P.M.. review of the record indicated: "5:07 P.M.: [Client A] is a 44 yo (year old) male who presents to the immediate Care complaining of split and bruised left eyebrow. Patient says 'I hit my head on the door.' Staff member [DSP #13] reports she was told that he had a 'behavior' earlier today and grabbed a			

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	door handle very hard and pulled it into his face. Did not have any LOC. Patient has bruises on arms, scratch/abrasions on arms and neck. When asked how these happened, he said 'a staff member' and '[DSP #14] pinched me.' Patient became tearful and said he was scared of [DSP #14]. [DSP #13] stated patient was uninjured when she last saw him at 8 P.M. yesterday....Cleaned laceration to the left eye with sterile saline and gauze He also has a scrape to the left elbow that was cleaned. He had dried blood under his nose that was cleaned. Also cleaned dried blood and small cut to the right ear. Bruises noted to the right and left arms, scratches on his neck....Patient's lacerations and scratches, abrasions cleansed and left eyebrow area repaired with surgical glue. Bacitracin applied to right ear, right neck, right arm and left elbow. Patient tolerated well. Discussed concern re: patient's injuries with group home supervisor [QIDP]. She stated that the patient had behaved aggressively and injured himself on the door, and that she suspend the staff member mentioned pending investigation of the incident. Advised her that we will need to contact APS (Adult Protective Services) as well. APS called, automated message instructs to call 511 for suspected physical abuse or neglect. 911 called, initially [City Police] officer sent, the [County Police]			

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	officer who began investigation. Patient told officer 'I hit someone.' Then '[DSP #14]' had hurt him after that. Patient said he felt ok about going home if [DSP #14] is not there." A review of the police report dated 4/30/15 involving client A was conducted on 5/11/15 at 3:00 P.M. and indicated: "Event: On April 30, 2015 at approximately 6:39 P.M., I was dispatched to [Hospital name] emergency department located at [Urgent care address] for a report of battery that occurred at [Group Home address]. Statements: -[Hospital Medical Assistant (MA)] stated that she was working at [Hospital name] when [client A] arrived with group home staff member [DSP #13]. [Client A] was being treated for a cut to his left eye which was very swollen. [Client A] had a minor laceration to his right ear. [Client A] also had many bruises and scratches to his arms and body. [MA] asked [client A] what happened and he stated that a staff member named [DSP #14] had battered him. [MA] notified the doctor who contacted police to report the incident. -[Client A] stated that sometime before			

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	lunch that he had punched a staff member named [DSP #14]. [Client A] further stated that he only struck [DSP #14] after [DSP #14] had pinched him and hit him in the back. [Client A] informed me that the staff members at the house during the incident were [DSP #14], [DSP #15] and [DSP #16]. [Client A] further stated that the marks on his arms and back were from [DSP #14]. [Client A] stated the cut to his right ear was from [DSP #14] hitting him. When asked about the lump to his left eye, [client A] stated it was from a door. I asked [client A] how it occurred and he would only state that his head hit the door. I asked [client A] if anyone had forced his head to hit the door and he stated 'no'. -[DSP #13] stated that she has only been working for [Facility name] for three weeks and was assigned to work at [Group home address]. [DSP #13] stated that she last saw [client A] at approximately 8:00 P.M., on April 29, 2015 and left work that evening at approximately 11:00 P.M.. [DSP #13] stated [client A] did not have any injuries to his head the last time she had seen him. [DSP #13] arrived to work for her afternoon shift at approximately 3:00 P.M. on April 30, 2015. [DSP #13] stated she did not see [client A] at this time and then had to leave to transport a			

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	staff member to a different location. [DSP #13] arrived back at the house at approximately 5:00 P.M., and was told to take [client A] to the hospital for an injury to his eye. [DSP #13] was advised [client A] had hit his head with a door. [DSP #13] then transported [client A] to [Hospital name]'s and was advised by medical personnel that police would need to be notified due to [client A]'s claims of battery. [DSP #13] stated she contacted her supervisor, [QIDP], and informed her of the situation. [QIDP] spoke with the medical staff via telephone. [DSP #13] stated that [QIDP] informed her that [DSP #14] would be suspended due to the investigation. [DSP #13] then awaited police arrival with [client A]. -Investigation: Upon arrival at [Hospital name], I spoke with medical staff, [DSP #13] and [client A] After reviewing their statements I photographed [client A]'s injuries. [Client A]'s swollen eye and cut ear appeared to be very fresh, while his other injuries appeared to be older as they had scabs beginning to form. I also observed a bruise on [client A] ' s back, that was also photographed. I attempted several times to contact the supervisor, [QIDP], with no success. I left her a message to contact me but it was not returned. I then left the hospital and arrived at [Group Home address], to			

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	speak with the two staff members that were on scene. I spoke with staff members [DSP #18] and [DSP #19]. Both [DSP #18] and [DSP #19] stated they were told by day shift that [client A] had been very aggressive and combative throughout the day. They stated the names of the day shift staff were; [DSP #14], [DSP #15] and [DSP #16]. They did not have information for the last names of these subjects or their phone numbers. [DSP #18] attempted to contact [QIDP] via his personal cell phone, however was unable to get ahold (sic) of her. [DSP #18] also left a message that [QIDP] did not return. I asked how and who made the decision to send [client A] to the hospital. [DSP #18] and [DSP #19] stated that nurse was there today for the new month's medication and she advised day shift staff that [client A] needed to be taken to the hospital. I then left the address [Group Home address] and contacted Adult Protection Services. I spoke with Investigator [Investigator name] and informed her of the information. [Investigator name] advised to forward her a copy of the report and any follow up information that I obtain. Disposition: At this time charges will be pending further investigation. It should be noted that I was unable to make contact with the supervisor [QIDP] or the			

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	day shift staff members. Due to this, I am not able to enter their information for this report, nor get their statements as to what had transpired during this incident." An interview with [Client A] was conducted on 5/11/15 at 10:52 A.M.. Client A stated "I got pinched and hit. [DSP #14] choked me. He punched me in the back and he kicked me." When asked if any other staff helped, he stated "No staff didn't help me. The other staff [DSP #15] hit me too. I'm pressing charges. He did it once before another time. [DSP #15] stepped on my fingers on purpose. He hit me and he beat me up." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP			

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	#25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the hom			
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (client A). The facility neglected to implement its written policy and procedure to prevent staff physical abuse and/or neglect of client A, which resulted in significant injuries (broken nose, black eye, lacerated eyebrow, bruising and scratches). The facility neglected to ensure timely medical treatment for client A's injuries. This noncompliance resulted in an Immediate Jeopardy in regard to a lack of protective measures to prevent staff abuse of client A. The Immediate Jeopardy was identified on May 12, 2015 at 10:11 A.M.. The Area Director was	W 0122	**W 122 483.420 CLIENT PROTECTIONS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this CONDITION, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event	06/21/2015

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	notified of the Immediate Jeopardy on May 12, 2015 at 10:54 A.M.. The Immediate Jeopardy began on April 30, 2015. The facility submitted a plan for removal of the Immediate Jeopardy on 5/12/15 at 5:43 P.M.. The facility's plan of action/removal indicated the following: "On 4/30/15 there was an allegation that a DSP abused an Individual served. Per Policy and Procedure, the administrator was notified, this staff person was immediately suspended pending investigation, and an investigation started. On the morning of 5/1/15, the administrator was notified of further information concerning the extent of the injuries and alleged abuse. This information indicated the injuries were much more substantial than reported by staff, and that other management personnel did not thoroughly and timely inform the supervisor. The information also indicated that other DSPs may have been involved or witnesses to the abuse. A total of 8 more staff, including the QDDP, Lead DSP, and House Manager were suspended pending further and expanded investigation. On 5/1/15, upon receipt of this new		of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and	

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	information, the Area Director went directly to the home to monitor and ensure the health and safety of all individuals at the site and to reassure/ counsel the individual who was injured and allegedly abused, and to reassure his housemates. An Area Director, Program Director/QDDP, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals ' plans/protocol and all Agency policy and procedures are followed, and to ensure the health and safety of all Individuals served. These visits will also include ensuring all Individuals are offered counseling and that they are attending outside counseling as scheduled, to support them in dealing with any abuse that had occurred in the home. This monitoring and supervision will continue until it is evident to each Individual ' s IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals ' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and		thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and	

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	all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Administrator will revise the monitoring schedule as necessary to ensure daily, random observations in order to continue the continuity and effectiveness of this plan. Program Director/QDDP, and/or Behaviorist will submit daily updates on their observations to the Area Director. While monitoring the home, the Area Director, Program Director/QDDP, and/or Behaviorist will offer counseling to all Individuals in order to reassure them and address any concerns or fears they may have, including offering to arrange professional counseling as needed/requested. While monitoring the home, Area Director, Program Director/QDDP, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. Program Director/QDDP, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety expressed by the Individuals served to Area Director.		reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the	

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	The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual ' s IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. All individuals served at the site will be promptly re-trained on the following: Their rights. How to report abuse/neglect/exploitation. All staff will be promptly retrained on the following: Agency policy and Procedure concerning abuse/neglect/exploitation of Individuals served. Agency Policy and Procedure concerning Individual rights. Agency Policy and Procedure concerning reporting of incidents. Refresher training on each individual's BSP including HRC approved/authorized intervention techniques. Area Director will arrange an IDT (Interdisciplinary Team) meeting for all Individuals living in the home, to address the alleged abuse, and each IDT will work to develop a plan to foster the individual in being comfortable in their own home and reassured of their health and safety."		continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and**	

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	A review of the facility's records was conducted on 5/18/15 at 4:30 P.M.. Review of the staff training records indicated all staff currently working at the group home were trained on the facility's abuse/neglect policy, reporting, documentation, approved crisis intervention techniques, clients' BSPs, monitoring of clients and contacting the administrator. An observation was conducted at the group home on 5/19/15 from 1:00 P.M. until 2:30 P.M.. An interview with Direct Support Professionals (DSPs) #5, #6 and #8 was conducted at 2:00 P.M.. DSPs #5, #6 and #8 indicated the Behaviorist had trained all staff on clients A, B, C and D's BSPs last Tuesday. DSPs #5, #6 and #8 indicated the AD had trained all staff on the facility's abuse and neglect policy, documenting incidents, the protocol for contacting and notifying the administrator of incidents and on crisis intervention techniques during times of aggressive behaviors. An interview with client A was conducted on 5/15/15 at 10:30 A.M.. Client A indicated he felt safe in his home. Client A indicated staff talk to him about his rights and how to report abuse.		**Behaviorist**	

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	The facility's Immediate Jeopardy was removed on 5/19/15 at 4:30 P.M. because the facility ensured all staff who worked at the group home were trained on each client's BSP, HRC approved techniques for crisis intervention, documentation, policy and procedure for timely reporting incidents. Findings include: 1. Please refer to W127: The facility neglected for 1 of 2 sampled clients (client A), to ensure client A's rights by not preventing staff physical abuse resulting in significant injuries (a broken nose, a black eye, a laceration to his eyebrow, contusions, bruises and scratches). 2. Please refer to W149: The facility neglected for 2 of 2 sampled clients (clients A, B and D), to implement its written policy and procedure to prevent neglect and/or abuse of clients A, B and D. The facility neglected to ensure client A was not physically abused and neglected by staff. The facility neglected to ensure client A received timely nursing services in regard to conducting an assessment of injuries after staff physical abuse.			

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	3. Please refer to W153: The facility neglected for 2 of 2 sampled clients and 1 additional client (clients A, B and D), to report allegations of staff abuse/neglect and an allegation of sexual abuse immediately to the administrator. 4. Please refer to W154: The facility neglected for 1 of 2 sampled clients and 1 additional client (clients B and D), to provide written evidence a thorough investigation was conducted in regard to an allegation of sexual abuse. 5. Please refer to W156: The facility neglected to report the results of 3 of 3 reviewed investigations of allegations of staff abuse, involving 1 of 2 sampled clients and 1 additional client (clients A and D), to the administrator within five business days. 6: Please refer to W157: The facility neglected for 1 of 2 sampled clients and 1 additional client (clients A and D), to take sufficient/effective corrective measures in regard to preventing/addressing staff abuse. This federal tag relates to complaint #IN00172902. 9-3-2(a)			

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W 0127 Bldg. 00	483.420(a)(5) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. Based on record review and interview for 1 of 2 sampled clients (client A), the facility neglected to ensure client A's rights by not preventing staff physical abuse resulting in significant injuries (a	W 0127	**W 127 483.420(a)(5) PROTECTION OF CLIENTS RIGHTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this	06/21/2015

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	15G793		05/22/2015

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	broken nose, a black eye, a laceration to his eyebrow, contusions, bruises and scratches). Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was		Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All	

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	offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been		nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are	

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	implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended		implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. _ B.	

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	pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." -Investigation record dated 5/1/15 involving client A indicated: -Human Resource Director (HRD), investigator of the incident involving client A statement indicated: "I received a phone call this morning from [DSP #13], who began employment on 3/23/15 and is assigned to the [Group Home #1] and [Group Home #2]. She reported that she had a situation at work to discuss with me and that she cannot trust anyone who works at those homes including the supervisors. She said that yesterday (which would be 4/30/15) she was told to (sic) she had to take [DSP #20] to the other group home		Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. _ C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	because he doesn't have a car. [DSP #13] reported that this wasn't the first time she had to do this but also had to give him a ride the previous week. [DSP #13] said that [GHL] told her to take an individual with her to drop him off. [DSP #13] said to her she would take [client A] then and [GHL] said know (sic) you take [client C]. [DSP #13], [client C] and [DSP #20] went to the office first to drop off some statements to [QIDP] and then she went to the group home and dropped off [DSP #20]. When [DSP #13] returned to the home, three employees were in the office. She indicated that [GHL], [DSP #18] and [DSP #19] were in the office. [DSP #18] told her that she needed to take [client A] to the urgent care place. [DSP #13] stated that [client A] was beat up. She indicated the doctor said that his nose was broken, there were lacerations, multiple contusions, and scratches on his body. The doctor asked her to call her supervisor. [DSP #13] called [GHM] while she was in the room with [client A] and the doctor. [GHM] told her to call [QIDP] and that [QIDP] was handling that investigation. [GHM] hung up with her, and [DSP #13] reported that the doctor said to her that she needed to speak with her. [DSP #13] explained to the doctor that she had to call another			

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	person. [DSP #13] called [QIDP] and tried to tell [QIDP] what was going on with [client A] but [QIDP] sounded annoyed with her on the phone when she was trying to report this allegation. She indicated that [QIDP] then started to ask her about statements about a different allegation and [DSP #13] reported to [QIDP] that she didn't care about that right now. [DSP #13] said that she told her that they were going to call the police about the incident. She said she was quitting and then [QIDP] asked her if she was quitting without notice. [DSP #13] said yes, and [QIDP] said well you will have to talk to [GHM] about that. [DSP #13] indicated that [QIDP] did finally talk with the doctor. [DSP #13] said the police did come and spoke with [client A] and also with her. There were two other officers that interviewed her. [DSP #13] reported that she wasn't there during the time of the incident but was out of the house. [DSP #13] encouraged [client A] to tell them what happened and he began to cry. [Client A] indicated that [DSP #14] pinched him really hard on the arm. [DSP #13] said that [client A] has a huge bruise on his arm. [DSP #13] said that [DSP #18] , [DSP #19] and [GHL] told her that he hit his			

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	head on an opened door and that he tripped over his shoe laces. [DSP #13] said that when she first worked with [DSP #18], he told her that 'they all tell the same story.' [DSP #18] also talked to [DSP #13] about not giving [client A] his 4 P.M. medication while out. [DSP #13] tried to call [QIDP] after she got back but received no response and was unable to leave messages because her VM (Voice Mail) was full. [QIDP] finally spoke with her at 10:30 and indicated she had a family issue she was dealing with which is why she didn't call her back. The incident [QIDP] was asking [DSP#13] about during the doctor's office visit was related to the statements she dropped off regarding an allegation that [client B] reported that [client D] touched him in his private areas the night before. I asked if there was a GER written and she said that [QIDP] said she didn't need to do a GER for that but that they should all write statements. [DSP #13] said the other staff wrote that they were in the kitchen, but they were not [DSP #19] and [DSP #18] were in the office because [DSP #13] was the only staff eating dinner with the individuals.			

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	[DSP #13] reported that [DSP #18] is always watching t.v. and [DSP #19] is always on her phone. [DSP #13] said she couldn't document in [client A]'s T-log (electronic record) because she didn't have access to his file in [Electronic Program]. [DSP #13] said that when she first started the staff told her they are in a clique and that [QIDP] is part of that clique. She also said that she was told the staff will leave you alone in the room when an individual is having a behavior so you will get beat down, quit, or the (sic) will lie on you and get you fired. Another employee named [DSP #4], not sure of the spelling was very upset and crying about what was going on." -DSP #13 statement indicated: "Could you please describe the on-site training you received? 'I read their books.' In both houses? 'Yes. I knew some of their behaviors.' What staff member conducted your on-site training? 'No. The first day I went to the girls house. [DSP #18] was the only one there. I was told by [GHN] that we weren't supposed to do any work rather just shadow....Me and [DSP #18] were there my first night.'			

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	You didn't go over any training checklist, or tour of where to find anything in the home? 'No.' Did you ever meet with the lead of the house either [GHL #2] or [GHL #1]? 'I met [GHL #1].' What was that meeting like? 'She wasn't real friendly. I read through the books. She said so you have no questions. And I said I usually ask the questions when it comes up.' It sounds like there wasn't any training done before you started working? 'No, especially at the girls home.'...When you called me on May 1, 2015, you stated you were uncomfortable working at the home, would you please describe why you felt that way? '...Basically when I saw [client A] I knew it wasn't what they said happened because [client A] was really beat up.' When you arrived to the shift on April 30, 2015, what was the first thing you did? 'I was told that [client A] had been in behaviors all day and that [DSP #20] needed to go to the [GH #2].' Why did they tell you [DSP #20] had to go to the [GH #2]? 'Because [DSP #20] didn't have a car. I took him on Wed. and he told me I'd have to take him tomorrow (Friday).'...Who were the staff members in the home when you arrived, and what were they doing? '[GHL], [DSP #14] and [DSP #15]. [DSP #14] and [DSP #15] were standing next to the table and [GHL] was sitting at the table. That's how I knew something was wrong			

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	because they are usually in the office. They hang out in the office and are not usually out with the individuals. Especially [GHL], she's usually at the desk doing something.' Did you see or greet any of the individuals upon arrival, if yes which ones? 'No. I saw [client A] from a distance sitting on the couch and he looked at me. Then [GHL] said I needed to take [DSP #20] to [GH #2] and she said take someone with you. I said [client A] and she said , no pick someone else.' Did she say why? 'No. She said earlier he had been having behaviors.' What was the environment like in the house when you arrived on shift, meaning were the individuals in the common area and did they appear happy? 'Very quiet. Usually the individuals are walking around. [Client D] and [client A] were in the living room and they didn't even approach us.' Did you notice anything unusual about any of the individuals upon arrival to the house? 'No. I noticed [client B], he is usually walking around, but he wasn't. None of the individuals were doing what they usually do so I knew something was up.' Why do you think you were not supposed to take [client A]? 'I think they know (sic) if I saw him. I would have issues and I would be wanting to have taken him. Even if they had taken the van, I would have wanted to take [client A] to Urgent			

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	care. Everything was so hush hush. I got told very little about this situation, it was like everyone else knew what was going on but me.' Approximately how long were you gone from the house before you returned? 'I think I got back around 4:30 or 5:15.' What was the first thing you did upon your return to the [GH #1]? 'I walked into the office and still all individuals weren't walking around. I went in to (sic) the office and [DSP #19] was sitting back slouched. I went to put the keys in the office and [DSP #18] said 'You might as well keep those keys, because you're going to take [client A] to urgent care.' At that point I still hadn't seen [client A].' What was the exact reason they said he needed to go to urgent care? 'He said the nurse had told them he needed to go.' Had you ever been asked to take an individual to urgent care before? 'No.' Did anyone explain the process for taking an individual to urgent care before? No, they just gave me his med sheets and a red folder with his driver's license. [Client A] came into the office and when I saw him, I said [client A] go get your jacket. I was just very upset. I didn't say a word to anybody, I just said [client A] let's go.' Did you talk to [client A] on the way to the urgent care facility or in the waiting room? 'No, because I thought maybe I should let the doctor do that. I don't have any training			

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	in that. [Client A] was upset too.' What did he do that made you think he was upset? 'He was shaking more than usual. In the waiting room he told me he was afraid of [DSP #14]. I'm not sure if they told him he couldn't have water but he was drinking excessive water.' Will you describe what you saw when you looked at [client A] when he got in the car? 'He had his jacket on. I was told he had a bump on his head. [DSP #20] said he had a tit (sic) on his head and he tripped over his shoe string and cracked it open on the wall.' When were (sic) talking to [DSP #20] about what happened with [client A]? 'On the way to [GH #2], he was telling me what happened. He said, you know [DSP #13] I like you, you just need to be a little more aggressive. Weird stuff that I found odd.' At that point did you see the extent of his injuries? 'I saw the scratches. I asked him how he got the scratches and he wouldn't answer.' Will you explain what happened when the doctor began to treat [client A]? 'We went in and the nurse was talking to us. I said [client A] let's take off your jacket. I saw a huge bruise under his arm and the nurse took off the other sleeve and saw another bruise. I said [client A], how did you do that and he said [DSP #14] pinched him. When the doctor came in, she was looking at the bruises and he had a scratch mark and			

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	he had a fingernail mark that was bruised into his skin. He had scratches on his shoulder blades and back.' Who did you try to call first when the doctor asked you and what was their response? '[GHM]. She was very short and said to call [QIDP]. I told her [GHM] the police are going to be called and she said well [QIDP] is doing the investigation.' When you spoke to [QIDP], what did she say to you? 'She was annoyed that I had called her. I said there's going to be an investigation. I said the doctor wants to talk to you. I could tell the (sic) she was arguing with the doctor and the doctor said no that's not consistent with what I'm seeing. She had called me back after we hung up with the doctor and I was still in the room with [client A]. She was asking me about the statements. I said as far as I am concerned, I am quitting. I said I'm going to take [client A] back to the house and that'll be it for me. [Client A] told me in the waiting room he was scared of [DSP #14]. When were the police called, and will you please tell me your conversation with them? 'First the police officer was called. He asked me what his diagnosis was and I said I don't know how much I can tell you because of Hippa (sic). I can't tell you for sure but I think he's schizophrenic. He said sometime accidents happen so then I just looked at him like are you for real. He			

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	said, I'm going to call [County police]. He did look at [client A]. The second one was much better, I don't believe [client A] did this to himself. I was just at the house when he assaulted a lady there, and he went to jail for that. I was honest with them. He told me he was going to call [QIDP]. I said not to be rude, but good luck on that one.' After [client A] was released, did the doctor or the police have any concerns with him returning to the home? 'I heard the nurses talking and they said, are you going to release him to that home? The doctor said we can't do anything further, the police took the report and they reported it to the state.' When you arrived back at the house, what was the first thing that happened? 'I put his paperwork on the desk. They [DSP #18] and [DSP #19] asked what happened? I said his nose is broken. What time was that? '8 or 9 P.M..'After you said his nose was broken, then what happened? 'They said wow. [DSP #18] said you forgot to give [client A] his 4 P.M. meds. I said wait a minute, I wasn't even there at 4 P.M.. He said it doesn't matter, you should have given them to him before you left. I wasn't there because I was taking [DSP #20] to [GH #2]. Everything seems like it's falling on me.' Did you speak to [GHM] or [QIDP] after you returned to the house? Do you			

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	remember what time and who you talked to? 'I called [QIDP] at 8:15 or 8:30, the phone rang and rang and rang. I couldn't leave a message. She finally called me back at about 10. She asked what happened, and I told her his nose was broke (sic), and he had multiple contusions, and lacerations. She said wow, that's a lot of paperwork, I said am I good, and she said yeah, thank you and hung up.' Did you document the incident in [Computerized system]? Why or why not? 'No, I would have done T-Log [Report] and a GER but I had no access to [Computerized system]. We had just asked [QIDP] for the past 3 days to get on a profile for them." Follow up questions 5/7/15 "You told me (sic) saw [client A] about 7:30 A.M. on Friday 5/1/15, can you describe what [client A] looked like to you that morning? 'When I showed (sic) I saw the scratches on his face.' When I showed you the pictures your (sic) were really upset, did you feel the same way when you saw him on Friday? 'I didn't see his face like that and I didn't look under his clothes.' When you first saw him what was your impression, did he look like he got beat up? 'No. I didn't get that impression.'" -GHM statement indicated: "Will you please describe the training process for new employees to work at the ESN			

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	homes (Extensive Support Needs)? 'Once they get done with their two-week training, they do their paperwork. I like to have the lead or someone who is more experienced review the paperwork with them. So we have a training here where the QIDP, she goes over their BSPs (Behavior Support Plans) and the Nurse comes in and she does her part. And then I'll come and give a rough thru (sic) of how the house is run, talk about each individual and what they should know about them and to prepare them for working in the home.' Which paperwork are you referring to? 'The first paperwork that they go through, it's a check off list.' Who is the assigned trainer? 'We usually use the lead, but depending if they come in on a second shift and the lead might not be there then we use someone who has been there a long time and can show them the right way.' When they do their shadowing shift are they scheduled in addition to the staffing ratio? 'In addition to the ratio, they are not considered a staff at that point.' On April 30th, 2015, were you aware of any behaviors that [client A] was having? If yes, please explain. 'I, what day was that?' Thursday. 'I was in my office, and [QIDP] received a phone call in her office and I overheard a conversation on the phone. I overheard her say to document and do a GER. I don't know			

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	who she was talking to on the phone. She did come into my office and say that [client A] had been in a behavior almost 3 1/2-4 hours. I want to say the nurse was contacted at that point. I did hear that she made the suggestion for him to go to Urgent care. I left to leave to go home, it had to be around 6 P.M. that I got a call from [DSP #13]. [DSP #13] was saying that she was at the Urgent Care, and that they had separated her and [client A]. I asked her was she okay, and she said no. That's when she told me that [client A] had told the hospital that [DSP #14] had beat him up. I told her that when you hang up from me, I need for you to call [QIDP] and to update her as to what is going on.' Did she say that the doctor wanted to talk to you? 'No. I believe she said that the doctor wanted to talk to [QIDP].' Did you hang up the phone at that point? 'I told her to call [QIDP] and I guess she must have called her because a few minutes later [QIDP] called me. She said I may need you to suspend [DSP #14]. So I called him and suspended him for an allegation of abuse.' Approximately what time did you call [DSP #14]? 'All this happened within about 30 minutes timeframe (sic) so I want to say it was about 6:30 P.M..' Did anyone explain what [client A] was upset about? 'I talked to [GHL].' Was that the same day? 'Yes. Thursday. She			

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	told me that something was going on with the water at the house and she told me he was upset about having to take a shower. She said it just escalated and I guess [DSP #14] was a target but I don't know why.' Where were you during this behavioral episode? 'They called [QIDP] when it was over, so I guess they had been dealing with it all that time.' Did you ever go to the home to assist? Please explain. 'I wasn't aware of it until the behavior was over and the decision was made to go to (sic) checked out and that's when [QIDP] was telling them about the proper paperwork. I never received a phone call from anybody.' Is that unusual that they didn't make anyone aware of a behavior that lasted that long? 'Usually they are supposed to call [QIDP] and make her aware. I didn't know until almost 4 hours and if they don't get in touch with [QIDP] they are supposed to call me.' Is there a behaviorist to call in situations of an extended behavior? 'Our behaviorist that we do have is very hard to get in touch with him.' Would staff need to get that direction from [QIDP] to call the behaviorist or can they call on their own? 'I would say that he's (the behaviorist) not in the picture like that not the same as [Girls home behaviorist] at the girls home). So all the staff know is to call [QIDP].' When was the first time you heard about [client A]'s			

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	injuries? 'When she was on the phone, I heard her yell like, 'What?' and she was told that he hit his head. I didn't really know details but they said it wasn't really that bad.' You still don't know who she was talking to on the phone? 'No, not at that point.' What was reported to you regarding the extent of his injuries? 'I didn't know the extent until I went to the house at 7:30 the next morning and I was talking to him.' So when you went the (sic) at 7:30a.m. (sic) the next morning what was the conversation? 'He was asking me about his outing and he was asking me to come to his side. He said he was sorry and he wasn't going to hit anybody anymore. I could see some scratches on him.' Scratches, was that all you could see? 'That's all I could see.' Did anyone tell you how he was injured? 'no.' What did they tell you about the behaviors? 'When I went there that morning, there was an extra staff. I didn't know that there was another behavior that morning. I saw [DSP #16], and he had, you could tell he had been hit in his face. His face was swollen a little bit.' What did [DSP #16] say? 'That morning [client A] had a behavior, he said everything was calm and fine and then out of nowhere he just blew up at him.' Were you aware that the nurse told staff to take [client A] to urgent care? 'That Thursday before I left I did know that she made a			

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	decision.' Are you involved with deciding who takes individuals to appointments or Urgent Care? 'No. Usually like on that side of the table I don't step into an investigation. I don't unless there was a relative of [QIDP]'s I don't get involved in the investigation.' Were you aware that the doctor suspected abuse and that they were going to call the police? 'She told me that that night when we were on the phone. When they had them separated and yes, she said that. That's when I told her to please tell [QIDP]. I don't think a paperwork had started, but I know it was in place.' So when you talked to [QIDP], did you tell [QIDP] that the police were called to the hospital? 'I can't remember if it was that day or the next day that the police were called exactly.' What can you tell me about the incident that happened 5/1/15 in the morning? 'His focus that morning he kept telling me he was sorry and he was (sic) going to hit anybody that day. He was concerned and he wanted his outing. I asked him if he was okay, and he said fine.' So he didn't mention anything about [DSP #17] pushing his face into the ground? 'No, not to me.' Is there anything else you want to share? 'I'm just going to say tat (sic) I've been working with [client A] since he came here. I brought him here. I would never allow anyone to hurt him and if I did			

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	know about it, I would do something about it. We've been really thin. I've been working both sides of the table. I really didn't know it was this serious. I try to make sure that all the individuals have the best care, me and [QIDP]. We try to do our best to make it happen.'" -DSP #5 interview indicated: On April 30, 2015 thru May 1, 2015, you worked the overnight shift is that correct? 'Yes.' What was the first thing you did on your shift? "When I first come (sic) in I check (sic) on the guys and everyone was asleep. About 12:30, [client A] got up and was telling me about what happened. I was looking at him and all the bruises. He was up and down throughout the night. About 5 A.M. he woke up and he is very scheduled. He always takes a shower, time was going slow. He was getting agitated. [DSP #17] was on his side. [DSP #17] was on his way into the office and [client A] followed, next thing I knew he hit him and then I said no, don't hit him and [client A] hit and fell. [DSP #16] came in because he always gets dropped off early. [DSP #16] and [DSP #17] held him. He was still on the floor though.' When they were holding him on the floor, can you describe where his hands were? 'They were holding him down by his side. I know that working with [DSP #17] he talk (sic) to him nice.			

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	I never seen (sic) [DSP #17] be mean to him never.' Did you at any point see [DSP #17] or [DSP #16] push his head to the floor? 'That I never seen (sic). I just remember seeing [DSP #17] had his hands to the floor. I called [QIDP] and [GHN]. I believe it was going on for over an hour. I got permission to give the PRN (as needed) and he took it and didn't calm down. He then told [DSP #17] he was sorry. I think he was still upset from the night before.' When [client A] falls to the floor, is that in his BSP or DCI (crisis intervention) that you can hold him down like that? 'I don't believe so, that is in his plan. When I did talk to [client A] and he said that when he feels someone is mad at him, it makes him want to hit him. I just think that some of the male staff when [client A] hit him, that some of our male staff want to retaliate and you don't do that. That is unacceptable." Have you ever seen any of the male staff react that way? 'No, but I have heard the male staff talking. Just in this field, when I hear that male staff have been hit they just react. How they were talking about how he got his nose broken, he just let the door open on him.' Did you participate in a shift change with the outgoing evening staff and if yes, what did they share with you? 'Actually, [DSP #13] was real upset and was still in the dining room. She told me she just got back.' So they didn't tell			

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	you about the incident in the shower the morning. 'No that was what happened with [DSP #17]. I explained that was also the start of the morning shift incident and she said she hadn't heard that except from me.' Did you notify [QIDP] or [GHM] about the behavior? '[GHN] and [QIDP] (didn't answer), called [GHM] (didn't answer) [GHN] answered. Then [QIDP] called me back.' Did [GHM] come to the house the next morning? 'Yes, she did.' Approximately what time? 'Early 7 or 8. She came in, made some tea and left (sic).' Did she talk to [client A]? 'No, she came in made some tea and left. [DSP #17] told her that [client A] hit her (sic) and she said she didn't know. She made her tea and left. She seemed so unconcerned.' When you saw [client A] at midnight, what did his face look like? 'His eye was bruised. His arms were so black and blue. His face and knee had lacerations, red mark around his neck. It looked like a crime scene.' And what shift did you work before? 'Yes I worked Wednesday I didn't recall anything (seeing) any injuries like that.' Did [client A] talk to you about the incident? 'He told me [DSP #14] or [DSP #15] choked him. I kept hearing [DSP #15] and [DSP #14] had hit him.' Is there anything else? '[Client A] keeps asking if [DSP #14] is coming but seems like he is getting better.'"			

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	-QIDP interview indicated: "Can you explain the training process for new employees who work at either home? 'Well one of the staff at the home will show them the ropes, basically the documentation, where the medications are located and the keys and where everything at the house is located. There is a training that we asked the new hires to attend, it's supposed to go over the ISPs, behavior plans, risk plans. It depends, sometimes if it's just me, [GHN] and me, or sometimes [GHN], me, and the behaviorist depending on who is available to give the training.' Who is the assigned 'train the trainer?' No, who usually does that training? 'It depends on who is working when that person goes to the home.' On April 30th, were you aware of any behaviors that [client A] was having? 'Yes, I called just by chance. I missed a phone call from [GH #1] earlier but I called back and talked to [GHL]. She said I can't talk right now because [client A] is in a behavior. He's being really aggressive and she hung up. She called back at about 12:45 or so, requesting a PRN it had been at least over an hour. I said yes, call [GHN] to get the approval to follow the proper pr otocol.' So then what happened after 12:45? 'I don't remember who called but			

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	I remember being told that he was running into a wall that he was throwing shoes, and he tried to open the office door.' Which the door had previously been broken so he couldn't open the door, but the second time he pulled the handle it opened that's when it hit him in the face. I asked them to write statements. I asked them to write a GER, t-log, ABC (behavioral documentation), and I told them make sure you write a blow by blow as to what happened in the documentation.' Where were you when the behavior was happening? 'I was in the office.' Is it typically (sic) for him to be in a behavior that long? 'In the beginning yes, but this year he has had a couple of incidents that he has been in a behavior for an hour and a half. What is strange to me is that he had a behavior every single day this week practically because he was agitated, which is why we had a staff go with us to his psych appointment on Monday.' What did they say he was upset about" 'A shower. They said they noticed his hair was greasy and that he still had an odor and they asked him would you mind taking another shower since you forgot to wash your hair. He got offended by that comment and that he does not stink, and that he got up and walked away, turned around, and walked back to staff and started swinging and punching at staff.' Who asked him to			

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	take a shower? 'I know [GHL] was relaying the information to me but I do not recall who asked him to take the shower.' Did you ever go to the home to assist or to see his injuries on that day? 'I did not.' When they first told you about his injuries, what was reported to you? 'They said he had some scratching on his face, for running into the wall, and hitting himself on the office door.' Were you aware [DSP #13] was taking [DSP #20] to the other home because he doesn't have a car? 'No. I did know of a situation and I did say for one time for us to take him to the home. I never gave consent for it to happen everyday.' Are you aware of an allegation that [client D] touched [client B] in his private parts? If yes, please explain. 'Yes. Staff called and said that many (sic) touched [client B] inappropriately. [DSP #13] called and said that she was with [client B] the whole night and that they were never by themselves. I told everyone to write a statement and to document a GER, t-log, and an ABC. I did tell [Area Director (AD)] about that.' Do you know if anyone did write a GER for that incident? 'I know Friday, when I started to look for the information for the [client A] incident for what happened on Thursday I did not see a GER for it. I don't remember if I saw a GER for the [client B] incident. I think they did do a GER.' Did [DSP #13]			

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	drop off some statements to the office on Thursday? '[DSP #20] dropped off the statements.' Why was [DSP #13] selected to take [client A] to the urgent care facility? 'I have no clue about that. I didn't even know she was at the urgent care until she called. I usually let staff figure it out who is to take an individual to urgent care.' What is the procedure for taking an individual to urgent care? 'The nurse made the call, they are supposed to call me, but they didn't;. I don't remember them calling me but I called to check on the hot water. I do remember talking to [GHL] askin (sic) if the hot water was on and she told me no. She mentioned that [GHN] was there and she wanted [client A] to go to urgent care. I remember being surprised that [DSP #13] and [client A] were at urgent care.' What time was that? 'It was in the evening, maybe after 4 or 5 P.M..' Please describe the phone call [DSP #13] made to you in the doctor's office. 'I'm here at urgent care, she said I don't feel like I should have had to take him to urgent care. I told her that everyone has to learn how to do this and take them to the doctor. You could tell she was overwhelmed/Frustrated/upset. She said they are asking questions, and I don't know what is going on. I told her to be honest with them. We got disconnected. I called back and asked her if she hung up			

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	on me? She said no.' Did she say that the doctor wanted to talk to you? 'Yes.' Did she tell you they were going to call the police? 'She said they were going to report it. She said the doctor said he had some scratches. I said that staff said he had some scratches. She said he has a bruise in the middle of his back. The doctor said he keeps saying [DSP #14] did it. I said I'll start an investigation and suspend the staff. I called [GHM] and told her and said we may have to suspend [DSP #14]. I then called [AD] and didn't get him. I called [GHM] back and told her to just suspend him. I talked to the doctor again. I confirmed with her that I suspended staff and she said I'm sorry but I'm going to have to report this. I sent [AD] a text and I called him. When I got in touch with him I told him that the doctor said she was going to report it and that [GHM] had suspended him.' Did you know that the police were are (sic) the doctor's office? 'No for some reason I didn't hear my phone ring and I was dealing with a family issue of my own. When I checked my phone, I called her back. [DSP #13] said that his nose was broken. She didn't say anything to me about speaking to the police. The police did call me on Friday, but it was an unknown number and he called me on Saturday. I gave a partial statement to the police investigator of (sic) Saturday.'			

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	When was the first time you saw [client A] after he returned from the urgent care facility and what did he look like? 'First time I saw [client A] was Friday evening after 6 P.M.. I was doing DSP work and we had drove (sic) to [GH #1]. AD came out, and the individuals later followed him. That was my first time seeing him and seeing physically how he looked. I was like whoa.' What do you mean whoa? 'I saw some abrasions by his face. I saw some scratches. I didn't see anything by his arms or anything because he was behind someone else and then he turned around.' Did you see his face, what did his face look like with the broken nose? 'I know it was red (pointing to her nose). I remember a strip on his nose or face.' Does [client A] have a BSP for behaviors? 'Yes.' What does it say? 'He has a targeted behavior for physical aggression, property destruction, repeats himself and sometimes he lies about kicking for attention.' How would you describe the working environment in both homes? 'I can only tell you what I see when I go in. Usually it's the individuals laughing and I have to remind staff about their supervision checks on them if they've been in there (sic) room too long. [GH #2] is very laid back vs (versus) the girls is usually hyper or all over the place.' Are employees happy to work there? At both homes? 'Honestly, I don't			

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	think some employees are happy. They feel helpless when individuals go into behaviors they feel like DCI training isn't helpful. I told them I would set something up with [Staff name].' Have you ever been told from a new employee that they heard that at [GH #2] it is very cliquey and they will let you get beat down or lie on you to get you fired? 'No. I've never heard that. I've heard from [DSP #13] that they were unfriendly and she felt unwanted there.' Will you tell me again what staff reported to you regarding [client A]'s behaviors and his injuries? 'That's all I know what I told you earlier. I got the phone call that he was in a behavior. I called to deal with the water issue. I got called for PRN approval. It probably wasn't until 1 P.M. or so, that I got part of the story. They said that he fell during his behaviors, because he was already off balance and he fell into the wall. All [DSP #14] had to do was step back because he was already off balance. I remember they said that he tried to open the office door and couldn't the first time, and then he pulled it a second time and when he pulled it the second time he hit himself in the face with the door. That's what was told to me.' DO you think that looking at the extent of the injuries, that what they reported is accurate? What is your opinion? 'I think that there is more to the story. I told them to document but			

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	I couldn't find the documentation and I called [GHL] and she said she saw [DSP #14] doing a GER. She scanned me the ABC and that's what I used to do the BDDS IR.' Is there anything else you want (sic) share? 'It was reported. I do not know what to say, I do remember getting a phone call at 9:50 P.M. for PRN approval for [client A] saying that he was in a physically aggressive behavior but it was reported that he had some scratches on him from that. I'm not sure if that (sic) when he hit [client D]. [Client A] lies sometimes and sometimes he tells the truth. I hav (sic) noticed he has picked up some behaviors like [client D] and his housemates. [DSP #13] quit on Thursday night while at the doctor's. She said once I take him back to the home she was leaving and she's not coming back. I instructed her to tell [GHM] that. I asked [GHM] did she receive a phone call from [DSP #13] and she said no.'" -Regional Director (RD) statement indicated: "`On 5/1/15 at approximately 10:30 A.M., I received a call from [State Director (SD)]. [SD] informed me there was an allegation that [client A], one of the individuals living in the [Group home name], had received injuries consistent with abuse. [SD] stated [client A] had gone to Urgent Care on 4/30/15 and the doctor at Urgent Care was concerned			

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	about the injuries and filed a police report. [SD] asked me if I would get a hold of [Group Home Nurse (GHN)] or [Nurse Service Manager (NSM)] to go to the home and check the extent of [client A]'s injuries....Upon arriving at the home around 11:00 A.M., the two of us were let in by [DSP #21]. I spoke briefly with [DSP #21] and asked her how things were going. [DSP #21] indicated that things had not been good throughout the morning and motioned towards [client A] who was sitting alone in the back common area of the home. I walked through dining room and saw [client D] in the dining room area. I continued through the home and saw the individual [client C] sitting in the front common area of the home. I popped my head in the office and observed [GHL (Group Home Lead)] sitting in the office with another DSP. After briefly speaking to the two of them I proceeded to the back common area with [NSM] and started speaking to [client A] I asked [client A] what happened to his eye and he responded 'I got beat up'. I asked him where he got beat up and he replied, 'In the office'. I asked him who beat him up and he said, '[DSP #14] and [DSP #15].' [Client A] had never met [NSM] before and seemed reluctant to answer any questions not knowing who she was or if he could trust her. During the			

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	conversation [GHL] entered the room and at that point [client A] stopped answering my questions. [NSM] got up and asked [client A] if she could see his eye. He allowed [NSM] to look at the bruising and cut over his left eye. [NSM] then rolled up the sleeve of his right arm and we both observed a large bruise on the inner part of his bicep in the shape of a palm, a bruise on his right elbow about the size of a golf ball, and smaller bruises about dime sized. [NSM] pointed out the scratches on the right side of [client A]'s neck. Before [NSM] could go further, [GHN] came in the room and [NSM], myself, and [GHN] started talking. [GHN] sat on [client A]'s right side and was talking to him. [GHN] was stating [client A] had displayed aggressive behaviors towards staff and during the incidents he fell several times. [GHN] explained that is how [client A] got the bruise and cut over his eye. I asked [client A] again if staff had 'beaten him up' repeating the words he used initially. [GHN] immediately asked [client A] if the staff had actually beat [client A] up or if the staff was defending themselves. [Client A] stated staff was defending themselves. As we were talking I observed another large bruise on the outer bicep area of [client A]'s left arm. Since [client A] had given two different statements, I asked [client A] what he			

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	meant when he first stated the staff had beaten him up. [Client A] again was reluctant to answer the question. [GHN] asked [client A] if he had been beaten up and that if he had we (meaning [RD] and [NSM]) needed to know because that is why the two of us were there. After a few minutes [client A] stated again he had been beaten up by staff. When I asked [client A] if he had fallen, [client A] answered 'I was taken down'. I again asked [client A] who had taken him down. He again repeated [DSP #14] and [DSP #15]. This time [client A] mentioned [GHL] and [DSP #16], but didn't specifically state how or when they were involved. We suspected the incident with [DSP #16] may have occurred that morning, but [client A] did not give specifics. [AD] came to the home and joined the conversation. [AD] asked [client A] what had happened and [client A] stated he had been beaten up. [Client A] stated he had been beaten up in the office, that he had been taken down, and that [DSP #14] and [DSP #15] had done it. [Client A] consistently stated two staff that he identified as beating him up and taking him down. [AD] took [client A] to the restroom and photographed the extent of the injuries. Along with the bruised and cut eye, bruised arm, [client A] had scratches on his neck, back and chest. He had scabs			

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	on his knees, one looked older but one looked fairly fresh that were consistent with floor burn. The injuries supported [client A]'s statement that he had been taken down by staff...." -Group Home Nurse (GHN) statement involving client A indicated: "Staff told me that he (client A) was hit by a door, they made it sound like he was pulling on the door and somehow it hit himin (sic) the face. [Client A] told me that day that [DSP #14] did it. I knew that there would be an investigation so I didn't say anything that day because sometimes they don't tell the truth. So I knew there would be an investigation and that they would get to the bottom of it. I got there around 2 P.M.. They called me at 12:30 and said this happened. They called at 9:30 to get approval for the PRN (as needed), but he refused that. I found out he was having behaviors around 9:30. I saw him at about 2 P.M., I saw his left eye swollen and a little cut. They had put a Band-Aid on it and then I saw the bruises and redness on the right side of his neck, it looked like someone was pulling his shirt from behind. I hadn't noticed the swelling of the other parts. I told [GHL] that they needed to take him to urgent care. It was right around shift change." If you spoke with [GHL] to tell them to go to urgent care, what (sic) the			

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	normal procedures and how long does it take? "It depends on staff and the ratio of staff to deal with the other individuals. Ideally within an hour. They may not have felt it was an urgent thing.....Can you please clarify again for me why you didn't tell anyone that [client A] told you [DSP #14] did it initially on the 30th before you recommended he go to the urgent care? 'Because-I needed to see what he told [QIDP] in the investigation.'" -Client D's statement involving client A indicated: "...You know [client A]'s bruises...and his eye? Do you know how that happened? '[DSP #14], [GHL] and [DSP #15] beat up [client A].' ...How do you know? 'I heard stop, stop, stop!' When did this happen? 'Yesterday.' How do you know? Did you see it? 'I was sleeping...and I heard it. I opened my door to look out, and they said, 'get back in your room!'...How were they beating him up? 'Kicking him...stomping him...all 3 of them.'..." A review of client A's urgent care discharge summary dated 4/30/15 was conducted on 5/11/15 at 7:00 P.M. and indicated: "Diagnosis: Your diagnoses were FACIAL CONTUSION, INITIAL ENCOUNTER, EYEBROW LACERATION, LEFT, INITIAL			

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	ENCOUNTER, NASAL BONES, CLOSED FRACTURE, INITIAL ENCOUNTER, MULTIPLE CONTUSIONS, ABRASIONS OF MULTIPLE SITES, AND SUSPECTED ADULT PHYSICAL ABUSE BY NONSPOUSE OR NONPARTNER, INITIAL ENCOUNTER. Nondisplaced nasal fractures, left eyebrow laceration, abrasions and scratches right neck and arm. Right ear multiple contusions. Glued left eyebrow laceration-recommend keep dry except blot after washing near eye area for 5 days. Apply Bacitracin to scratches right ear, neck, arm daily for 1 week. Ice as needed. See PCP (Personal Care Physician) 4-5 days." A review of client A's hospital medical record was conducted at the hospital on 5/15/15 at 2:00 P.M.. review of the record indicated: "5:07 P.M.: [Client A] is a 44 yo (year old) male who presents to the immediate Care complaining of split and bruised left eyebrow. Patient says 'I hit my head on the door.' Staff member [DSP #13] reports she was told that he had a 'behavior' earlier today and grabbed a door handle very hard and pulled it into his face. Did not have any LOC. Patient has bruises on arms, scratch/abrasions on			

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	arms and neck. When asked how these happened, he said 'a staff member' and '[DSP #14] pinched me.' Patient became tearful and said he was scared of [DSP #14]. [DSP #13] stated patient was uninjured when she last saw him at 8 P.M. yesterday....Cleaned laceration to the left eye with sterile saline and gauze He also has a scrape to the left elbow that was cleaned. He had dried blood under his nose that was cleaned. Also cleaned dried blood and small cut to the right ear. Bruises noted to the right and left arms, scratches on his neck....Patient's lacerations and scratches, abrasions cleansed and left eyebrow area repaired with surgical glue. Bacitracin applied to right ear, right neck, right arm and left elbow. Patient tolerated well. Discussed concern re: patient's injuries with group home supervisor [QIDP]. She stated that the patient had behaved aggressively and injured himself on the door, and that she suspend the staff member mentioned pending investigation of the incident. Advised her that we will need to contact APS (Adult Protective Services) as well. APS called, automated message instructs to call 511 for suspected physical abuse or neglect. 911 called, initially [City Police] officer sent, the [County Police] officer who began investigation. Patient told officer 'I hit someone.' Then '[DSP #14]' had hurt him after that. Patient said			

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	he felt ok about going home if [DSP #14] is not there." A review of the police report dated 4/30/15 involving client A was conducted on 5/11/15 at 3:00 P.M. and indicated: "Event: On April 30, 2015 at approximately 6:39 P.M., I was dispatched to [Hospital name] emergency department located at [Urgent care address] for a report of battery that occurred at [Group Home address]. Statements: -[Hospital Medical Assistant (MA)] stated that she was working at [Hospital name] when [client A] arrived with group home staff member [DSP #13]. [Client A] was being treated for a cut to his left eye which was very swollen. [Client A] had a minor laceration to his right ear. [Client A] also had many bruises and scratches to his arms and body. [MA] asked [client A] what happened and he stated that a staff member named [DSP #14] had battered him. [MA] notified the doctor who contacted police to report the incident. -[Client A] stated that sometime before lunch that he had punched a staff member named [DSP #14]. [Client A] further stated that he only struck [DSP #14] after			

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	[DSP #14] had pinched him and hit him in the back. [Client A] informed me that the staff members at the house during the incident were [DSP #14], [DSP #15] and [DSP #16]. [Client A] further stated that the marks on his arms and back were from [DSP #14]. [Client A] stated the cut to his right ear was from [DSP #14] hitting him. When asked about the lump to his left eye, [client A] stated it was from a door. I asked [client A] how it occurred and he would only state that his head hit the door. I asked [client A] if anyone had forced his head to hit the door and he stated 'no'. -[DSP #13] stated that she has only been working for [Facility name] for three weeks and was assigned to work at [Group home address]. [DSP #13] stated that she last saw [client A] at approximately 8:00 P.M., on April 29, 2015 and left work that evening at approximately 11:00 P.M.. [DSP #13] stated [client A] did not have any injuries to his head the last time she had seen him. [DSP #13] arrived to work for her afternoon shift at approximately 3:00 P.M. on April 30, 2015. [DSP #13] stated she did not see [client A] at this time and then had to leave to transport a staff member to a different location. [DSP #13] arrived back at the house at approximately 5:00 P.M., and was told to			

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	take [client A] to the hospital for an injury to his eye. [DSP #13] was advised [client A] had hit his head with a door. [DSP #13] then transported [client A] to [Hospital name]'s and was advised by medical personnel that police would need to be notified due to [client A]'s claims of battery. [DSP #13] stated she contacted her supervisor, [QIDP], and informed her of the situation. [QIDP] spoke with the medical staff via telephone. [DSP #13] stated that [QIDP] informed her that [DSP #14] would be suspended due to the investigation. [DSP #13] then awaited police arrival with [client A]. -Investigation: Upon arrival at [Hospital name], I spoke with medical staff, [DSP #13] and [client A] After reviewing their statements I photographed [client A]'s injuries. [Client A]'s swollen eye and cut ear appeared to be very fresh, while his other injuries appeared to be older as they had scabs beginning to form. I also observed a bruise on [client A] ' s back, that was also photographed. I attempted several times to contact the supervisor, [QIDP], with no success. I left her a message to contact me but it was not returned. I then left the hospital and arrived at [Group Home address], to speak with the two staff members that were on scene. I spoke with staff members [DSP #18] and [DSP #19].			

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	Both [DSP #18] and [DSP #19] stated they were told by day shift that [client A] had been very aggressive and combative throughout the day. They stated the names of the day shift staff were; [DSP #14], [DSP #15] and [DSP #16]. They did not have information for the last names of these subjects or their phone numbers. [DSP #18] attempted to contact [QIDP] via his personal cell phone, however was unable to get ahold (sic) of her. [DSP #18] also left a message that [QIDP] did not return. I asked how and who made the decision to send [client A] to the hospital. [DSP #18] and [DSP #19] stated that nurse was there today for the new month's medication and she advised day shift staff that [client A] needed to be taken to the hospital. I then left the address [Group Home address] and contacted Adult Protection Services. I spoke with Investigator [Investigator name] and informed her of the information. [Investigator name] advised to forward her a copy of the report and any follow up information that I obtain. Disposition: At this time charges will be pending further investigation. It should be noted that I was unable to make contact with the supervisor [QIDP] or the day shift staff members. Due to this, I am not able to enter their information for this report, nor get their statements as to what			

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	had transpired during this incident." An interview with Client A was conducted on 5/11/15 at 10:52 A.M.. Client A stated "I got pinched and hit. [DSP #14] choked me. He punched me in the back and he kicked me." When asked if any other staff helped, he stated "No staff didn't help me. The other staff [DSP #15] hit me too. I'm pressing charges. He did it once before another time. [DSP #15] stepped on my fingers on purpose. He hit me and he beat me up." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly			

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	occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM BEHAVIORS": Physical Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques: Physical Redirection/Response			

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	Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person. Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person. Walking with or accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm. Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the need for protection is over. Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side			

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	of the person should a one-person hold prove to be ineffective. More restrictive: One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person. Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual." Client A's BSP did not indicate staff should have "Taken down" client A. Further review of the record failed to indicate the contract behaviorist provided behavior services weekly at the group home for client A. An interview with the GHN was conducted on 5/11/15 at 1:30 P.M.. The GHN indicated she was notified of client			

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	A's aggressive behavior on 4/30/15 at 9:30 A.M., when staff requested to administer his PRN medication of "Olanzapine 5 mg (milligram) (antipsychotic). When asked if she went to assess client A after being notified of his physical aggression, the GHN stated "No I was at the girls home." When asked if she was contacted by staff any time after 9:30, the GHN stated "Yes around noon." When asked if she assessed client A at that time, the GHN indicated she arrived at the group home around 2:00 P.M. and indicated she observed client A's left eye was swollen and a little cut with a bandaid over it. The GHN indicated she only saw bruises and redness on the right side of client A's neck. When asked if she reported client A's injuries and the allegation of staff abuse immediately to the Area Director, she indicated she had not because the QIDP was aware of the situation. An interview with the Area Director (AD) was conducted on 5/8/15 at 5:00 P.M.. The AD indicated the incident was first reported to him by the QIDP on 4/30/15, as client A only having scratches. Then he was notified later in the day, after client A returned from the urgent care, that the client had a broken nose, black eye, a lacerated eyebrow and bruising all over his body. He said he			

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	went to the group home and photographed the client and immediately suspended 9 staff in regard to this incident, including the QIDP, GHM and GHL. The AD indicated the GHL, DSP #14 and DSP #15 indicated client A's injuries resulted from him pulling the door and the door hitting his face, and the bruising was from his tripping and falling. The AD indicated the investigation is still ongoing. The AD further indicated staff did not implement client A's BSP properly and further indicated all clients are to be free of abuse and neglect. The AD indicated the police are still reviewing the incident. This federal tag relates to complaint #IN00172902. 9-3-2(a)			

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W 0149 Bldg. 00	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, the facility neglected for 2 of 2 sampled clients and 1 additional client (clients A, B and D), to implement its written policy and procedure to prevent abuse and neglect of clients. The facility neglected to ensure client A was not physically abused by staff resulting in significant injuries (broken nose, black eye, lacerated eyebrow, bruising and scratches). The facility neglected to ensure client A received timely nursing services in regard to assessing his injuries after staff physical abuse. The facility neglected to conduct an investigation in regard to an allegation of sexual abuse. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated:	W 0149	**W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse,	06/21/2015

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	-BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an		and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to	

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	investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support		each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of	

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	Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling."		abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home.	

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	-Investigation record dated 5/1/15 involving client A indicated: -Human Resource Director (HRD), investigator of the incident involving client A statement indicated: "I received a phone call this morning from [DSP #13], who began employment on 3/23/15 and is assigned to the [Group Home #1] and [Group Home #2]. She reported that she had a situation at work to discuss with me and that she cannot trust anyone who works at those homes including the supervisors. She said that yesterday (which would be 4/30/15) she was told to (sic) she had to take [DSP #20] to the other group home because he doesn't have a car. [DSP #13] reported that this wasn't the first time she had to do this but also had to give him a ride the previous week. [DSP #13] said that [GHL] told her to take an individual with her to drop him off. [DSP #13] said to her she would take [client A] then and [GHL] said know (sic) you take [client C]. [DSP #13], [client C] and [DSP #20] went to the office first to drop off some statements to [QIDP] and then she went to the group home and dropped off [DSP #20].		- B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	When [DSP #13] returned to the home, three employees were in the office. She indicated that [GHL], [DSP #18] and [DSP #19] were in the office. [DSP #18] told her that she needed to take [client A] to the urgent care place. [DSP #13] stated that [client A] was beat up. She indicated the doctor said that his nose was broken, there were lacerations, multiple contusions, and scratches on his body. The doctor asked her to call her supervisor. [DSP #13] called [GHM] while she was in the room with [client A] and the doctor. [GHM] told her to call [QIDP] and that [QIDP] was handling that investigation. [GHM] hung up with her, and [DSP #13] reported that the doctor said to her that she needed to speak with her. [DSP #13] explained to the doctor that she had to call another person. [DSP #13] called [QIDP] and tried to tell [QIDP] what was going on with [client A] but [QIDP] sounded annoyed with her on the phone when she was trying to report this allegation. She indicated that [QIDP] then started to ask her about statements about a different allegation and [DSP #13] reported to [QIDP] that she didn't care about that right now. [DSP #13] said that she told her that they were going to call the police about the incident. She said she was quitting and then [QIDP] asked her if she was quitting without notice. [DSP #13]			

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	said yes, and [QIDP] said well you will have to talk to [GHM] about that. [DSP #13] indicated that [QIDP] did finally talk with the doctor. [DSP #13] said the police did come and spoke with [client A] and also with her. There were two other officers that interviewed her. [DSP #13] reported that she wasn't there during the time of the incident but was out of the house. [DSP #13] encouraged [client A] to tell them what happened and he began to cry. [Client A] indicated that [DSP #14] pinched him really hard on the arm. [DSP #13] said that [client A] has a huge bruise on his arm. [DSP #13] said that [DSP #18] , [DSP #19] and [GHL] told her that he hit his head on an opened door and that he tripped over his shoe laces. [DSP #13] said that when she first worked with [DSP #18], he told her that 'they all tell the same story.' [DSP #18] also talked to [DSP #13] about not giving [client A] his 4 P.M. medication while out. [DSP #13] tried to call [QIDP] after she got back but received no response and was unable to leave messages because her VM (Voice Mail) was full. [QIDP]			

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	finally spoke with her at 10:30 and indicated she had a family issue she was dealing with which is why she didn't call her back. The incident [QIDP] was asking [DSP#13] about during the doctor's office visit was related to the statements she dropped off regarding an allegation that [client B] reported that [client D] touched him in his private areas the night before. I asked if there was a GER written and she said that [QIDP] said she didn't need to do a GER for that but that they should all write statements. [DSP #13] said the other staff wrote that they were in the kitchen, but they were not [DSP #19] and [DSP #18] were in the office because [DSP #13] was the only staff eating dinner with the individuals. [DSP #13] reported that [DSP #18] is always watching t.v. and [DSP #19] is always on her phone. [DSP #13] said she couldn't document in [client A]'s T-log (electronic record) because she didn't have access to his file in [Electronic Program]. [DSP #13] said that when she first started the staff told her they are in a clique and that [QIDP] is part of that clique. She also said that she was told the staff will			

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	leave you alone in the room when an individual is having a behavior so you will get beat down, quit, or the (sic) will lie on you and get you fired. Another employee named [DSP #4], not sure of the spelling was very upset and crying about what was going on." -DSP #13 statement indicated: "Could you please describe the on-site training you received? 'I read their books.' In both houses? 'Yes. I knew some of their behaviors.' What staff member conducted your on-site training? 'No. The first day I went to the girls house. [DSP #18] was the only one there. I was told by [GHN] that we weren't supposed to do any work rather just shadow....Me and [DSP #18] were there my first night.' You didn't go over any training checklist, or tour of where to find anything in the home? 'No.' Did you ever meet with the lead of the house either [GHL #2] or [GHL #1]? 'I met [GHL #1].' What was that meeting like? 'She wasn't real friendly. I read through the books. She said so you have no questions. And I said I usually ask the questions when it comes up.' It sounds like there wasn't any training done before you started working? 'No, especially at the girls home.'...When you called me on May 1, 2015, you stated you were uncomfortable working at the			

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	home, would you please describe why you felt that way? '...Basically when I saw [client A] I knew it wasn't what they said happened because [client A] was really beat up.' When you arrived to the shift on April 30, 2015, what was the first thing you did? 'I was told that [client A] had been in behaviors all day and that [DSP #20] needed to go to the [GH #2].' Why did they tell you [DSP #20] had to go to the [GH #2]? 'Because [DSP #20] didn't have a car. I took him on Wed. and he told me I'd have to take him tomorrow (Friday).'...Who were the staff members in the home when you arrived, and what were they doing? '[GHL], [DSP #14] and [DSP #15]. [DSP #14] and [DSP #15] were standing next to the table and [GHL] was sitting at the table. That's how I knew something was wrong because they are usually in the office. They hang out in the office and are not usually out with the individuals. Especially [GHL], she's usually at the desk doing something.' Did you see or greet any of the individuals upon arrival, if yes which ones? 'No. I saw [client A] from a distance sitting on the couch and he looked at me. Then [GHL] said I needed to take [DSP #20] to [GH #2] and she said take someone with you. I said [client A] and she said , no pick someone else.' Did she say why? 'No. She said earlier he had been having behaviors.'			

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	What was the environment like in the house when you arrived on shift, meaning were the individuals in the common area and did they appear happy? 'Very quiet. Usually the individuals are walking around. [Client D] and [client A] were in the living room and they didn't even approach us.' Did you notice anything unusual about any of the individuals upon arrival to the house? 'No. I noticed [client B], he is usually walking around, but he wasn't. None of the individuals were doing what they usually do so I knew something was up.' Why do you think you were not supposed to take [client A]? 'I think they know (sic) if I saw him. I would have issues and I would be wanting to have taken him. Even if they had taken the van, I would have wanted to take [client A] to Urgent care. Everything was so hush hush. I got told very little about this situation, it was like everyone else knew what was going on but me.' Approximately how long were you gone from the house before you returned? 'I think I got back around 4:30 or 5:15.' What was the first thing you did upon your return to the [GH #1]? 'I walked into the office and still all individuals weren't walking around. I went in to (sic) the office and [DSP #19] was sitting back slouched. I went to put the keys in the office and [DSP #18] said 'You might as well keep those keys,			

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	because you're going to take [client A] to urgent care.' At that point I still hadn't seen [client A].' What was the exact reason they said he needed to go to urgent care? 'He said the nurse had told them he needed to go.' Had you ever been asked to take an individual to urgent care before? 'No.' Did anyone explain the process for taking an individual to urgent care before? No, they just gave me his med sheets and a red folder with his driver's license. [Client A] came into the office and when I saw him, I said [client A] go get your jacket. I was just very upset. I didn't say a word to anybody, I just said [client A] let's go.' Did you talk to [client A] on the way to the urgent care facility or in the waiting room? 'No, because I thought maybe I should let the doctor do that. I don't have any training in that. [Client A] was upset too.' What did he do that made you think he was upset? 'He was shaking more than usual. In the waiting room he told me he was afraid of [DSP #14]. I'm not sure if they told him he couldn't have water but he was drinking excessive water.' Will you describe what you saw when you looked at [client A] when he got in the car? 'He had his jacket on. I was told he had a bump on his head. [DSP #20] said he had a tit (sic) on his head and he tripped over his shoe string and cracked it open on the wall.' When were (sic) talking to			

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	[DSP #20] about what happened with [client A]? 'On the way to [GH #2], he was telling me what happened. He said, you know [DSP #13] I like you, you just need to be a little more aggressive. Weird stuff that I found odd.' At that point did you see the extent of his injuries? 'I saw the scratches. I asked him how he got the scratches and he wouldn't answer.' Will you explain what happened when the doctor began to treat [client A]? 'We went in and the nurse was talking to us. I said [client A] let's take off your jacket. I saw a huge bruise under his arm and the nurse took off the other sleeve and saw another bruise. I said [client A], how did you do that and he said [DSP #14] pinched him. When the doctor came in, she was looking at the bruises and he had a scratch mark and he had a fingernail mark that was bruised into his skin. He had scratches on his shoulder blades and back.' Who did you try to call first when the doctor asked you and what was their response? '[GHM]. She was very short and said to call [QIDP]. I told her [GHM] the police are going to be called and she said well [QIDP] is doing the investigation.' When you spoke to [QIDP], what did she say to you? 'She was annoyed that I had called her. I said there's going to be an investigation. I said the doctor wants to talk to you. I could tell the (sic) she was			

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	arguing with the doctor and the doctor said no that's not consistent with what I'm seeing. She had called me back after we hung up with the doctor and I was still in the room with [client A]. She was asking me about the statements. I said as far as I am concerned, I am quitting. I said I'm going to take [client A] back to the house and that'll be it for me. [Client A] told me in the waiting room he was scared of [DSP #14]. When were the police called, and will you please tell me your conversation with them? 'First the police officer was called. He asked me what his diagnosis was and I said I don't know how much I can tell you because of Hippa (sic). I can't tell you for sure but I think he's schizophrenic. He said sometime accidents happen so then I just looked at him like are you for real. He said, I'm going to call [County police]. He did look at [client A]. The second one was much better, I don't believe [client A] did this to himself. I was just at the house when he assaulted a lady there, and he went to jail for that. I was honest with them. He told me he was going to call [QIDP]. I said not to be rude, but good luck on that one.' After [client A] was released, did the doctor or the police have any concerns with him returning to the home? 'I heard the nurses talking and they said, are you going to release him to that home? The			

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	doctor said we can't do anything further, the police took the report and they reported it to the state.' When you arrived back at the house, what was the first thing that happened? 'I put his paperwork on the desk. They [DSP #18] and [DSP #19] asked what happened? I said his nose is broken. What time was that? '8 or 9 P.M..'After you said his nose was broken, then what happened? 'They said wow. [DSP #18] said you forgot to give [client A] his 4 P.M. meds. I said wait a minute, I wasn't even there at 4 P.M.. He said it doesn't matter, you should have given them to him before you left. I wasn't there because I was taking [DSP #20] to [GH #2]. Everything seems like it's falling on me.' Did you speak to [GHM] or [QIDP] after you returned to the house? Do you remember what time and who you talked to? 'I called [QIDP] at 8:15 or 8:30, the phone rang and rang and rang. I couldn't leave a message. She finally called me back at about 10. She asked what happened, and I told her his nose was broke (sic), and he had multiple contusions, and lacerations. She said wow, that's a lot of paperwork, I said am I good, and she said yeah, thank you and hung up.' Did you document the incident in [Computerized system]? Why or why not? 'No, I would have done T-Log [Report] and a GER but I had no access			

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	to [Computerized system]. We had just asked [QIDP] for the past 3 days to get on a profile for them." Follow up questions 5/7/15 "You told me (sic) saw [client A] about 7:30 A.M. on Friday 5/1/15, can you describe what [client A] looked like to you that morning? 'When I showed (sic) I saw the scratches on his face.' When I showed you the pictures your (sic) were really upset, did you feel the same way when you saw him on Friday? 'I didn't see his face like that and I didn't look under his clothes.' When you first saw him what was your impression, did he look like he got beat up? 'No. I didn't get that impression.'" -GHM statement indicated: "Will you please describe the training process for new employees to work at the ESN homes (Extensive Support Needs)? 'Once they get done with their two-week training, they do their paperwork. I like to have the lead or someone who is more experienced review the paperwork with them. So we have a training here where the QIDP, she goes over their BSPs (Behavior Support Plans) and the Nurse comes in and she does her part. And then I'll come and give a rough thru (sic) of how the house is run, talk about each individual and what they should know about them and to prepare them for working in the home.' Which paperwork			

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	are you referring to? 'The first paperwork that they go through, it's a check off list.' Who is the assigned trainer? 'We usually use the lead, but depending if they come in on a second shift and the lead might not be there then we use someone who has been there a long time and can show them the right way.' When they do their shadowing shift are they scheduled in addition to the staffing ratio? 'In addition to the ratio, they are not considered a staff at that point.' On April 30th, 2015, were you aware of any behaviors that [client A] was having? If yes, please explain. 'I, what day was that?' Thursday. 'I was in my office, and [QIDP] received a phone call in her office and I overheard a conversation on the phone. I overheard her say to document and do a GER. I don't know who she was talking to on the phone. She did come into my office and say that [client A] had been in a behavior almost 3 1/2-4 hours. I want to say the nurse was contacted at that point. I did hear that she made the suggestion for him to go to Urgent care. I left to leave to go home, it had to be around 6 P.M. that I got a call from [DSP #13]. [DSP #13] was saying that she was at the Urgent Care, and that they had separated her and [client A]. I asked her was she okay, and she said no. That's when she told me that [client A] had told the hospital that [DSP			

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	#14] had beat him up. I told her that when you hang up from me, I need for you to call [QIDP] and to update her as to what is going on.' Did she say that the doctor wanted to talk to you? 'No. I believe she said that the doctor wanted to talk to [QIDP].' Did you hang up the phone at that point? 'I told her to call [QIDP] and I guess she must have called her because a few minutes later [QIDP] called me. She said I may need you to suspend [DSP #14]. So I called him and suspended him for an allegation of abuse.' Approximately what time did you call [DSP #14]? 'All this happened within about 30 minutes timeframe (sic) so I want to say it was about 6:30 P.M..' Did anyone explain what [client A] was upset about? 'I talked to [GHL].' Was that the same day? 'Yes. Thursday. She told me that something was going on with the water at the house and she told me he was upset about having to take a shower. She said it just escalated and I guess [DSP #14] was a target but I don't know why.' Where were you during this behavioral episode? 'They called [QIDP] when it was over, so I guess they had been dealing with it all that time.' Did you ever go to the home to assist? Please explain. 'I wasn't aware of it until the behavior was over and the decision was made to go to (sic) checked out and that's when [QIDP] was telling them about the			

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	proper paperwork. I never received a phone call from anybody.' Is that unusual that they didn't make anyone aware of a behavior that lasted that long? 'Usually they are supposed to call [QIDP] and make her aware. I didn't know until almost 4 hours and if they don't get in touch with [QIDP] they are supposed to call me.' Is there a behaviorist to call in situations of an extended behavior? 'Our behaviorist that we do have is very hard to get in touch with him.' Would staff need to get that direction from [QIDP] to call the behaviorist or can they call on their own? 'I would say that he's (the behaviorist) not in the picture like that not the same as [Girls home behaviorist] at the girls home). So all the staff know is to call [QIDP].' When was the first time you heard about [client A]'s injuries? 'When she was on the phone, I heard her yell like, 'What?' and she was told that he hit his head. I didn't really know details but they said it wasn't really that bad.' You still don't know who she was talking to on the phone? 'No, not at that point.' What was reported to you regarding the extent of his injuries? 'I didn't know the extent until I went to the house at 7:30 the next morning and I was talking to him.' So when you went the (sic) at 7:30a.m. (sic) the next morning what was the conversation? 'He was asking me about his outing and he was			

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	asking me to come to his side. He said he was sorry and he wasn't going to hit anybody anymore. I could see some scratches on him.' Scratches, was that all you could see? 'That's all I could see.' Did anyone tell you how he was injured? 'no.' What did they tell you about the behaviors? 'When I went there that morning, there was an extra staff. I didn't know that there was another behavior that morning. I saw [DSP #16], and he had, you could tell he had been hit in his face. His face was swollen a little bit.' What did [DSP #16] say? 'That morning [client A] had a behavior, he said everything was calm and fine and then out of nowhere he just blew up at him.' Were you aware that the nurse told staff to take [client A] to urgent care? 'That Thursday before I left I did know that she made a decision.' Are you involved with deciding who takes individuals to appointments or Urgent Care? 'No. Usually like on that side of the table I don't step into an investigation. I don't unless there was a relative of [QIDP]'s I don't get involved in the investigation.' Were you aware that the doctor suspected abuse and that they were going to call the police? 'She told me that that night when we were on the phone. When they had them separated and yes, she said that. That's when I told her to please tell [QIDP]. I don't think a paperwork had			

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	started, but I know it was in place.' So when you talked to [QIDP], did you tell [QIDP] that the police were called to the hospital? 'I can't remember if it was that day or the next day that the police were called exactly.' What can you tell me about the incident that happened 5/1/15 in the morning? 'His focus that morning he kept telling me he was sorry and he was (sic) going to hit anybody that day. He was concerned and he wanted his outing. I asked him if he was okay, and he said fine.' So he didn't mention anything about [DSP #17] pushing his face into the ground? 'No, not to me.' Is there anything else you want to share? 'I'm just going to say tat (sic) I've been working with [client A] since he came here. I brought him here. I would never allow anyone to hurt him and if I did know about it, I would do something about it. We've been really thin. I've been working both sides of the table. I really didn't know it was this serious. I try to make sure that all the individuals have the best care, me and [QIDP]. We try to do our best to make it happen.'" -DSP #5 interview indicated: On April 30, 2015 thru May 1, 2015, you worked the overnight shift is that correct? 'Yes.' What was the first thing you did on your shift? "When I first come (sic) in I check (sic) on the guys and everyone was			

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	asleep. About 12:30, [client A] got up and was telling me about what happened. I was looking at him and all the bruises. He was up and down throughout the night. About 5 A.M. he woke up and he is very scheduled. He always takes a shower, time was going slow. He was getting agitated. [DSP #17] was on his side. [DSP #17] was on his way into the office and [client A] followed, next thing I knew he hit him and then I said no, don't hit him and [client A] hit and fell. [DSP #16] came in because he always gets dropped off early. [DSP #16] and [DSP #17] held him. He was still on the floor though.' When they were holding him on the floor, can you describe where his hands were? 'They were holding him down by his side. I know that working with [DSP #17] he talk (sic) to him nice. I never seen (sic) [DSP #17] be mean to him never.' Did you at any point see [DSP #17] or [DSP #16] push his head to the floor? 'That I never seen (sic). I just remember seeing [DSP #17] had his hands to the floor. I called [QIDP] and [GHN]. I believe it was going on for over an hour. I got permission to give the PRN (as needed) and he took it and didn't calm down. He then told [DSP #17] he was sorry. I think he was still upset from the night before.' When [client A] falls to the floor, is that in his BSP or DCI (crisis intervention) that you can hold him down			

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	like that? 'I don't believe so, that is in his plan. When I did talk to [client A] and he said that when he feels someone is mad at him, it makes him want to hit him. I just think that some of the male staff when [client A] hit him, that some of our male staff want to retaliate and you don't do that. That is unacceptable." Have you ever seen any of the male staff react that way? 'No, but I have heard the male staff talking. Just in this field, when I hear that male staff have been hit they just react. How they were talking about how he got his nose broken, he just let the door open on him.' Did you participate in a shift change with the outgoing evening staff and if yes, what did they share with you? 'Actually, [DSP #13] was real upset and was still in the dining room. She told me she just got back.' So they didn't tell you about the incident in the shower the morning. 'No that was what happened with [DSP #17]. I explained that was also the start of the morning shift incident and she said she hadn't heard that except from me.' Did you notify [QIDP] or [GHM] about the behavior? '[GHN] and [QIDP] (didn't answer), called [GHM] (didn't answer) [GHN] answered. Then [QIDP] called me back.' Did [GHM] come to the house the next morning? 'Yes, she did.' Approximately what time? 'Early 7 or 8. She came in, made some tea and left (sic).' Did she talk to [client			

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	A]? 'No, she came in made some tea and left. [DSP #17] told her that [client A] hit her (sic) and she said she didn't know. She made her tea and left. She seemed so unconcerned.' When you saw [client A] at midnight, what did his face look like? 'His eye was bruised. His arms were so black and blue. His face and knee had lacerations, red mark around his neck. It looked like a crime scene.' And what shift did you work before? 'Yes I worked Wednesday I didn't recall anything (seeing) any injuries like that.' Did [client A] talk to you about the incident? 'He told me [DSP #14] or [DSP #15] choked him. I kept hearing [DSP #15] and [DSP #14] had hit him.' Is there anything else? '[Client A] keeps asking if [DSP #14] is coming but seems like he is getting better.'" -QIDP interview indicated: "Can you explain the training process for new employees who work at either home? 'Well one of the staff at the home will show them the ropes, basically the documentation, where the medications are located and the keys and where everything at the house is located. There is a training that we asked the new hires to attend, it's supposed to go over the ISPs, behavior plans, risk plans. It depends, sometimes if it's just me, [GHN] and me, or sometimes [GHN],			

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	me, and the behaviorist depending on who is available to give the training.' Who is the assigned 'train the trainer?' No, who usually does that training? 'It depends on who is working when that person goes to the home.' On April 30th, were you aware of any behaviors that [client A] was having? 'Yes, I called just by chance. I missed a phone call from [GH #1] earlier but I called back and talked to [GHL]. She said I can't talk right now because [client A] is in a behavior. He's being really aggressive and she hung up. She called back at about 12:45 or so, requesting a PRN it had been at least over an hour. I said yes, call [GHN] to get the approval to follow the proper protocol.' So then what happened after 12:45? 'I don't remember who called but I remember being told that he was running into a wall that he was throwing shoes, and he tried to open the office door.' Which the door had previously been broken so he couldn't open the door, but the second time he pulled the handle it opened that's when it hit him in the face. I asked them to write statements. I asked them to write a GER, t-log, ABC (behavioral documentation), and I told them make sure you write a blow by blow as to what happened in the documentation.' Where were you when the behavior was happening? 'I was in			

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	the office.' Is it typically (sic) for him to be in a behavior that long? 'In the beginning yes, but this year he has had a couple of incidents that he has been in a behavior for an hour and a half. What is strange to me is that he had a behavior every single day this week practically because he was agitated, which is why we had a staff go with us to his psych appointment on Monday.' What did they say he was upset about" 'A shower. They said they noticed his hair was greasy and that he still had an odor and they asked him would you mind taking another shower since you forgot to wash your hair. He got offended by that comment and that he does not stink, and that he got up and walked away, turned around, and walked back to staff and started swinging and punching at staff.' Who asked him to take a shower? 'I know [GHL] was relaying the information to me but I do not recall who asked him to take the shower.' Did you ever go to the home to assist or to see his injuries on that day? 'I did not.' When they first told you about his injuries, what was reported to you? 'They said he had some scratching on his face, for running into the wall, and hitting himself on the office door.' Were you aware [DSP #13] was taking [DSP #20] to the other home because he doesn't have a car? 'No. I did know of a situation and I did say for one time for us to take him			

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	to the home. I never gave consent for it to happen everyday.' Are you aware of an allegation that [client D] touched [client B] in his private parts? If yes, please explain. 'Yes. Staff called and said that many (sic) touched [client B] inappropriately. [DSP #13] called and said that she was with [client B] the whole night and that they were never by themselves. I told everyone to write a statement and to document a GER, t-log, and an ABC. I did tell [Area Director (AD)] about that.' Do you know if anyone did write a GER for that incident? 'I know Friday, when I started to look for the information for the [client A] incident for what happened on Thursday I did not see a GER for it. I don't remember if I saw a GER for the [client B] incident. I think they did do a GER.' Did [DSP #13] drop off some statements to the office on Thursday? '[DSP #20] dropped off the statements.' Why was [DSP #13] selected to take [client A] to the urgent care facility? 'I have no clue about that. I didn't even know she was at the urgent care until she called. I usually let staff figure it out who is to take an individual to urgent care.' What is the procedure for taking an individual to urgent care? 'The nurse made the call, they are supposed to call me, but they didn't;. I don't remember them calling me but I called to check on the hot water. I do remember			

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	talking to [GHL] askin (sic) if the hot water was on and she told me no. She mentioned that [GHN] was there and she wanted [client A] to go to urgent care. I remember being surprised that [DSP #13] and [client A] were at urgent care.' What time was that? 'It was in the evening, maybe after 4 or 5 P.M..' Please describe the phone call [DSP #13] made to you in the doctor's office. 'I'm here at urgent care, she said I don't feel like I should have had to take him to urgent care. I told her that everyone has to learn how to do this and take them to the doctor. You could tell she was overwhelmed/Frustrated/upset. She said they are asking questions, and I don't know what is going on. I told her to be honest with them. We got disconnected. I called back and asked her if she hung up on me? She said no.' Did she say that the doctor wanted to talk to you? 'Yes.' Did she tell you they were going to call the police? 'She said they were going to report it. She said the doctor said he had some scratches. I said that staff said he had some scratches. She said he has a bruise in the middle of his back. The doctor said he keeps saying [DSP #14] did it. I said I'll start an investigation and suspend the staff. I called [GHM] and told her and said we may have to suspend [DSP #14]. I then called [AD] and didn't get him. I called [GHM] back and told			

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	her to just suspend him. I talked to the doctor again. I confirmed with her that I suspended staff and she said I'm sorry but I'm going to have to report this. I sent [AD] a text and I called him. When I got in touch with him I told him that the doctor said she was going to report it and that [GHM] had suspended him.' Did you know that the police were are (sic) the doctor's office? 'No for some reason I didn't hear my phone ring and I was dealing with a family issue of my own. When I checked my phone, I called her back. [DSP #13] said that his nose was broken. She didn't say anything to me about speaking to the police. The police did call me on Friday, but it was an unknown number and he called me on Saturday. I gave a partial statement to the police investigator of (sic) Saturday.' When was the first time you saw [client A] after he returned from the urgent care facility and what did he look like? 'First time I saw [client A] was Friday evening after 6 P.M.. I was doing DSP work and we had drove (sic) to [GH #1]. AD came out, and the individuals later followed him. That was my first time seeing him and seeing physically how he looked. I was like whoa.' What do you mean whoa? 'I saw some abrasions by his face. I saw some scratches. I didn't see anything by his arms or anything because he was behind someone else and then he turned			

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	around.' Did you see his face, what did his face look like with the broken nose? 'I know it was red (pointing to her nose). I remember a strip on his nose or face.' Does [client A] have a BSP for behaviors? 'Yes.' What does it say? 'He has a targeted behavior for physical aggression, property destruction, repeats himself and sometimes he lies about kicking for attention.' How would you describe the working environment in both homes? 'I can only tell you what I see when I go in. Usually it's the individuals laughing and I have to remind staff about their supervision checks on them if they've been in there (sic) room too long. [GH #2] is very laid back vs (versus) the girls is usually hyper or all over the place.' Are employees happy to work there? At both homes? 'Honestly, I don't think some employees are happy. They feel helpless when individuals go into behaviors they feel like DCI training isn't helpful. I told them I would set something up with [Staff name].' Have you ever been told from a new employee that they heard that at [GH #2] it is very cliquey and they will let you get beat down or lie on you to get you fired? 'No. I've never heard that. I've heard from [DSP #13] that they were unfriendly and she felt unwanted there.' Will you tell me again what staff reported to you regarding [client A]'s behaviors and his injuries?			

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	'That's all I know what I told you earlier. I got the phone call that he was in a behavior. I called to deal with the water issue. I got called for PRN approval. It probably wasn't until 1 P.M. or so, that I got part of the story. They said that he fell during his behaviors, because he was already off balance and he fell into the wall. All [DSP #14] had to do was step back because he was already off balance. I remember they said that he tried to open the office door and couldn't the first time, and then he pulled it a second time and when he pulled it the second time he hit himself in the face with the door. That's what was told to me.' DO you think that looking at the extent of the injuries, that what they reported is accurate? What is your opinion? 'I think that there is more to the story. I told them to document but I couldn't find the documentation and I called [GHL] and she said she saw [DSP #14] doing a GER. She scanned me the ABC and that's what I used to do the BDDS IR.' Is there anything else you want (sic) share? 'It was reported. I do not know what to say, I do remember getting a phone call at 9:50 P.M. for PRN approval for [client A] saying that he was in a physically aggressive behavior but it was reported that he had some scratches on him from that. I'm not sure if that (sic) when he hit [client D]. [Client A] lies sometimes and sometimes he tells the			

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	truth. I hav (sic) noticed he has picked up some behaviors like [client D] and his housemates. [DSP #13] quit on Thursday night while at the doctor's. She said once I take him back to the home she was leaving and she's not coming back. I instructed her to tell [GHM] that. I asked [GHM] did she receive a phone call from [DSP #13] and she said no.'" -Regional Director (RD) statement indicated: "`On 5/1/15 at approximately 10:30 A.M., I received a call from [State Director (SD)]. [SD] informed me there was an allegation that [client A], one of the individuals living in the [Group home name], had received injuries consistent with abuse. [SD] stated [client A] had gone to Urgent Care on 4/30/15 and the doctor at Urgent Care was concerned about the injuries and filed a police report. [SD] asked me if I would get a hold of [Group Home Nurse (GHN)] or [Nurse Service Manager (NSM)] to go to the home and check the extent of [client A]'s injuries....Upon arriving at the home around 11:00 A.M., the two of us were let in by [DSP #21]. I spoke briefly with [DSP #21] and asked her how things were going. [DSP #21] indicated that things had not been good throughout the morning and motioned towards [client A] who was sitting alone in the back common area of the home. I walked			

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	through dining room and saw [client D] in the dining room area. I continued through the home and saw the individual [client C] sitting in the front common area of the home. I popped my head in the office and observed [GHL (Group Home Lead)] sitting in the office with another DSP. After briefly speaking to the two of them I proceeded to the back common area with [NSM] and started speaking to [client A] I asked [client A] what happened to his eye and he responded 'I got beat up'. I asked him where he got beat up and he replied, 'In the office'. I asked him who beat him up and he said, '[DSP #14] and [DSP #15].' [Client A] had never met [NSM] before and seemed reluctant to answer any questions not knowing who she was or if he could trust her. During the conversation [GHL] entered the room and at that point [client A] stopped answering my questions. [NSM] got up and asked [client A] if she could see his eye. He allowed [NSM] to look at the bruising and cut over his left eye. [NSM] then rolled up the sleeve of his right arm and we both observed a large bruise on the inner part of his bicep in the shape of a palm, a bruise on his right elbow about the size of a golf ball, and smaller bruises about dime sized. [NSM] pointed out the scratches on the right side of [client A]'s neck. Before [NSM] could go further,			

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	[GHN] came in the room and [NSM], myself, and [GHN] started talking. [GHN] sat on [client A]'s right side and was talking to him. [GHN] was stating [client A] had displayed aggressive behaviors towards staff and during the incidents he fell several times. [GHN] explained that is how [client A] got the bruise and cut over his eye. I asked [client A] again if staff had 'beaten him up' repeating the words he used initially. [GHN] immediately asked [client A] if the staff had actually beat [client A] up or if the staff was defending themselves. [Client A] stated staff was defending themselves. As we were talking I observed another large bruise on the outer bicep area of [client A]'s left arm. Since [client A] had given two different statements, I asked [client A] what he meant when he first stated the staff had beaten him up. [Client A] again was reluctant to answer the question. [GHN] asked [client A] if he had been beaten up and that if he had we (meaning [RD] and [NSM]) needed to know because that is why the two of us were there. After a few minutes [client A] stated again he had been beaten up by staff. When I asked [client A] if he had fallen, [client A] answered 'I was taken down'. I again asked [client A] who had taken him down. He again repeated [DSP #14] and [DSP #15]. This time [client A]			

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	mentioned [GHL] and [DSP #16], but didn't specifically state how or when they were involved. We suspected the incident with [DSP #16] may have occurred that morning, but [client A] did not give specifics. [AD] came to the home and joined the conversation. [AD] asked [client A] what had happened and [client A] stated he had been beaten up. [Client A] stated he had been beaten up in the office, that he had been taken down, and that [DSP #14] and [DSP #15] had done it. [Client A] consistently stated two staff that he identified as beating him up and taking him down. [AD] took [client A] to the restroom and photographed the extent of the injuries. Along with the bruised and cut eye, bruised arm, [client A] had scratches on his neck, back and chest. He had scabs on his knees, one looked older but one looked fairly fresh that were consistent with floor burn. The injuries supported [client A]'s statement that he had been taken down by staff...." -Group Home Nurse (GHN) statement involving client A indicated: "Staff told me that he (client A) was hit by a door, they made it sound like he was pulling on the door and somehow it hit himin (sic) the face. [Client A] told me that day that [DSP #14] did it. I knew that there would be an investigation so I didn't say			

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	anything that day because sometimes they don't tell the truth. So I knew there would be an investigation and that they would get to the bottom of it. I got there around 2 P.M.. They called me at 12:30 and said this happened. They called at 9:30 to get approval for the PRN (as needed), but he refused that. I found out he was having behaviors around 9:30. I saw him at about 2 P.M., I saw his left eye swollen and a little cut. They had put a Band-Aid on it and then I saw the bruises and redness on the right side of his neck, it looked like someone was pulling his shirt from behind. I hadn't noticed the swelling of the other parts. I told [GHL] that they needed to take him to urgent care. It was right around shift change." If you spoke with [GHL] to tell them to go to urgent care, what (sic) the normal procedures and how long does it take? "It depends on staff and the ratio of staff to deal with the other individuals. Ideally within an hour. They may not have felt it was an urgent thing.....Can you please clarify again for me why you didn't tell anyone that [client A] told you [DSP #14] did it initially on the 30th before you recommended he go to the urgent care? 'Because-I needed to see what he told [QIDP] in the investigation.'" -Client D's statement involving client A			

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	indicated: "...You know [client A]'s bruises...and his eye? Do you know how that happened? '[DSP #14], [GHL] and [DSP #15] beat up [client A].' ...How do you know? 'I heard stop, stop, stop!' When did this happen? 'Yesterday.' How do you know? Did you see it? 'I was sleeping...and I heard it. I opened my door to look out, and they said, 'get back in your room!'...How were they beating him up? 'Kicking him...stomping him...all 3 of them.'..." A review of client A's urgent care discharge summary dated 4/30/15 was conducted on 5/11/15 at 7:00 P.M. and indicated: "Diagnosis: Your diagnoses were FACIAL CONTUSION, INITIAL ENCOUNTER, EYEBROW LACERATION, LEFT, INITIAL ENCOUNTER, NASAL BONES, CLOSED FRACTURE, INITIAL ENCOUNTER, MULTIPLE CONTUSIONS, ABRASIONS OF MULTIPLE SITES, AND SUSPECTED ADULT PHYSICAL ABUSE BY NONSPOUSE OR NONPARTNER, INITIAL ENCOUNTER. Nondisplaced nasal fractures, left eyebrow laceration, abrasions and scratches right neck and arm. Right ear multiple contusions. Glued left eyebrow laceration-recommend keep dry except blot after washing near eye area for 5			

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	days. Apply Bacitracin to scratches right ear, neck, arm daily for 1 week. Ice as needed. See PCP (Personal Care Physician) 4-5 days." A review of client A's hospital medical record was conducted at the hospital on 5/15/15 at 2:00 P.M.. review of the record indicated: "5:07 P.M.: [Client A] is a 44 yo (year old) male who presents to the immediate Care complaining of split and bruised left eyebrow. Patient says 'I hit my head on the door.' Staff member [DSP #13] reports she was told that he had a 'behavior' earlier today and grabbed a door handle very hard and pulled it into his face. Did not have any LOC. Patient has bruises on arms, scratch/abrasions on arms and neck. When asked how these happened, he said 'a staff member' and '[DSP #14] pinched me.' Patient became tearful and said he was scared of [DSP #14]. [DSP #13] stated patient was uninjured when she last saw him at 8 P.M. yesterday....Cleaned laceration to the left eye with sterile saline and gauze He also has a scrape to the left elbow that was cleaned. He had dried blood under his nose that was cleaned. Also cleaned dried blood and small cut to the right ear. Bruises noted to the right and left arms, scratches on his neck....Patient's			

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	lacerations and scratches, abrasions cleansed and left eyebrow area repaired with surgical glue. Bacitracin applied to right ear, right neck, right arm and left elbow. Patient tolerated well. Discussed concern re: patient's injuries with group home supervisor [QIDP]. She stated that the patient had behaved aggressively and injured himself on the door, and that she suspend the staff member mentioned pending investigation of the incident. Advised her that we will need to contact APS (Adult Protective Services) as well. APS called, automated message instructs to call 511 for suspected physical abuse or neglect. 911 called, initially [City Police] officer sent, the [County Police] officer who began investigation. Patient told officer 'I hit someone.' Then '[DSP #14]' had hurt him after that. Patient said he felt ok about going home if [DSP #14] is not there." A review of the police report dated 4/30/15 involving client A was conducted on 5/11/15 at 3:00 P.M. and indicated: "Event: On April 30, 2015 at approximately 6:39 P.M., I was dispatched to [Hospital name] emergency department located at [Urgent care address] for a report of battery that occurred at [Group Home address]. Statements:			

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	-[Hospital Medical Assistant (MA)] stated that she was working at [Hospital name] when [client A] arrived with group home staff member [DSP #13]. [Client A] was being treated for a cut to his left eye which was very swollen. [Client A] had a minor laceration to his right ear. [Client A] also had many bruises and scratches to his arms and body. [MA] asked [client A] what happened and he stated that a staff member named [DSP #14] had battered him. [MA] notified the doctor who contacted police to report the incident. -[Client A] stated that sometime before lunch that he had punched a staff member named [DSP #14]. [Client A] further stated that he only struck [DSP #14] after [DSP #14] had pinched him and hit him in the back. [Client A] informed me that the staff members at the house during the incident were [DSP #14], [DSP #15] and [DSP #16]. [Client A] further stated that the marks on his arms and back were from [DSP #14]. [Client A] stated the cut to his right ear was from [DSP #14] hitting him. When asked about the lump to his left eye, [client A] stated it was from a door. I asked [client A] how it occurred and he would only state that his head hit the door. I asked [client A] if anyone had forced his head to hit the door			

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	and he stated 'no'. -[DSP #13] stated that she has only been working for [Facility name] for three weeks and was assigned to work at [Group home address]. [DSP #13] stated that she last saw [client A] at approximately 8:00 P.M., on April 29, 2015 and left work that evening at approximately 11:00 P.M.. [DSP #13] stated [client A] did not have any injuries to his head the last time she had seen him. [DSP #13] arrived to work for her afternoon shift at approximately 3:00 P.M. on April 30, 2015. [DSP #13] stated she did not see [client A] at this time and then had to leave to transport a staff member to a different location. [DSP #13] arrived back at the house at approximately 5:00 P.M., and was told to take [client A] to the hospital for an injury to his eye. [DSP #13] was advised [client A] had hit his head with a door. [DSP #13] then transported [client A] to [Hospital name]'s and was advised by medical personnel that police would need to be notified due to [client A]'s claims of battery. [DSP #13] stated she contacted her supervisor, [QIDP], and informed her of the situation. [QIDP] spoke with the medical staff via telephone. [DSP #13] stated that [QIDP] informed her that [DSP #14] would be suspended due to the investigation. [DSP #13] then awaited			

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	police arrival with [client A]. -Investigation: Upon arrival at [Hospital name], I spoke with medical staff, [DSP #13] and [client A] After reviewing their statements I photographed [client A]'s injuries. [Client A]'s swollen eye and cut ear appeared to be very fresh, while his other injuries appeared to be older as they had scabs beginning to form. I also observed a bruise on [client A] ' s back, that was also photographed. I attempted several times to contact the supervisor, [QIDP], with no success. I left her a message to contact me but it was not returned. I then left the hospital and arrived at [Group Home address], to speak with the two staff members that were on scene. I spoke with staff members [DSP #18] and [DSP #19]. Both [DSP #18] and [DSP #19] stated they were told by day shift that [client A] had been very aggressive and combative throughout the day. They stated the names of the day shift staff were; [DSP #14], [DSP #15] and [DSP #16]. They did not have information for the last names of these subjects or their phone numbers. [DSP #18] attempted to contact [QIDP] via his personal cell phone, however was unable to get ahold (sic) of her. [DSP #18] also left a message that [QIDP] did not return. I asked how and who made the decision to send [client A]			

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	to the hospital. [DSP #18] and [DSP #19] stated that nurse was there today for the new month's medication and she advised day shift staff that [client A] needed to be taken to the hospital. I then left the address [Group Home address] and contacted Adult Protection Services. I spoke with Investigator [Investigator name] and informed her of the information. [Investigator name] advised to forward her a copy of the report and any follow up information that I obtain. Disposition: At this time charges will be pending further investigation. It should be noted that I was unable to make contact with the supervisor [QIDP] or the day shift staff members. Due to this, I am not able to enter their information for this report, nor get their statements as to what had transpired during this incident." An interview with Client A was conducted on 5/11/15 at 10:52 A.M.. Client A stated "I got pinched and hit. [DSP #14] choked me. He punched me in the back and he kicked me." When asked if any other staff helped, he stated "No staff didn't help me. The other staff [DSP #15] hit me too. I'm pressing charges. He did it once before another time. [DSP #15] stepped on my fingers on purpose. He hit me and he beat me up."			

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	-Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment			

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	with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM BEHAVIORS": Physical Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques: Physical Redirection/Response Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person. Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person.			

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	Walking with or accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm. Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the need for protection is over. Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side of the person should a one-person hold prove to be ineffective. More restrictive: One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person. Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and			

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	arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual." Client A's BSP did not indicate staff should have "Taken down" client A. A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 2/27/14 was conducted at the facility's administrative office on 5/8/15 at 4:30 P.M. and indicated, in part, the following: "Dungarvin believes that each individual has the right to be free from mental, emotional and physical abuse in his/her daily life....Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting....Physical abuse is defined as any act which constitutes a violation of the assault, prostitution or criminal sexual conduct statutes including intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury, unauthorized restraint/confinement			

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	resulting from physical or chemical intervention....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in a individual's presence with intent to cause fear of retaliation, fear of confinement or restraint, cause an individual to experience emotional humiliation or distress...Neglect is defined as failure to provide appropriate care, supervision, or training, failure to provide food and medical services as needed, failure to provide a safe, clean and sanitary environment and failure to provide medical supplies/safety equipment as indicated in the individual's Individual Support Plan (ISP)....The Supervisor, or Program Coordinator/Senior Director, or his/her delegate will conduct a thorough investigation of the reported incident. The investigation will include the following: 1. Review of witnesses. 2. Any evidence or previous abuse or neglect. 3. All other evidence to determine the veracity and seriousness of the charge."			

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	An interview with the GHN was conducted on 5/11/15 at 1:30 P.M.. The GHN indicated she was notified of client A's aggressive behavior on 4/30/15 at 9:30 A.M., when staff requested to administer his PRN medication of "Olanzapine 5 mg (milligram) (antipsychotic). When asked if she went to assess client A after being notified of his physical aggression, the GHN stated "No I was at the girls home." When asked if she was contacted by staff any time after 9:30, the GHN stated "Yes around noon." When asked if she assessed client A at that time, the GHN indicated she arrived at the group home around 2:00 P.M. and indicated she observed client A's left eye was swollen and a little cut with a bandaid over it. The GHN indicated she only saw bruises and redness on the right side of client A's neck. When asked if she reported client A's injuries and the allegation of staff abuse immediately to the Area Director, she indicated she had not because the QIDP was aware of the situation. An interview with the Area Director (AD) was conducted on 5/8/15 at 5:00 P.M.. The AD indicated the incident was first reported to him by the QIDP on 4/30/15, as client A only having scratches. Then he was notified later in the day, after client A returned from the			

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	urgent care, that the client had a broken nose, black eye, a lacerated eyebrow and bruising all over his body. He said he went to the group home and photographed the client and immediately suspended 9 staff in regard to this incident, including the QIDP, GHM and GHL. The AD indicated the GHL, DSP #14 and DSP #15 indicated client A's injuries resulted from him pulling the door and the door hitting his face, and the bruising was from his tripping and falling. The AD indicated the investigation is still ongoing. T			
W 0153 Bldg. 00	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 2 of 2 sampled clients and 1 additional client (clients A, B and D), to report allegations of staff abuse/neglect and an allegation of sexual abuse immediately to the administrator. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services	W 0153	**W 153 483.420(d)(2) STAFF TREATMENT OF CLIENTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home	06/21/2015

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	(BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP #28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations:		according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including	

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	[DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." Review of the record failed to indicate this incident of staff abuse was immediately reported to the administrator. -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated.		HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol	

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	Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." Review of the record failed to indicate this incident of staff abuse was immediately reported to the administrator. -BDDS report dated 4/29/15...Date of Knowledge: 4/29/15...Submitted Date: 5/6/15 involving clients B and D indicated: "On 4/29/15 at approximately 8:30 P.M., staff was having dinner with housemates [client D] sitting to the right side of the table and other housemate was on the left side of the table. [Client B] was at the end of the table. [Client D] kept getting up and going into the kitchen where two staff was (sic) preparing food. [Client B] accused his housemate [client D] of touching his private parts in the dining room. When asked when this took place, [client B] said after dinner. He reported to staff about this incident at		and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at	

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	8:35 P.M.. Staff was sitting at the dining room table with both [client D] and [client B] and did not witness this incident. This allegation is being reported late due to discovery by Area Director on 5/5/15." Further review failed to indicate this allegation of sexual abuse was reported immediately to the administrator. An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated the staff should have immediately reported the allegations of staff abuse/neglect and the allegation of sexual abuse to him. The AD/QIDP further indicated the staff did not immediately report the allegations of staff abuse/neglect and the allegation of sexual abuse to him. This federal tag relates to complaint #IN00172902. 9-3-2(a)		ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served.	

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			Will be completed by: 6/21/15 **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 2 sampled clients and 1 additional client (clients B and D), the facility failed to provide written evidence a thorough investigation was conducted in regard to an allegation of sexual abuse. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -BDDS report dated 4/29/15...Date of Knowledge: 4/29/15...Submitted Date: 5/6/15 involving clients B and D indicated: "On 4/29/15 at approximately 8:30 P.M., staff was having dinner with	W 0154	**W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following:	06/21/2015

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	housemates [client D] sitting to the right side of the table and other housemate was on the left side of the table. [Client B] was at the end of the table. [Client D] kept getting up and going into the kitchen where two staff was (sic) preparing food. [Client B] accused his housemate [client D] of touching his private parts in the dining room. When asked when this took place, [client B] said after dinner. He reported to staff about this incident at 8:35 P.M.. Staff was sitting at the dining room table with both [client D] and [client B] and did not witness this incident. This allegation is being reported late due to discovery by Area Director on 5/5/15." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of sexual abuse. An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD indicated the prior Qualified Intellectual Disabilities Professional (QIDP) should have conducted a thorough investigation in regard to this allegation of sexual abuse. The AD indicated the QIDP did not conduct an investigation in regard to this allegation of sexual abuse. No written documentation was submitted for review to indicate a thorough		A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record.	

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	investigation was conducted in regard to this allegation of sexual abuse. This federal tag relates to complaint #IN00172902. 9-3-2(a)		D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently	

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			provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program	

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			Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated			

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(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
	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 3 of 3 reviewed investigations of allegations of staff abuse, involving 1 of 2 sampled clients and 1 additional client (clients A and D), to the administrator within five business days. Findings include: A request of the facility's investigation records was made on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records failed to indicate a completed investigation for an incident of staff abuse involving client A on 4/30/15. An investigation record for the incident of staff abuse of client A on 4/30/15 was submitted for review on 5/13/15 at 4:00 P.M. and indicated: -Investigation record dated 5/1/15 to 5/12/15 indicated: "Claims and Response: An allegation of suspected abuse was identified after [client A] was taken to [Urgent Care facility]. [Urgent	W 0156	**W 156 483.420(d)(4) STAFF TREATMENT OF CLIENTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly.	06/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G793		05/22/2015

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	Care Physician name] contacted the authorities and notified law enforcement. [Urgent Care Physician] also reported the suspected abuse to the state." Review of the investigation indicated staff abuse involving client A was substantiated. Further review of the record indicated the investigation was not concluded until 5/12/15. There was no written documentation to indicate the results of the investigation were reported to the administrator within 5 business days. A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The		B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly	

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385	

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	allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." There was no written documentation to indicate the results of the investigation were reported to the administrator within 5 business days. -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D]		train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect.	

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	that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP #28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations: [DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." There was no written documentation to indicate the results of the investigation were reported to the administrator within 5 business		This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues,	

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	days. An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated the results of the investigation should have been reported to the administrator within 5 business days. The AD/QIDP further indicated the results of the investigations were not reported to the administrator within 5 business days. This federal tag relates to complaint #IN00172902. 9-3-2(a)		concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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W 0157 Bldg. 00	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 1 of 2 sampled clients and 1 additional client (clients A and D), the facility failed to take sufficient/effective corrective measures in regard to preventing/addressing staff abuse. Findings include: A request of the facility's investigation records was made on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP	W 0157	**W 157 483.420(d)(4) STAFF TREATMENT OF CLIENTS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as	06/21/2015

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	#28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations: [DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D].		required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out	

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	This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -Investigation record dated 5/1/15 to 5/12/15 indicated: "Claims and Response: An allegation of suspected abuse was identified after [client A] was		of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is	

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	taken to [Urgent Care facility]. [Urgent Care Physician name] contacted the authorities and notified law enforcement. [Urgent Care Physician] also reported the suspected abuse to the state." Review of the investigation indicated staff abuse involving client A was substantiated. Review of the BDDS report dated 4/30/15 indicated: -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent		completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. -	

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	care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances		B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A].			

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	Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." No documentation was available for review to indicate the facility took sufficient/effective corrective action to prevent recurrence. An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD indicated the incidents of staff abuse were substantiated and further indicated the staff involved were terminated from employment. This federal tag relates to complaint #IN00172902. 9-3-2(a)			

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W 0159 Bldg. 00	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the PD/Qualified Intellectual Disabilities Professional (PD/QIDP) failed for 2 of 2 sampled clients (clients A and B), plus 1 additional client (client D) to coordinate services and ensure measures were put in place to prevent abuse/neglect. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated:	W 0159	**W 159 483.430(a) QMRP** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times, to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards	06/21/2015

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	-BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified		to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All	

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	the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15],		assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are	

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	[DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling."		provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan.	

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	-Investigation record dated 5/1/15 involving client A indicated: -Human Resource Director (HRD), investigator of the incident involving client A statement indicated: "I received a phone call this morning from [DSP #13], who began employment on 3/23/15 and is assigned to the [Group Home #1] and [Group Home #2]. She reported that she had a situation at work to discuss with me and that she cannot trust anyone who works at those homes including the supervisors. She said that yesterday (which would be 4/30/15) she was told to (sic) she had to take [DSP #20] to the other group home because he doesn't have a car. [DSP #13] reported that this wasn't the first time she had to do this but also had to give him a ride the previous week. [DSP #13] said that [GHL] told her to take an individual with her to drop him off. [DSP #13] said to her she would take [client A] then and [GHL] said know (sic) you take [client C]. [DSP #13], [client C] and [DSP #20] went to the office first to drop off some statements to [QIDP] and then she went to the group home and dropped off [DSP #20]. When [DSP #13] returned to the home,		A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	three employees were in the office. She indicated that [GHL], [DSP #18] and [DSP #19] were in the office. [DSP #18] told her that she needed to take [client A] to the urgent care place. [DSP #13] stated that [client A] was beat up. She indicated the doctor said that his nose was broken, there were lacerations, multiple contusions, and scratches on his body. The doctor asked her to call her supervisor. [DSP #13] called [GHM] while she was in the room with [client A] and the doctor. [GHM] told her to call [QIDP] and that [QIDP] was handling that investigation. [GHM] hung up with her, and [DSP #13] reported that the doctor said to her that she needed to speak with her. [DSP #13] explained to the doctor that she had to call another person. [DSP #13] called [QIDP] and tried to tell [QIDP] what was going on with [client A] but [QIDP] sounded annoyed with her on the phone when she was trying to report this allegation. She indicated that [QIDP] then started to ask her about statements about a different allegation and [DSP #13] reported to [QIDP] that she didn't care about that right now. [DSP #13] said that she told her that they were going to call the police about the incident. She said she was quitting and then [QIDP] asked her if she was quitting without notice. [DSP #13] said yes, and [QIDP] said well you will			

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	have to talk to [GHM] about that. [DSP #13] indicated that [QIDP] did finally talk with the doctor. [DSP #13] said the police did come and spoke with [client A] and also with her. There were two other officers that interviewed her. [DSP #13] reported that she wasn't there during the time of the incident but was out of the house. [DSP #13] encouraged [client A] to tell them what happened and he began to cry. [Client A] indicated that [DSP #14] pinched him really hard on the arm. [DSP #13] said that [client A] has a huge bruise on his arm. [DSP #13] said that [DSP #18] , [DSP #19] and [GHL] told her that he hit his head on an opened door and that he tripped over his shoe laces. [DSP #13] said that when she first worked with [DSP #18], he told her that 'they all tell the same story.' [DSP #18] also talked to [DSP #13] about not giving [client A] his 4 P.M. medication while out. [DSP #13] tried to call [QIDP] after she got back but received no response and was unable to leave messages because her VM (Voice Mail) was full. [QIDP] finally spoke with her at 10:30 and			

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	indicated she had a family issue she was dealing with which is why she didn't call her back. The incident [QIDP] was asking [DSP#13] about during the doctor's office visit was related to the statements she dropped off regarding an allegation that [client B] reported that [client D] touched him in his private areas the night before. I asked if there was a GER written and she said that [QIDP] said she didn't need to do a GER for that but that they should all write statements. [DSP #13] said the other staff wrote that they were in the kitchen, but they were not [DSP #19] and [DSP #18] were in the office because [DSP #13] was the only staff eating dinner with the individuals. [DSP #13] reported that [DSP #18] is always watching t.v. and [DSP #19] is always on her phone. [DSP #13] said she couldn't document in [client A]'s T-log (electronic record) because she didn't have access to his file in [Electronic Program]. [DSP #13] said that when she first started the staff told her they are in a clique and that [QIDP] is part of that clique. She also said that she was told the staff will leave you alone in the room when an			

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	individual is having a behavior so you will get beat down, quit, or the (sic) will lie on you and get you fired. Another employee named [DSP #4], not sure of the spelling was very upset and crying about what was going on." -DSP #13 statement indicated: "Could you please describe the on-site training you received? 'I read their books.' In both houses? 'Yes. I knew some of their behaviors.' What staff member conducted your on-site training? 'No. The first day I went to the girls house. [DSP #18] was the only one there. I was told by [GHN] that we weren't supposed to do any work rather just shadow....Me and [DSP #18] were there my first night.' You didn't go over any training checklist, or tour of where to find anything in the home? 'No.' Did you ever meet with the lead of the house either [GHL #2] or [GHL #1]? 'I met [GHL #1].' What was that meeting like? 'She wasn't real friendly. I read through the books. She said so you have no questions. And I said I usually ask the questions when it comes up.' It sounds like there wasn't any training done before you started working? 'No, especially at the girls home.'...When you called me on May 1, 2015, you stated you were uncomfortable working at the home, would you please describe why			

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	you felt that way? '...Basically when I saw [client A] I knew it wasn't what they said happened because [client A] was really beat up.' When you arrived to the shift on April 30, 2015, what was the first thing you did? 'I was told that [client A] had been in behaviors all day and that [DSP #20] needed to go to the [GH #2].' Why did they tell you [DSP #20] had to go to the [GH #2]? 'Because [DSP #20] didn't have a car. I took him on Wed. and he told me I'd have to take him tomorrow (Friday).'...Who were the staff members in the home when you arrived, and what were they doing? '[GHL], [DSP #14] and [DSP #15]. [DSP #14] and [DSP #15] were standing next to the table and [GHL] was sitting at the table. That's how I knew something was wrong because they are usually in the office. They hang out in the office and are not usually out with the individuals. Especially [GHL], she's usually at the desk doing something.' Did you see or greet any of the individuals upon arrival, if yes which ones? 'No. I saw [client A] from a distance sitting on the couch and he looked at me. Then [GHL] said I needed to take [DSP #20] to [GH #2] and she said take someone with you. I said [client A] and she said , no pick someone else.' Did she say why? 'No. She said earlier he had been having behaviors.' What was the environment like in the			

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	house when you arrived on shift, meaning were the individuals in the common area and did they appear happy? 'Very quiet. Usually the individuals are walking around. [Client D] and [client A] were in the living room and they didn't even approach us.' Did you notice anything unusual about any of the individuals upon arrival to the house? 'No. I noticed [client B], he is usually walking around, but he wasn't. None of the individuals were doing what they usually do so I knew something was up.' Why do you think you were not supposed to take [client A]? 'I think they know (sic) if I saw him. I would have issues and I would be wanting to have taken him. Even if they had taken the van, I would have wanted to take [client A] to Urgent care. Everything was so hush hush. I got told very little about this situation, it was like everyone else knew what was going on but me.' Approximately how long were you gone from the house before you returned? 'I think I got back around 4:30 or 5:15.' What was the first thing you did upon your return to the [GH #1]? 'I walked into the office and still all individuals weren't walking around. I went in to (sic) the office and [DSP #19] was sitting back slouched. I went to put the keys in the office and [DSP #18] said 'You might as well keep those keys, because you're going to take [client A] to			

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	urgent care.' At that point I still hadn't seen [client A].' What was the exact reason they said he needed to go to urgent care? 'He said the nurse had told them he needed to go.' Had you ever been asked to take an individual to urgent care before? 'No.' Did anyone explain the process for taking an individual to urgent care before? No, they just gave me his med sheets and a red folder with his driver's license. [Client A] came into the office and when I saw him, I said [client A] go get your jacket. I was just very upset. I didn't say a word to anybody, I just said [client A] let's go.' Did you talk to [client A] on the way to the urgent care facility or in the waiting room? 'No, because I thought maybe I should let the doctor do that. I don't have any training in that. [Client A] was upset too.' What did he do that made you think he was upset? 'He was shaking more than usual. In the waiting room he told me he was afraid of [DSP #14]. I'm not sure if they told him he couldn't have water but he was drinking excessive water.' Will you describe what you saw when you looked at [client A] when he got in the car? 'He had his jacket on. I was told he had a bump on his head. [DSP #20] said he had a tit (sic) on his head and he tripped over his shoe string and cracked it open on the wall.' When were (sic) talking to [DSP #20] about what happened with			

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	[client A]? 'On the way to [GH #2], he was telling me what happened. He said, you know [DSP #13] I like you, you just need to be a little more aggressive. Weird stuff that I found odd.' At that point did you see the extent of his injuries? 'I saw the scratches. I asked him how he got the scratches and he wouldn't answer.' Will you explain what happened when the doctor began to treat [client A]? 'We went in and the nurse was talking to us. I said [client A] let's take off your jacket. I saw a huge bruise under his arm and the nurse took off the other sleeve and saw another bruise. I said [client A], how did you do that and he said [DSP #14] pinched him. When the doctor came in, she was looking at the bruises and he had a scratch mark and he had a fingernail mark that was bruised into his skin. He had scratches on his shoulder blades and back.' Who did you try to call first when the doctor asked you and what was their response? '[GHM]. She was very short and said to call [QIDP]. I told her [GHM] the police are going to be called and she said well [QIDP] is doing the investigation.' When you spoke to [QIDP], what did she say to you? 'She was annoyed that I had called her. I said there's going to be an investigation. I said the doctor wants to talk to you. I could tell the (sic) she was arguing with the doctor and the doctor			

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	said no that's not consistent with what I'm seeing. She had called me back after we hung up with the doctor and I was still in the room with [client A]. She was asking me about the statements. I said as far as I am concerned, I am quitting. I said I'm going to take [client A] back to the house and that'll be it for me. [Client A] told me in the waiting room he was scared of [DSP #14]. When were the police called, and will you please tell me your conversation with them? 'First the police officer was called. He asked me what his diagnosis was and I said I don't know how much I can tell you because of Hippa (sic). I can't tell you for sure but I think he's schizophrenic. He said sometime accidents happen so then I just looked at him like are you for real. He said, I'm going to call [County police]. He did look at [client A]. The second one was much better, I don't believe [client A] did this to himself. I was just at the house when he assaulted a lady there, and he went to jail for that. I was honest with them. He told me he was going to call [QIDP]. I said not to be rude, but good luck on that one.' After [client A] was released, did the doctor or the police have any concerns with him returning to the home? 'I heard the nurses talking and they said, are you going to release him to that home? The doctor said we can't do anything further,			

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	the police took the report and they reported it to the state.' When you arrived back at the house, what was the first thing that happened? 'I put his paperwork on the desk. They [DSP #18] and [DSP #19] asked what happened? I said his nose is broken. What time was that? '8 or 9 P.M..'After you said his nose was broken, then what happened? 'They said wow. [DSP #18] said you forgot to give [client A] his 4 P.M. meds. I said wait a minute, I wasn't even there at 4 P.M.. He said it doesn't matter, you should have given them to him before you left. I wasn't there because I was taking [DSP #20] to [GH #2]. Everything seems like it's falling on me.' Did you speak to [GHM] or [QIDP] after you returned to the house? Do you remember what time and who you talked to? 'I called [QIDP] at 8:15 or 8:30, the phone rang and rang and rang. I couldn't leave a message. She finally called me back at about 10. She asked what happened, and I told her his nose was broke (sic), and he had multiple contusions, and lacerations. She said wow, that's a lot of paperwork, I said am I good, and she said yeah, thank you and hung up.' Did you document the incident in [Computerized system]? Why or why not? 'No, I would have done T-Log [Report] and a GER but I had no access to [Computerized system]. We had just			

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	asked [QIDP] for the past 3 days to get on a profile for them." Follow up questions 5/7/15 "You told me (sic) saw [client A] about 7:30 A.M. on Friday 5/1/15, can you describe what [client A] looked like to you that morning? 'When I showed (sic) I saw the scratches on his face.' When I showed you the pictures your (sic) were really upset, did you feel the same way when you saw him on Friday? 'I didn't see his face like that and I didn't look under his clothes.' When you first saw him what was your impression, did he look like he got beat up? 'No. I didn't get that impression.'" -GHM statement indicated: "Will you please describe the training process for new employees to work at the ESN homes (Extensive Support Needs)? 'Once they get done with their two-week training, they do their paperwork. I like to have the lead or someone who is more experienced review the paperwork with them. So we have a training here where the QIDP, she goes over their BSPs (Behavior Support Plans) and the Nurse comes in and she does her part. And then I'll come and give a rough thru (sic) of how the house is run, talk about each individual and what they should know about them and to prepare them for working in the home.' Which paperwork are you referring to? 'The first paperwork			

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	that they go through, it's a check off list.' Who is the assigned trainer? 'We usually use the lead, but depending if they come in on a second shift and the lead might not be there then we use someone who has been there a long time and can show them the right way.' When they do their shadowing shift are they scheduled in addition to the staffing ratio? 'In addition to the ratio, they are not considered a staff at that point.' On April 30th, 2015, were you aware of any behaviors that [client A] was having? If yes, please explain. 'I, what day was that?' Thursday. 'I was in my office, and [QIDP] received a phone call in her office and I overheard a conversation on the phone. I overheard her say to document and do a GER. I don't know who she was talking to on the phone. She did come into my office and say that [client A] had been in a behavior almost 3 1/2-4 hours. I want to say the nurse was contacted at that point. I did hear that she made the suggestion for him to go to Urgent care. I left to leave to go home, it had to be around 6 P.M. that I got a call from [DSP #13]. [DSP #13] was saying that she was at the Urgent Care, and that they had separated her and [client A]. I asked her was she okay, and she said no. That's when she told me that [client A] had told the hospital that [DSP #14] had beat him up. I told her that			

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	when you hang up from me, I need for you to call [QIDP] and to update her as to what is going on.' Did she say that the doctor wanted to talk to you? 'No. I believe she said that the doctor wanted to talk to [QIDP].' Did you hang up the phone at that point? 'I told her to call [QIDP] and I guess she must have called her because a few minutes later [QIDP] called me. She said I may need you to suspend [DSP #14]. So I called him and suspended him for an allegation of abuse.' Approximately what time did you call [DSP #14]? 'All this happened within about 30 minutes timeframe (sic) so I want to say it was about 6:30 P.M..' Did anyone explain what [client A] was upset about? 'I talked to [GHL].' Was that the same day? 'Yes. Thursday. She told me that something was going on with the water at the house and she told me he was upset about having to take a shower. She said it just escalated and I guess [DSP #14] was a target but I don't know why.' Where were you during this behavioral episode? 'They called [QIDP] when it was over, so I guess they had been dealing with it all that time.' Did you ever go to the home to assist? Please explain. 'I wasn't aware of it until the behavior was over and the decision was made to go to (sic) checked out and that's when [QIDP] was telling them about the proper paperwork. I never received a			

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	phone call from anybody.' Is that unusual that they didn't make anyone aware of a behavior that lasted that long? 'Usually they are supposed to call [QIDP] and make her aware. I didn't know until almost 4 hours and if they don't get in touch with [QIDP] they are supposed to call me.' Is there a behaviorist to call in situations of an extended behavior? 'Our behaviorist that we do have is very hard to get in touch with him.' Would staff need to get that direction from [QIDP] to call the behaviorist or can they call on their own? 'I would say that he's (the behaviorist) not in the picture like that not the same as [Girls home behaviorist] at the girls home). So all the staff know is to call [QIDP].' When was the first time you heard about [client A]'s injuries? 'When she was on the phone, I heard her yell like, 'What?' and she was told that he hit his head. I didn't really know details but they said it wasn't really that bad.' You still don't know who she was talking to on the phone? 'No, not at that point.' What was reported to you regarding the extent of his injuries? 'I didn't know the extent until I went to the house at 7:30 the next morning and I was talking to him.' So when you went the (sic) at 7:30a.m. (sic) the next morning what was the conversation? 'He was asking me about his outing and he was asking me to come to his side. He said			

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	he was sorry and he wasn't going to hit anybody anymore. I could see some scratches on him.' Scratches, was that all you could see? 'That's all I could see.' Did anyone tell you how he was injured? 'no.' What did they tell you about the behaviors? 'When I went there that morning, there was an extra staff. I didn't know that there was another behavior that morning. I saw [DSP #16], and he had, you could tell he had been hit in his face. His face was swollen a little bit.' What did [DSP #16] say? 'That morning [client A] had a behavior, he said everything was calm and fine and then out of nowhere he just blew up at him.' Were you aware that the nurse told staff to take [client A] to urgent care? 'That Thursday before I left I did know that she made a decision.' Are you involved with deciding who takes individuals to appointments or Urgent Care? 'No. Usually like on that side of the table I don't step into an investigation. I don't unless there was a relative of [QIDP]'s I don't get involved in the investigation.' Were you aware that the doctor suspected abuse and that they were going to call the police? 'She told me that that night when we were on the phone. When they had them separated and yes, she said that. That's when I told her to please tell [QIDP]. I don't think a paperwork had started, but I know it was in place.' So			

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	when you talked to [QIDP], did you tell [QIDP] that the police were called to the hospital? 'I can't remember if it was that day or the next day that the police were called exactly.' What can you tell me about the incident that happened 5/1/15 in the morning? 'His focus that morning he kept telling me he was sorry and he was (sic) going to hit anybody that day. He was concerned and he wanted his outing. I asked him if he was okay, and he said fine.' So he didn't mention anything about [DSP #17] pushing his face into the ground? 'No, not to me.' Is there anything else you want to share? 'I'm just going to say tat (sic) I've been working with [client A] since he came here. I brought him here. I would never allow anyone to hurt him and if I did know about it, I would do something about it. We've been really thin. I've been working both sides of the table. I really didn't know it was this serious. I try to make sure that all the individuals have the best care, me and [QIDP]. We try to do our best to make it happen.'" -DSP #5 interview indicated: On April 30, 2015 thru May 1, 2015, you worked the overnight shift is that correct? 'Yes.' What was the first thing you did on your shift? "When I first come (sic) in I check (sic) on the guys and everyone was asleep. About 12:30, [client A] got up			

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	and was telling me about what happened. I was looking at him and all the bruises. He was up and down throughout the night. About 5 A.M. he woke up and he is very scheduled. He always takes a shower, time was going slow. He was getting agitated. [DSP #17] was on his side. [DSP #17] was on his way into the office and [client A] followed, next thing I knew he hit him and then I said no, don't hit him and [client A] hit and fell. [DSP #16] came in because he always gets dropped off early. [DSP #16] and [DSP #17] held him. He was still on the floor though.' When they were holding him on the floor, can you describe where his hands were? 'They were holding him down by his side. I know that working with [DSP #17] he talk (sic) to him nice. I never seen (sic) [DSP #17] be mean to him never.' Did you at any point see [DSP #17] or [DSP #16] push his head to the floor? 'That I never seen (sic). I just remember seeing [DSP #17] had his hands to the floor. I called [QIDP] and [GHN]. I believe it was going on for over an hour. I got permission to give the PRN (as needed) and he took it and didn't calm down. He then told [DSP #17] he was sorry. I think he was still upset from the night before.' When [client A] falls to the floor, is that in his BSP or DCI (crisis intervention) that you can hold him down like that? 'I don't believe so, that is in his			

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	plan. When I did talk to [client A] and he said that when he feels someone is mad at him, it makes him want to hit him. I just think that some of the male staff when [client A] hit him, that some of our male staff want to retaliate and you don't do that. That is unacceptable." Have you ever seen any of the male staff react that way? 'No, but I have heard the male staff talking. Just in this field, when I hear that male staff have been hit they just react. How they were talking about how he got his nose broken, he just let the door open on him.' Did you participate in a shift change with the outgoing evening staff and if yes, what did they share with you? 'Actually, [DSP #13] was real upset and was still in the dining room. She told me she just got back.' So they didn't tell you about the incident in the shower the morning. 'No that was what happened with [DSP #17]. I explained that was also the start of the morning shift incident and she said she hadn't heard that except from me.' Did you notify [QIDP] or [GHM] about the behavior? '[GHN] and [QIDP] (didn't answer), called [GHM] (didn't answer) [GHN] answered. Then [QIDP] called me back.' Did [GHM] come to the house the next morning? 'Yes, she did.' Approximately what time? 'Early 7 or 8. She came in, made some tea and left (sic).' Did she talk to [client A]? 'No, she came in made some tea and			

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	left. [DSP #17] told her that [client A] hit her (sic) and she said she didn't know. She made her tea and left. She seemed so unconcerned.' When you saw [client A] at midnight, what did his face look like? 'His eye was bruised. His arms were so black and blue. His face and knee had lacerations, red mark around his neck. It looked like a crime scene.' And what shift did you work before? 'Yes I worked Wednesday I didn't recall anything (seeing) any injuries like that.' Did [client A] talk to you about the incident? 'He told me [DSP #14] or [DSP #15] choked him. I kept hearing [DSP #15] and [DSP #14] had hit him.' Is there anything else? '[Client A] keeps asking if [DSP #14] is coming but seems like he is getting better.'" -QIDP interview indicated: "Can you explain the training process for new employees who work at either home? 'Well one of the staff at the home will show them the ropes, basically the documentation, where the medications are located and the keys and where everything at the house is located. There is a training that we asked the new hires to attend, it's supposed to go over the ISPs, behavior plans, risk plans. It depends, sometimes if it's just me, [GHN] and me, or sometimes [GHN], me, and the behaviorist depending on			

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	who is available to give the training.' Who is the assigned 'train the trainer?' No, who usually does that training? 'It depends on who is working when that person goes to the home.' On April 30th, were you aware of any behaviors that [client A] was having? 'Yes, I called just by chance. I missed a phone call from [GH #1] earlier but I called back and talked to [GHL]. She said I can't talk right now because [client A] is in a behavior. He's being really aggressive and she hung up. She called back at about 12:45 or so, requesting a PRN it had been at least over an hour. I said yes, call [GHN] to get the approval to follow the proper protocol.' So then what happened after 12:45? 'I don't remember who called but I remember being told that he was running into a wall that he was throwing shoes, and he tried to open the office door.' Which the door had previously been broken so he couldn't open the door, but the second time he pulled the handle it opened that's when it hit him in the face. I asked them to write statements. I asked them to write a GER, t-log, ABC (behavioral documentation), and I told them make sure you write a blow by blow as to what happened in the documentation.' Where were you when the behavior was happening? 'I was in the office.' Is it typically (sic) for him to be in a behavior that long? 'In the			

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	beginning yes, but this year he has had a couple of incidents that he has been in a behavior for an hour and a half. What is strange to me is that he had a behavior every single day this week practically because he was agitated, which is why we had a staff go with us to his psych appointment on Monday.' What did they say he was upset about" 'A shower. They said they noticed his hair was greasy and that he still had an odor and they asked him would you mind taking another shower since you forgot to wash your hair. He got offended by that comment and that he does not stink, and that he got up and walked away, turned around, and walked back to staff and started swinging and punching at staff.' Who asked him to take a shower? 'I know [GHL] was relaying the information to me but I do not recall who asked him to take the shower.' Did you ever go to the home to assist or to see his injuries on that day? 'I did not.' When they first told you about his injuries, what was reported to you? 'They said he had some scratching on his face, for running into the wall, and hitting himself on the office door.' Were you aware [DSP #13] was taking [DSP #20] to the other home because he doesn't have a car? 'No. I did know of a situation and I did say for one time for us to take him to the home. I never gave consent for it to happen everyday.' Are you aware of an			

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	allegation that [client D] touched [client B] in his private parts? If yes, please explain. 'Yes. Staff called and said that many (sic) touched [client B] inappropriately. [DSP #13] called and said that she was with [client B] the whole night and that they were never by themselves. I told everyone to write a statement and to document a GER, t-log, and an ABC. I did tell [Area Director (AD)] about that.' Do you know if anyone did write a GER for that incident? 'I know Friday, when I started to look for the information for the [client A] incident for what happened on Thursday I did not see a GER for it. I don't remember if I saw a GER for the [client B] incident. I think they did do a GER.' Did [DSP #13] drop off some statements to the office on Thursday? '[DSP #20] dropped off the statements.' Why was [DSP #13] selected to take [client A] to the urgent care facility? 'I have no clue about that. I didn't even know she was at the urgent care until she called. I usually let staff figure it out who is to take an individual to urgent care.' What is the procedure for taking an individual to urgent care? 'The nurse made the call, they are supposed to call me, but they didn't;. I don't remember them calling me but I called to check on the hot water. I do remember talking to [GHL] askin (sic) if the hot water was on and she told me no. She			

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	mentioned that [GHN] was there and she wanted [client A] to go to urgent care. I remember being surprised that [DSP #13] and [client A] were at urgent care.' What time was that? 'It was in the evening, maybe after 4 or 5 P.M..' Please describe the phone call [DSP #13] made to you in the doctor's office. 'I'm here at urgent care, she said I don't feel like I should have had to take him to urgent care. I told her that everyone has to learn how to do this and take them to the doctor. You could tell she was overwhelmed/Frustrated/upset. She said they are asking questions, and I don't know what is going on. I told her to be honest with them. We got disconnected. I called back and asked her if she hung up on me? She said no.' Did she say that the doctor wanted to talk to you? 'Yes.' Did she tell you they were going to call the police? 'She said they were going to report it. She said the doctor said he had some scratches. I said that staff said he had some scratches. She said he has a bruise in the middle of his back. The doctor said he keeps saying [DSP #14] did it. I said I'll start an investigation and suspend the staff. I called [GHM] and told her and said we may have to suspend [DSP #14]. I then called [AD] and didn't get him. I called [GHM] back and told her to just suspend him. I talked to the doctor again. I confirmed with her that I			

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	suspended staff and she said I'm sorry but I'm going to have to report this. I sent [AD] a text and I called him. When I got in touch with him I told him that the doctor said she was going to report it and that [GHM] had suspended him.' Did you know that the police were are (sic) the doctor's office? 'No for some reason I didn't hear my phone ring and I was dealing with a family issue of my own. When I checked my phone, I called her back. [DSP #13] said that his nose was broken. She didn't say anything to me about speaking to the police. The police did call me on Friday, but it was an unknown number and he called me on Saturday. I gave a partial statement to the police investigator of (sic) Saturday.' When was the first time you saw [client A] after he returned from the urgent care facility and what did he look like? 'First time I saw [client A] was Friday evening after 6 P.M.. I was doing DSP work and we had drove (sic) to [GH #1]. AD came out, and the individuals later followed him. That was my first time seeing him and seeing physically how he looked. I was like whoa.' What do you mean whoa? 'I saw some abrasions by his face. I saw some scratches. I didn't see anything by his arms or anything because he was behind someone else and then he turned around.' Did you see his face, what did his face look like with the broken nose?			

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	'I know it was red (pointing to her nose). I remember a strip on his nose or face.' Does [client A] have a BSP for behaviors? 'Yes.' What does it say? 'He has a targeted behavior for physical aggression, property destruction, repeats himself and sometimes he lies about kicking for attention.' How would you describe the working environment in both homes? 'I can only tell you what I see when I go in. Usually it's the individuals laughing and I have to remind staff about their supervision checks on them if they've been in there (sic) room too long. [GH #2] is very laid back vs (versus) the girls is usually hyper or all over the place.' Are employees happy to work there? At both homes? 'Honestly, I don't think some employees are happy. They feel helpless when individuals go into behaviors they feel like DCI training isn't helpful. I told them I would set something up with [Staff name].' Have you ever been told from a new employee that they heard that at [GH #2] it is very cliquey and they will let you get beat down or lie on you to get you fired? 'No. I've never heard that. I've heard from [DSP #13] that they were unfriendly and she felt unwanted there.' Will you tell me again what staff reported to you regarding [client A]'s behaviors and his injuries? 'That's all I know what I told you earlier. I got the phone call that he was in a			

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	behavior. I called to deal with the water issue. I got called for PRN approval. It probably wasn't until 1 P.M. or so, that I got part of the story. They said that he fell during his behaviors, because he was already off balance and he fell into the wall. All [DSP #14] had to do was step back because he was already off balance. I remember they said that he tried to open the office door and couldn't the first time, and then he pulled it a second time and when he pulled it the second time he hit himself in the face with the door. That's what was told to me.' DO you think that looking at the extent of the injuries, that what they reported is accurate? What is your opinion? 'I think that there is more to the story. I told them to document but I couldn't find the documentation and I called [GHL] and she said she saw [DSP #14] doing a GER. She scanned me the ABC and that's what I used to do the BDDS IR.' Is there anything else you want (sic) share? 'It was reported. I do not know what to say, I do remember getting a phone call at 9:50 P.M. for PRN approval for [client A] saying that he was in a physically aggressive behavior but it was reported that he had some scratches on him from that. I'm not sure if that (sic) when he hit [client D]. [Client A] lies sometimes and sometimes he tells the truth. I hav (sic) noticed he has picked up some behaviors like [client D] and his			

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	housemates. [DSP #13] quit on Thursday night while at the doctor's. She said once I take him back to the home she was leaving and she's not coming back. I instructed her to tell [GHM] that. I asked [GHM] did she receive a phone call from [DSP #13] and she said no.'" -Regional Director (RD) statement indicated: "`On 5/1/15 at approximately 10:30 A.M., I received a call from [State Director (SD)]. [SD] informed me there was an allegation that [client A], one of the individuals living in the [Group home name], had received injuries consistent with abuse. [SD] stated [client A] had gone to Urgent Care on 4/30/15 and the doctor at Urgent Care was concerned about the injuries and filed a police report. [SD] asked me if I would get a hold of [Group Home Nurse (GHN)] or [Nurse Service Manager (NSM)] to go to the home and check the extent of [client A]'s injuries....Upon arriving at the home around 11:00 A.M., the two of us were let in by [DSP #21]. I spoke briefly with [DSP #21] and asked her how things were going. [DSP #21] indicated that things had not been good throughout the morning and motioned towards [client A] who was sitting alone in the back common area of the home. I walked through dining room and saw [client D] in the dining room area. I continued			

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	through the home and saw the individual [client C] sitting in the front common area of the home. I popped my head in the office and observed [GHL (Group Home Lead)] sitting in the office with another DSP. After briefly speaking to the two of them I proceeded to the back common area with [NSM] and started speaking to [client A] I asked [client A] what happened to his eye and he responded 'I got beat up'. I asked him where he got beat up and he replied, 'In the office'. I asked him who beat him up and he said, '[DSP #14] and [DSP #15].' [Client A] had never met [NSM] before and seemed reluctant to answer any questions not knowing who she was or if he could trust her. During the conversation [GHL] entered the room and at that point [client A] stopped answering my questions. [NSM] got up and asked [client A] if she could see his eye. He allowed [NSM] to look at the bruising and cut over his left eye. [NSM] then rolled up the sleeve of his right arm and we both observed a large bruise on the inner part of his bicep in the shape of a palm, a bruise on his right elbow about the size of a golf ball, and smaller bruises about dime sized. [NSM] pointed out the scratches on the right side of [client A]'s neck. Before [NSM] could go further, [GHN] came in the room and [NSM], myself, and [GHN] started talking.			

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	[GHN] sat on [client A]'s right side and was talking to him. [GHN] was stating [client A] had displayed aggressive behaviors towards staff and during the incidents he fell several times. [GHN] explained that is how [client A] got the bruise and cut over his eye. I asked [client A] again if staff had 'beaten him up' repeating the words he used initially. [GHN] immediately asked [client A] if the staff had actually beat [client A] up or if the staff was defending themselves. [Client A] stated staff was defending themselves. As we were talking I observed another large bruise on the outer bicep area of [client A]'s left arm. Since [client A] had given two different statements, I asked [client A] what he meant when he first stated the staff had beaten him up. [Client A] again was reluctant to answer the question. [GHN] asked [client A] if he had been beaten up and that if he had we (meaning [RD] and [NSM]) needed to know because that is why the two of us were there. After a few minutes [client A] stated again he had been beaten up by staff. When I asked [client A] if he had fallen, [client A] answered 'I was taken down'. I again asked [client A] who had taken him down. He again repeated [DSP #14] and [DSP #15]. This time [client A] mentioned [GHL] and [DSP #16], but didn't specifically state how or when they			

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	were involved. We suspected the incident with [DSP #16] may have occurred that morning, but [client A] did not give specifics. [AD] came to the home and joined the conversation. [AD] asked [client A] what had happened and [client A] stated he had been beaten up. [Client A] stated he had been beaten up in the office, that he had been taken down, and that [DSP #14] and [DSP #15] had done it. [Client A] consistently stated two staff that he identified as beating him up and taking him down. [AD] took [client A] to the restroom and photographed the extent of the injuries. Along with the bruised and cut eye, bruised arm, [client A] had scratches on his neck, back and chest. He had scabs on his knees, one looked older but one looked fairly fresh that were consistent with floor burn. The injuries supported [client A]'s statement that he had been taken down by staff...." -Group Home Nurse (GHN) statement involving client A indicated: "Staff told me that he (client A) was hit by a door, they made it sound like he was pulling on the door and somehow it hit himin (sic) the face. [Client A] told me that day that [DSP #14] did it. I knew that there would be an investigation so I didn't say anything that day because sometimes they don't tell the truth. So I knew there			

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	would be an investigation and that they would get to the bottom of it. I got there around 2 P.M.. They called me at 12:30 and said this happened. They called at 9:30 to get approval for the PRN (as needed), but he refused that. I found out he was having behaviors around 9:30. I saw him at about 2 P.M., I saw his left eye swollen and a little cut. They had put a Band-Aid on it and then I saw the bruises and redness on the right side of his neck, it looked like someone was pulling his shirt from behind. I hadn't noticed the swelling of the other parts. I told [GHL] that they needed to take him to urgent care. It was right around shift change." If you spoke with [GHL] to tell them to go to urgent care, what (sic) the normal procedures and how long does it take? "It depends on staff and the ratio of staff to deal with the other individuals. Ideally within an hour. They may not have felt it was an urgent thing.....Can you please clarify again for me why you didn't tell anyone that [client A] told you [DSP #14] did it initially on the 30th before you recommended he go to the urgent care? 'Because-I needed to see what he told [QIDP] in the investigation.'" -Client D's statement involving client A indicated: "...You know [client A]'s bruises...and his eye? Do you know how			

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	that happened? '[DSP #14], [GHL] and [DSP #15] beat up [client A].' ...How do you know? 'I heard stop, stop, stop!' When did this happen? 'Yesterday.' How do you know? Did you see it? 'I was sleeping...and I heard it. I opened my door to look out, and they said, 'get back in your room!'...How were they beating him up? 'Kicking him...stomping him...all 3 of them.'..." A review of client A's urgent care discharge summary dated 4/30/15 was conducted on 5/11/15 at 7:00 P.M. and indicated: "Diagnosis: Your diagnoses were FACIAL CONTUSION, INITIAL ENCOUNTER, EYEBROW LACERATION, LEFT, INITIAL ENCOUNTER, NASAL BONES, CLOSED FRACTURE, INITIAL ENCOUNTER, MULTIPLE CONTUSIONS, ABRASIONS OF MULTIPLE SITES, AND SUSPECTED ADULT PHYSICAL ABUSE BY NONSPOUSE OR NONPARTNER, INITIAL ENCOUNTER. Nondisplaced nasal fractures, left eyebrow laceration, abrasions and scratches right neck and arm. Right ear multiple contusions. Glued left eyebrow laceration-recommend keep dry except blot after washing near eye area for 5 days. Apply Bacitracin to scratches right ear, neck, arm daily for 1 week. Ice as			

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	needed. See PCP (Personal Care Physician) 4-5 days." A review of client A's hospital medical record was conducted at the hospital on 5/15/15 at 2:00 P.M.. review of the record indicated: "5:07 P.M.: [Client A] is a 44 yo (year old) male who presents to the immediate Care complaining of split and bruised left eyebrow. Patient says 'I hit my head on the door.' Staff member [DSP #13] reports she was told that he had a 'behavior' earlier today and grabbed a door handle very hard and pulled it into his face. Did not have any LOC. Patient has bruises on arms, scratch/abrasions on arms and neck. When asked how these happened, he said 'a staff member' and '[DSP #14] pinched me.' Patient became tearful and said he was scared of [DSP #14]. [DSP #13] stated patient was uninjured when she last saw him at 8 P.M. yesterday....Cleaned laceration to the left eye with sterile saline and gauze He also has a scrape to the left elbow that was cleaned. He had dried blood under his nose that was cleaned. Also cleaned dried blood and small cut to the right ear. Bruises noted to the right and left arms, scratches on his neck....Patient's lacerations and scratches, abrasions cleansed and left eyebrow area repaired			

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	with surgical glue. Bacitracin applied to right ear, right neck, right arm and left elbow. Patient tolerated well. Discussed concern re: patient's injuries with group home supervisor [QIDP]. She stated that the patient had behaved aggressively and injured himself on the door, and that she suspend the staff member mentioned pending investigation of the incident. Advised her that we will need to contact APS (Adult Protective Services) as well. APS called, automated message instructs to call 511 for suspected physical abuse or neglect. 911 called, initially [City Police] officer sent, the [County Police] officer who began investigation. Patient told officer 'I hit someone.' Then '[DSP #14]' had hurt him after that. Patient said he felt ok about going home if [DSP #14] is not there." A review of the police report dated 4/30/15 involving client A was conducted on 5/11/15 at 3:00 P.M. and indicated: "Event: On April 30, 2015 at approximately 6:39 P.M., I was dispatched to [Hospital name] emergency department located at [Urgent care address] for a report of battery that occurred at [Group Home address]. Statements: -[Hospital Medical Assistant (MA)]			

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	stated that she was working at [Hospital name] when [client A] arrived with group home staff member [DSP #13]. [Client A] was being treated for a cut to his left eye which was very swollen. [Client A] had a minor laceration to his right ear. [Client A] also had many bruises and scratches to his arms and body. [MA] asked [client A] what happened and he stated that a staff member named [DSP #14] had battered him. [MA] notified the doctor who contacted police to report the incident. -[Client A] stated that sometime before lunch that he had punched a staff member named [DSP #14]. [Client A] further stated that he only struck [DSP #14] after [DSP #14] had pinched him and hit him in the back. [Client A] informed me that the staff members at the house during the incident were [DSP #14], [DSP #15] and [DSP #16]. [Client A] further stated that the marks on his arms and back were from [DSP #14]. [Client A] stated the cut to his right ear was from [DSP #14] hitting him. When asked about the lump to his left eye, [client A] stated it was from a door. I asked [client A] how it occurred and he would only state that his head hit the door. I asked [client A] if anyone had forced his head to hit the door and he stated 'no'.			

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	-[DSP #13] stated that she has only been working for [Facility name] for three weeks and was assigned to work at [Group home address]. [DSP #13] stated that she last saw [client A] at approximately 8:00 P.M., on April 29, 2015 and left work that evening at approximately 11:00 P.M.. [DSP #13] stated [client A] did not have any injuries to his head the last time she had seen him. [DSP #13] arrived to work for her afternoon shift at approximately 3:00 P.M. on April 30, 2015. [DSP #13] stated she did not see [client A] at this time and then had to leave to transport a staff member to a different location. [DSP #13] arrived back at the house at approximately 5:00 P.M., and was told to take [client A] to the hospital for an injury to his eye. [DSP #13] was advised [client A] had hit his head with a door. [DSP #13] then transported [client A] to [Hospital name]'s and was advised by medical personnel that police would need to be notified due to [client A]'s claims of battery. [DSP #13] stated she contacted her supervisor, [QIDP], and informed her of the situation. [QIDP] spoke with the medical staff via telephone. [DSP #13] stated that [QIDP] informed her that [DSP #14] would be suspended due to the investigation. [DSP #13] then awaited police arrival with [client A].			

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385	

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	-Investigation: Upon arrival at [Hospital name], I spoke with medical staff, [DSP #13] and [client A] After reviewing their statements I photographed [client A]'s injuries. [Client A]'s swollen eye and cut ear appeared to be very fresh, while his other injuries appeared to be older as they had scabs beginning to form. I also observed a bruise on [client A] ' s back, that was also photographed. I attempted several times to contact the supervisor, [QIDP], with no success. I left her a message to contact me but it was not returned. I then left the hospital and arrived at [Group Home address], to speak with the two staff members that were on scene. I spoke with staff members [DSP #18] and [DSP #19]. Both [DSP #18] and [DSP #19] stated they were told by day shift that [client A] had been very aggressive and combative throughout the day. They stated the names of the day shift staff were; [DSP #14], [DSP #15] and [DSP #16]. They did not have information for the last names of these subjects or their phone numbers. [DSP #18] attempted to contact [QIDP] via his personal cell phone, however was unable to get ahold (sic) of her. [DSP #18] also left a message that [QIDP] did not return. I asked how and who made the decision to send [client A] to the hospital. [DSP #18] and [DSP #19] stated that nurse was there today for			

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	the new month's medication and she advised day shift staff that [client A] needed to be taken to the hospital. I then left the address [Group Home address] and contacted Adult Protection Services. I spoke with Investigator [Investigator name] and informed her of the information. [Investigator name] advised to forward her a copy of the report and any follow up information that I obtain. Disposition: At this time charges will be pending further investigation. It should be noted that I was unable to make contact with the supervisor [QIDP] or the day shift staff members. Due to this, I am not able to enter their information for this report, nor get their statements as to what had transpired during this incident." An interview with [Client A] was conducted on 5/11/15 at 10:52 A.M.. Client A stated "I got pinched and hit. [DSP #14] choked me. He punched me in the back and he kicked me." When asked if any other staff helped, he stated "No staff didn't help me. The other staff [DSP #15] hit me too. I'm pressing charges. He did it once before another time. [DSP #15] stepped on my fingers on purpose. He hit me and he beat me up." -Investigation record dated			

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	4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin			

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	Policy A-1." Date investigation was completed: 4/15/15." A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM BEHAVIORS": Physical Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques: Physical Redirection/Response Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person. Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person. Walking with or			

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	accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm. Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the need for protection is over. Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side of the person should a one-person hold prove to be ineffective. More restrictive: One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person. Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to			

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	their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual." Client A's BSP did not indicate staff should have "Taken down" client A. An interview with the GHN was conducted on 5/11/15 at 1:30 P.M.. The GHN indicated she was notified of client A's aggressive behavior on 4/30/15 at 9:30 A.M., when staff requested to administer his PRN medication of "Olanzapine 5 mg (milligram) (antipsychotic). When asked if she went to assess client A after being notified of his physical aggression, the GHN stated "No I was at the girls home." When asked if she was contacted by staff any time after 9:30, the GHN stated "Yes around noon." When asked if she assessed client A at that time, the GHN indicated she arrived at the group home around 2:00 P.M. and indicated she observed client A's left eye was swollen and a little cut with a bandaid over it. The GHN indicated she only saw bruises and redness on the right side of client A's neck. When asked if she reported client			

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	A's injuries and the allegation of staff abuse immediately to the Area Director, she indicated she had not because the QIDP was aware of the situation. An interview with the Area Director (AD) was conducted on 5/8/15 at 5:00 P.M.. The AD indicated the incident was first reported to him by the QIDP on 4/30/15, as client A only having scratches. Then he was notified later in the day, after client A returned from the urgent care, that the client had a broken nose, black eye, a lacerated eyebrow and bruising all over his body. He said he went to the group home and photographed the client and immediately suspended 9 staff in regard to this incident, including the QIDP, GHM and GHL. The AD indicated the GHL, DSP #14 and DSP #15 indicated client A's injuries resulted from him pulling the door and the door hitting his face, and the bruising was from his tripping and falling. The AD indicated the investigation is still ongoing. The AD further indicated staff did not implement client A's BSP properly and further indicated all clients are to be free of abuse and neglect. The AD indicated the police are still reviewing the incident. 2. A review of the facility's records was conducted on 5/8/15 at 3:30 P.M..			

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	Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being			

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	hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP #28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [			
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential			

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	living unit. Based on record review and interview, the facility failed for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D) to provide sufficient numbers of direct care staff to supervise clients while at the group home. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -BDDS report dated 5/5/15...Date of Knowledge: 5/5/15...Submitted Date: 5/7/15 involving clients A, B, C and D indicated: "On 5/5/15 from 4:43 P.M. until approximately 10:00 P.M., the Area Director was unable to sufficiently staff [client A], [client B], [client C] and [client D]'s home due to an intensive ongoing investigation that resulted in a significant number of trained staff being suspended. Usually [client A] and his housemates are staffed with 3 DSPs from 4:43 P.M. until 10:00 P.M., but on this occasion, it was only possible to staff these hours with 2 staff." Review of the	W 0186	**W 186 483.430(d)(1-2) DIRECT CARE STAFF** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times (Including providing sufficient staff at all times for the needs of the individuals), to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly.	06/21/2015

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	record failed to indicate the facility had sufficient staffing for clients A, B, C and D. An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated there should always be 3 staff scheduled to work with clients A, B, C and D and further indicated he was unable to schedule the appropriate number of staff at the group home due to an incident of staff abuse which led to 9 staff members being suspended. 9-3-3(a)		B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. v. Agency Policy and Procedure concerning reporting to supervisor when insufficient staff are on duty at any time. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are	

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			provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. F. Area Director will work with HR Department and Agency Team to hire and retain sufficient staff, so that home will consistently have sufficient staff for client's needs. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are	

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			provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan.	

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			A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0189	483.430(e)(1)			

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Bldg. 00	STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 2 sampled clients (client A), the facility failed to ensure all staff who worked with client A were sufficiently trained to assure competence in regard to the client's behavioral needs/plans. Findings include: A request of the facility's investigation records was made on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home	W 0189	**W 189 483.430(e)(1) TRAINING PROGRAM** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy and Procedure is implemented at all times (Including providing sufficient staff at all times for the needs of the individuals), to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from	06/21/2015

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	15G793		05/22/2015

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	name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -GER dated 5/1/15 involving client A indicated: "Restraint Summary: [Client A] hit staff in the left eye and continued to swing and target staff physically. Staff had to put him in a basket hold after dodging punches so he would use some coping skills and calm down. Staff let		employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. v. Agency Policy and Procedure concerning reporting to supervisor when insufficient staff are on duty at any time. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly	

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	[client A] go after a couple minutes so that he could go back to his normal day. [Client A] started swinging again, meanwhile staff was blocking and moving and [client A] lost balance in mid swing and hit the wall and floor, and then kept attempting to swing at staff. Staff backed away from [client A] in safe distance not to get hit again until [client A] calmed down after sitting there for two hours." -Investigation record dated 5/1/15 to 5/12/15 indicated: "Claims and Response: An allegation of suspected abuse was identified after [client A] was taken to [Urgent Care facility]. [Urgent Care Physician name] contacted the authorities and notified law enforcement. [Urgent Care Physician] also reported the suspected abuse to the state." Review of the investigation indicated staff abuse involving client A was substantiated. Review of the BDDS report dated 4/30/15 indicated: -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then		train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. F. Area Director will work with HR Department and Agency Team to hire and retain sufficient staff, so that home will consistently have sufficient staff for client's needs. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of	

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	turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting		abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential	

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	in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose,		abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM BEHAVIORS": Physical			

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	Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques: Physical Redirection/Response Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person. Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person. Walking with or accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm. Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the need for protection is over.			

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	Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side of the person should a one-person hold prove to be ineffective. More restrictive: One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person. Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual." Client A's BSP did not indicate staff should have "Taken down" client A.			

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	An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD indicated all staff who work at the group home with client A have now been trained on his BSP. The AD further indicated staff should have implemented his BSP as written. This federal tag relates to complaint #IN00172902. 9-3-3(a)			
W 0248 Bldg. 00	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed for 1 of 2 sampled	W 0248	**W 248 483.440(c)(7)** **INDIVIDUAL PROGRAM PLAN**	06/21/2015

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	clients (client A), by not ensuring the client's Behavior Support Plan (BSP) was available for all staff who worked with him at the group home. Findings include: A request of the facility's investigation records was made on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15		In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure all current ISP, BSP, and Risk Plans are filed in each Individuals' permanent file at the home, for easy reference for all staff. AD will ensure Agency's abuse/neglect Policy and Procedure is implemented at all times (Including providing sufficient staff at all times for the needs of the individuals), to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly.	

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	when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -Investigation record dated 5/1/15 to 5/12/15 indicated: "Claims and Response: An allegation of suspected abuse was identified after [client A] was taken to [Urgent Care facility]. [Urgent Care Physician name] contacted the authorities and notified law enforcement. [Urgent Care Physician] also reported the suspected abuse to the state." Review of the investigation indicated staff abuse involving client A was substantiated. Review of the BDDS report dated 4/30/15 indicated:		B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. v. Agency Policy and Procedure concerning reporting to supervisor when insufficient staff are on duty at any time. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to	

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	the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15],		each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385	

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	[DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." .		A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	A review of client A's group home record was conducted on 5/11/15 at 11:00 A.M.. Review of the record failed to indicate a BSP for staff guidance. A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's record indicated a Behavioral Support Plan (BSP) dated 5/15/14. An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The PD indicated client A's BSP should be at the group home for all staff. 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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.			

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	Based on record review and interview, the facility failed for 1 of 2 sampled clients (client A) to properly implement the client's Behavior Support Plan (BSP). Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -Investigation record dated 2/5/15-2/20/15 involving client D indicated: "Nature of event under investigation: Allegation by [client D] that [DSP #28] grabbed him by the arm and said 'sit the f--k down' before threatening him by saying 'if you do it one more time you will lose your outing.' Date/Time of alleged incident: 2/4/15. Person(s) involved: [Client D], [DSP #28] and [DSP #29]. Findings of Fact: [Client D] sustained cuts on finger. [DSP #28] has cursed at individuals and at staff when individuals were able to hear him [DSP #28] and/or [DSP #29] threatened an individual stating they would lose their outing. [DSP #29] prompted an	W 0249	**W 249 483.440(d)(1)** **INDIVIDUAL PROGRAM PLAN** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure all current ISP, BSP, and Risk Plans are filed in each Individuals' permanent file at the home, for easy reference for all staff. AD will ensure Agency's abuse/neglect Policy and Procedure is implemented at all times (Including providing sufficient staff at all times for the needs of the individuals), to prevent staff physical abuse and neglect of Individuals served, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description	06/21/2015

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	individual to call another staff person a 'h-'. Staff did not sufficiently assist [client B] in cleaning up the broken hot sauce bottle and broken glass off of the floor. Broken glass was found on the floor the following day and broken glass and hot sauce in the mop bucket. Conclusion Based on Facts: [DSP #28] has verbally abused and/or threatened individuals served. [DSP #29] has verbally abused and/or threatened individuals served. Recommendations: [DSP #28] be terminated from employment. [DSP #29] be terminated from employment. [DSP #17] be put on probation. All staff retrained on reporting policy. Date Investigation was completed: 2/20/15." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A]		concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. v. Agency Policy and Procedure concerning reporting to supervisor when insufficient staff are on duty at any time. C. All nurses have been trained on consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record.	

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	alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff		D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. F. Area Director will work with HR Department and Agency Team to hire and retain sufficient staff, so that home will consistently have sufficient staff for client's needs. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are	

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	repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up		implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this	

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	Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by		plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." -Investigation record dated 4/6/15-4/15/15 involving client A indicated: "Nature of event under investigation: Staff to individual physical abuse. Date/Time of alleged incident: 3/26/15. Person(s) involved: Direct Support Professional (DSP) #25, #26 and #27, [client A] and [client D]. This investigation was conducted due to an allegation made by [client A], an individual living at the [Group home			

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	name] made against [DSP #25]. The allegation is in regards to an incident that occurred 3/26/15 in which [client A] had an injury to his left eye and [client A] alleged the injury occurred when [DSP #25] hit him with a closed fist....There were two other staff on duty on 3/26/15 when the incident allegedly occurred....There was also an individual [client D] that allegedly witnessed [DSP #25] hit [client A]. Conclusion Based on Facts: The allegation of abuse to [client A] from [DSP #25] is substantiated. Based on witness statements and photographic evidence, [client A] received a significant injury from being hit by [DSP #25]. [Client A] was hit by [DSP #25] at least once outside the home and at least once inside the home. Hitting an individual for any reason is considered physical abuse by Dungarvin Policy B-2. I recommend [DSP #25]'s employment with the agency be terminated for abuse of an individual as outlined in Dungarvin Policy A-1." Date investigation was completed: 4/15/15." A review of client A's record was conducted on 5/12/15 at 9:30 A.M.. Review of client A's Behavioral Support Plan (BSP) dated 5/15/14 indicated: "BEHAVIORS TO BE DECREASED (CHALLENGING BEHAVIORS/PROBLEM			

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	BEHAVIORS": Physical Aggression...Verbal Aggression...Property Destruction...Hierarchy of Physical Interaction of DCI (crisis intervention) Techniques: Physical Redirection/Response Blocking= to change course or direction of momentum. Redirection techniques are used to take advantage of a person's momentum to redirect without holding on to the person. Response blocking is the physical intervention to stop a person's momentum during events of physical aggression without holding on to the person. Releasing=Gaining release from a physical hold; this may involve briefly holding to the hand or the wrist of the person. Walking with or accompanying/Escorting: Walking with a person to give direction, guidance, and protection from harm. Staff may use light, occasional touch or may have to use a support walk with their hand on the upper shoulder and lower arm. Restrictive physical interaction should only be used for the protection from harm and should be terminated as soon as the			

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	need for protection is over. Side Body Hug=Standing beside/slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist. This may be combined with another staff repeating this same hold on the other side of the person should a one-person hold prove to be ineffective. More restrictive: One arm Standing=Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person. Two Person Hold= Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability. Staff on other side with the same stance, bend the person over slightly for three count then raise back up. If client drops to the floor staff is to go with them while maintaining client safety. During this procedure staff should be giving short commands to calm down, take a breath, you are safe; to the individual." Client A's BSP did not indicate staff should have "Taken down"			

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	client A. An interview with the GHN was conducted on 5/11/15 at 1:30 P.M.. The GHN indicated she was notified of client A's aggressive behavior on 4/30/15 at 9:30 A.M., when staff requested to administer his PRN medication of "Olanzapine 5 mg (milligram) (antipsychotic). When asked if she went to assess client A after being notified of his physical aggression, the GHN stated "No I was at the girls home." When asked if she was contacted by staff any time after 9:30, the GHN stated "Yes around noon." When asked if she assessed client A at that time, the GHN indicated she arrived at the group home around 2:00 P.M. and indicated she observed client A's left eye was swollen and a little cut with a bandaid over it. The GHN indicated she only saw bruises and redness on the right side of client A's neck. When asked if she reported client A's injuries and the allegation of staff abuse immediately to the Area Director, she indicated she had not because the QIDP was aware of the situation. An interview with the Area Director (AD) was conducted on 5/8/15 at 5:00 P.M.. The AD indicated the incident was first reported to him by the QIDP on 4/30/15, as client A only having			

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	scratches. Then he was notified later in the day, after client A returned from the urgent care, that the client had a broken nose, black eye, a lacerated eyebrow and bruising all over his body. He said he went to the group home and photographed the client and immediately suspended 9 staff in regard to this incident, including the QIDP, GHM and GHL. The AD indicated the GHL, DSP #14 and DSP #15 indicated client A's injuries resulted from him pulling the door and the door hitting his face, and the bruising was from his tripping and falling. The AD indicated the investigation is still ongoing. The AD indicated staff are trained on each client's BSP upon hire and before working at the group home. The AD further indicated staff did not implement client A's BSP properly and further indicated all clients are to be free of abuse and neglect. The AD indicated the police are still reviewing the incident. The AD indicated DSP #25 was terminated from employment for physical abuse to client A. This federal tag relates to complaint #IN00172902. 9-3-4(a)			

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W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client A) to follow up with his primary care physician as recommended by the Emergency Room (ER) physician and failed to return to the dentist as recommended. Findings include: 1. A review of client A's urgent care discharge summary dated 4/30/15 was conducted on 5/11/15 at 7:00 P.M. and indicated: "Diagnosis: Your diagnoses were FACIAL CONTUSION, INITIAL ENCOUNTER, EYEBROW LACERATION, LEFT, INITIAL ENCOUNTER, NASAL BONES, CLOSED FRACTURE, INITIAL ENCOUNTER, MULTIPLE CONTUSIONS, ABRASIONS OF MULTIPLE SITES, AND SUSPECTED ADULT PHYSICAL ABUSE BY	W 0322	**W 322 483.460(a)(3) PHYSICIAN SERVICES** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure all current medical needs of each Individual are promptly addressed. Client A will immediately be scheduled for an appointment with his PCP and Dentist for recommended treatment. A. The Nurse will review all Individuals' permanent files and ensure all follow-up and recommendations are being followed as per Dr.'s instructions.	06/21/2015

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	NONSPOUSE OR NONPARTNER, INITIAL ENCOUNTER. Nondisplaced nasal fractures, left eyebrow laceration, abrasions and scratches right neck and arm. Right ear multiple contusions. Glued left eyebrow laceration-recommend keep dry except blot after washing near eye area for 5 days. Apply Bacitracin to scratches right ear, neck, arm daily for 1 week. Ice as needed. See PCP (Personal Care Physician) 4-5 days." A review of client A's record was conducted on 5/13/15 at 12:30 P.M.. Review of the record failed to indicate client A followed up with his PCP as recommended by the urgent care physician. An interview with the Group Home Nurse (GHN) was conducted on 5/12/15 at 12:10 P.M.. When asked if client A had followed up with his primary care physician as recommended by the ER physician, the GHN indicated he had not. 2. A review of client A's record was conducted on 5/13/15 at 12:30 P.M.. Review of client A's most recent dental evaluation/assessment dated 9/12/14 indicated "Needs prophylaxes F/2 cleaning (removal of plaque)." Review of the record failed to indicate client A		B. The Nurse will review all Individuals' files at least weekly to ensure all follow-up and appointments are occurring and documentation is filed per Policy and Protocol. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will	

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	returned for the recommended service from the dentist. An interview with the Area Director (AD) was conducted on 5/19/15 at 4:30 P.M.. The AD indicated client A should have returned as recommended by the dentist. There was no documentation available for review to indicate client A returned as recommended by the dentist. 9-3-6(a)		continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan. A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. -	

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			C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 2 sampled clients (client A), the facility nursing services failed to ensure timely medical treatment for client A's injuries after staff physical abuse. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M.. Review of the facility's Bureau of Developmental Disabilities Services	W 0331	**W 331 483.460(c) NURSING SERVICES** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure Agency's abuse/neglect Policy is implemented at all times, that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and	06/21/2015

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	(BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and an investigation record indicated: -BDDS report dated 4/30/15 involving client A indicated: "On 4/30/15 staff asked [client A] if he could take a shower because he forgot to wash his hair. [Client A] stated that he was offended and angry due to staff asking him to take a shower when he already had. [Client A] then started to walk away, but then turned around and became physically aggressive toward staff. [Client A] punched, kicked and spat on staff repeatedly for over two and a half hours. [Client A] hit his head on the wall once and on the office door once. Staff used the block and move technique during the whole ordeal. [Client A] also fell four times during the two and a half hours he was aggressive toward staff when staff blocked and moved. [Client A] was offered PRN (as needed) but refused until 12:45 P.M. which is when he received it. Staff followed the proper protocol to receive a PRN. The nurse came to the home and [client A] was sent to urgent care to be evaluated. Staff then took [client A] to urgent care where he stated that a staff member is the reason he has some scratches and a bruise. It was		appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect through the following: A. After investigation, it was determined that the QDDP, Nurse, and House Manager did not follow Agency Policy and Procedure as required by their job description concerning the incident of alleged abuse, and were terminated from employment accordingly. B. All current and new staff have been retrained on the following: i. Agency Policy and Procedure concerning abuse/neglect/exploitation of Individuals served. ii. Agency Policy and Procedure concerning Individual Rights. iii. Agency Policy and Procedure concerning reporting of incidents. iv. Refresher training on each Individual's BSP, including HRC approved/authorized physical intervention techniques. C. All nurses have been trained on	

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	found out that [client A] had an (sic) broken nose. As stated by staff. The Qualified Intellectual Disabilities Professional (QIDP) was notified and staff was suspended pending via an investigation. The urgent care notified the police and a report was made. An investigation has been started....Follow-Up Description: Upon preliminary investigation and further allegations, it has come to light that sometime during the afternoon of 4/30/15, [client A] may have been abused by more than one staff person, resulting in numerous bruises, scratches, black eye and broken nose. He also stated he was pinched by a staff person....Follow-Up Systemic Actions: The 'block and move technique consists of staff putting up an open hand and blocking any attempted punches/hits from the individual, then moving away from the Individual (sic) backwards. It is approved in the Individual's BSP, however, it appears this technique may not have been implemented correctly at all times. It is unknown at this time how/what exactly caused the individual's injuries, although the allegation is that he was hit and pinched by staff. The circumstances surrounding the incident are being thoroughly investigated and all staff working at the time of the alleged abuse, and any staff having been identified as		consistently providing prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect. All assessments and medical care will be promptly documented in the Individual's permanent record. D. Behaviorist has been trained on ensuring behavioral services are provided at the home according to each Individuals' behavioral needs, and behaviorist will be signing in/out of a log book at the home as evidence of visits, training, etc. E. A Director will thoroughly train all new Program Director, QDDP, and House Managers upon employment on prompt notification to the administrator of any allegation and/or suspicion of abuse/neglect and on completing thorough and timely investigations into any allegation of abuse/neglect. A trained Area Director, Program Director/QDDP, Nurse, and/or Behaviorist, will be in the home each day throughout the week, at various and random times including shift changes and random overnight checks. These visits will be to ensure all Individuals' plans/protocol and all Agency policy and procedures are followed, to ensure the health and safety of all Individuals served, and to ensure	

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	involved in any way, have been suspended pending investigation to ensure the health and safety of [client A] and all individuals served. The names of the staff are as follows: [Direct Support Professional (DSP) #14], [DSP #15], [DSP #16], [DSP #17] and [DSP #18]. The Nurse and Nursing Director have evaluated [client A]'s injuries and will ensure his injuries are monitored for proper healing and treatment. Upon examination, it was discovered [client A] had numerous bruises on his arms, a swollen/black left eye, fractured nose, and scratches/bruising on his neck, back, and arms. The police and APS (Adult Protective Services) were notified by Area Director of new allegations. APS provided police report number and officer's phone number to relay any additional findings to police. A thorough investigation is being conducted, and all individuals identified as having been possibly involved in this allegation of abuse will continue to be suspended pending the outcome of the investigation. Area Director was on site 11:00 A.M. to 9:00 P.M. 5/1/15 to ensure Health and Safety of all individuals and to provide reassurance and counseling to [client A]. Area Director will continue to follow-up and keep APS and police notified of any further information. Staff will continue to follow protocol for all Individuals and		Agency's abuse/neglect Policy, and reporting Policy/Procedures are implemented at all times. These visits will ensure that behavioral services by the behaviorist are provided at the home according to each Individuals' behavioral needs, that nursing services consistently provide prompt and thorough assessments and appropriate medical care in the event of any injury to an individual and/or allegation of abuse/neglect, and ensure a timely and thorough investigation is completed in regards to any allegation of abuse or neglect. This monitoring and supervision will continue until it is evident to each Individual's IDT, the Area Director, and State Director that all Individuals are free from abuse/neglect/exploitation, that all staff have demonstrated competency in all Individuals' Plans/Protocol and in Agency reporting and abuse/neglect/exploitation policies, and all Individuals are demonstrating that they are comfortable, and at ease, in their home. When this has been determined, the Area Director will revise the monitoring schedule as necessary to ensure sufficient observations in order to continue the continuity and effectiveness of this plan.	

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	Agency Policy and Procedure concerning abuse, neglect and exploitation. IDT (Interdisciplinary Team) will arrange for [client A] and housemates to be supported emotionally, via counseling." -Investigation record dated 5/1/15 involving client A indicated: -Human Resource Director (HRD), investigator of the incident involving client A statement indicated: "I received a phone call this morning from [DSP #13], who began employment on 3/23/15 and is assigned to the [Group Home #1] and [Group Home #2]. She reported that she had a situation at work to discuss with me and that she cannot trust anyone who works at those homes including the supervisors. She said that yesterday (which would be 4/30/15) she was told to (sic) she had to take [DSP #20] to the other group home because he doesn't have a car. [DSP #13] reported that this wasn't the first time she had to do this but also had to give him a ride the previous week. [DSP #13] said that [GHL] told her to take an individual with her to drop him off. [DSP #13] said to her she would take [client A] then and [GHL] said know (sic) you take [client C]. [DSP #13], [client C] and [DSP #20]		A. While monitoring the home, Area Director, Program Director/QDDP, Nurse, and/or Behaviorist will provide ongoing training and coaching to all staff working in the home. - B. Program Director/QDDP, Nurse, and/or Behaviorist will promptly communicate any issues, concerns, or signs of potential abuse/neglect/exploitation, or evidence of any anxiety or allegations, expressed by the Individuals served to Area Director. - C. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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	went to the office first to drop off some statements to [QIDP] and then she went to the group home and dropped off [DSP #20]. When [DSP #13] returned to the home, three employees were in the office. She indicated that [GHL], [DSP #18] and [DSP #19] were in the office. [DSP #18] told her that she needed to take [client A] to the urgent care place. [DSP #13] stated that [client A] was beat up. She indicated the doctor said that his nose was broken, there were lacerations, multiple contusions, and scratches on his body. The doctor asked her to call her supervisor. [DSP #13] called [GHM] while she was in the room with [client A] and the doctor. [GHM] told her to call [QIDP] and that [QIDP] was handling that investigation. [GHM] hung up with her, and [DSP #13] reported that the doctor said to her that she needed to speak with her. [DSP #13] explained to the doctor that she had to call another person. [DSP #13] called [QIDP] and tried to tell [QIDP] what was going on with [client A] but [QIDP] sounded annoyed with her on the phone when she was trying to report this allegation. She indicated that [QIDP] then started to ask her about statements about a different allegation and [DSP #13] reported to [QIDP] that she didn't care about that			

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	right now. [DSP #13] said that she told her that they were going to call the police about the incident. She said she was quitting and then [QIDP] asked her if she was quitting without notice. [DSP #13] said yes, and [QIDP] said well you will have to talk to [GHM] about that. [DSP #13] indicated that [QIDP] did finally talk with the doctor. [DSP #13] said the police did come and spoke with [client A] and also with her. There were two other officers that interviewed her. [DSP #13] reported that she wasn't there during the time of the incident but was out of the house. [DSP #13] encouraged [client A] to tell them what happened and he began to cry. [Client A] indicated that [DSP #14] pinched him really hard on the arm. [DSP #13] said that [client A] has a huge bruise on his arm. [DSP #13] said that [DSP #18] , [DSP #19] and [GHL] told her that he hit his head on an opened door and that he tripped over his shoe laces. [DSP #13] said that when she first worked with [DSP #18], he told her that 'they all tell the same story.' [DSP #18] also talked to [DSP #13] about not giving [client A] his 4 P.M. medication while out.			

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	[DSP #13] tried to call [QIDP] after she got back but received no response and was unable to leave messages because her VM (Voice Mail) was full. [QIDP] finally spoke with her at 10:30 and indicated she had a family issue she was dealing with which is why she didn't call her back. The incident [QIDP] was asking [DSP#13] about during the doctor's office visit was related to the statements she dropped off regarding an allegation that [client B] reported that [client D] touched him in his private areas the night before. I asked if there was a GER written and she said that [QIDP] said she didn't need to do a GER for that but that they should all write statements. [DSP #13] said the other staff wrote that they were in the kitchen, but they were not [DSP #19] and [DSP #18] were in the office because [DSP #13] was the only staff eating dinner with the individuals. [DSP #13] reported that [DSP #18] is always watching t.v. and [DSP #19] is always on her phone. [DSP #13] said she couldn't document in [client A]'s T-log (electronic record) because she didn't have access to his file in [Electronic Program].			

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	[DSP #13] said that when she first started the staff told her they are in a clique and that [QIDP] is part of that clique. She also said that she was told the staff will leave you alone in the room when an individual is having a behavior so you will get beat down, quit, or the (sic) will lie on you and get you fired. Another employee named [DSP #4], not sure of the spelling was very upset and crying about what was going on." -DSP #13 statement indicated: "Could you please describe the on-site training you received? 'I read their books.' In both houses? 'Yes. I knew some of their behaviors.' What staff member conducted your on-site training? 'No. The first day I went to the girls house. [DSP #18] was the only one there. I was told by [GHN] that we weren't supposed to do any work rather just shadow....Me and [DSP #18] were there my first night.' You didn't go over any training checklist, or tour of where to find anything in the home? 'No.' Did you ever meet with the lead of the house either [GHL #2] or [GHL #1]? 'I met [GHL #1].' What was that meeting like? 'She wasn't real friendly. I read through the books. She said so you have no questions. And I said I usually ask the questions when it			

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	comes up.' It sounds like there wasn't any training done before you started working? 'No, especially at the girls home.'...When you called me on May 1, 2015, you stated you were uncomfortable working at the home, would you please describe why you felt that way? '...Basically when I saw [client A] I knew it wasn't what they said happened because [client A] was really beat up.' When you arrived to the shift on April 30, 2015, what was the first thing you did? 'I was told that [client A] had been in behaviors all day and that [DSP #20] needed to go to the [GH #2].' Why did they tell you [DSP #20] had to go to the [GH #2]? 'Because [DSP #20] didn't have a car. I took him on Wed. and he told me I'd have to take him tomorrow (Friday).'...Who were the staff members in the home when you arrived, and what were they doing? '[GHL], [DSP #14] and [DSP #15]. [DSP #14] and [DSP #15] were standing next to the table and [GHL] was sitting at the table. That's how I knew something was wrong because they are usually in the office. They hang out in the office and are not usually out with the individuals. Especially [GHL], she's usually at the desk doing something.' Did you see or greet any of the individuals upon arrival, if yes which ones? 'No. I saw [client A] from a distance sitting on the couch and he looked at me. Then [GHL] said I			

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	needed to take [DSP #20] to [GH #2] and she said take someone with you. I said [client A] and she said , no pick someone else.' Did she say why? 'No. She said earlier he had been having behaviors.' What was the environment like in the house when you arrived on shift, meaning were the individuals in the common area and did they appear happy? 'Very quiet. Usually the individuals are walking around. [Client D] and [client A] were in the living room and they didn't even approach us.' Did you notice anything unusual about any of the individuals upon arrival to the house? 'No. I noticed [client B], he is usually walking around, but he wasn't. None of the individuals were doing what they usually do so I knew something was up.' Why do you think you were not supposed to take [client A]? 'I think they know (sic) if I saw him. I would have issues and I would be wanting to have taken him. Even if they had taken the van, I would have wanted to take [client A] to Urgent care. Everything was so hush hush. I got told very little about this situation, it was like everyone else knew what was going on but me.' Approximately how long were you gone from the house before you returned? 'I think I got back around 4:30 or 5:15.' What was the first thing you did upon your return to the [GH #1]? 'I walked into the office and still all			

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	individuals weren't walking around. I went in to (sic) the office and [DSP #19] was sitting back slouched. I went to put the keys in the office and [DSP #18] said 'You might as well keep those keys, because you're going to take [client A] to urgent care.' At that point I still hadn't seen [client A].' What was the exact reason they said he needed to go to urgent care? 'He said the nurse had told them he needed to go.' Had you ever been asked to take an individual to urgent care before? 'No.' Did anyone explain the process for taking an individual to urgent care before? No, they just gave me his med sheets and a red folder with his driver's license. [Client A] came into the office and when I saw him, I said [client A] go get your jacket. I was just very upset. I didn't say a word to anybody, I just said [client A] let's go.' Did you talk to [client A] on the way to the urgent care facility or in the waiting room? 'No, because I thought maybe I should let the doctor do that. I don't have any training in that. [Client A] was upset too.' What did he do that made you think he was upset? 'He was shaking more than usual. In the waiting room he told me he was afraid of [DSP #14]. I'm not sure if they told him he couldn't have water but he was drinking excessive water.' Will you describe what you saw when you looked at [client A] when he got in the car? 'He			

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	had his jacket on. I was told he had a bump on his head. [DSP #20] said he had a tit (sic) on his head and he tripped over his shoe string and cracked it open on the wall.' When were (sic) talking to [DSP #20] about what happened with [client A]? 'On the way to [GH #2], he was telling me what happened. He said, you know [DSP #13] I like you, you just need to be a little more aggressive. Weird stuff that I found odd.' At that point did you see the extent of his injuries? 'I saw the scratches. I asked him how he got the scratches and he wouldn't answer.' Will you explain what happened when the doctor began to treat [client A]? 'We went in and the nurse was talking to us. I said [client A] let's take off your jacket. I saw a huge bruise under his arm and the nurse took off the other sleeve and saw another bruise. I said [client A], how did you do that and he said [DSP #14] pinched him. When the doctor came in, she was looking at the bruises and he had a scratch mark and he had a fingernail mark that was bruised into his skin. He had scratches on his shoulder blades and back.' Who did you try to call first when the doctor asked you and what was their response? '[GHM]. She was very short and said to call [QIDP]. I told her [GHM] the police are going to be called and she said well [QIDP] is doing the investigation.' When			

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	you spoke to [QIDP], what did she say to you? 'She was annoyed that I had called her. I said there's going to be an investigation. I said the doctor wants to talk to you. I could tell the (sic) she was arguing with the doctor and the doctor said no that's not consistent with what I'm seeing. She had called me back after we hung up with the doctor and I was still in the room with [client A]. She was asking me about the statements. I said as far as I am concerned, I am quitting. I said I'm going to take [client A] back to the house and that'll be it for me. [Client A] told me in the waiting room he was scared of [DSP #14]. When were the police called, and will you please tell me your conversation with them? 'First the police officer was called. He asked me what his diagnosis was and I said I don't know how much I can tell you because of Hippa (sic). I can't tell you for sure but I think he's schizophrenic. He said sometime accidents happen so then I just looked at him like are you for real. He said, I'm going to call [County police]. He did look at [client A]. The second one was much better, I don't believe [client A] did this to himself. I was just at the house when he assaulted a lady there, and he went to jail for that. I was honest with them. He told me he was going to call [QIDP]. I said not to be rude, but good luck on that one.' After			

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	[client A] was released, did the doctor or the police have any concerns with him returning to the home? 'I heard the nurses talking and they said, are you going to release him to that home? The doctor said we can't do anything further, the police took the report and they reported it to the state.' When you arrived back at the house, what was the first thing that happened? 'I put his paperwork on the desk. They [DSP #18] and [DSP #19] asked what happened? I said his nose is broken. What time was that? '8 or 9 P.M..'After you said his nose was broken, then what happened? 'They said wow. [DSP #18] said you forgot to give [client A] his 4 P.M. meds. I said wait a minute, I wasn't even there at 4 P.M.. He said it doesn't matter, you should have given them to him before you left. I wasn't there because I was taking [DSP #20] to [GH #2]. Everything seems like it's falling on me.' Did you speak to [GHM] or [QIDP] after you returned to the house? Do you remember what time and who you talked to? 'I called [QIDP] at 8:15 or 8:30, the phone rang and rang and rang. I couldn't leave a message. She finally called me back at about 10. She asked what happened, and I told her his nose was broke (sic), and he had multiple contusions, and lacerations. She said wow, that's a lot of paperwork, I said am			

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	I good, and she said yeah, thank you and hung up.' Did you document the incident in [Computerized system]? Why or why not? 'No, I would have done T-Log [Report] and a GER but I had no access to [Computerized system]. We had just asked [QIDP] for the past 3 days to get on a profile for them." Follow up questions 5/7/15 "You told me (sic) saw [client A] about 7:30 A.M. on Friday 5/1/15, can you describe what [client A] looked like to you that morning? 'When I showed (sic) I saw the scratches on his face.' When I showed you the pictures your (sic) were really upset, did you feel the same way when you saw him on Friday? 'I didn't see his face like that and I didn't look under his clothes.' When you first saw him what was your impression, did he look like he got beat up? 'No. I didn't get that impression.'" -GHM statement indicated: "Will you please describe the training process for new employees to work at the ESN homes (Extensive Support Needs)? 'Once they get done with their two-week training, they do their paperwork. I like to have the lead or someone who is more experienced review the paperwork with them. So we have a training here where the QIDP, she goes over their BSPs (Behavior Support Plans) and the Nurse comes in and she does her part. And then			

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	I'll come and give a rough thru (sic) of how the house is run, talk about each individual and what they should know about them and to prepare them for working in the home.' Which paperwork are you referring to? 'The first paperwork that they go through, it's a check off list.' Who is the assigned trainer? 'We usually use the lead, but depending if they come in on a second shift and the lead might not be there then we use someone who has been there a long time and can show them the right way.' When they do their shadowing shift are they scheduled in addition to the staffing ratio? 'In addition to the ratio, they are not considered a staff at that point.' On April 30th, 2015, were you aware of any behaviors that [client A] was having? If yes, please explain. 'I, what day was that?' Thursday. 'I was in my office, and [QIDP] received a phone call in her office and I overheard a conversation on the phone. I overheard her say to document and do a GER. I don't know who she was talking to on the phone. She did come into my office and say that [client A] had been in a behavior almost 3 1/2-4 hours. I want to say the nurse was contacted at that point. I did hear that she made the suggestion for him to go to Urgent care. I left to leave to go home, it had to be around 6 P.M. that I got a call from [DSP #13]. [DSP #13]			

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	was saying that she was at the Urgent Care, and that they had separated her and [client A]. I asked her was she okay, and she said no. That's when she told me that [client A] had told the hospital that [DSP #14] had beat him up. I told her that when you hang up from me, I need for you to call [QIDP] and to update her as to what is going on.' Did she say that the doctor wanted to talk to you? 'No. I believe she said that the doctor wanted to talk to [QIDP].' Did you hang up the phone at that point? 'I told her to call [QIDP] and I guess she must have called her because a few minutes later [QIDP] called me. She said I may need you to suspend [DSP #14]. So I called him and suspended him for an allegation of abuse.' Approximately what time did you call [DSP #14]? 'All this happened within about 30 minutes timeframe (sic) so I want to say it was about 6:30 P.M..' Did anyone explain what [client A] was upset about? 'I talked to [GHL].' Was that the same day? 'Yes. Thursday. She told me that something was going on with the water at the house and she told me he was upset about having to take a shower. She said it just escalated and I guess [DSP #14] was a target but I don't know why.' Where were you during this behavioral episode? 'They called [QIDP] when it was over, so I guess they had been dealing with it all that time.' Did			

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	you ever go to the home to assist? Please explain. 'I wasn't aware of it until the behavior was over and the decision was made to go to (sic) checked out and that's when [QIDP] was telling them about the proper paperwork. I never received a phone call from anybody.' Is that unusual that they didn't make anyone aware of a behavior that lasted that long? 'Usually they are supposed to call [QIDP] and make her aware. I didn't know until almost 4 hours and if they don't get in touch with [QIDP] they are supposed to call me.' Is there a behaviorist to call in situations of an extended behavior? 'Our behaviorist that we do have is very hard to get in touch with him.' Would staff need to get that direction from [QIDP] to call the behaviorist or can they call on their own? 'I would say that he's (the behaviorist) not in the picture like that not the same as [Girls home behaviorist] at the girls home). So all the staff know is to call [QIDP].' When was the first time you heard about [client A]'s injuries? 'When she was on the phone, I heard her yell like, 'What?' and she was told that he hit his head. I didn't really know details but they said it wasn't really that bad.' You still don't know who she was talking to on the phone? 'No, not at that point.' What was reported to you regarding the extent of his injuries? 'I didn't know the extent until I went to the			

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	house at 7:30 the next morning and I was talking to him.' So when you went the (sic) at 7:30a.m. (sic) the next morning what was the conversation? 'He was asking me about his outing and he was asking me to come to his side. He said he was sorry and he wasn't going to hit anybody anymore. I could see some scratches on him.' Scratches, was that all you could see? 'That's all I could see.' Did anyone tell you how he was injured? 'no.' What did they tell you about the behaviors? 'When I went there that morning, there was an extra staff. I didn't know that there was another behavior that morning. I saw [DSP #16], and he had, you could tell he had been hit in his face. His face was swollen a little bit.' What did [DSP #16] say? 'That morning [client A] had a behavior, he said everything was calm and fine and then out of nowhere he just blew up at him.' Were you aware that the nurse told staff to take [client A] to urgent care? 'That Thursday before I left I did know that she made a decision.' Are you involved with deciding who takes individuals to appointments or Urgent Care? 'No. Usually like on that side of the table I don't step into an investigation. I don't unless there was a relative of [QIDP]'s I don't get involved in the investigation.' Were you aware that the doctor suspected abuse and that they were going to call the			

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	police? 'She told me that that night when we were on the phone. When they had them separated and yes, she said that. That's when I told her to please tell [QIDP]. I don't think a paperwork had started, but I know it was in place.' So when you talked to [QIDP], did you tell [QIDP] that the police were called to the hospital? 'I can't remember if it was that day or the next day that the police were called exactly.' What can you tell me about the incident that happened 5/1/15 in the morning? 'His focus that morning he kept telling me he was sorry and he was (sic) going to hit anybody that day. He was concerned and he wanted his outing. I asked him if he was okay, and he said fine.' So he didn't mention anything about [DSP #17] pushing his face into the ground? 'No, not to me.' Is there anything else you want to share? 'I'm just going to say tat (sic) I've been working with [client A] since he came here. I brought him here. I would never allow anyone to hurt him and if I did know about it, I would do something about it. We've been really thin. I've been working both sides of the table. I really didn't know it was this serious. I try to make sure that all the individuals have the best care, me and [QIDP]. We try to do our best to make it happen.'" -DSP #5 interview indicated: On April			

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	30, 2015 thru May 1, 2015, you worked the overnight shift is that correct? 'Yes.' What was the first thing you did on your shift? "When I first come (sic) in I check (sic) on the guys and everyone was asleep. About 12:30, [client A] got up and was telling me about what happened. I was looking at him and all the bruises. He was up and down throughout the night. About 5 A.M. he woke up and he is very scheduled. He always takes a shower, time was going slow. He was getting agitated. [DSP #17] was on his side. [DSP #17] was on his way into the office and [client A] followed, next thing I knew he hit him and then I said no, don't hit him and [client A] hit and fell. [DSP #16] came in because he always gets dropped off early. [DSP #16] and [DSP #17] held him. He was still on the floor though.' When they were holding him on the floor, can you describe where his hands were? 'They were holding him down by his side. I know that working with [DSP #17] he talk (sic) to him nice. I never seen (sic) [DSP #17] be mean to him never.' Did you at any point see [DSP #17] or [DSP #16] push his head to the floor? 'That I never seen (sic). I just remember seeing [DSP #17] had his hands to the floor. I called [QIDP] and [GHN]. I believe it was going on for over an hour. I got permission to give the PRN (as needed) and he took it and didn't			

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	calm down. He then told [DSP #17] he was sorry. I think he was still upset from the night before.' When [client A] falls to the floor, is that in his BSP or DCI (crisis intervention) that you can hold him down like that? 'I don't believe so, that is in his plan. When I did talk to [client A] and he said that when he feels someone is mad at him, it makes him want to hit him. I just think that some of the male staff when [client A] hit him, that some of our male staff want to retaliate and you don't do that. That is unacceptable." Have you ever seen any of the male staff react that way? 'No, but I have heard the male staff talking. Just in this field, when I hear that male staff have been hit they just react. How they were talking about how he got his nose broken, he just let the door open on him.' Did you participate in a shift change with the outgoing evening staff and if yes, what did they share with you? 'Actually, [DSP #13] was real upset and was still in the dining room. She told me she just got back.' So they didn't tell you about the incident in the shower the morning. 'No that was what happened with [DSP #17]. I explained that was also the start of the morning shift incident and she said she hadn't heard that except from me.' Did you notify [QIDP] or [GHM] about the behavior? '[GHN] and [QIDP] (didn't answer), called [GHM] (didn't answer) [GHN] answered. Then			

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	[QIDP] called me back.' Did [GHM] come to the house the next morning? 'Yes, she did.' Approximately what time? 'Early 7 or 8. She came in, made some tea and left (sic).' Did she talk to [client A]? 'No, she came in made some tea and left. [DSP #17] told her that [client A] hit her (sic) and she said she didn't know. She made her tea and left. She seemed so unconcerned.' When you saw [client A] at midnight, what did his face look like? 'His eye was bruised. His arms were so black and blue. His face and knee had lacerations, red mark around his neck. It looked like a crime scene.' And what shift did you work before? 'Yes I worked Wednesday I didn't recall anything (seeing) any injuries like that.' Did [client A] talk to you about the incident? 'He told me [DSP #14] or [DSP #15] choked him. I kept hearing [DSP #15] and [DSP #14] had hit him.' Is there anything else? '[Client A] keeps asking if [DSP #14] is coming but seems like he is getting better.'" -QIDP interview indicated: "Can you explain the training process for new employees who work at either home? 'Well one of the staff at the home will show them the ropes, basically the documentation, where the medications are located and the keys and where everything at the house is located. There			

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	is a training that we asked the new hires to attend, it's supposed to go over the ISPs, behavior plans, risk plans. It depends, sometimes if it's just me, [GHN] and me, or sometimes [GHN], me, and the behaviorist depending on who is available to give the training.' Who is the assigned 'train the trainer?' No, who usually does that training? 'It depends on who is working when that person goes to the home.' On April 30th, were you aware of any behaviors that [client A] was having? 'Yes, I called just by chance. I missed a phone call from [GH #1] earlier but I called back and talked to [GHL]. She said I can't talk right now because [client A] is in a behavior. He's being really aggressive and she hung up. She called back at about 12:45 or so, requesting a PRN it had been at least over an hour. I said yes, call [GHN] to get the approval to follow the proper protocol.' So then what happened after 12:45? 'I don't remember who called but I remember being told that he was running into a wall that he was throwing shoes, and he tried to open the o ffice door.' Which the door had previously been broken so he couldn't open the door, but the second time he pulled the handle it opened that's when it hit him in the face. I asked them to write statements. I asked them to write a GER, t-log, ABC (behavioral documentation),			

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	and I told them make sure you write a blow by blow as to what happened in the documentation.' Where were you when the behavior was happening? 'I was in the office.' Is it typically (sic) for him to be in a behavior that long? 'In the beginning yes, but this year he has had a couple of incidents that he has been in a behavior for an hour and a half. What is strange to me is that he had a behavior every single day this week practically because he was agitated, which is why we had a staff go with us to his psych appointment on Monday.' What did they say he was upset about" 'A shower. They said they noticed his hair was greasy and that he still had an odor and they asked him would you mind taking another shower since you forgot to wash your hair. He got offended by that comment and that he does not stink, and that he got up and walked away, turned around, and walked back to staff and started swinging and punching at staff.' Who asked him to take a shower? 'I know [GHL] was relaying the information to me but I do not recall who asked him to take the shower.' Did you ever go to the home to assist or to see his injuries on that day? 'I did not.' When they first told you about his injuries, what was reported to you? 'They said he had some scratching on his face, for running into the wall, and hitting himself on the office door.' Were you			

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	aware [DSP #13] was taking [DSP #20] to the other home because he doesn't have a car? 'No. I did know of a situation and I did say for one time for us to take him to the home. I never gave consent for it to happen everyday.' Are you aware of an allegation that [client D] touched [client B] in his private parts? If yes, please explain. 'Yes. Staff called and said that many (sic) touched [client B] inappropriately. [DSP #13] called and said that she was with [client B] the whole night and that they were never by themselves. I told everyone to write a statement and to document a GER, t-log, and an ABC. I did tell [Area Director (AD)] about that.' Do you know if anyone did write a GER for that incident? 'I know Friday, when I started to look for the information for the [client A] incident for what happened on Thursday I did not see a GER for it. I don't remember if I saw a GER for the [client B] incident. I think they did do a GER.' Did [DSP #13] drop off some statements to the office on Thursday? '[DSP #20] dropped off the statements.' Why was [DSP #13] selected to take [client A] to the urgent care facility? 'I have no clue about that. I didn't even know she was at the urgent care until she called. I usually let staff figure it out who is to take an individual to urgent care.' What is the procedure for taking an individual to urgent care? 'The			

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	nurse made the call, they are supposed to call me, but they didn't;. I don't remember them calling me but I called to check on the hot water. I do remember talking to [GHL] askin (sic) if the hot water was on and she told me no. She mentioned that [GHN] was there and she wanted [client A] to go to urgent care. I remember being surprised that [DSP #13] and [client A] were at urgent care.' What time was that? 'It was in the evening, maybe after 4 or 5 P.M..' Please describe the phone call [DSP #13] made to you in the doctor's office. 'I'm here at urgent care, she said I don't feel like I should have had to take him to urgent care. I told her that everyone has to learn how to do this and take them to the doctor. You could tell she was overwhelmed/Frustrated/upset. She said they are asking questions, and I don't know what is going on. I told her to be honest with them. We got disconnected. I called back and asked her if she hung up on me? She said no.' Did she say that the doctor wanted to talk to you? 'Yes.' Did she tell you they were going to call the police? 'She said they were going to report it. She said the doctor said he had some scratches. I said that staff said he had some scratches. She said he has a bruise in the middle of his back. The doctor said he keeps saying [DSP #14] did it. I said I'll start an investigation and			

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	suspend the staff. I called [GHM] and told her and said we may have to suspend [DSP #14]. I then called [AD] and didn't get him. I called [GHM] back and told her to just suspend him. I talked to the doctor again. I confirmed with her that I suspended staff and she said I'm sorry but I'm going to have to report this. I sent [AD] a text and I called him. When I got in touch with him I told him that the doctor said she was going to report it and that [GHM] had suspended him.' Did you know that the police were are (sic) the doctor's office? 'No for some reason I didn't hear my phone ring and I was dealing with a family issue of my own. When I checked my phone, I called her back. [DSP #13] said that his nose was broken. She didn't say anything to me about speaking to the police. The police did call me on Friday, but it was an unknown number and he called me on Saturday. I gave a partial statement to the police investigator of (sic) Saturday.' When was the first time you saw [client A] after he returned from the urgent care facility and what did he look like? 'First time I saw [client A] was Friday evening after 6 P.M.. I was doing DSP work and we had drove (sic) to [GH #1]. AD came out, and the individuals later followed him. That was my first time seeing him and seeing physically how he looked. I was like whoa.' What do you mean whoa?			

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	'I saw some abrasions by his face. I saw some scratches. I didn't see anything by his arms or anything because he was behind someone else and then he turned around.' Did you see his face, what did his face look like with the broken nose? 'I know it was red (pointing to her nose). I remember a strip on his nose or face.' Does [client A] have a BSP for behaviors? 'Yes.' What does it say? 'He has a targeted behavior for physical aggression, property destruction, repeats himself and sometimes he lies about kicking for attention.' How would you describe the working environment in both homes? 'I can only tell you what I see when I go in. Usually it's the individuals laughing and I have to remind staff about their supervision checks on them if they've been in there (sic) room too long. [GH #2] is very laid back vs (versus) the girls is usually hyper or all over the place.' Are employees happy to work there? At both homes? 'Honestly, I don't think some employees are happy. They feel helpless when individuals go into behaviors they feel like DCI training isn't helpful. I told them I would set something up with [Staff name].' Have you ever been told from a new employee that they heard that at [GH #2] it is very cliquey and they will let you get beat down or lie on you to get you fired? 'No. I've never heard that. I've heard from			

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	[DSP #13] that they were unfriendly and she felt unwanted there.' Will you tell me again what staff reported to you regarding [client A]'s behaviors and his injuries? 'That's all I know what I told you earlier. I got the phone call that he was in a behavior. I called to deal with the water issue. I got called for PRN approval. It probably wasn't until 1 P.M. or so, that I got part of the story. They said that he fell during his behaviors, because he was already off balance and he fell into the wall. All [DSP #14] had to do was step back because he was already off balance. I remember they said that he tried to open the office door and couldn't the first time, and then he pulled it a second time and when he pulled it the second time he hit himself in the face with the door. That's what was told to me.' DO you think that looking at the extent of the injuries, that what they reported is accurate? What is your opinion? 'I think that there is more to the story. I told them to document but I couldn't find the documentation and I called [GHL] and she said she saw [DSP #14] doing a GER. She scanned me the ABC and that's what I used to do the BDDS IR.' Is there anything else you want (sic) share? 'It was reported. I do not know what to say, I do remember getting a phone call at 9:50 P.M. for PRN approval for [client A] saying that he was in a physically aggressive behavior but it			

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	was reported that he had some scratches on him from that. I'm not sure if that (sic) when he hit [client D]. [Client A] lies sometimes and sometimes he tells the truth. I hav (sic) noticed he has picked up some behaviors like [client D] and his housemates. [DSP #13] quit on Thursday night while at the doctor's. She said once I take him back to the home she was leaving and she's not coming back. I instructed her to tell [GHM] that. I asked [GHM] did she receive a phone call from [DSP #13] and she said no.'" -Regional Director (RD) statement indicated: "`On 5/1/15 at approximately 10:30 A.M., I received a call from [State Director (SD)]. [SD] informed me there was an allegation that [client A], one of the individuals living in the [Group home name], had received injuries consistent with abuse. [SD] stated [client A] had gone to Urgent Care on 4/30/15 and the doctor at Urgent Care was concerned about the injuries and filed a police report. [SD] asked me if I would get a hold of [Group Home Nurse (GHN)] or [Nurse Service Manager (NSM)] to go to the home and check the extent of [client A]'s injuries....Upon arriving at the home around 11:00 A.M., the two of us were let in by [DSP #21]. I spoke briefly with [DSP #21] and asked her how things were going. [DSP #21] indicated that			

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	things had not been good throughout the morning and motioned towards [client A] who was sitting alone in the back common area of the home. I walked through dining room and saw [client D] in the dining room area. I continued through the home and saw the individual [client C] sitting in the front common area of the home. I popped my head in the office and observed [GHL (Group Home Lead)] sitting in the office with another DSP. After briefly speaking to the two of them I proceeded to the back common area with [NSM] and started speaking to [client A] I asked [client A] what happened to his eye and he responded 'I got beat up'. I asked him where he got beat up and he replied, 'In the office'. I asked him who beat him up and he said, '[DSP #14] and [DSP #15].' [Client A] had never met [NSM] before and seemed reluctant to answer any questions not knowing who she was or if he could trust her. During the conversation [GHL] entered the room and at that point [client A] stopped answering my questions. [NSM] got up and asked [client A] if she could see his eye. He allowed [NSM] to look at the bruising and cut over his left eye. [NSM] then rolled up the sleeve of his right arm and we both observed a large bruise on the inner part of his bicep in the shape of a palm, a bruise on his right elbow about			

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	the size of a golf ball, and smaller bruises about dime sized. [NSM] pointed out the scratches on the right side of [client A]'s neck. Before [NSM] could go further, [GHN] came in the room and [NSM], myself, and [GHN] started talking. [GHN] sat on [client A]'s right side and was talking to him. [GHN] was stating [client A] had displayed aggressive behaviors towards staff and during the incidents he fell several times. [GHN] explained that is how [client A] got the bruise and cut over his eye. I asked [client A] again if staff had 'beaten him up' repeating the words he used initially. [GHN] immediately asked [client A] if the staff had actually beat [client A] up or if the staff was defending themselves. [Client A] stated staff was defending themselves. As we were talking I observed another large bruise on the outer bicep area of [client A]'s left arm. Since [client A] had given two different statements, I asked [client A] what he meant when he first stated the staff had beaten him up. [Client A] again was reluctant to answer the question. [GHN] asked [client A] if he had been beaten up and that if he had we (meaning [RD] and [NSM]) needed to know because that is why the two of us were there. After a few minutes [client A] stated again he had been beaten up by staff. When I asked [client A] if he had fallen, [client			

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	A] answered 'I was taken down'. I again asked [client A] who had taken him down. He again repeated [DSP #14] and [DSP #15]. This time [client A] mentioned [GHL] and [DSP #16], but didn't specifically state how or when they were involved. We suspected the incident with [DSP #16] may have occurred that morning, but [client A] did not give specifics. [AD] came to the home and joined the conversation. [AD] asked [client A] what had happened and [client A] stated he had been beaten up. [Client A] stated he had been beaten up in the office, that he had been taken down, and that [DSP #14] and [DSP #15] had done it. [Client A] consistently stated two staff that he identified as beating him up and taking him down. [AD] took [client A] to the restroom and photographed the extent of the injuries. Along with the bruised and cut eye, bruised arm, [client A] had scratches on his neck, back and chest. He had scabs on his knees, one looked older but one looked fairly fresh that were consistent with floor burn. The injuries supported [client A]'s statement that he had been taken down by staff...." -Group Home Nurse (GHN) statement involving client A indicated: "Staff told me that he (client A) was hit by a door,			

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	they made it sound like he was pulling on the door and somehow it hit himin (sic) the face. [Client A] told me that day that [DSP #14] did it. I knew that there would be an investigation so I didn't say anything that day because sometimes they don't tell the truth. So I knew there would be an investigation and that they would get to the bottom of it. I got there around 2 P.M.. They called me at 12:30 and said this happened. They called at 9:30 to get approval for the PRN (as needed), but he refused that. I found out he was having behaviors around 9:30. I saw him at about 2 P.M., I saw his left eye swollen and a little cut. They had put a Band-Aid on it and then I saw the bruises and redness on the right side of his neck, it looked like someone was pulling his shirt from behind. I hadn't noticed the swelling of the other parts. I told [GHL] that they needed to take him to urgent care. It was right around shift change." If you spoke with [GHL] to tell them to go to urgent care, what (sic) the normal procedures and how long does it take? "It depends on staff and the ratio of staff to deal with the other individuals. Ideally within an hour. They may not			

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	have felt it was an urgent thing.....Can you please clarify again for me why you didn't tell anyone that [client A] told you [DSP #14] did it initially on the 30th before you recommended he go to the urgent care? 'Because-I needed to see what he told [QIDP] in the investigation.'" An interview with the GHN was conducted on 5/11/15 at 1:30 P.M.. The GHN indicated she was notified of client A's aggressive behavior on 4/30/15 at 9:30 A.M., when staff requested to administer his PRN medication of "Olanzapine 5 mg (milligram) (antipsychotic). When asked if she went to assess client A after being notified of his physical aggression, the GHN stated "No I was at the girls home." When asked if she was contacted by staff any time after 9:30, the GHN stated "Yes around noon." When asked if she assessed client A at that time, the GHN indicated she arrived at the group home around 2:00 P.M. and indicated she observed client A's left eye was swollen and a little cut with a bandaid over it. The GHN indicated she only saw bruises			

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	and redness on the right side of client A's neck. When asked if she reported client A's injuries and the allegation of staff abuse immediately to the Area Director, she indicated she had not because the QIDP was aware of the situation. An interview with the Area Director/Qualified Intellectual Disability Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD indicated the GHN should have gone to the group home to assess client A when staff first contacted her and made her aware of his physical aggression. The AD indicated the GHN should have immediately sought medical attention for client A and further indicated she had not done so. The AD indicated the GHN was terminated from employment for not fulfilling her job responsibilities. This federal tag relates to complaint #IN00172902. 9-3-6(a)			

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W 0362 Bldg. 00	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 4 of 4 clients living at the group home, (clients A, B, C and D) to ensure the pharmacist reviewed clients' medications on a quarterly basis. Findings include: The pharmacist's medication review record was reviewed on 5/15/15 at 1:53 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the second, third and fourth quarters of 2014 for clients A, B, C and D. A review of client A's record was conducted on 5/13/15 at 12:30 P.M.. The record indicated client A was prescribed medications.	W 0362	**W 362 483.460(j)(1) DRUG REGIMEN REVIEW** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard, and ensure pharmacy reviews are conducted for all Individuals in the home, that the reports are filed per Policy and Procedure, and that all recommendations from the reviews are shared with the Individuals' physicians. A. All nurses have been trained on ensuring required quarterly pharmacy reviews are conducted and all recommendations are reviewed by each Individual's IDT and	06/21/2015

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	A review of client B's record was conducted on 5/13/15 at 1:50 P.M.. The record indicated client B was prescribed medications. A review of client C's record was conducted on 5/13/15 at 2:20 P.M.. The record indicated client C was prescribed medications. A review of client D's record was conducted on 5/13/15 at 2:45 P.M.. The record indicated client D was prescribed medications An interview with the Area Director (AD) was conducted at the facility's administrative office on 5/19/15 at 4:15 P.M.. When asked how often medications are to be reviewed by the pharmacist, the AD stated "They should be reviewed quarterly." No further documentation was available for review to indicate medications were reviewed by the pharmacist. 9-3-6(a)		prescribing physicians. B. Nurse will review all quarterly pharmacy reviews and ensure one was done for each client in the past quarter, then ensure all recommendations were presented to each IDT and prescribing physician. In the event a review is needed, or recommendations have not been presented to the doctors, Nurse will request immediate review and/or presentation of recommendations to doctors. C. Program Director/QDDP will be trained to ensure these reviews are conducted and all recommendations are reviewed by each Individual's IDT and prescribing physicians, by reviewing all Individuals' permanent files at least quarterly. D. Area Director will review files at least quarterly to ensure this Standard is met. E. The Area Director will promptly notify Senior Director of any issues that have been identified, that have not been addressed by the Individual's IDT, or any other significant issue that may negatively affect the health and safety of the Individuals served. **Will be completed by: 6/21/15** **Persons Responsible: Area**	

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			Director, Program Director/QDDP, Nurse, and Behaviorist	
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, for 1 of 2 sampled clients who were prescribed eyeglasses and hearing aids (client A), the facility failed to provide, encourage and teach the use of their prescribed eyeglasses and hearing aid. Findings include: An observation was conducted at the group home on 5/8/15 from 6:30 P.M. until 9:00 P.M.. During the entire observation period, client A did not and was not prompted to wear his prescribed eyeglasses and hearing aids. Direct Support Professionals (DSPs) #1, #2 and #3 did not prompt client A to wear his eyeglasses and hearing aid. An observation was conducted at the group home on 5/9/15 between 7:15 A.M. and 9:05 A.M.. Client A was	W 0436	**W 436 483.470(g)(2) SPACE AND EQUIPMENT** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard. Area Director or Program Director/QDDP will retrain staff on ensuring all Individual's adaptive equipment is in good repair and being utilized by the Individuals, and that in the event they are refusing to do so, staff are documenting these refusals. If frequent and/or regular refusals are noted, the AD or PD/Q will present to the Individual's IDT to develop a training goal to assist the individual in using their adaptive equipment. For two weeks and then until compliance has been demonstrated, Area Director and/or PD/Q will review all Individuals' MARs on a daily basis to ensure all Individuals are using their adaptive equipment as prescribed and/or recommended per their ISP/IDT. After this, the	06/21/2015

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	observed the entire observation period not wearing eyeglasses or hearing aids. Direct Support Professionals (DSP) #1, #2 and #4 did not prompt client A to wear his eyeglasses and hearing aid. A review of client A's record was conducted on 5/13/15 at 12:30 P.M.. A review of client A's most current vision assessment/evaluation dated 3/25/15 indicated he was prescribed eyeglasses. Client A's most current hearing assessment/evaluation dated 4/14/14 indicated "Hearing loss...Hearing aid fitting for left ear." The Area Director (AD) was interviewed at the facility's administrative office on 5/19/15 at 4:15 P.M.. The AD indicated staff should be teaching clients to wear their eyeglasses and hearing aids at all times. The AD further indicated staff should have prompted client A to wear his eyeglasses and hearing aid. 9-3-7(a)		AD or Program Director/QDDP will do weekly documentation reviews to ensure all Individuals are using their adaptive equipment as prescribed and/or recommended per their ISP/IDT. If the Program Director notes any trend of regular refusal, the Program Director will address this need with the Individual's IDT in order to create a training goal for the Individual and train staff on its implementation to address this need and trend of refusals. Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure all Individuals are using their adaptive equipment as prescribed and/or recommended per their ISP/IDT. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly Observations to ensure compliance. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview,	W 0440	**W 440 483.470(i)(1)**	06/21/2015

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	the facility failed to conduct evacuation drills during the day shift (7:00 A.M. to 3:00 P.M.), the evening shift (3:00 P.M. to 11:00 P.M.) and the overnight/asleep shift (11:00 P.M. to 7:00 A.M.) during the second quarter (April 1st through June 30th) of 2014, the third quarter (July 1st through September 30th) of 2014, the last quarter (October 1st through December 31st) of 2014 and the first quarter (January 1st through March 31st) 2015 which affected 4 of 4 clients living in the facility (clients A, B, C and D.) Findings include: An observation was conducted at the group home on 5/12/15 from 9:00 A.M. until 11:00 A.M.. At 9:30 A.M., a request for the facility's evacuation drills was made. DSP #1, #2 and the Group Home Nurse (GHN) did not know where the evacuation drills were. No evacuation drills were submitted for review. The review failed to indicate the facility held any evacuation drills for clients A, B, C and D for the second, third and fourth quarters of 2014 and the first quarter of 2015. A second request for evacuation drills was made on 5/15/15 at 11:30 A.M.. DSP #2 and #5 did not know where the evacuation drills were kept. No		**EVACUATION DRILLS** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard. Area Director or Program Director/QDDP will retrain staff on ensuring Agency Policy and Procedure regarding evacuation drills is adhered to and documentation filed, and available for review. All evacuation drills will be conducted per Agency Policy and filed in the Life Safety binder at the home. To ensure these drills are conducted and filed per Policy, an Area Director or Program Director/QDDP will check the Life Safety book at the home each week, to ensure these drills are conducted and filed per Policy. The Area Director or Program Director/QDDP will check the Life Safety book at the home each month, to ensure these drills are conducted and filed per Policy, and the AD will check the Life Safety book at the home each quarter, to ensure these drills are conducted and filed per Policy. Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure all evacuation drills are being conducted and documentation filed per Policy/Procedure. After compliance has been demonstrated, a Program	

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	evacuation drills were submitted for review. The Area Director (AD) was interviewed on 5/19/15 at 4:15 P.M.. The PD indicated evacuation drills are to be conducted during each quarter for each shift. 9-3-7(a)		Director/Q or Area Director will complete weekly Observations to ensure compliance. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 0484 Bldg. 00	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 2 of 2 sampled clients and 1 additional 1 client (clients A, B and C), to ensure condiments were provided for use with their meal. Findings include: An observation was conducted at the group on 5/13/15 from 9:00 A.M. until 12:30 P.M.. During the observation period, Direct Support Professional (DSP) #7 walked around the dining table and poured cold cereal into clients A, B and C's bowls. DSP #7 then walked into	W 0484	**W 484 483.480(d)(3) DINING AREAS AND SERVICE** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard. Area Director or Program Director/QDDP will retrain staff on ensuring Agency Policy and Procedure regarding ensuring condiments are made available during all meal times and that all Individuals are actively	06/21/2015

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	the kitchen and began putting bread into the toaster. DSP #7 then placed the toasted bread onto individual plates and placed the plates in front of clients A, B and C's place setting. The dining table did not have margarine/butter and/or jelly available for clients A, B and C's use. An interview with the Area Director (AD) was conducted at the administrative office on 5/19/15 at 4:15 P.M.. The AD indicated condiments should be provided at all times for clients use. 9-3-8(a)		involved in meal preparation and given the opportunity to participate in meal preparation at every given opportunity and in a manner consistent with their developmental level. To ensure condiments are offered at meal time and Individuals are participating in meal prep per their developmental level, at every opportunity and per Policy, an Area Director, Program Director/QDDP, nurse, or Behaviorist will complete daily observations at random meal times, to ensure compliance. Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure compliance with this Standard. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly observations to ensure compliance. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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W 0488 Bldg. 00	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 facility failed to assure 2 of 2 sampled clients and 1 additional client (clients A, B and C), were involved in meal preparation. Findings include: An observation was conducted at the group on 5/13/15 from 9:00 A.M. until 12:30 P.M.. During the observation period, clients A, B and C sat at the dining table with no activity. Direct Support Professional (DSP) #7 walked around the dining table and poured cold cereal into clients A, B and C's bowls as they sat with no activity. DSP #7 then walked into the kitchen and began putting bread into the toaster. DSP #7 then placed the toasted bread onto individual plates and placed the plates in front of clients A, B and C's place setting as they sat with no activity. Clients A, B and C did not and were not prompted to participate in meal preparation or serve themselves. Clients A, B and C ate their meal independently.	W 0488	**W 488 483.480(d)(4) DINING AREAS AND SERVICE** In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD) will review this Standard. Area Director or Program Director/QDDP will retrain staff on ensuring Agency Policy and Procedure regarding ensuring condiments are made available during all meal times and that all Individuals are actively involved in meal preparation and given the opportunity to participate in meal preparation at every given opportunity and in a manner consistent with their developmental level. To ensure condiments are offered at meal time and Individuals are participating in meal prep per their developmental level, at every opportunity and per Policy, an Area Director, Program Director/QDDP, nurse, or Behaviorist will complete daily observations at random meal times, to ensure compliance.	06/21/2015

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	An interview with the Area Director (AD) was conducted at the administrative office on 5/19/15 at 4:15 P.M.. The AD indicated clients A, B and C were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves at all meal times. 9-3-8(a)		Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure compliance with this Standard. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly observations to ensure compliance. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	
W 9999 Bldg. 00	State Findings: 1. The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: 460 IAC 9-3-4 Active Treatment Services. (b) The provider shall obtain day	W 9999	**W 9999 FINAL OBSERVATIONS** **460 IAC 9-3-4 Active Treatment Services** The QDDP will review all individuals' ISPs to ensure a	06/21/2015

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	services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment. This state rule was not met as evidenced by: Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 2 sampled clients residing at the group home (clients A and B). Findings include: An observation was conducted at the group home on 5/12/15 from 9:00 A.M. until 11:00 A.M.. During the entire observation period, client B stayed in his bedroom with the bedroom door shut. Client A sat in the living room with no activity. No alternative day service was observed to be provided. An observation was conducted at the group on 5/13/15 from 9:00 A.M. until		continuous and aggressive active treatment program which addresses their needs including Vocational and Day services. In the event an Individual's ISP is lacking in a continuous and aggressive active treatment program which addresses their vocational needs, the QDDP will coordinate with the Individual's IDT to complete their program per this Standard. The QDDP will coordinate and develop with input from each Individuals' IDT, an individualized Active treatment Schedule (ATS) for all Individuals living in the home and a day program/meaningful day schedule for any individual not attending an outside day program. The QDDP and IDTs will continue to pursue finding an outside day program for the individual needing day program services. To ensure compliance and per Policy, an Area Director, Program Director/QDDP, nurse, or Behaviorist will complete daily observations and at random times, to ensure compliance. Furthermore, for two weeks and then until compliance has been demonstrated, a Program Director/Q, Area Director, Nurse, or Behaviorist will complete daily and random site visits ensure compliance with this	

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	12:30 P.M.. From 9:00 A.M. until 10:45 A.M., client B stayed in his bedroom with no activity or interaction. During the entire observation period, client A walked back and forth from the living room to the staff office with no activity or interaction. No alternative day service was observed to be provided. An observation was conducted at the group home on 5/15/15 from 11:00 A.M. until 12:30 P.M.. During the entire observation period client B stayed in his bedroom and client A sat in the living room with no activity. No alternative day service was observed to be provided. An observation was conducted at the group home on 5/18/15 from 2:30 P.M. until 3:30 P.M.. During the entire observation client B stayed in his bedroom and client A sat in the living room watching television. No alternative day service was observed to be provided. A review of client A's records were conducted on 5/13/15 at 12:30 P.M.. A review of the client's record failed to indicate he attended day service. A review of client B's records were conducted on 5/13/15 at 1:50 P.M.. A review of the client's record failed to indicate he attended day service.		Standard. After compliance has been demonstrated, a Program Director/Q or Area Director will complete weekly observations to ensure compliance. **Will be completed by: 6/21/15** **Persons Responsible: Area Director, Program Director/QDDP, Nurse, and Behaviorist**	

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(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
	An interview with the Area Director/Qualified Intellectual Disabilities Professional (ADQIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated clients A and B do not currently attend day services. 9-3-4(b)(1)(2) 2. 460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division. This state rule is not met as evidenced by: Based on record review and interview, the facility failed for 2 of 2 sampled clients and 2 additional clients (clients A, B, C and D), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner. Findings include: A review of the facility's records was conducted on 5/8/15 at 3:30 P.M..			

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	Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, General Event Reports/Internal Reports (GER/IR), Daily Progress Notes and investigation records indicated: -BDDS report dated 5/5/15...Date of Knowledge: 5/5/15...Submitted Date: 5/7/15 involving clients A, B, C and D indicated: "On 5/5/15 from 4:43 P.M. until approximately 10:00 P.M., the Area Director was unable to sufficiently staff [client A], [client B], [client C] and [client D]'s home due to an intensive ongoing investigation that resulted in a significant number of trained staff being suspended. Usually [client A] and his housemates are staffed with 3 DSPs from 4:43 P.M. until 10:00 P.M., but on this occasion, it was only possible to staff these hours with 2 staff." Further review failed to indicate this incident of insufficient supervision was reported to BDDS in a timely manner. A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 5/14/15 at 5:50 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management			

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	system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS....Incidents to be reported to BDDS... Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in of having the potential to result in significant harm or injury to an individual including but not limited to: -"Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to: 2. Alleged, suspected or actual neglect which includes but is not limited to: a. failure to provide appropriate supervision, care or training." An interview with the Area Director/Qualified Intellectual Disabilities Professional (AD/QIDP) was conducted on 5/19/15 at 4:15 P.M.. The AD/QIDP indicated incidents of neglect are to be reported to BDDS within 24 hours. The AD/QIDP further indicated the incidents were not reported to BDDS in a timely manner. 9-3-1(b)			

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