

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G480	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9520 E GEMINI DR INDIANAPOLIS, IN 46229
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W 0000 Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to an extended annual recertification and state licensure survey completed on 6/17/15.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00179076.</p> <p>Dates of Survey: 8/3/15, 8/4/15 and 8/5/15</p> <p>Facility Number: 000994 Provider Number: 15G480 AIMS Number: 100244960</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients, to</p>	W 0104	The agency has ensured an increased presence of members of the agencies executive council members (governing body), including the administrator of the home, in the facility to ensure the needs of all clients are properly reported and addressed. An agency	09/04/2015

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

TITLE

(X6) DATE

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

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	<p>ensure the facility implemented its policy and procedures to prevent neglect of client A regarding timely medical attention for her fractured ankle and to complete a thorough investigation regarding client A's fractured ankle.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). Please see W122. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A regarding timely medical attention for her fractured ankle and to complete a thorough investigation regarding client A's fractured ankle. Please see W149. 3. The governing body failed to exercise general policy, budget and operating direction over the facility completed a thorough investigation regarding client A's ankle. Please see W154. <p>This deficiency was cited on 6/17/15. The facility failed to implement a systemic</p>		<p>administrator is onsite when the clients and staff are present in the home no less than three times a week. During these visits the administrator completes various activities to ensure all needs are met, including observations of the clients completing their routine activities and observing for any health or safety concerns, staff to client interactions, and a review of records. A specific observation tool is used to document observations and reviews. This frequency of administrative presence will continue until otherwise determined by the executive council when there is evidence that the facility is compliant with the condition of participation and that of client protections. Ongoing routine presence of the administrator will continue. Those days in which an administrator does not visit the home, the administrator directs the presence of another professional staff member (including the nurse or a QIDP). This will continue until compliance is evident to the executive council. Each professional completing visits are completing specific notes regarding their visits and submitted to the administrator for review.</p> <p>In addition to an increased presence of members of the agencies governing body, the administrative team identified that the QIDP and nurse responsible for the facility were unable to ensure ongoing</p>	

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	<p>plan of correction.</p> <p>9-3-1(a)</p>		<p>protection of the clients in the home. The employment of both of these professionals has been terminated. A RN is now completing nursing responsibilities for the facility. She has a presence in the home no less than 3 times weekly at this time when the clients are present. She completes routine nursing assessments and responds to reports of medical and health concerns. Her activities are recorded in the agency's electronic records system. Her charting is reviewed weekly by the administrator. The nurse has also completed a thorough review of the medical records for each client to ensure all medical recommendations and follow-up needs have been adequately addressed. These activities have been completed at the direction of the administrator. The administrator has also hired and is training a new QIDP who is responsible for the facility. She has at least 6 years of pertinent experience. This professional will provide on-going support from administrators. An aspect of her training will include a review of state regulations and those issues that have been present in the home that have led to this repeat citation. Her training will also involve being present in the facility with the administrator to receive training to complete effective visits and observations. She will be trained on appropriate responses to identified</p>	

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			<p>concerns. She will provide written report to the administrators regarding her observations and activities at each time of presence in the facility. She will be provided a specific visit note to complete during visits in the home. The administrator for the home is responsible for the QIDP activities in the home until the new QIDP's training is completed. The administrator has also trained the staff who continue to work in the home on reporting and documenting requirements. One function of daily professional presence is to ensure all required items are reported properly. All staff in the home will also complete a refresher training on prevention of abuse and neglect. This training will be provided by the administrator. The professional who completed the investigation regarding the associated incident with client A will not be assigned to complete further investigations of this nature until she completes further training on completion of thorough investigations. The administrator will assign investigations related to serious injuries to professionals who have completed training on completing thorough investigations and have demonstrated the ability to complete thorough investigations regarding other issues. The ability to complete investigations of this nature will be arrived at by consensus of the Area Director and</p>	

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W 0122	483.420 CLIENT PROTECTIONS		<p>Program Quality Coordinator, both experienced QIDPs and administrators. The Program Quality Coordinator will continue to complete the administrative review of completed investigations. The Program Quality Coordinator will ensure review of submitted investigations within one business day of receipt. An aspect of this review is for thoroughness. The Program Quality Coordinator will ensure completion of more thorough investigation as identified. The Program Services Director who supervises the Program Quality Coordinator will also be copied and will review submitted and reviewed investigations for any future incidents of this nature as another means to ensure completion of thorough investigations. This particular matter was further investigated by the Program Quality Coordinator. The identified issues, including failure to timely report indication of injury, has been addressed in the form of disciplinary action with those employees found to be responsible. The administrator has also directed and is ensuring that additional protective steps and medical assessments for client A are completed to further ensure her safety.</p> <p>Responsible Party: Area Director</p>	

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Bldg. 00	<p>The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (A). The facility failed to implement its policy and procedures to prevent neglect of client A regarding timely medical attention for her fractured ankle and to complete a thorough investigation regarding client A's fractured ankle.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policy and procedures to prevent neglect of client A regarding timely medical attention for her fractured ankle and to complete a thorough investigation regarding client A's fractured ankle. Please see W149. 2. The facility failed to conduct a thorough investigation regarding client A's fractured ankle. Please see W154. <p>This deficiency was cited on 6/17/15. The facility failed to implement a systemic plan of correction.</p> <p>9-3-2(a)</p>	W 0122	<p>The agency has ensured an increased presence of members of the agencies executive council members (governing body), including the administrator of the home, in the facility to ensure the needs of all clients are properly reported and addressed. An agency administrator is onsite when the clients and staff are present in the home no less than three times a week. During these visits the administrator completes various activities to ensure all needs are met, including observations of the clients completing their routine activities and observing for any health or safety concerns, staff to client interactions, and a review of records. A specific observation tool is used to document observations and reviews. This frequency of administrative presence will continue until otherwise determined by the executive council when there is evidence that the facility is compliant with the condition of participation and that of client protections. Ongoing routine presence of the administrator will continue. Those days in which an administrator does not visit the home, the administrator directs the presence of another professional staff member (including the nurse or a QIDP). This will continue until compliance is evident to the executive council. Each</p>	09/04/2015

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			<p>professional completingvisits are completing specific notes regarding their visits and submitted tothe administrator for review.</p> <p>In addition to an increased presence of members of theagencies governing body, the administrative team identified that the QIDP andnurse responsible for the facility were unable to ensure ongoing protection ofthe clients in the home. The employment of both of these professionals has beenterminated. A RN is now completing nursing responsibilities for the facility.She has a presence in the home no less than 3 times weekly at this time whenthe clients are present. She completes routine nursing assessments and respondsto reports of medical and health concerns. Her activities are recorded in theagencies electronic records system. Her charting is reviewed weekly by theadministrator. The nurse has also completed a thorough review of the medicalrecords for each client to ensure all medical recommendation and follow-upneeds have been adequately addressed. These activities have been completed atthe direction of the administrator. The administrator has also hired and is training a new QIDPwho is responsible for the facility. She has at least 6 years of pertinentexperience. This professional will provide on-going support fromadministrators. An</p>	

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			<p>aspect of her training will include a review of stateregulations and those issues that have been present in the home that have ledto this repeat citation. Her training will also involve being present in thefacility with the administrator to receive training to complete effectivevisits and observations. She will be trained on appropriate responses toidentified concerns. She will provide written report to the administratorsregarding her observations and activities at each time of presence in thefacility. She will be provided a specific visit note to complete during visitsin the home. The administrator for the home is responsible for the QIDPactivities in the home until the new QIDP's training is completed. The administrator has also trained the staff who continue towork in the home on reporting and documenting requirements. One function ofdaily professional presence is to ensure all required items are reportedproperly. All staff in the home will also complete a refresher training onprevention of abuse and neglect. This training will be provided by theadministrator. The professional who completed the investigation regardingthe associated incident with client A will not be assigned to complete furtherinvestigations of this nature until she completes further training oncompletion of thorough investigations. The administrator will</p>	

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			<p>assign investigations related to serious injuries to professionals who have completed training on completing thorough investigations and have demonstrated the ability to complete thorough investigations regarding other issues. The ability to complete investigations of this nature will be arrived at by consensus of the Area Director and Program Quality Coordinator, both experienced QIDPs and administrators. The Program Quality Coordinator will continue to complete the administrative review of completed investigations. The Program Quality Coordinator will ensure review of submitted investigations within one business day of receipt. An aspect of this review is for thoroughness. The Program Quality Coordinator will ensure completion of more thorough investigation as identified. The Program Services Director who supervises the Program Quality Coordinator will also be copied and will review submitted and reviewed investigations for any future incidents of this nature as another means to ensure completion of thorough investigations. This particular matter was further investigated by the Program Quality Coordinator. The identified issues, including failure to timely report indication of injury, has been addressed in the form of disciplinary action with those employees found to be responsible.</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its policy and procedures to prevent neglect of client A regarding timely medical attention for her fractured ankle and to complete a thorough investigation regarding client A's fractured ankle.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/3/15 at 1:42 PM. The review indicated the following:</p> <p>-BDDS report date 7/28/15 indicated, "At workshop (on 7/27/15), [client A] told her supervisor that her ankle was sore and appeared swollen. The agency nurse checked her out and determined that she should have x-rays completed. [Client A]</p>	W 0149	<p>The administrator has also directed and is ensuring that additional protective steps and medical assessments for client A are completed to further ensure her safety. Responsible Party: Area Director</p> <p>The agency has ensured an increased presence of members of the agencies executive council members (governing body), including the administrator of the home, in the facility to ensure the needs of all clients are properly reported and addressed. An agency administrator is onsite when the clients and staff are present in the home no less than three times a week. During these visits the administrator completes various activities to ensure all needs are met, including observations of the clients completing their routine activities and observing for any health or safety concerns, staff to client interactions, and a review of records. A specific observation tool is used to document observations and reviews. This frequency of administrative presence will continue until otherwise determined by the executive council when there is evidence that the facility is compliant with the condition</p>	09/04/2015

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	<p>went to the [hospital] ER (Emergency Room) and had x-rays completed and an ultra sound to rule out a blood clot. The x-rays showed a fracture on her right ankle and (sic) was from an old break. [Client A] states that she has not fallen recently and (sic) no reports from the staff at home of falling."</p> <p>-Investigation Summary Form (ISF) dated 7/28/15 indicated, "7/28/15, Follow up with [workshop] about the time [client A] complained (of pain). It was when she first arrived at workshop." The ISF dated 7/28/15 did not indicate documentation of interview of client A's direct supervisor who initially took the report of client A's complaint of pain as indicated in the 7/28/15 BDDS report. The ISF dated 7/28/15 did not establish a timeline of when client A self reported pain in her ankle and did not indicate documentation of interview with staff #3, staff #4 and/or staff #5 who had worked in the home with client A prior to the discovery of her fractured ankle.</p> <p>The ISF dated 7/28/15 indicated, "On 7/26/15, [client A] became physically aggressive towards [staff #1] when she was asked to wash up. [Client A] struck [staff #1] four times and [client A] became self-abusive. According to [staff #2] and [staff #1] they closed [client A's]</p>		<p>of participation and that of client protections. Ongoing routine presence of the administrator will continue. Those days in which an administrator does not visit the home, the administrator directs the presence of another professional staff member (including the nurse or a QIDP). This will continue until compliance is evident to the executive council. Each professional completing visits are completing specific notes regarding their visits and submitted to the administrator for review.</p> <p>In addition to an increased presence of members of the agencies governing body, the administrative team identified that the QIDP and nurse responsible for the facility were unable to ensure ongoing protection of the clients in the home. The employment of both of these professionals has been terminated. A RN is now completing nursing responsibilities for the facility. She has a presence in the home no less than 3 times weekly at this time when the clients are present. She completes routine nursing assessments and responds to reports of medical and health concerns. Her activities are recorded in the agencies electronic records system. Her charting is reviewed weekly by the administrator. The nurse has also completed a thorough review of the medical records for each client to ensure all medical recommendation</p>	

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	<p>door to allow her to calm down. [Client A] may have injured herself while she was behind closed doors and engaging in self-abuse. [Staff #1] indicated staff (unspecified), said [client A] had complained of ankle pain early in the day." The ISF dated 7/28/15 did not indicate documentation of reconciliation of staff's accounts of a behavioral incident occurring the day before the discovered incident on 7/26/15. The ISF dated 7/28/15 indicated the investigation was completed by Administrative Program Coordinator (APC) #1.</p> <p>Day Service Production Supervisor (DSPS) #1 was interviewed on 8/4/15 at 12:40 PM. DSPS #1 stated, "[Client A] arrived for work that day (7/27/15) and said that her ankle was hurting. She said she had told her staff. I had her sit down in a chair and hold both her feet out. Her right ankle and foot did appear to be larger than the left. I notified my supervisor and she let [agency] know about [client A's] ankle. They came and got her around 10:00 AM that morning." When asked if the agency had contacted her to make an inquiry of her account of the 7/27/15 incident, DSPS #1 stated, "No, they haven't talked to me."</p> <p>The facility's Payroll Detail/time sheet form dated from 7/25/15 through 7/27/15</p>		<p>and follow-up needs have been adequately addressed. These activities have been completed at the direction of the administrator. The administrator has also hired and is training a new QIDP who is responsible for the facility. She has at least 6 years of pertinent experience. This professional will provide on-going support from administrators. An aspect of her training will include a review of state regulations and those issues that have been present in the home that have led to this repeat citation. Her training will also involve being present in the facility with the administrator to receive training to complete effective visits and observations. She will be trained on appropriate responses to identified concerns. She will provide written report to the administrators regarding her observations and activities at each time of presence in the facility. She will be provided a specific visit note to complete during visits in the home. The administrator for the home is responsible for the QIDP activities in the home until the new QIDP's training is completed. The administrator has also trained the staff who continue to work in the home on reporting and documenting requirements. One function of daily professional presence is to ensure all required items are reported properly. All staff in the home will also complete a</p>	

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	<p>was reviewed on 8/4/15 at 1:30 PM. The review indicated the following:</p> <p>7/26/15: -Staff #2 worked in the group home from 10:05 AM through 10:02 PM. -Staff #3 worked in the group home from 3:29 AM through 10:07 AM. -Staff #4 worked in the group home from 12:00 AM through 3:38 AM and 9:47 PM through 12:00 AM (sic). -Staff #1 worked in the group home from 5:36 PM through 8:28 PM. -Staff #5 worked in the group home from 9:02 AM through 5:27 PM.</p> <p>7/27/15: -Staff #2 worked in the group home from 1:27 PM through 11:17 PM. -Staff #3 worked in the group home from 2:15 PM through 9:10 PM. -Staff #4 worked in the group home from 12:00 AM through 9:13 AM and 10:31 PM through 12:00 AM (sic). -Staff #1 worked in the group home from 6:36 AM through 2:05 PM.</p> <p>The facility's electronic Program Summary Report dated from 7/1/15 through 7/27/15 was reviewed on 8/4/15 at 2:18 PM. The review indicated the following:</p> <p>- "7/26/15, 5:24 PM, [Staff #5], "... stated</p>		<p>refresher training on prevention of abuse and neglect. This training will be provided by the administrator. The professional who completed the investigation regarding the associated incident with client A will not be assigned to complete further investigations of this nature until she completes further training on completion of thorough investigations. The administrator will assign investigations related to serious injuries to professionals who have completed training on completing thorough investigations and have demonstrated the ability to complete thorough investigations regarding other issues. The ability to complete investigations of this nature will be arrived at by consensus of the Area Director and Program Quality Coordinator, both experienced QIDPs and administrators. The Program Quality Coordinator will continue to complete the administrative review of completed investigations. The Program Quality Coordinator will ensure review of submitted investigations within one business day of receipt. An aspect of this review is for thoroughness. The Program Quality Coordinator will ensure completion of more thorough investigation as identified. The Program Services Director who supervises the Program Quality Coordinator will also be copied and will review submitted and reviewed investigations for any</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G480	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9520 E GEMINI DR INDIANAPOLIS, IN 46229
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	<p>her ankle hurts."</p> <p>Nurse #1 was interviewed on 8/4/15 at 2:25 PM. Nurse #1 indicated she had not received notification of client A's complaints of pain or swollen ankle prior to the morning of 7/27/15. Nurse #1 indicated she had not been on call the weekend of 7/25/15 through 7/26/15. Nurse #1 indicated the on call nurse did not report any notifications regarding client A's ankle during the weekend of 7/25/15 through 7/26/15. Nurse #1 indicated client A's day services had reported client A's swollen ankle. Nurse #1 indicated she then went to the day services and performed a direct physical assessment of client A's ankle and directed staff to take client A to the ER for further assessment due to swelling and pain in her right ankle.</p> <p>The on-call nurse call log dated 7/25/15 through 7/26/15 was reviewed on 8/4/15 at 2:45 PM. The on call nurse log did not indicate documentation of notification of client A's 7/26/15 complaint of pain in her right ankle.</p> <p>Client A's record was reviewed on 8/4/15 at 10:22 AM. Client A's Behavior Development Plan (BDP) dated 9/2013 indicated the following:</p>		<p>future incidents of this nature as another means to ensure completion of thorough investigations. This particular matter was further investigated by the Program Quality Coordinator. The identified issues, including failure to timely report indication of injury, has been addressed in the form of disciplinary action with those employees found to be responsible. The administrator has also directed and is ensuring that additional protective steps and medical assessments for client A are completed to further ensure her safety.</p> <p>Responsible Party: Area Director</p>	

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	<p>-"Targeted Problem Behaviors... self-injurious behavior."</p> <p>-"Planned ignoring: With planned ignoring, staff(s) attention is withheld when the targeted behavior occurs. During planned ignoring do not give [client A] eye contact, do not talk to [client A], do not use body language, facial expression or make sounds of exasperation to communicate displeasure with [client A's] behavior. If [client A] can hear you do not talk to others about her, unless required for the safety of [client A] or others. Do not touch her. If it is possible to leave [client A] alone, walk away from her."</p> <p>-"Self-Injurious behavior. [Client A's] self-injurious behavior (SIB) varies in severity. The variance requires that staff make judgements and intervene accordingly. If the SIB is not likely to cause tissue damage, say nothing to [client A], use planned ignoring. If the SIB is likely to cause tissue damage, tell [client A] to stop. If [client A] continues to injure herself, block the responding (sic). If the SIB ceases, use no further physical intervention; use planned ignoring. If the SIB does not stop or stops and then resumes, using ... physical management techniques, apply the minimum amount of physical guidance</p>						

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	<p>needed to control the SIB."</p> <p>APC #1 was interviewed on 8/4/15 at 2:00 PM. APC #1 indicated she had completed the ISF dated 7/28/15 regarding client A's fractured ankle. APC #1 indicated she had not interviewed staff #3, staff #4, staff #5, on-call nurse #1 and/or DSPS #1 during the course of the investigation of client A's fractured ankle. APC #1 indicated client A's 7/26/15 behavioral incident included unsupervised time in her room while engaging in self-abusive behaviors. When asked if she had reviewed client A's Behavior Development Plan (BDP) to determine if staff had implemented client A's BDP appropriately, APC #1 stated, "No, I didn't. I look on Caretracker (electronic record) and didn't see one." When asked if client A's physical chart located at the group home had a copy of client A's BDP available for review, APC #1 stated, "Yes, but I didn't look there." APC #1 indicated she had reviewed the 30 days prior to 7/27/15 for activities and notes regarding client A's fractured ankle. APC #1 indicated she had not reviewed or been aware of staff #5's 7/26/15 note regarding client A's self-report of pain in her ankle.</p> <p>Program Quality Coordinator (PQC) #1 was interviewed on 8/4/15 at 2:30 PM.</p>			

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	<p>PQC #1 indicated staff #5 noted client A's report of her ankle hurting on 7/26/15. PQC #1 indicated there was not documentation of staff #5 reporting client A's complaint of pain to the on-call nurse or completion of an incident/injury report. PQC #1 indicated staff #5 should have reported client A's complaint to the on call nurse or her supervisor. PQC #1 indicated staff #1 had implemented planned ignoring with client A during the 7/26/15 behavioral incident of aggression and SIB. PQC #1 indicated client A should continue to be monitored to determine appropriate interventions during episodes of SIB. PQC #1 indicated client A should be monitored during planned ignoring. PQC #1 indicated the facility's abuse and neglect policy should be implemented and the investigation of client A's fractured ankle should have been thorough and included the interview of all potential witnesses and relevant program documentation to determine the circumstances of client A's fractured ankle.</p> <p>The facility's policy and procedures were reviewed on 8/5/15 at 6:00 PM. The facility's Preventing Abuse and Neglect policy dated 10/2013 indicated the following:</p> <p>-"[Agency] prohibits abuse, neglect,</p>			

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W 0154 Bldg. 00	<p>exploitation, mistreatment or violation of the rights of the consumers it serves."</p> <p>-"Neglect means failure to provide supervision, training appropriate care, food, medical care, or medical supervision to an individual."</p> <p>-"Immediately upon receiving notification of the (alleged) incident from the RD (Residential Director), the AD (Area Director) will initiate an investigation of the allegation(s) to provide a factual basis for management actions."</p> <p>This deficiency was cited on 6/17/15. The facility failed to implement a systemic plan of correction.</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. Based on record review and interview for 1 of 3 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding client A's fractured ankle.</p>	W 0154	The professional who completed the investigation regarding the associated incident with client A will not be assigned to complete further investigations of this nature until she completes further training on completion of thorough investigations. The administrator will assign investigations related to	09/04/2015

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/3/15 at 1:42 PM. The review indicated the following:</p> <p>-BDDS report date 7/28/15 indicated, "At workshop (on 7/27/15), [client A] told her supervisor that her ankle was sore and appeared swollen. The agency nurse checked her out and determined that she should have x-rays completed. [Client A] went to the [hospital] ER (Emergency Room) and had x-rays completed and an ultra sound to rule out a blood clot. The x-rays showed a fracture on her right ankle and (sic) was from an old break. [Client A] states that she has not fallen recently and (sic) no reports from the staff at home of falling."</p> <p>-Investigation Summary Form (ISF) dated 7/28/15 indicated, "7/28/15, Follow up with [workshop] about the time [client A] complained (of pain). It was when she first arrived at workshop." The ISF dated 7/28/15 did not indicate documentation of interview of client A's direct supervisor who initially took the report of client A's complaint of pain as indicated in the 7/28/15 BDDS report. The ISF dated 7/28/15 did not establish a timeline</p>		<p>serious injuries to professionals who have completed training on completing thorough investigations and have demonstrated the ability to complete thorough investigations regarding other issues. The ability to complete investigations of this nature will be arrived at by consensus of the Area Director and Program Quality Coordinator, both experienced QIDPs and administrators. The Program Quality Coordinator will continue to complete the administrative review of completed investigations. The Program Quality Coordinator will ensure review of submitted investigations within one business day of receipt. An aspect of this review is for thoroughness. The Program Quality Coordinator will ensure completion of more thorough investigation as identified. The Program Services Director who supervises the Program Quality Coordinator will also be copied and will review submitted and reviewed investigations for any future incidents of this nature as another means to ensure completion of thorough investigations. This particular matter was further investigated by the Program Quality Coordinator. The identified issues, including failure to timely report indication of injury, has been addressed in the form of disciplinary action with those employees found to be</p>	

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	<p>of when client A self reported pain in her ankle and did not indicate documentation of interview with staff #3, staff #4 and/or staff #5 who had worked in the home with client A prior to the discovery of her fractured ankle.</p> <p>The ISF dated 7/28/15 indicated, "On 7/26/15, [client A] became physically aggressive towards [staff #1] when she was asked to wash up. [Client A] struck [staff #1] four times and [client A] became self-abusive. According to [staff #2] and [staff #1] they closed [client A's] door to allow her to calm down. [Client A] may have injured herself while she was behind closed doors and engaging in self-abuse. [Staff #1] indicated staff (unspecified), said [client A] had complained of ankle pain early in the day." The ISF dated 7/28/15 did not indicate documentation of reconciliation of staff's accounts of a behavioral incident occurring the day before the discovered incident on 7/26/15. The ISF dated 7/28/15 indicated the investigation was completed by Administrative Program Coordinator (APC) #1.</p> <p>Day Service Production Supervisor (DSPS) #1 was interviewed on 8/4/15 at 12:40 PM. DSPS #1 stated, "[Client A] arrived for work that day (7/27/15) and said that her ankle was hurting. She said</p>		<p>responsible. The administrator has alsodirected and is ensuring that additional protective steps and medicalassessments for client A are completed to further ensure her safety. Responsible Party: Program Quality Coordinator</p>				

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	<p>she had told her staff. I had her sit down in a chair and hold both her feet out. Her right ankle and foot did appear to be larger than the left. I notified my supervisor and she let [agency] know about [client A's] ankle. They came and got her around 10:00 AM that morning." When asked if the agency had contacted her to make an inquiry of her account of the 7/27/15 incident, DSPS #1 stated, "No, they haven't talked to me."</p> <p>The facility's Payroll Detail/time sheet form dated from 7/25/15 through 7/27/15 was reviewed on 8/4/15 at 1:30 PM. The review indicated the following:</p> <p>7/26/15:</p> <ul style="list-style-type: none"> -Staff #2 worked in the group home from 10:05 AM through 10:02 PM. -Staff #3 worked in the group home from 3:29 AM through 10:07 AM. -Staff #4 worked in the group home from 12:00 AM through 3:38 AM and 9:47 PM through 12:00 AM (sic). -Staff #1 worked in the group home from 5:36 PM through 8:28 PM. -Staff #5 worked in the group home from 9:02 AM through 5:27 PM. <p>7/27/15:</p> <ul style="list-style-type: none"> -Staff #2 worked in the group home from 1:27 PM through 11:17 PM. -Staff #3 worked in the group home from 			

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	<p>2:15 PM through 9:10 PM.</p> <p>-Staff #4 worked in the group home from 12:00 AM through 9:13 AM and 10:31 PM through 12:00 AM (sic).</p> <p>-Staff #1 worked in the group home from 6:36 AM through 2:05 PM.</p> <p>The facility's electronic Program Summary Report dated from 7/1/15 through 7/27/15 was reviewed on 8/4/15 at 2:18 PM. The review indicated the following:</p> <p>-"7/26/15, 5:24 PM, [Staff #5], "... stated her ankle hurts."</p> <p>Nurse #1 was interviewed on 8/4/15 at 2:25 PM. Nurse #1 indicated she had not received notification of client A's complaints of pain or swollen ankle prior to the morning of 7/27/15.</p> <p>Client A's record was reviewed on 8/4/15 at 10:22 AM. Client A's Behavior Development Plan (BDP) dated 9/2013 indicated the following:</p> <p>-"Targeted Problem Behaviors... self-injurious behavior."</p> <p>-"Planned ignoring: With planned ignoring, staff(s) attention is withheld when the targeted behavior occurs. During planned ignoring do not give</p>			

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	<p>[client A] eye contact, do not talk to [client A], do not use body language, facial expression or make sounds of exasperation to communicate displeasure with [client A's] behavior. If [client A] can hear you do not talk to other about her, unless required for the safety of [client A] or others. Do not touch her. If it is possible to leave [client A] alone, walk away from her."</p> <p>-"Self-Injurious behavior. [Client A's] self-injurious behavior (SIB) varies in severity. The variance requires that staff make judgements and intervene accordingly. If the SIB is not likely to cause tissue damage, say nothing to [client A], use planned ignoring. If the SIB is likely to cause tissue damage, tell [client A] to stop. If [client A] continues to injure herself, block the responding (sic). If the SIB ceases, use no further physical intervention; use planned ignoring. If the SIB does not stop or stops and then resumes, using ... physical management techniques, apply the minimum amount of physical guidance needed to control the SIB."</p> <p>APC #1 was interviewed on 8/4/15 at 2:00 PM. APC #1 indicated she had completed the ISF dated 7/28/15 regarding client A's fractured ankle. APC #1 indicated she had not interviewed staff</p>			

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	<p>#3, staff #4, staff #5, on-call nurse #1 and/or DSPS #1 during the course of the investigation of client A's fractured ankle. APC #1 indicated client A's 7/26/15 behavioral incident included unsupervised time in her room while engaging in self-abusive behaviors. When asked if she had reviewed client A's Behavior Development Plan (BDP) to determine if staff had implemented client A's BDP appropriately, APC #1 stated, "No, I didn't. I look on Caretracker (electronic record) and didn't see one." When asked if client A's physical chart located at the group home had a copy of client A's BDP available for review, APC #1 stated, "Yes, but I didn't look there." APC #1 indicated she had reviewed 30 days prior to 7/27/15 for activities and notes regarding client A's fractured ankle. APC #1 indicated she had not reviewed or been aware of staff #5's 7/26/15 note regarding client A's self-report of pain in her ankle.</p> <p>Program Quality Coordinator (PQC) #1 was interviewed on 8/4/15 at 2:30 PM. PQC #1 indicated the investigation of client A's fractured ankle should have been thorough and included the interview of all potential witnesses and relevant program documentation to determine the circumstances of client A's fractured ankle.</p>			

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	This deficiency was cited on 6/17/15. The facility failed to implement a systemic plan of correction. 9-3-2(a)				