

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G212	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 395 N WESTCHESTER DR COLUMBIA CITY, IN 46725
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00188044.</p> <p>Complaint #IN00188044: SUBSTANTIATED, Federal and State deficiencies related to the allegations were cited at W102, W104, W122, W149, W154, W157, W331, and W436.</p> <p>Dates of Survey: 1/7, 1/8, 1/12, 1/13, 1/14, and 1/15/2016.</p> <p>Facility number: 000738 Provider number: 15G212 AIM number: 100243260</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed January 25, 2016 by #09182.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (clients A, B, and C) and 5</p>	W 0102	W102: The governing body must ensure that specific governing body and management requirements are met. All residential management staff has been retrained on the process of assessing, reviewing and	02/14/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>additional clients (clients D, E, F, G, and H). The governing body failed to ensure the following:</p> <ul style="list-style-type: none"> <li>-To ensure maintenance and repairs were completed at the group home.</li> <li>-To ensure allegations of neglect and/or abuse were thoroughly investigated.</li> <li>-To ensure effective corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse, clients A, B, and C's patterns for falls with injuries, and medical care.</li> <li>-To ensure the facility met the health care needs of clients A, B, and C's for patterns of falls with injuries, clients B and C's fractures from falls, and clients' medical needs.</li> </ul> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Please refer to W122. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C). The governing body failed to ensure clients were not neglected and/or abused; to implement their abuse/neglect policy and procedure for thoroughly investigating and to complete sufficient corrective action for patterns of falls with injuries, clients B and C's fractures from falls, and to ensure clients A, B, and C's were supervised by the facility staff based</li> </ol>		<p>investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence.</p> <p>Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed.</p> <p>The Executive Director will review all investigations that are completed due to serious injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further occurrence is included. All maintenance issues cited in the survey will be corrected by the February 14th date. The Residential Manager will complete the Home Environment form on a monthly basis and complete work orders for any maintenance issues that arise. The work orders will be</p>	

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W 0104  Bldg. 00	<p>on their identified medical needs.</p> <p>2. Please refer to W104. The governing body failed to provide oversight to ensure the agency's policies and procedures to prevent and protect clients A, B, and C from abuse, neglect, and/or mistreatment were implemented. The governing body failed to ensure allegations of neglect and/or abuse were thoroughly investigated, to ensure effective corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse and clients A, B, and C's supervision and medical care, and to ensure the facility met the health care needs of clients for patterns of falls with injuries, clients B and C's fractures from falls, and clients' medical needs. The governing body failed to provide oversight to ensure the facility completed maintenance and repairs of the group home for clients A, B, C, D, E, F, G, and H.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over</p>		<p>forwarded to the Program Manager who will log them in and forward them to the Maintenance person. The Program Manager will follow up with Maintenance on a weekly basis to assure that work is completed in a timely manner. The Program Manager will do a monthly audit of the home which will include identifying any environmental issues. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>		

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	<p>the facility. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) and 5 additional clients (clients D, E, F, G, and H), the governing body failed to provide directional oversight of the facility to ensure the facility completed maintenance and repairs of the group home for clients A, B, C, D, E, F, G, and H. The governing body failed to provide oversight to ensure the agency's policies and procedures to prevent and protect clients A, B, and C from abuse, neglect, and/or mistreatment were implemented. The governing body failed:</p> <ul style="list-style-type: none"> <li>-To ensure allegations of neglect and/or abuse were thoroughly investigated.</li> <li>-To ensure effective corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse and clients A, B, and C's supervision and medical care.</li> <li>-To ensure the facility met the health care needs of clients for patterns of falls with injuries, clients B and C's fractures from falls, and clients' medical needs.</li> </ul> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 1/7/16 from 3:15pm until 5:40pm, clients B, C, D, E, F, G, and H were observed at the group home and accessed</li> </ol>	W 0104	<p>W104: The governing body must ensure that specific governing body and management requirements are met. All residential management staff has been retrained on the process of assessing, reviewing and investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed. The Executive Director will review all investigations that are completed due to serious injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further</p>	02/14/2016

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	<p>each area independently. From 3:15pm until 5:40pm, the following was observed and the RM (Residential Manager) indicated the following need of repairs:</p> <p>-At 3:15pm, the RM stated the medication room door casing was damaged which exposed "splinters of wood" around the door. The RM indicated the medication room door locked, but a space could be seen to reflect a stream of light from inside the medication room between the door and the door casing. The RM stated client F had damaged the door during a behavior "before Christmas," 2015.</p> <p>-At 3:15pm, the RM indicated the hallway connecting the medication room to the living room and client B's bedroom had 2 areas of unfinished dry wall patches each measured fifteen inches by five inches (15" x 5"). The RM stated the two hallway areas occurred as the result of client F's behavior "before April," 2015.</p> <p>-The dining room table had 3 of 5 light bulbs burned out. At 3:40pm, clients C, D, E, F, G, and H indicated the light in the dining room made the room have a shadow and they could not see the floor clearly. At 3:40pm, the QIDP (Qualified Intellectual Disabilities Professional) and</p>		<p>occurrence is included. Revisions to risk plans have been completed and A, B and C all had appointments with Physical Therapy for assessment and further treatment as necessary. All maintenance issues cited in the survey will be corrected by the February 14th date. The Thermostat cover has been removed. New dressers/night stands will be purchased for clients who are in need of them. The Residential Manager will complete the Home Environment form on a monthly basis and complete work orders for any maintenance issues that arise. The work orders will be forwarded to the Program Manager who will log them in and forward them to the Maintenance person. The Program Manager will follow up with Maintenance on a weekly basis to assure that work is completed in a timely manner. The Program Manager will do a monthly audit of the home which will include identifying any environmental issues. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>	

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	<p>the RM both indicated the dining room lights had been burned out over a week. At 4:00pm, clients C and H began to set the dining room table and indicated the room was dim. Both indicated the sun was starting to go down. From 5:15pm until 5:40pm, clients B, C, D, E, F, G, and H were asked to be seated at the dining room table with the burned out light bulbs. At 5:15pm, the QIDP stated the sun was "going down and the room was dim." From 5:15pm until 5:40pm, clients B, C, D, E, F, G, and H's facial expressions were difficult to see from five feet (5') away from the table. Clients B, C, D, E, F, G, and H leaned forward in their chairs, looked closely into the serving bowls, and scooped out their food to serve themselves dinner in the dimly lit room. At 5:40pm, clients B and G both indicated they had difficulty distinguishing the differences for the serving bowl of the fruit cocktail and the whole kernel corn.</p> <p>-The kitchen pantry door had four (4) strips of scotch clear tape covering over a hole. At 4:25pm, the RM indicated the hole had been in the door "over 3 months."</p> <p>-The kitchen hood over the stove had a spiral bare bulb hanging from the hood fan light fixture and it did not fit into the</p>			

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	<p>light area of the hood. The RM indicated the bulb hung over the burners to the stove.</p> <p>-Two of two (2 of 2) bathrooms had metal hangers for toilet paper fixed into the walls which exposed jagged metal beside each toilet. The RM and QIDP both stated each of the jagged metal wall fasteners were the result of client F's behaviors and had been damaged "over" six months ago.</p> <p>-Bathroom #2 had one of one (1 of 1) overhead lights burned out.</p> <p>-There were two (2) fifteen inches long by seven inches wide (15" x 7") of unfinished dry wall patches in the second hallway near the locked thermostat.</p> <p>-The group home thermostat was kept locked and clients B, C, D, E, F, G, and the QIDP indicated the staff had the one key to the locked thermostat.</p> <p>-At 4:40pm, client B's bedroom dresser was missing two of ten handles to open/close drawers. Client B's bedroom had a bedside table which was missing the drawer to the cabinet. The RM indicated client B used the top position of the bedside cabinet because the cabinet had no drawers.</p>			

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	<p>On 1/8/16 at 9:15am, an interview was conducted with the PM (Program Manager) and the RM. The PM stated "the lights are burned out. Can you see?" At 10:20am, the PM and the RM changed the light bulbs over the dining room table to add light into the dining room. The RM indicated the lights throughout the home had burned out and were not replaced. The PM indicated maintenance should be completed and was in process. At 10:20am, the facility's maintenance man came to the group home. The maintenance man indicated the group home was in need of repairs and he had been working at other facility owned group homes. The maintenance man indicated the fixtures in the bathroom needed repaired/replaced regarding the toilet paper holders and bare jagged metal was exposed. The PM indicated no further information was available for review.</p> <p>2. Please refer to W149. The facility neglected clients A, B, and C in regard to patterns of falls with injuries, client B's unknown finger fracture, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to thoroughly investigate and implement</p>			

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	<p>effective corrective action according to clients A, B, and C's identified needs for 3 of 3 sampled clients (clients A, B, and C) for 17 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>3. Please refer to W154. The facility failed to thoroughly investigate incidents and allegations of abuse/neglect/mistreatment for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>4. Please refer to W157. The facility failed to complete effective corrective action for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>On 1/15/16 at 2:40pm, the PM indicated the facility's IDT (Interdisciplinary Team) had not met to review client A's</p>			

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W 0122  Bldg. 00	<p>allegation. The PM indicated no documented evidence was available for review regarding a revision to client A's medical care plans, risk assessments, and her ISP (Individual Support Plan). The PM indicated there was no documented monitoring or administrative oversight of the care and services at the group home available for review.</p> <p>On 1/15/16 at 2:40pm, the PM indicated the facility's IDT (Interdisciplinary Team) had not met to review clients A, B, and C's patterns for falls with injuries, clients B and C's fractures, and each client's medical care. The PM indicated no documented evidence was available for review regarding a revision to clients A, B, and C's medical care plans, risk assessments, and ISPs. The PM indicated there was no documented monitoring or administrative oversight of the care and services at the group home available for review.</p> <p>This federal tag relates to complaint IN00188044. 9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview, and record review, the facility failed to meet the Condition of</p>	W 0122	W122: The facility must ensure that	02/14/2016

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	<p>Participation: Client Protections for 3 of 3 sampled clients (A, B, and C). The facility failed to ensure clients were not neglected and/or abused; to implement their abuse/neglect policy and procedure for thoroughly investigating and to complete sufficient corrective action for patterns of falls with injuries, clients B and C's fractures from falls, and to ensure clients A, B, and C were supervised by the facility staff based on their identified medical needs.</p> <p>Findings include:</p> <p>1. Please refer to W149. The facility neglected clients A, B, and C in regard to patterns of falls with injuries, client B's unknown finger fracture, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to thoroughly investigate and implement effective corrective action according to clients A, B, and C's identified needs for 3 of 3 sampled clients (clients A, B, and C) for 17 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>2. Please refer to W154. The facility failed to thoroughly investigate incidents and allegations of abuse/neglect/mistreatment for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>3. Please refer to W157. The facility failed to complete effective corrective action for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client</p>		<p>specific client protections requirements are met. All residential management staff has been retrained on the process of assessing, reviewing and investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed. The Executive Director will review all investigations that are completed due to serious injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further occurrence is included. A member of the Management team (Executive director, Program Manager, Quality</p>	

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W 0149 Bldg. 00	<p>neglect for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) for 17 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for clients A, B, and C's pattern of falls with injuries, client B's unknown finger fracture, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, the facility neglected to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to thoroughly investigate and implement effective corrective action according to clients A, B, and C's identified needs.</p> <p>Findings include:</p> <p>1. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W 0149	<p>Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. All investigations will be thorough and include documentation of review of all pertinent information including but not limited to: medical records, BSP, ISP, etc. Client A will have a bowel and bladder assessment. The Executive Director will review all investigations to assure they are thorough and include all pertinent information. All residential management staff has been retrained on the process of assessing, reviewing and investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program Manager for SGL and the Quality Manager for</p>	02/14/2016

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	<p>reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated client A's allegation of neglect:</p> <p>For client A:</p> <p>-An 10/29/15 BDDS report for an incident on 10/28/15 at 2:45pm indicated the BDDS Representative reported an allegation of neglect "On 10/29/15...that while on a visit to [name of Group Home] on 10/28/15 that a staff member had not cleaned up [client A] after she had an (incontinence of bowel and bladder) accident." The report indicated the staff member was suspended pending an investigation.</p> <p>-A 11/4/15 BDDS follow up report indicated "The investigation has concluded and the allegation was unsubstantiated. The [BDDS Representative name] who alleged the neglect had neither checked the consumer to see if she was in soiled clothing nor asked the staff member the results of her, the staff member's checking the consumer (sic) for soiled clothing. The staff member indicated she checked the consumer and she had not soiled herself. The person who made the allegation left the home at approximately 2:55pm. The second staff who arrived at 3:00pm stated that the consumer did not have an odor to</p>		<p>timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed. The Executive Director will review all investigations that are completed due to serious injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further occurrence is included. All staff were retrained on the appropriate way to place a bed alarm and to keep the alarm box free from material that could "mute" the alarm. Client A, B and C's ISPs, risk plans have been reviewed and updated to include falls and how staff are to assist to prevent falls in the future. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially</p>	

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	<p>her and was checked a couple of times that afternoon and evening and was not found to be in soiled clothing. All staff who were interviewed stated that the consumer has displayed a fairly recent behavior of telling staff she has soiled herself when she has not. It is recommended that the IDT (Interdisciplinary Team) meet and add the recent behavior to her ISP/BSP (Individual Support Plan/Behavior Support Plan)." No completed corrective action was available for review.</p> <p>-A 11/2/15 "Investigative Summary" indicated the 10/28/15 incident report for client A. The summary indicated staff were interviewed and no narrative statements which included the questions asked and answers given were available for review. The summary did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The summary did not include observation and monitoring of the group home for quality of care. The investigation unsubstantiated the allegation based on the one staff account who was on duty at the time of the allegation incident. No medical assessment was completed to indicate a bowel and bladder assessment was completed.</p>		<p>provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>	

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	<p>CI (Confidential Interview) #1 indicated client A leans over the sofa and passes flatus (gas). CI #1 stated "the smell is awful" from client A's flatus. CI #1 stated client A "grunts and (flatulates)" a lot and the smell was offensive.</p> <p>CI #2 indicated client A leans over the living room furniture, passes flatus, and had told others she had been incontinent. CI #2 stated "staff say" client A has Dementia and client A can't remember if she went to the bathroom. CI #2 indicated staff did not check client A until after the reporter had insisted the staff get up from behind the desk in the back office and come out to the living room where the client was. CI #2 indicated the staff member took client A to her bedroom without incontinent supplies, without gloves, without water, and shut the door. CI #2 stated after a few minutes, client A and the staff came out of the bedroom, client A had "a different pair of slacks on," the staff member carried a rolled up pair of slacks to the washer, and placed client A's soiled pair of slacks into the washer.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include the documented behavior of telling others she had been</p>			

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	<p>incontinent inappropriately. Client A's record indicated she had an 11/24/15 Psych review which indicated a diagnosis of "Dementia." Client A's record did not include a bowel and bladder assessment. Client A's record did not indicate a toileting goal/objective. Client A's 10/14/15 Nursing Quarterly did not identify incontinence, dementia, and client A's bowel issues. Client A's record indicated she was seen by her primary doctor for problems with her "stools (bowel movements)" on 10/13/15. Client A was scheduled for a Colonoscopy (a bowel procedure examined by her physician) on 11/2/15, and on 11/19/15 had a physician's visit for a Urinary Tract Infection. No documentation for the physician's follow up, the results of the Colonoscopy, and plans developed were available for review.</p> <p>On 1/8/16 at 10:00am, an interview with the QIDP (Qualified Intellectual Disabilities Professional), the Residential Manager (RM), and the Program Manager (PM) was conducted. The PM stated client A leans over the sofa, "grunts," makes noises, and passes gas, "but wasn't soiled" on 10/28/15. The PM stated "we investigated the incident and staff told what had occurred." The PM indicated the investigation was</p>			

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	<p>paraphrased responses for each staff interviewed, no narrative statements which included the questions asked and answers given were available for review. The PM indicated the investigation did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The PM indicated client A's investigation did not include observation and monitoring of the group home staff. The PM indicated the allegation was unsubstantiated because Group Home Staff (GHS) #2 was the one staff on duty at the time of the allegation and client A was checked after the second staff came in later. The PM indicated she was not sure if corrective action was completed for client A's allegation. The PM indicated client A did not have a medical assessment completed to include a bowel and bladder assessment. When asked if she was aware that during the allegation period of time client A had medical bowel and bladder issues going on and had a Colonoscopy on 11/2/15, the PM indicated no she was not aware.</p> <p>2. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and</p>			

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	<p>indicated the following for patterns of falls, medical care monitoring, and unknown injuries:</p> <p>For client A:</p> <p>-A 12/31/15 BDDS report for an incident on 12/30/15 at 4:30pm indicated client A had "stood in Living Room, left knee gave out, and fell to floor." The report indicated client A had a "2cm (centimeter) x (by) 1cm red area" on client A's forehead. No investigation and no corrective action were available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/20/15 at 9:30pm indicated client A fell getting into bed, hit her "bottom lip on the frame, bleeding, and had went over side rails (sic)." No investigation and no corrective action were available for review.</p> <p>-A 11/20/15 BDDS report for an incident on 11/19/15 at 6:30pm indicated client A was taken to the emergency room because her blood pressure was "105/53" and client A was diagnosed with a "bladder infection RX: (treatment) antibiotic Keflex (an antibiotic)." No corrective action was available for review.</p> <p>For client B:</p> <p>-A 1/4/16 BDDS report for an incident on 1/3/16 at 1:30pm indicated client B "fell</p>			

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	<p>and hit her head on the driveway," client B suffered a 1cm round red mark on the back of her head and "staff attempted to break fall." No investigation and no corrective action were available for review.</p> <p>-A 1/1/16 BDDS report for an incident on 12/31/15 at 7am indicated client B was "putting on jeans, fell, hit (her) L (Left) eyebrow on bed frame, and (resulted in a) small cut to L eye brow." The report indicated "Neuro (Neurological) checks (Neurological checks are checks completed every four hours the clients' vital signs which would show evidence of a concussion) wnl (within normal limits)." No investigation and no corrective action were available for review.</p> <p>-A 12/18/15 BDDS report for an incident on 12/17/15 at 9am indicated client B had an "Unknown injury (to her Left hand) and was seen by Dr. PCP (Personal Care Physician)...[client B's] 4th finger L hand was swollen and [client B] (had) fell on 12/13/15 with no injury noted." The report indicated client B was to see the orthopedic surgeon on 12/31/15, "a splint applied." No investigation and no corrective action were available for review.</p> <p>-A 11/20/15 BDDS report for an incident</p>			

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	<p>on 11/19/15 at 7:55am indicated client B was on floor in bathroom (during) non complaint behavior, [client B] deliberately urinated on the floor, and when getting up, slipped and fell (sic)." The report indicated client B "hit (her) head on toilet and had a red spot on her forehead." No investigation and no corrective action were available for review.</p> <p>-A 11/17/15 BDDS report for an incident on 11/17/15 at 11:30am indicated "when [client B] was walking, she caught foot, and fell on face and forward." The report indicated client B had "multiple scrapes on arms, elbows, R (Right) hand, and R abdomen." No investigation and no corrective action were available for review.</p> <p>-An 10/28/15 BDDS report for an incident on 10/27/15 at 9:30pm indicated client B "got up (from bed) to use restroom, tripped on shoe, and fell to floor." The report indicated client B had a "scab L shoulder and bruised R hand 5cm x 3cm." No investigation and no corrective action were available for review.</p> <p>-An 10/4/15 BDDS report for an incident on 10/13/15 at 9:40pm indicated client B fell out of bed and had a one inch (1 " ) round bump on her right elbow. No</p>			

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	<p>investigation and no corrective action were available for review.</p> <p>-An 10/2/15 BDDS report for an incident on 10/1/15 at 11:50am indicated client B stumbled and fell getting up from a chair." The report indicated client B "landed on a peer before landing on floor and scraped her L (Left) forearm." No investigation and no corrective action were available for review.</p> <p>For client C:</p> <p>-A 1/4/16 BDDS report for an incident on 1/2/16 at 2pm indicated client C had fallen, went to the hospital emergency room, and suffered with a swollen L (Left) foot, bruises L thigh 8 " by 6 " which the bruise wrapped around the back of her thigh 6 " x 4, " 1cm (centimeter) red mark L side back of head. No investigation and no corrective action were available for review.</p> <p>-A 12/30/15 BDDS report for an incident on 12/29/15 at 9:40pm indicated client C had "slurred speech," went to the emergency room, was unable to walk EMS (Emergency Medical Services) transported client C to the hospital. The report indicated client C had diagnoses which included a "possible stroke, then later dx: (diagnosis) low electrolyte low potassium, IV (Intravenous) fluids."</p> <p>-A 12/28/15 BDDS report for an incident</p>			

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	<p>on 12/27/15 at 5pm indicated client C was taken to the hospital emergency room for a "swollen R (Right) eye," and the report indicated client C "had slipped on floor while mopping it earlier in the day without injury noted." The report indicated client C had a fractured Right orbital bone and was scheduled to see a surgeon for a consultation. No investigation and no corrective action were available for review.</p> <p>-A 12/26/15 BDDS report for an incident on 12/24/15 at 9:52pm indicated client C got up from bed to go to bathroom and reached for the bedroom light, fell, and suffered a "small cut to chin, neuro checks done." No investigation and no corrective action were available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/21/15 at 9:02am indicated client C fell getting on van, and scratched outside corner of L eye. No investigation and no corrective action were available for review.</p> <p>On 1/7/16 from 3:15pm until 5:40pm, observations were conducted at the group home. From 3:15pm until 4:25pm, client B was in bed napping. At 3:25pm, the RM (Residential Manager) indicated client B used the bed alarm under the mattress to alert staff when she tried to get out of bed to prevent falls. At</p>			

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	<p>4:25pm, client B got up independently out of bed, opened her bedroom door, the alarm did not sound, and the RM, who was inside the doorway to the medication room, saw client B at the doorway. The RM assisted client B to put on regular socks inside her bedroom, client B with the RM exited the bedroom a short time later, and walked to the living room without assistance. Client B fell into the sofa face first where the QIDP, who was sitting with other clients, caught client B before client B's face hit other clients. At 4:25pm, client B's bedroom was observed with the RM. The RM pulled up the mattress to the bed to show client B's bed alarm between the mattress and box springs. The alarm had a power wire connecting it to the alarm box located inside client B's bedroom, on the side of the bedside cabinet facing the outside wall with clothing piled on top of the area around the alarm box. The RM indicated client B's alarm did not sound today when client B got up. The RM pulled up client B's mattress to expose the bed alarm pad which covered the right side of client B's bed and had been placed long ways and did not cover the area of client B's bed where client B had been lying. The RM indicated the staff applied the alarm on the bed and did not follow the manufacturer's recommendations written on the alarm pad which indicated "place</p>			

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	<p>under sheet...side ways to cover the entire area" of the bed where the client lay. From 4:25pm until 5:40pm, client B wore regular socks and walked independently throughout the group home and did not wear her prescribed eye glasses. No eye glasses and no non skid socks use were taught and encouraged.</p> <p>On 1/8/16 from 9:20am until 1:40pm, client B's bed was observed with the PM. Client B's bed alarm remained between the mattress and box springs. The PM stated client B's bed alarm was "incorrectly applied and used" on client B's bed.</p> <p>On 1/8/16 at 10:00am, an interview with the PM, QIDP, and RM was conducted. The three administrative staff indicated no corrective action was available for review of clients A, B, and C's patterns of falls with injuries. The PM provided a document for "Fall Follow Up," and stated the follow up was to be completed after "each and every" time a client had experienced a fall, and located five (5) documented "fall follow up" reports completed by the direct care staff out of sixteen (16) fall incidents which resulted in injuries for clients A, B, and C. The PM stated "there is our investigation." Each of the five "Fall Follow Up" reports did not include witness statements,</p>			

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	<p>questions/answers, people interviewed, review of the client's record, and was completed by non licensed staff.</p> <p>On 1/15/16 at 2:40pm, an interview was conducted with the PM. The PM indicated clients A, B, and C's documentation for specific risk plans and how to assist each client to prevent and protect the clients from falls was not available for review. The PM stated the agency trained the staff "generally" about falls and the "danger of falls." The PM stated "No, the client's plans were not specific" to prevent falls. The PM indicated staff had not been trained to apply client B's bed alarm. The PM stated client B's bed alarm was functional and "was not applied correctly" on client B's bed on 1/7/16 and 1/8/16 when the PM and surveyor reviewed the placement of the alarm on client B's bed. The PM stated "No other investigations were available for review" for client A, B, and C's "patterns of falls with injuries," unknown injuries, and fractures. The PM indicated the agency followed the BDDS reporting and investigating policy and procedure to thoroughly investigate and take effective corrective action. The PM indicated no corrective action was available for review.</p> <p>On 1/7/16 at 1:25pm, a record review</p>			

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	<p>was conducted of the 10/2005 "Bureau of Developmental Disabilities Services Policy and Guidelines." The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse or exploitation by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual."</p> <p>On 1/7/16 at 1:25pm, the facility's 10/13 "Preventing Abuse and Neglect" policy and procedure indicated "Abuse means the following: 1. Intentional or willful infliction of physical injury...3. Punishment with resulting physical harm or pain...7. Corporal Punishment which includes forced physical (sic), hitting, pinching, application of painful or noxious stimuli, use of electric shock, and the infliction of physical pain...9. Violation of individual rights....Neglect means failure to provide supervision, training, appropriate care, food, medical</p>			

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	<p>care, or medical supervision to an individual."</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include client A's falls. Client A's 10/14/15, 7/13/15, and 4/12/15 Nursing quarterly assessments did not include client A's falls. Client A's 10/14/15 "Risk Plan #6...At risk for falls d/t (due to) seizures, unsteady gait at times, Hx (history) of falls; bed with side rails...11/24/15 Gait belt for amb. (ambulation)..." Client A's record did not indicate how staff were to assist client A to prevent falls, client A's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client B's record was reviewed on 1/8/16 at 10:30am. Client B's 2/12/15 ISP (Individual Support Plan) and 2/12/15 BSP did not include client B's falls. Client B's record did not include Nursing quarterly assessments available for review. Client B's record indicated monthly nurses notes and did not include client B's falls. Client B's 6/5/15 "Risk Plan #8...Fall Risk...(added) 1/17/15...L (Left) ring finger fx. will heal (without) complications...Bed alarm to be on at all times while [client B] is in bed with</p>			

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	<p>volume on highest level...Non skid slipper socks to be on when [client B] is not wearing shoes...Staff will ensure that bed rails are up when [client B] is in bed...staff will ensure that mat is on floor next to bed when [client B] is in bed to help prevent injury in case of fall out of bed..." Client B's 6/4/15 "Fall Risk Evaluation" indicated a score of "14" and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client B's record did not indicate how staff were to assist client B to prevent falls, client B's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client C's record was reviewed on 1/8/16 at 12:20pm. Client B's 7/2/15 ISP (Individual Support Plan) and 7/2/15 BSP did not include client C's falls. Client C's 12/3/15, 9/23/15, and 6/23/15 Nursing quarterly assessments did not include client C's falls. Client C's 12/29/15 "Risk Plan...Fall risk and risk for fracture...Gait belt to be used as ordered for unsteady gait...Bedrails to be used as ordered..." Client C's 12/29/15 "Fall Risk and Risk for Fracture Evaluation" indicated client C was at risk for falls, a score of "19," and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client C's record did not indicate how staff were to assist</p>			

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W 0154 Bldg. 00	<p>client C to prevent falls, client C's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, the facility failed to thoroughly investigate incidents, fractures, patterns of falls, and client A's allegation.</p> <p>Findings include:</p> <p>1. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W 0154	W154: The facility must have evidence that all alleged violations are thoroughly investigated. All investigations will be thorough and include documentation of review of all pertinent information including but not limited to: medical records, BSP, ISP, etc. Client A will have a bowel and bladder assessment. The Executive Director will review all investigations to assure they are thorough and include all pertinent information. All residential management staff has been retrained on the process of assessing, reviewing and investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program	02/14/2016

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	<p>reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated client A's allegation of neglect:</p> <p>For client A:</p> <p>-An 10/29/15 BDDS report for an incident on 10/28/15 at 2:45pm indicated the BDDS Representative reported an allegation of neglect "On 10/29/15...that while on a visit to [name of Group Home] on 10/28/15 that a staff member had not cleaned up [client A] after she had an (incontinence of bowel and bladder) accident." The report indicated the staff member was suspended pending an investigation.</p> <p>-A 11/4/15 BDDS follow up report indicated "The investigation has concluded and the allegation was unsubstantiated. The [BDDS Representative name] who alleged the neglect had neither checked the consumer to see if she was in soiled clothing nor asked the staff member the results of her, the staff member's checking (sic) the consumer for soiled clothing. The staff member indicated she checked the consumer and she had not soiled herself. The person who made the allegation left the home at approximately 2:55pm. The second staff who arrived at 3:00pm stated that the consumer did not have an odor to</p>		<p>Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed. The Executive Director will review all investigations that are completed due to injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further occurrence is included. All staff were retrained on the appropriate way to place a bed alarm and to keep the alarm box free from material that could "mute" the alarm. Client A, B and C's ISPs, risk plans have been reviewed and updated to include falls and how staff are to assist to prevent falls in the future. A member of the Management team (Executive director, Program Manager,</p>	

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	<p>her and was checked a couple of times that afternoon and evening and was not found to be in soiled clothing. All staff who were interviewed stated that the consumer has displayed a fairly recent behavior of telling staff she has soiled herself when she has not. It is recommended that the IDT (Interdisciplinary Team) meet and add the recent behavior to her ISP/BSP (Individual Support Plan/Behavior Support Plan)." No completed corrective action was available for review.</p> <p>-A 11/2/15 "Investigative Summary" indicated the 10/28/15 incident report for client A. The summary indicated staff were interviewed and no narrative statements which included the questions asked and answers given were available for review. The summary did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The summary did not include observation and monitoring of the group home for quality of care. The investigation unsubstantiated the allegation based on the one staff account who was on duty at the time of the allegation incident. No medical assessment was completed to indicate a bowel and bladder assessment was completed.</p>		<p>Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week</p>	

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	<p>CI (Confidential Interview) #1 indicated client A leans over the sofa and passes flatus (gas). CI #1 stated "the smell is awful" from client A's flatus. CI #1 stated client A "grunts and (flatulates)" a lot and the smell was offensive.</p> <p>CI #2 indicated client A leans over the living room furniture, passes gas, and had told others she had been incontinent. CI #2 stated "staff say" client A has Dementia and client A can't remember if she went to the bathroom. CI #2 indicated staff did not check client A until after the reporter had insisted the staff get up from behind the desk in the back office and come out to the living room where the client was. CI #2 indicated the staff member took client A to her bedroom without incontinent supplies, without gloves, without water, and shut the door. CI #2 stated after a few minutes, client A and the staff came out of the bedroom, client A had "a different pair of slacks on," the staff member carried a rolled up pair of slacks to the washer, and placed client A's soiled pair of slacks into the washer.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include the documented behavior of telling others she had been</p>			

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	<p>incontinent inappropriately. Client A's record indicated she had an 11/24/15 Psych review which indicated a diagnosis of "Dementia." Client A's record did not include a bowel and bladder assessment. Client A's record did not indicate a toileting goal/objective. Client A's 10/14/15 Nursing Quarterly did not identify incontinence, dementia, and client A's bowel issues. Client A's record indicated she was seen by her primary doctor for problems with her "stools (bowel movements)" on 10/13/15. Client A was scheduled for a Colonoscopy (a bowel procedure examined by her physician) on 11/2/15, and on 11/19/15 had a physician's visit for a Urinary Tract Infection. No documentation for the physician's follow up, the results of the Colonoscopy, and plans developed were available for review.</p> <p>On 1/8/16 at 10:00am, an interview with the QIDP (Qualified Intellectual Disabilities Professional), the Residential Manager (RM), and the Program Manager (PM) was conducted. The PM stated client A leans over the sofa, "grunts," makes noises, and passes gas, "but wasn't soiled" on 10/28/15. The PM stated "we investigated the incident and staff told what had occurred." The PM indicated the investigation was</p>			

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	<p>paraphrased responses for each staff interviewed, no narrative statements which included the questions asked and answers given were available for review. The PM indicated the investigation did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The PM indicated client A's investigation did not include observation and monitoring of the group home staff. The PM indicated the allegation was unsubstantiated because Group Home Staff (GHS) #2 was the one staff on duty at the time of the allegation and client A was checked after the second staff came in later. The PM indicated she was not sure if corrective action was completed for client A's allegation. The PM indicated client A did not have a medical assessment completed to include a bowel and bladder assessment. When asked if she was aware that during the allegation period of time client A had medical bowel and bladder issues going on and had a Colonoscopy on 11/2/15, the PM indicated no she was not aware.</p> <p>2. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and</p>			

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	<p>indicated the following for patterns of falls, medical care monitoring, and unknown injuries:</p> <p>For client A:</p> <p>-A 12/31/15 BDDS report for an incident on 12/30/15 at 4:30pm indicated client A had "stood in Living Room, left knee gave out, and fell to floor." The report indicated client A had a "2cm (centimeter) x (by) 1cm red area" on client A's forehead. No investigation was available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/20/15 at 9:30pm indicated client A fell getting into bed, hit her "bottom lip on the frame, bleeding, and had went over side rails (sic)." No investigation was available for review.</p> <p>For client B:</p> <p>-A 1/4/16 BDDS report for an incident on 1/3/16 at 1:30pm indicated client B "fell and hit her head on the driveway," client B suffered a 1cm round red mark on the back of her head and "staff attempted to break fall." No investigation was available for review.</p> <p>-A 1/1/16 BDDS report for an incident on 12/31/15 at 7am indicated client B was</p>			

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	<p>"putting on jeans, fell, hit (her) L (Left) eyebrow on bed frame, and (resulted in a) small cut to L eye brow." The report indicated "Neuro (Neurological checks are vital sign records which indicate signs/symptoms of a concussion) checks wnl (within normal limits)." No investigation was available for review.</p> <p>-A 12/18/15 BDDS report for an incident on 12/17/15 at 9am indicated client B had an "Unknown injury (to her Left hand) and was seen by Dr. PCP (Personal Care Physician)...[client B's] 4th finger L hand was swollen and [client B] (had) fell (sic) on 12/13/15 with no injury noted." The report indicated client B was to see the orthopedic surgeon on 12/31/15, "a splint applied." No investigation was available for review.</p> <p>-A 11/20/15 BDDS report for an incident on 11/19/15 at 7:55am indicated client B was on floor in bathroom (during) non complaint behavior, [client B] deliberately urinated on the floor, and when getting up, slipped and fell." The report indicated client B "hit (her) head on toilet and had a red spot on her forehead." No investigation was available for review.</p> <p>-A 11/17/15 BDDS report for an incident on 11/17/15 at 11:30am indicated "when</p>			

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	<p>[client B] was walking, she caught foot, and fell on face and forward." The report indicated client B had "multiple scrapes on arms, elbows, R (Right) hand, and R abdomen." No investigation was available for review.</p> <p>-An 10/28/15 BDDS report for an incident on 10/27/15 at 9:30pm indicated client B "got up (from bed) to use restroom, tripped on shoe, and fell to floor." The report indicated client B had a "scab L shoulder and bruised R hand 5cm x 3cm." No investigation was available for review.</p> <p>-An 10/4/15 BDDS report for an incident on 10/13/15 at 9:40pm indicated client B fell out of bed and had a one inch (1 " ) round bump on her right elbow. No investigation was available for review.</p> <p>-An 10/2/15 BDDS report for an incident on 10/1/15 at 11:50am indicated client B stumbled and fell getting up from a chair." The report indicated client B "landed on a peer before landing on floor and scraped her L (Left) forearm." No investigation was available for review.</p> <p>For client C:</p> <p>-A 1/4/16 BDDS report for an incident on 1/2/16 at 2pm indicated client C had fallen, went to the hospital emergency room, and suffered with a swollen L (Left) foot, bruises L thigh 8 " by 6 "</p>			

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	<p>which the bruise wrapped around the back of her thigh 6 " x 4, " 1cm (centimeter) red mark L side back of head. No investigation was available for review.</p> <p>-A 12/28/15 BDDS report for an incident on 12/27/15 at 5pm indicated client C was taken to the hospital emergency room for a "swollen R (Right) eye," and the report indicated client C "had slipped on floor while mopping it earlier in the day without injury noted." The report indicated client C had a fractured Right orbital bone and was scheduled to see a surgeon for a consultation. No investigation was available for review.</p> <p>-A 12/26/15 BDDS report for an incident on 12/24/15 at 9:52pm indicated client C got up from bed to go to bathroom and reached for the bedroom light, fell, and suffered a "small cut to chin, neuro checks done." No investigation was available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/21/15 at 9:02am indicated client C fell getting on van, and scratched outside corner of L eye. No investigation was available for review.</p> <p>On 1/8/16 at 10:00am, an interview with the PM, QIDP, and RM was conducted. The three administrative staff indicated no corrective action was available for</p>			

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	<p>review of clients A, B, and C's patterns of falls with injuries. The PM provided a document for "Fall Follow Up," and stated the follow up was to be completed after "each and every" time a client had experienced a fall, and located five (5) documented "fall follow up" reports completed by the direct care staff out of sixteen (16) fall incidents which resulted in injuries for clients A, B, and C. The PM stated "there is our investigation." Each of the five "Fall Follow Up" reports did not include witness statements, questions/answers, people interviewed, review of the client's record, review by the IDT, and the form was completed by non licensed staff.</p> <p>On 1/15/16 at 2:40pm, an interview was conducted with the PM. The PM stated "No other investigations were available for review" for client A, B, and C's "patterns of falls with injuries," unknown injuries, and fractures. The PM indicated the agency followed the BDDS reporting and investigating policy and procedure to thoroughly investigate incidents with injury.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-2(a)</p>			

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W 0157  Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) for 15 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, the facility failed to implement effective corrective action according to clients A, B, and C's identified needs.</p> <p>Findings include:</p> <p>1. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated client A's allegation of neglect:</p> <p>For client A:</p> <p>-An 10/29/15 BDDS report for an incident on 10/28/15 at 2:45pm indicated the BDDS Representative reported an allegation of neglect "On 10/29/15...that</p>	W 0157	<p>W157: If the alleged violation is verified, appropriate corrective action must be taken. All investigations will be thorough and include documentation of review of all pertinent information including but not limited to: medical records, BSP, ISP, etc. Client A will have a bowel and bladder assessment. The Executive Director will review all investigations to assure they are thorough and include all pertinent information. All residential management staff has been retrained on the process of assessing, reviewing and investigating all falls. When a fall occurs, the fall assessment/investigation form will be completed. This form will be reviewed by the Program Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. To assure that all falls have been addressed, the Quality Manager and/or Quality Coordinator will review internal</p>	02/14/2016

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	<p>while on a visit to [name of Group Home] on 10/28/15 that a staff member had not cleaned up [client A] after she had an (incontinence of bowel and bladder) accident." The report indicated the staff member was suspended pending an investigation.</p> <p>-A 11/4/15 BDDS follow up report indicated "The investigation has concluded and the allegation was unsubstantiated. The [BDDS Representative name] who alleged the neglect had neither checked the consumer to see if she was in soiled clothing nor asked the staff member the results of her, the staff member's checking the consumer (sic) for soiled clothing. The staff member indicated she checked the consumer and she had not soiled herself. The person who made the allegation left the home at approximately 2:55pm. The second staff who arrived at 3:00pm stated that the consumer did not have an odor to her and was checked a couple of times that afternoon and evening and was not found to be in soiled clothing. All staff who were interviewed stated that the consumer has displayed a fairly recent behavior of telling staff she has soiled herself when she has not. It is recommended that the IDT (Interdisciplinary Team) meet and add the recent behavior to her ISP/BSP</p>		<p>incident reports on a daily basis to assure that the fall assessment/investigation form is completed. The QIDP and Program Manager will meet 2 times monthly and part of the meeting will focus on Internal Incident reports and BDDS reports, to assure that there are no patterns that need to be addressed. The Executive Director will review all investigations that are completed due to serious injury (requiring more than first aid) from a fall. She will be reviewing for thoroughness and assuring that corrective action to prevent further occurrence is included. All staff were retrained on the appropriate way to place a bed alarm and to keep the alarm box free from material that could "mute" the alarm. Client A, B and C's ISPs, risk plans have been reviewed and updated to include falls and how staff are to assist to prevent falls in the future. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>	

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	<p>(Individual Support Plan/Behavior Support Plan)." No completed corrective action was available for review.</p> <p>-A 11/2/15 "Investigative Summary" indicated the 10/28/15 incident report for client A. The summary indicated staff were interviewed and no narrative statements which included the questions asked and answers given were available for review. The summary did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The summary did not include observation and monitoring of the group home for quality of care. The investigation unsubstantiated the allegation based on the one staff account who was on duty at the time of the allegation incident. No medical assessment was completed to indicate a bowel and bladder assessment was completed.</p> <p>CI (Confidential Interview) #1 indicated client A leans over the sofa and passes flatus (gas). CI #1 stated "the smell is awful" from client A's flatus. CI #1 stated client A "grunts and (flatulates)" a lot and the smell was offensive.</p> <p>CI #2 indicated client A leans over the living room furniture, passes gas, and had told others she had been incontinent. CI</p>			

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	<p>#2 stated "staff say" client A has Dementia and client A can't remember if she went to the bathroom. CI #2 indicated staff did not check client A until after the reporter had insisted the staff get up from behind the desk in the back office and come out to the living room where the client was. CI #2 indicated the staff member took client A to her bedroom without incontinent supplies, without gloves, without water, and shut the door. CI #2 stated after a few minutes, client A and the staff came out of the bedroom, client A had "a different pair of slacks on," the staff member carried a rolled up pair of slacks to the washer, and placed client A's soiled pair of slacks into the washer.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include the documented behavior of telling others she had been incontinent inappropriately. Client A's record indicated she had an 11/24/15 Psych review which indicated a diagnosis of "Dementia." Client A's record did not include a bowel and bladder assessment. Client A's record did not indicate a toileting goal/objective. Client A's 10/14/15 Nursing Quarterly did not identify incontinence, dementia, and</p>			

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	<p>client A's bowel issues. Client A's record indicated she was seen by her primary doctor for problems with her "stools (bowel movements)" on 10/13/15. Client A was scheduled for a Colonoscopy (a bowel procedure examined by her physician) on 11/2/15, and on 11/19/15 had a physician's visit for a Urinary Tract Infection. No documentation for the physician's follow up, the results of the Colonoscopy, and plans developed were available for review.</p> <p>On 1/8/16 at 10:00am, an interview with the QIDP (Qualified Intellectual Disabilities Professional), the Residential Manager (RM), and the Program Manager (PM) was conducted. The PM stated client A leans over the sofa, "grunts," makes noises, and passes gas, "but wasn't soiled" on 10/28/15. The PM stated "we investigated the incident and staff told what had occurred." The PM indicated the investigation was paraphrased responses for each staff interviewed, no narrative statements which included the questions asked and answers given were available for review. The PM indicated the investigation did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The PM indicated client A's investigation did not</p>			

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	<p>include observation and monitoring of the group home staff. The PM indicated the allegation was unsubstantiated because Group Home Staff (GHS) #2 was the one staff on duty at the time of the allegation and client A was checked after the second staff came in later. The PM indicated she was not sure if corrective action was completed for client A's allegation. The PM indicated client A did not have a medical assessment completed to include a bowel and bladder assessment. When asked if she was aware that during the allegation period of time client A had medical bowel and bladder issues going on and had a Colonoscopy on 11/2/15, the PM indicated no she was not aware.</p> <p>2. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated the following for patterns of falls, medical care monitoring, and unknown injuries:</p> <p>For client A:</p> <p>-A 12/31/15 BDDS report for an incident on 12/30/15 at 4:30pm indicated client A had "stood in Living Room, left knee gave out, and fell to floor." The report</p>			

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	<p>indicated client A had a "2cm (centimeter) x (by) 1cm red area" on client A's forehead. No corrective action was available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/20/15 at 9:30pm indicated client A fell getting into bed, hit her "bottom lip on the frame, bleeding, and had went over side rails (sic)." No corrective action were available for review.</p> <p>-A 11/20/15 BDDS report for an incident on 11/19/15 at 6:30pm indicated client A was taken to the emergency room because her blood pressure was "105/53" and client A was diagnosed with a "bladder infection RX: (treatment) antibiotic Keflex (an antibiotic)." No corrective action was available for review.</p> <p>For client B:</p> <p>-A 1/4/16 BDDS report for an incident on 1/3/16 at 1:30pm indicated client B "fell and hit her head on the driveway," client B suffered a 1cm round red mark on the back of her head and "staff attempted to break fall." No corrective action was available for review.</p> <p>-A 1/1/16 BDDS report for an incident on 12/31/15 at 7am indicated client B was</p>			

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	<p>"putting on jeans, fell, hit (her) L (Left) eyebrow on bed frame, and (resulted in a) small cut to L eye brow." The report indicated "Neuro (Neurological checks are monitoring of a clients' vital signs every four hours for signs/symptoms of concussion) checks wnl (within normal limits)." No corrective action was available for review.</p> <p>-A 12/18/15 BDDS report for an incident on 12/17/15 at 9am indicated client B had an "Unknown injury (to her Left hand) and was seen by Dr. PCP (Personal Care Physician)...[client B's] 4th finger L hand was swollen and [client B] (had) fell (sic) on 12/13/15 with no injury noted." The report indicated client B was to see the orthopedic surgeon on 12/31/15, "a splint applied." No corrective action was available for review.</p> <p>-A 11/20/15 BDDS report for an incident on 11/19/15 at 7:55am indicated client B was on floor in bathroom (during) non complaint behavior, [client B] deliberately urinated on the floor, and when getting up, slipped and fell." The report indicated client B "hit (her) head on toilet and had a red spot on her forehead." No corrective action was available for review.</p> <p>-A 11/17/15 BDDS report for an incident</p>			

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	<p>on 11/17/15 at 11:30am indicated "when [client B] was walking, she caught foot, and fell on face and forward." The report indicated client B had "multiple scrapes on arms, elbows, R (Right) hand, and R abdomen." No corrective action was available for review.</p> <p>-An 10/28/15 BDDS report for an incident on 10/27/15 at 9:30pm indicated client B "got up (from bed) to use restroom, tripped on shoe, and fell to floor." The report indicated client B had a "scab L shoulder and bruised R hand 5cm x 3cm." No corrective action was available for review.</p> <p>-An 10/4/15 BDDS report for an incident on 10/13/15 at 9:40pm indicated client B fell out of bed and had a one inch (1 ") round bump on her right elbow. No corrective action was available for review.</p> <p>-An 10/2/15 BDDS report for an incident on 10/1/15 at 11:50am indicated client B stumbled and fell getting up from a chair." The report indicated client B "landed on a peer before landing on floor and scraped her L (Left) forearm." No corrective action was available for review.</p> <p>For client C: -A 1/4/16 BDDS report for an incident on 1/2/16 at 2pm indicated client C had</p>			

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	<p>fallen, went to the hospital emergency room, and suffered with a swollen L (Left) foot, bruises L thigh 8 " by 6 " which the bruise wrapped around the back of her thigh 6 " x 4, " 1cm (centimeter) red mark L side back of head. No corrective action was available for review.</p> <p>-A 12/28/15 BDDS report for an incident on 12/27/15 at 5pm indicated client C was taken to the hospital emergency room for a "swollen R (Right) eye," and the report indicated client C "had slipped on floor while mopping it earlier in the day without injury noted." The report indicated client C had a fractured Right orbital bone and was scheduled to see a surgeon for a consultation. No corrective action was available for review.</p> <p>-A 12/26/15 BDDS report for an incident on 12/24/15 at 9:52pm indicated client C got up from bed to go to bathroom and reached for the bedroom light, fell, and suffered a "small cut to chin, neuro checks done." No corrective action was available for review.</p> <p>-A 12/21/15 BDDS report for an incident on 12/21/15 at 9:02am indicated client C fell getting on van, and scratched outside corner of L eye. No corrective action was available for review.</p> <p>On 1/7/16 from 3:15pm until 5:40pm,</p>			

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	<p>observations were conducted at the group home. From 3:15pm until 4:25pm, client B was in bed napping and the alarm control box could not be seen. At 3:25pm, the RM (Residential Manager) indicated client B used the bed alarm under the mattress to alert staff when she tried to get out of bed to prevent falls. At 3:25pm, the RM pointed to the far corner of the room toward a pile of clothing on a chair and on the bedside stand to indicate the alarm control box was located under that location. At 4:25pm, client B got up independently out of bed, opened her bedroom door, the alarm did not sound, and the RM, who was inside the doorway to the medication room, saw client B at the doorway. The RM assisted client B to put on regular socks inside her bedroom, client B with the RM exited the bedroom a short time later, and walked to the living room without assistance. Client B fell into the sofa face first where the QIDP, who was sitting with other clients, caught client B before client B's face hit other clients. At 4:25pm, client B's bedroom was observed with the RM. The RM pulled up the mattress to the bed to show client B's bed alarm between the mattress and box springs. The alarm had a power wire connecting it to the alarm box located inside client B's bedroom, on the side of the bedside cabinet facing the outside wall with clothing piled on top of</p>			

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	<p>the area around the alarm box. The RM indicated client B's alarm did not sound today when client B got up. The RM pulled up client B's mattress to expose the bed alarm pad which covered the right side of client B's bed and had been placed long ways and did not cover the area of client B's bed where client B had been lying. The RM indicated the staff applied the alarm on the bed and did not follow the manufacturer's recommendations written on the alarm pad which indicated "place under sheet...side ways to cover the entire area" of the bed where the client lay. From 4:25pm until 5:40pm, client B wore regular socks and walked independently throughout the group home and did not wear her prescribed eye glasses. No eye glasses and no non skid socks use were taught and encouraged.</p> <p>On 1/8/16 from 9:20am until 1:40pm, client B's bed was observed with the PM. Client B's bed alarm remained between the mattress and box springs. The PM stated client B's bed alarm was "incorrectly applied and used" on client B's bed.</p> <p>On 1/8/16 at 10:00am, an interview with the PM, QIDP, and RM was conducted. The three administrative staff indicated no corrective action was available for</p>			

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	<p>review of clients A, B, and C's patterns of falls with injuries. The PM provided a document for "Fall Follow Up," and stated the follow up was to be completed after "each and every" time a client had experienced a fall, and located five (5) documented "fall follow up" reports completed by the direct care staff out of sixteen (16) fall incidents which resulted in injuries for clients A, B, and C. The PM stated "there is our investigation." Each of the five "Fall Follow Up" reports did not include witness statements, questions/answers, people interviewed, review of the client's record, and was completed by non licensed staff.</p> <p>On 1/15/16 at 2:40pm, an interview was conducted with the PM. The PM indicated clients A, B, and C's documentation for specific risk plans and how to assist each client to prevent and protect the clients from falls was not available for review. The PM stated the agency trained the staff "generally" about falls and the "danger of falls." The PM stated "No, the client's plans were not specific" to prevent falls. The PM indicated staff had not been trained to apply client B's bed alarm. The PM stated client B's bed alarm was functional and "was not applied correctly" on client B's bed on 1/7/16 and 1/8/16 when the PM and surveyor reviewed the placement</p>			

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	<p>of the alarm on client B's bed. The PM stated "No other investigations were available for review" for client A, B, and C's "patterns of falls with injuries," unknown injuries, and fractures. The PM indicated the agency followed the BDDS reporting and investigating policy and procedure to take effective corrective action. The PM indicated no corrective action was available for review.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include client A's falls. Client A's 10/14/15, 7/13/15, and 4/12/15 Nursing quarterly assessments did not include client A's falls. Client A's 10/14/15 "Risk Plan #6...At risk for falls d/t (due to) seizures, unsteady gait at times, Hx (history) of falls; bed with side rails...11/24/15 Gait belt for amb. (ambulation)..." Client A's record did not indicate how staff were to assist client A to prevent falls, client A's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client B's record was reviewed on 1/8/16 at 10:30am. Client B's 2/12/15 ISP (Individual Support Plan) and 2/12/15 BSP did not include client B's falls. Client B's record did not include Nursing</p>			

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	<p>quarterly assessments available for review. Client B's record indicated monthly nurses notes and did not include client B's falls. Client B's 6/5/15 "Risk Plan #8...Fall Risk...(added) 1/17/15...L (Left) ring finger fx. will heal (without) complications...Bed alarm to be on at all times while [client B] is in bed with volume on highest level...Non skid slipper socks to be on when [client B] is not wearing shoes...Staff will ensure that bed rails are up when [client B] is in bed...staff will ensure that mat is on floor next to bed when [client B] is in bed to help prevent injury in case of fall out of bed..." Client B's 6/4/15 "Fall Risk Evaluation" indicated a score of "14" and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client B's record did not indicate how staff were to assist client B to prevent falls, client B's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client C's record was reviewed on 1/8/16 at 12:20pm. Client B's 7/2/15 ISP (Individual Support Plan) and 7/2/15 BSP did not include client C's falls. Client C's 12/3/15, 9/23/15, and 6/23/15 Nursing quarterly assessments did not include client C's falls. Client C's 12/29/15 "Risk Plan...Fall risk and risk for fracture...Gait belt to be used as ordered for unsteady</p>			

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W 0331 Bldg. 00	<p>gait...Bedrails to be used as ordered...." Client C's 12/29/15 "Fall Risk and Risk for Fracture Evaluation" indicated client C was at risk for falls, a score of "19," and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client C's record did not indicate how staff were to assist client C to prevent falls, client C's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) for 17 of 24 BDDS (Bureau of Developmental Disabilities Services) reports reviewed for clients A, B, and C's pattern of falls with injuries, client B and C's fractures, and 1 of 1 investigations reviewed for client A's allegation of staff to client neglect, the facility failed to ensure the nursing services met client A, B, and C's identified medical needs regarding</p>	W 0331	<p>W331; The facility must provide clients with nursing services in accordance with their needs. All nurses have been retrained to document all falls in the nursing progress notes. This documentation will include an assessment of the consumer, follow up and any updated risk plans and/or any changes to the consumer's plans due to the fall. Nurses were also trained that they will address falls when they do their quarterly</p>	02/14/2016

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	<p>assessments, development of client specific protocols, monitoring client's medical services provided, and medical follow up for pattern of falls, fractures, and medical care.</p> <p>Findings include:</p> <p>1. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated client A's allegation of neglect:</p> <p>For client A:</p> <p>-An 10/29/15 BDDS report for an incident on 10/28/15 at 2:45pm indicated the BDDS Representative reported an allegation of neglect "On 10/29/15...that while on a visit to [name of Group Home] on 10/28/15 that a staff member had not cleaned up [client A] after she had an (incontinence of bowel and bladder) accident."</p> <p>-A 11/4/15 BDDS follow up report indicated "The investigation has concluded and the allegation was unsubstantiated. The [BDDS Representative name] who alleged the neglect had neither checked the consumer to see if she was in soiled clothing nor</p>		<p>assessment—this will be documented in their nurse's notes completed at the time of their quarterly assessment. When a fall occurs, the fall assessment/investigation form will be completed. Nursing will be a part of the review/investigation of the fall. This form will be reviewed by the Program Manager for SGL and the Quality Manager for timeliness, thoroughness, patterns of falls and corrective action taken to prevent reoccurrence. Additionally the form will be forwarded to the Nurse Manager to assure that nursing is aware and involved when falls occur. The Nurse Manager will follow up with the nurse assigned to the home to assure that the nurse has addressed the fall from a medical standpoint. Client A will have a bowel and bladder assessment and any changes will be included in her plan. Client A will have a toileting objective added if indicated from the bowel and bladder assessment. Nurses were also trained that their notes need to include documentation pertaining to physician's follow up, any results from medical testing and any update to plans. When investigations involve medical needs the nurses will be included in the investigation. All staff have been retrained on the appropriate way to place a bed alarm and to keep the alarm box free from material that could "mute" the alarm. Client A, B</p>	

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	<p>asked the staff member the results of her, the staff member's checking the consumer (sic) for soiled clothing. The staff member indicated she checked the consumer and she had not soiled herself. The person who made the allegation left the home at approximately 2:55pm. The second staff who arrived at 3:00pm stated that the consumer did not have an odor to her and was checked a couple of times that afternoon and evening and was not found to be in soiled clothing. All staff who were interviewed stated that the consumer has displayed a fairly recent behavior of telling staff she has soiled herself when she has not. It is recommended that the IDT (Interdisciplinary Team) meet and add the recent behavior to her ISP/BSP (Individual Support Plan/Behavior Support Plan)."</p> <p>-A 11/2/15 "Investigative Summary" indicated the 10/28/15 incident report for client A. The summary indicated staff were interviewed and no narrative statements which included the questions asked and answers given were available for review. The summary did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The summary did not include observation and monitoring of the group home for quality of care. The</p>		<p>and C's ISPs, risk plans have been reviewed and updated to include falls and how staff are to assist to prevent falls in the future. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>	

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	<p>investigation unsubstantiated the allegation based on the one staff account who was on duty at the time of the allegation incident. No medical assessment was completed to indicate a bowel and bladder assessment was completed.</p> <p>CI (Confidential Interview) #1 indicated client A leans over the sofa and passes flatus (gas). CI #1 stated "the smell is awful" from client A's flatus. CI #1 stated client A "grunts and (flatulates)" a lot and the smell was offensive.</p> <p>CI #2 indicated client A leans over the living room furniture, passes flatus, and had told others she had been incontinent. CI #2 stated "staff say" client A has Dementia and client A can't remember if she went to the bathroom. CI #2 indicated staff did not check client A until after the reporter had insisted the staff get up from behind the desk in the back office and come out to the living room where the client was. CI #2 indicated the staff member took client A to her bedroom without incontinent supplies, without gloves, without water, and shut the door. CI #2 stated after a few minutes, client A and the staff came out of the bedroom, client A had "a different pair of slacks on," the staff member carried a rolled up pair of slacks</p>			

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	<p>to the washer, and placed client A's soiled pair of slacks into the washer.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include the documented behavior of telling others she had been incontinent inappropriately. Client A's record indicated she had an 11/24/15 Psych review which indicated a diagnosis of "Dementia." Client A's record did not include a bowel and bladder assessment. Client A's record did not indicate a toileting goal/objective. Client A's 10/14/15 Nursing Quarterly did not identify incontinence, dementia, and client A's bowel issues. Client A's record indicated she was seen by her primary doctor for problems with her "stools (bowel movements)" on 10/13/15. Client A was scheduled for a Colonoscopy (a bowel procedure examined by her physician) on 11/2/15, and on 11/19/15 had a physician's visit for a Urinary Tract Infection. No documentation for the physician's follow up, the results of the Colonoscopy, and plans developed were available for review.</p> <p>On 1/8/16 at 10:00am, an interview with the QIDP (Qualified Intellectual Disabilities Professional), the Residential Manager (RM), and the Program</p>			

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	<p>Manager (PM) was conducted. The PM indicated the facility's nursing staff was not involved during the investigation. The PM stated client A leans over the sofa, "grunts," makes noises, and passes gas, "but wasn't soiled" on 10/28/15. The PM stated "we investigated the incident and staff told what had occurred." The PM indicated the investigation was paraphrased responses for each staff interviewed, no narrative statements which included the questions asked and answers given were available for review. The PM indicated the investigation did not include a review of client A's record, risk plans, doctor visits, medical information, ISP, or BSP. The PM indicated client A's investigation did not include observation and monitoring of the group home staff. The PM indicated the allegation was unsubstantiated because Group Home Staff (GHS) #2 was the one staff on duty at the time of the allegation and client A was checked after the second staff came in later. The PM indicated she was not sure if corrective action was completed for client A's allegation. The PM indicated client A did not have a medical assessment completed to include a bowel and bladder assessment. When asked if she was aware that during the allegation period of time client A had medical bowel and bladder issues going on and</p>			

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	<p>had a Colonoscopy on 11/2/15, the PM indicated no she was not aware.</p> <p>2. On 1/7/16 at 11:20am and on 1/8/16 at 7:00am, the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 10/1/15 through 1/7/16 were reviewed and indicated the following for patterns of falls, medical care monitoring, and unknown injuries without the agency's nursing services follow up:</p> <p>For client A:</p> <p>-A 12/31/15 BDDS report for an incident on 12/30/15 at 4:30pm indicated client A had "stood in Living Room, left knee gave out, and fell to floor." The report indicated client A had a "2cm (centimeter) x (by) 1cm red area" on client A's forehead.</p> <p>-A 12/21/15 BDDS report for an incident on 12/20/15 at 9:30pm indicated client A fell getting into bed, hit her "bottom lip on the frame, bleeding, and had went over side rails (sic)."</p> <p>-A 11/20/15 BDDS report for an incident on 11/19/15 at 6:30pm indicated client A was taken to the emergency room because her blood pressure was "105/53" and client A was diagnosed with a</p>			

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	<p>"bladder infection RX: (treatment) antibiotic Keflex (an antibiotic)."</p> <p>For client B:</p> <p>-A 1/4/16 BDDS report for an incident on 1/3/16 at 1:30pm indicated client B "fell and hit her head on the driveway," client B suffered a 1cm round red mark on the back of her head and "staff attempted to break fall."</p> <p>-A 1/1/16 BDDS report for an incident on 12/31/15 at 7am indicated client B was "putting on jeans, fell, hit (her) L (Left) eyebrow on bed frame, and (resulted in a) small cut to L eye brow." The report indicated "Neuro (Neurological checks are vital sign records which monitor signs/symptoms of concussion) checks wnl (within normal limits)."</p> <p>-A 12/18/15 BDDS report for an incident on 12/17/15 at 9am indicated client B had an "Unknown injury (to her Left hand) and was seen by Dr. PCP (Personal Care Physician)...[client B's] 4th finger L hand was swollen and [client B] (had) fell (sic) on 12/13/15 with no injury noted." The report indicated client B was to see the orthopedic surgeon on 12/31/15, "a splint applied."</p> <p>-A 11/20/15 BDDS report for an incident</p>			

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	<p>on 11/19/15 at 7:55am indicated client B was on floor in bathroom (during) non complaint behavior, [client B] deliberately urinated on the floor, and when getting up, slipped and fell." The report indicated client B "hit (her) head on toilet and had a red spot on her forehead."</p> <p>-A 11/17/15 BDDS report for an incident on 11/17/15 at 11:30am indicated "when [client B] was walking, she caught foot, and fell on face and forward." The report indicated client B had "multiple scrapes on arms, elbows, R (Right) hand, and R abdomen."</p> <p>-An 10/28/15 BDDS report for an incident on 10/27/15 at 9:30pm indicated client B "got up (from bed) to use restroom, tripped on shoe, and fell to floor." The report indicated client B had a "scab L shoulder and bruised R hand 5cm x 3cm."</p> <p>-An 10/4/15 BDDS report for an incident on 10/13/15 at 9:40pm indicated client B fell out of bed and had a one inch (1 " ) round bump on her right elbow.</p> <p>-An 10/2/15 BDDS report for an incident on 10/1/15 at 11:50am indicated client B stumbled and fell getting up from a chair." The report indicated client B "landed on a peer before landing on floor and scraped her L (Left) forearm."</p>			

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	<p>For client C:</p> <p>-A 1/4/16 BDDS report for an incident on 1/2/16 at 2pm indicated client C had fallen, went to the hospital emergency room, and suffered with a swollen L (Left) foot, bruises L thigh 8 " by 6 " which the bruise wrapped around the back of her thigh 6 " x 4, " 1cm (centimeter) red mark L side back of head.</p> <p>-A 12/30/15 BDDS report for an incident on 12/29/15 at 9:40pm indicated client C had "slurred speech," went to the emergency room, was unable to walk EMS (Emergency Medical Services) transported client C to the hospital. The report indicated client C had diagnoses which included a "possible stroke, then later dx: (diagnosis) low electrolyte low potassium, IV (Intravenous) fluids."</p> <p>-A 12/28/15 BDDS report for an incident on 12/27/15 at 5pm indicated client C was taken to the hospital emergency room for a "swollen R (Right) eye," and the report indicated client C "had slipped on floor while mopping it earlier in the day without injury noted." The report indicated client C had a fractured Right orbital bone and was scheduled to see a surgeon for a consultation.</p> <p>-A 12/26/15 BDDS report for an incident on 12/24/15 at 9:52pm indicated client C</p>			

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	<p>got up from bed to go to bathroom and reached for the bedroom light, fell, and suffered a "small cut to chin, neuro checks done."</p> <p>-A 12/21/15 BDDS report for an incident on 12/21/15 at 9:02am indicated client C fell getting on van, and scratched outside corner of L eye.</p> <p>On 1/7/16 from 3:15pm until 5:40pm, observations were conducted at the group home. From 3:15pm until 4:25pm, client B was in bed napping. At 3:25pm, the RM (Residential Manager) indicated client B used the bed alarm under the mattress to alert staff when she tried to get out of bed to prevent falls. At 4:25pm, client B got up independently out of bed, opened her bedroom door, the alarm did not sound, and the RM, who was inside the doorway to the medication room, saw client B at the doorway. The RM assisted client B to put on regular socks inside her bedroom, client B with the RM exited the bedroom a short time later, and walked to the living room without assistance. Client B fell into the sofa face first where the QIDP (Qualified Intellectual Disabilities Professional), who was sitting with other clients, caught client B before client B's face hit other clients. At 4:25pm, client B's bedroom was observed with the RM. The RM pulled up the mattress to the bed to show</p>			

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	<p>client B's bed alarm between the mattress and box springs. The alarm had a power wire connecting it to the alarm box located inside client B's bedroom, on the side of the bedside cabinet facing the outside wall with clothing piled on top of the area around the alarm box. The RM indicated client B's alarm did not sound today when client B got up. The RM pulled up client B's mattress to expose the bed alarm pad which covered the right side of client B's bed and had been placed long ways and did not cover the area of client B's bed where client B had been lying. The RM indicated the staff applied the alarm on the bed and did not follow the manufacturer's recommendations written on the alarm pad which indicated "place under sheet...side ways to cover the entire area" of the bed where the client lay. From 4:25pm until 5:40pm, client B wore regular socks and walked independently throughout the group home and did not wear her prescribed eye glasses. No eye glasses and no non skid socks use were taught and encouraged.</p> <p>On 1/8/16 from 9:20am until 1:40pm, client B's bed was observed with the PM. Client B's bed alarm remained between the mattress and box springs. The PM stated client B's bed alarm was "incorrectly applied and used" on client</p>			

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	<p>B's bed.</p> <p>On 1/8/16 at 10:00am, an interview with the PM, QIDP, and RM was conducted. The three administrative staff indicated no corrective action was available for review of clients A, B, and C's patterns of falls with injuries. The PM provided a document for "Fall Follow Up," and stated the follow up was to be completed after "each and every" time a client had experienced a fall, and located five (5) documented "fall follow up" reports completed by the direct care staff out of sixteen (16) fall incidents which resulted in injuries for clients A, B, and C. The PM indicated each of the five "Fall Follow Up" reports did not include witness statements, questions/answers, people interviewed, review of the client's record, and was completed by non licensed staff.</p> <p>On 1/15/16 at 2:40pm, an interview was conducted with the PM. The PM indicated clients A, B, and C's documentation for specific risk plans and how to assist each client to prevent and protect the clients from falls was not available for review. The PM stated the agency trained the staff "generally" about falls and the "danger of falls." The PM stated "No, the client's plans were not specific" to prevent falls. The PM</p>			

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	<p>indicated staff had not been trained to apply client B's bed alarm. The PM stated client B's bed alarm was functional and "was not applied correctly" on client B's bed on 1/7/16 and 1/8/16 when the PM and surveyor reviewed the placement of the alarm on client B's bed. The PM stated "No other investigations were available for review" for client A, B, and C's "patterns of falls with injuries," unknown injuries, and fractures.</p> <p>Client A's record was reviewed on 1/8/16 at 11:30am. Client A's 1/16/15 ISP (Individual Support Plan) and undated BSP did not include client A's falls. Client A's 10/14/15, 7/13/15, and 4/12/15 Nursing quarterly assessments did not include client A's falls. Client A's 10/14/15 "Risk Plan #6...At risk for falls d/t (due to) seizures, unsteady gait at times, Hx (history) of falls; bed with side rails...11/24/15 Gait belt for amb. (ambulation)...." Client A's record did not indicate how staff were to assist client A to prevent falls, client A's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client B's record was reviewed on 1/8/16 at 10:30am. Client B's 2/12/15 ISP (Individual Support Plan) and 2/12/15 BSP did not include client B's falls.</p>			

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	<p>Client B's record did not include Nursing quarterly assessments available for review. Client B's record indicated monthly nurses notes and did not include client B's falls. Client B's 6/5/15 "Risk Plan #8...Fall Risk...(added) 1/17/15...L (Left) ring finger fx. will heal (without) complications...Bed alarm to be on at all times while [client B] is in bed with volume on highest level...Non skid slipper socks to be on when [client B] is not wearing shoes...Staff will ensure that bed rails are up when [client B] is in bed...staff will ensure that mat is on floor next to bed when [client B] is in bed to help prevent injury in case of fall out of bed..." Client B's 6/4/15 "Fall Risk Evaluation" indicated a score of "14" and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client B's record did not indicate how staff were to assist client B to prevent falls, client B's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>Client C's record was reviewed on 1/8/16 at 12:20pm. Client B's 7/2/15 ISP (Individual Support Plan) and 7/2/15 BSP did not include client C's falls. Client C's 12/3/15, 9/23/15, and 6/23/15 Nursing quarterly assessments did not include client C's falls. Client C's 12/29/15 "Risk Plan...Fall risk and risk for fracture...Gait</p>			

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W 0436 Bldg. 00	<p>belt to be used as ordered for unsteady gait...Bedrails to be used as ordered..."</p> <p>Client C's 12/29/15 "Fall Risk and Risk for Fracture Evaluation" indicated client C was at risk for falls, a score of "19," and "A score of 10 or above indicates a risk for falling and a Fall Protocol needs to be completed." Client C's record did not indicate how staff were to assist client C to prevent falls, client C's patterns of falls with injuries, and nursing interventions to prevent future falls with injuries.</p> <p>This federal tag relates to complaint IN00188044.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 2 sampled clients observed (client B) with adaptive equipment, the facility failed to have client B's prescribed eye glasses available and encouraged client B to wear her prescribed eye glasses when</p>	W 0436	W436: 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 communication aids, braces, and other devices identified by the	02/14/2016

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	<p>opportunities existed.</p> <p>Findings include:</p> <p>On 1/7/16 from 3:15pm until 5:40pm, client B was observed at the group home and did not wear her prescribed eye glasses. From 3:15pm until 5:40pm, the dining room table had 3 of 5 light bulbs burned out. At 3:40pm, clients C, D, E, F, G, and H indicated the light in the dining room made the room have a shadow and they could not see the floor clearly. At 3:40pm, the QIDP (Qualified Intellectual Disabilities Professional) and the RM (Residential Manager) both indicated the dining room lights had been burned out over a week. At 4:00pm, client C and H began to set the dining room table and indicated the room was dim. Both indicated the sun was starting to go down. From 5:15pm until 5:40pm, client B was asked to be seated at the dining room table with the burned out light bulbs overhead. At 5:15pm, the QIDP stated the sun was "going down and the room was dim." From 5:15pm until 5:40pm, client B's facial expressions were difficult to see from five feet (5') away from the dining room table. Client B leaned forward in her chair, looked closely into the serving bowls, and scooped out her food to serve herself dinner in the dimly lit room. At 5:40pm,</p>		<p>interdisciplinary team as need by the client. The staff will be trained that they are to encourage consumers to utilize their adaptive equipment and to train with them when they refuse. A goal/objective will be written for consumers who refuse to use their adaptive equipment. A member of the Management team (Executive director, Program Manager, Quality Manager, Quality Coordinator and/or Nurse Manager) will initially provide management oversight in the home 2 times weekly. The QIDP will provide oversight at least 3 times per week and the RM will be in the home at least 5 times per week.</p>	

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	<p>client B indicated she had difficulty distinguishing the differences for the serving bowl of the fruit cocktail and the whole kernel corn. During the observation period the facility staff did not encourage client B to wear her prescribed eye glasses.</p> <p>Client B's record was reviewed on 1/8/16 at 10:40am. Client B's 2/12/15 ISP (Individual Support Plan) did not indicate a goal to wear her prescribed eye glasses. Client B's ISP indicated a list of adaptive equipment which included prescribed eye glasses. Client B's 2/24/14 visual examination indicated client B wore prescribed eye glasses to see.</p> <p>On 1/15/16 at 2:40pm, an interview with the PM (Program Manager) was conducted. The PM indicated client B should be encouraged to wear her prescribed eye glasses to see. The PM indicated client B wore prescribed eye glasses.</p> <p>This federal tag relates to complaint IN00188044. 9-3-7(a)</p>			