

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: April 26, 27, 28, 29 and May 13, 2016.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/23/16.</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. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent the abuse/neglect of client #1 in regard to the failure to review and assess the multiple</p>	W 0104	<p>CORRECTION:</p> <p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following:</i></p>	06/12/2016

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>bruising and injuries incurred by client #1 and to ensure the injuries were not caused by abuse/neglect or the use of restraint, blocking and/or physical redirection techniques used by staff.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility health care services developed and implemented a plan of care in regard to client #1's skin integrity and bruising, to ensure client #1 was assessed and monitored after each head injury, to ensure the staff followed client #1's risk plan for head injury, to ensure health care services assessed clients for injury after the use of YSIS (You're Safe I'm Safe) restraint holds for client #1 and to ensure all High Risk Health Plans were reviewed and updated annually for clients #1 and #2.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff immediately reported all injuries of unknown origin and all injuries indicative of abuse to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law and to ensure all allegations of neglect/abuse, all</p>		<p>Specifically for Client #1, the facility nurse will develop the Comprehensive High Risk Plan that addresses skin integrity and bruising. Additionally the nurse will perform assessments after each head injury and each application of approved manual restraint. A documentation review indicted this deficient practice may also have affected Client #3. The nurse will also perform assessments after each head injury and application of approved manual restraint/for Client #3 and all other clients as needed. All staff will be trained on post-injury monitoring procedures.</p> <p>Specifically for Clients #1 and #2 the nurse will complete updates of comprehensive high risk plans and will review and update the plans as needed but no less than annually. A documentation review by the governing body indicated this deficient practice also affected Clients #3 and #4 and their comprehensive high risk plans will be updated as well.</p> <p>All staff will be retrained to monitor clients closely for injuries including but not limited to injuries suggestive of potential</p>		

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	<p>injuries of unknown origin and all injuries indicative of abuse were investigated for clients #1 and #2.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' active treatment programs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure: ___The facility implemented its written policy and procedures to prevent the abuse/neglect of client #1 in regard to the failure to review and assess the multiple bruising and injuries incurred by client #1 and to ensure the injuries were not caused by abuse/neglect or the use of restraint, blocking and/or physical redirection techniques used by staff. ___The facility health care services developed and implemented a plan of care in regard to client #1's skin integrity and excessive bruising, to ensure client #1 was assessed and monitored after each head injury, to ensure the staff followed client #1's risk plan for head injury, to ensure health care services assessed</p>		<p>abuse and to report observations immediately to assure that the administrator is notified and that the allegations are reported to the Bureau of Developmental Disabilities Services as required by state law. A review of incident documentation indicates no other clients were affected by failure to report incidents to the administrator and the State of Indiana as required.</p> <p>Operations Team, including the Program Managers and Quality Assurance Manager and Quality Assurance Coordinator, will directly oversee all investigations. The QIDP will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence, as well as the need to review incident and medical documentation to assure that all discovered incidents are reported and investigated. The Quality Assurance department and the Program Manager will assure that conclusions are developed that match the collected evidence. When any evidence of staff negligence or mistreatment is</p>	

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	<p>clients for injury after the use of YSIS holds for client #1 and to ensure all High Risk Health Plans were reviewed and updated annually for clients #1 and #2.</p> <p>__All injuries of unknown origin and all injuries indicative of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law and to ensure all allegations of neglect/abuse, all injuries of unknown origin and all injuries indicative of abuse were investigated for clients #1 and #2. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure all injuries of unknown origin and all injuries indicative of abuse were reported immediately to the administrator and to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1 and #2. Please see W153.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure all injuries of unknown origin and all injuries</p>		<p>uncovered or alleged the Operations Team will take control of all aspects of the investigation process.</p> <p>The interdisciplinary team will develop prioritized objectives for Client #1 toward wearing her helmet at all times as prescribed. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</p> <p>QIDP will develop an alarm testing protocol with accompanying alarm function test documentation grids to assure that alarm functionality for the door and window alarms for Client #1 and Client #2's bed and chair alarms. All facility staff will be trained on proper implementation of the alarm testing procedures. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</p> <p>Staff will be trained to implement a new prioritized objective to</p>	

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	<p>indicative/suspicious of abuse/neglect were investigated for clients #1 and #2. Please see W154.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' active treatment programs.</p> <p>__To ensure the staff completed the Injury Follow-Up Flow Charts (IFFCs) as directed by conducting an assessment of the client's injury/wound and then documenting the findings of the assessment once per shift for the first 24 hours and then daily until the wound was healed or no longer visible for clients #1 and #2.</p> <p>__To ensure client #1's Individualized Support Plan (ISP) addressed client #1's identified training need in regard to wearing her helmet.</p> <p>__To ensure the clients' program plans included how the staff were to monitor the door and window alarms in the home for client #1 due to behaviors of elopement and how the staff were to monitor client #2's chair alarm and bed alarm to ensure all alarms were active and functioning for clients #1 and #2.</p> <p>__To ensure client #2's protective hand mitts were readily available for use, clean</p>		<p>train Client #1 toward wearing her helmet at all times per physician's orders and the facility will assure that Client #2's protective hand mitts are available to be used as needed across environments.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the nursing team and Operations Team (including the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator and Executive Director weekly to discuss health and safety issues including but not limited to needed updates to risk plans, post-injury assessment and follow-up as well as other emerging medical issues. The operations team including the nurse manager and will conduct periodic audits of facility risk plans on an ongoing basis, no less than monthly.</p>	

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	<p>and in good repair.</p> <p>__To ensure client #1 was prompted to wear her protective helmet due to behaviors of banging her head.</p> <p>9-3-1(a)</p>		<p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager will coordinate and follow-up with the Quality Assurance Coordinator and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an injury of unknown origin, the governing body will administer written corrective action up to and including termination of employment.</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained by the Quality Assurance Manager and Quality Assurance Coordinator and distributed daily to facility supervisors and the remainder of the Operations Team, comprised of the Program Managers, Nurse Manager and the Executive Director. The Program Managers (Administrative level</p>	

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			management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and a Quality Assurance department representative will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.	

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			<p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients, across environments including outside services. Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly.</p> <p>The Residential Manager will be expected to observe no less than five active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. The QIDP will be expected to conduct</p>	

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			<p>on-site visits no less than three times weekly for the next 30 days and no less than twice weekly thereafter to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to:</p> <ol style="list-style-type: none"> 1. Assuring staff complete injury follow-up flow charts as needed. 2. Assuring alarm function tests are completed as required. 3. Assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. <p>Members of the Operations Team will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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			<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Assuring staff complete injury follow-up flow charts per established procedures. 2. Assuring adequate supports are included in each client's individual support plan. 3. Assuring staff are following alarm monitoring procedures. 4. Assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. 	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to implement its policy and procedures to prevent the abuse/neglect of client #1 in regard to the failure to review and assess the multiple bruising and injuries incurred by client #1 and to ensure the injuries were not caused by abuse/neglect or the use of restraint, blocking and/or physical redirection techniques used by staff.</p> <p>The facility failed to implement its policy and procedures to ensure health care services developed and implemented a plan of care in regard to client #1's skin integrity and bruising, to ensure client #1 was assessed and monitored after each head injury, to ensure the staff followed client #1's risk plan for head injury, to ensure health care services assessed clients for injury after the use of YSIS</p>	W 0149	<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</i></p> <p>Specifically for Client #1, the facility nurse will develop the Comprehensive High Risk Plan that addresses skin integrity and bruising. Additionally the nurse will perform assessments after each head injury and each application of approved manual restraint. A documentation review indicted this deficient practice may also have affected Client #3. The nurse will also perform assessments after each head injury and application of approved manual restraint/for Client #3 and all other clients as</p>	06/12/2016

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	<p>(You're Safe I'm Safe) restraint holds for client #1 and to ensure all High Risk Health Plans were reviewed and updated annually for clients #1 and #2.</p> <p>The facility neglected to implement its policy and procedures to ensure facility staff immediately reported all injuries of unknown origin to the administrator and to ensure all injuries of unknown origin indicative of abuse were reported to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law and to ensure all allegations of neglect/abuse, all injuries of unknown origin and all injuries indicative of abuse were investigated for clients #1 and #2.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/26/16 between 1:30 PM and 1:45 PM. While this surveyor was in the Residential Manager's (RM's), office with the RM, client #1 approached the RM to ask her a question. Client #1 was wearing a short sleeved T-shirt that exposed her upper arms. Client #1 was observed to have clusters of multiple bruising in the shape of finger prints on both upper posterior arms. The RM was asked what happened to client #1's arms.</p>		<p>needed. All staff will be trained on post-injury monitoring procedures.</p> <p>Specifically for Clients #1 and #2 the nurse will complete updates of comprehensive high risk plans and will review and update the plans as needed but no less than annually. A documentation review by the governing body indicated this deficient practice also affected Clients #3 and #4 and their comprehensive high risk plans will be updated as well.</p> <p>All staff will be retrained to monitor clients closely for injuries including but not limited to injuries suggestive of potential abuse and to report observations immediately to assure that the administrator is notified and that the allegations are reported to the Bureau of Developmental Disabilities Services as required by state law. A review of incident documentation indicates no other clients were affected by failure to report incidents to the administrator and the State of Indiana as required.</p> <p>Operations Team, including the</p>	

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	<p>The RM indicated client #1 had a history of multiple self-injurious behaviors. When asked specifically about the clusters of bruising on client #1's upper arms that were in the shape of fingerprints, the RM indicated she was not aware of the bruises.</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM. At 5 PM client #1 was lying on the couch in the living room and playing with her mobile phone. Client #1 was asked if she had any bruises and/or injuries at the present time and client #1 began showing this surveyor multiple bruises in various stages of healing on all extremities, on her abdomen and on her back. Client #1 was asked how she obtained the bruises on her upper arms. Client #1 indicated the bruising was caused by the staff during a YSIS (You're Safe I'm Safe) restraint hold. When asked when it happened, client #1 could not remember.</p> <p>The facility's reportable and investigative records were reviewed on 4/26/16 at 2 PM. The facility's investigative records indicated no reports and/or investigation in regard to injuries of unknown origin for client #1 for the month of April.</p> <p>The 4/25/16 Bureau of Developmental</p>		<p>Program Managers and Quality Assurance Manager and Quality Assurance Coordinator, will directly oversee all investigations. The QIDP will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process determines if discovered injuries occurred as a result of staff negligence, as well as the need to review incident and medical documentation to assure that all discovered incidents are reported and investigated. The Quality Assurance department and the Program Manager will assure that conclusions are developed that match the collected evidence. When any evidence of staff negligence or mistreatment is uncovered or alleged the Operations Team will take control of all aspects of the investigation process.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager</p>	

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	<p>Disabilities Services (BDDS) report indicated on 4/25/16 "[Client #1] was taken to her PCP (Primary Care Physician) for follow up on her previous head injury.... Once out of the doctor's office [client #1] got into staff's car to go home. [Client #1] then got back out of staff's car and started walking towards the street, staff physically redirected [client #1] to staff's car. A second staff arrived to assist. [Client #1] then attempted to head strike (hit her head) and staff blocked. [Client #1] attempted to kick and slap staff and staff blocked."</p> <p>The 4/21/16 BDDS report indicated on 4/21/16 client #1 had an episode of self-injurious behavior. "[Client #1] approached staff attempting to touch staff's face and stomach. Staff verbally redirected [client #1] and she ignored. [Client #1] attempted several more times to touch staff's face and stomach and staff blocked. [Client #1] became agitated and began pulling her own hair and pinching herself on both right and left sides of her stomach.... While [client #1] was pulling her hair she re-injured a previous cut on her forehead making it bleed a little. [Client #1] was placed in a one person You're Safe I'm Safe hold. While in the one person You're Safe I'm Safe hold she began to attempt to kick staff and staff blocked. [Client #1] was given a PRN (as</p>		<p>will review all reports of significant health and safety issues and will meet with the nursing team and Operations Team (including the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator and Executive Director weekly to discuss health and safety issues including but not limited to needed updates to risk plans, post-injury assessment and follow-up as well as other emerging medical issues. The operations team including the nurse manager and will conduct periodic audits of facility risk plans on an ongoing basis, no less than monthly.</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager will coordinate and follow-up with the Quality Assurance Coordinator and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an injury of unknown origin, the governing</p>	

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	<p>needed) of Clonazepam (a behavior modification medication) 2 mg (milligrams) ½ tab for severe agitation. [Client #1] then talked to behaviorist on the phone and was able to calm herself down and allowed staff to clean and bandage her forehead injury."</p> <p>The 4/18/16 BDDS report indicated on 4/17/16 "[Client #1] became physically aggressive and began attempting to hit her head against the security case around the TV (television). Staff attempted to block her. [Client #1] hit her head on the wood casing causing a 1.5 inch laceration that direct pressure did not resolve. Staff called 911. EMS (Emergency Medical System) took [client #1] to the ER (Emergency Room) where the wound was closed with liquid adhesive. She (client #1) received a CT scan (x-ray of the head) which produced normal results. [Client #1] was released and given orders to follow up with her primary care physician. Staff monitored [client #1] for signs of a concussion and none were noted."</p> <p>The 4/6/16 BDDS report indicated on 4/6/16 "[Client #1] engaged in an episode of self-injurious behavior and physical aggression.... [Client #1]... sat down on the floor and head strike (hit her head) one time. [Client #1] tried several more</p>		<p>body will administer written corrective action up to and including termination of employment.</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained by the Quality Assurance Manager and Quality Assurance Coordinator and distributed daily to facility supervisors and the remainder of the Operations Team, comprised of the Program Managers, Nurse Manager and the Executive Director. The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and a Quality Assurance department representative will review each investigation to ensure that they</p>	

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	<p>times and staff was able to block. [Client #1] became physically aggressive towards staff by scratching them as they were blocking her from head striking. [Client #1] grabbed a chair and slammed it down on the floor. [Client #1] then laid on the floor and head strike (hit her head) one time. [Client #1] attempted to head strike (hit her head) again and staff was able to block. [Client #1] laid on the floor crying with no tears for several minutes. [Client #1] then got up and attempted to leave assigned area and staff blocked.... [Client #1] has a two inch pink scratch on her right forearm and a one cm pink area on the center of her forehead. Nurse was notified of the injuries and staff will monitor post head injury and staff will follow head injury protocol and update nurse as needed. Staff will continue to follow [client #1's] current support plan to help prevent and reduce further incidents."</p> <p>The 3/19/16 BDDS report indicated on 3/19/16 "Staff went into [client #1's] room to wake her up for her morning meds.... [Client #1] then got up and followed staff out of her bedroom and into the east living room where [client #1] leaned up against the wall and attempted to strike her head, staff assisted [client #1] in placing her soft helmet on her. She began to try and bite and scratch</p>		<p>are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>staff, staff blocked. At 8:45 am staff had to block [client #1] from striking her head... While staff were blocking [client #1] began scratching her back upper biceps. [Client #1] sustained small scratches on the back of her left biceps as a result of her self-injurious behavior."</p> <p>The facility's Injury Follow-Up Flow Charts (IFFCs) for 2016 were reviewed on 4/27/16 at 11 AM.</p> <p>Client #1's IFFCs indicated the following: The IFFC dated 4/1/16 at 8:30 AM indicated client #1 had behaviors and staff blocked, watch for bruising to arms, legs and hands: __4/4/16 - Three 0.5 cm purple bruises and a 1 inch red scratch on right shoulder, two small purple bruises on inner right biceps, 0.5 cm purple bruise on right elbow, 1 cm purple bruise on right forearm, 2 cm purple/brown bruise and 2 cm purple bruise on left forearm. Two small red scratches and two small bruises on right middle finger. 1 cm purple bruise on right hip and 1 cm pink bruise on right heel. __4/11/16 2 cm brown bruises on left hand. __4/18/16 - 2 cm green bruise on left upper arm above elbow, 2 cm brown bruise on left elbow, 1/2 inch brown</p>			

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	<p>bruise on upper arm, 2 cm bruise on top of left shoulder, six 1/4 inch brown bruises on right inner arm, 1 cm brown bruise on right arm and two 1 cm brown bruises on left arm. Fading bruises on right hand, 1 cm brown bruise on right hip, 2 cm brown bruise on left hip and 1 cm bruise on right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises on biceps (IFFC did not indicate left or right), a cluster of 1 inch brown bruises on biceps (IFFC not indicate left or right), a cluster of 1 cm blue bruises on forearm, 4 cm blackish/blue bruises on right elbow, two 1 cm bruises on right wrist/forearm, 1 cm black bruise on outside of forearm, a cluster of four 2 cm blue bruises on left biceps and 3 cm blue bruises on biceps inside elbow (IFFC not indicate left or right).</p> <p>The IFFC dated 4/6/16 at 7:45 AM indicated client #1 had "SIB (Self-Injurious Behaviors), PA (Physical Aggression), Head strike (hit her head) with staff blocking, watch for bruising to arms, legs, forearms and forehead."</p> <p>__4/11/16 - 2 cm red mark on left forearm. Two 0.5 cm purple bruises on right biceps, four 0.5 purple bruises inside left biceps.</p> <p>__4/18/16 - 2 cm bruise left upper arm above elbow and 1/2 inch bruise on right upper arm. Six 1/4 inch light brown</p>			

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	<p>bruises on right outer thigh. 1/2 cm and a 1 cm brown bruise on right calf, two 1/2 cm brown bruises on left shin and 2 1/4 inch green bruise on left thigh.</p> <p>__4/25/16 - 1 cm brown bruise on back of left leg, two 1 cm bruises on lower left leg and 1 inch purple bruise on left hip.</p> <p>The IFFC dated 4/6/16 at 8 PM indicated client #1 had SIB. The IFFC indicated the staff were to watch for bruising/redness and marks on wrists, arms, hands, ankles and head.</p> <p>__4/11/16 - 3 inch pink/brown bruise on right index finger, 2 inch brown bruise on left middle finger, 2 inch pink/purple bruise on right middle finger, 2 inch bruise on right thumb, 3 inch pink/brown bruise on top of right hand and 2 inch bruise on left index finger. 0.5 inch red bruise under right eye and 2 inch bruise on left cheek bone by ear.</p> <p>The IFFC dated 4/10/16 at 8 AM indicated client #1 had "behaviors, SIB and PA. Rolled up on knees on the floor and lay on the floor in a fetal position. Staff assisted with placing helmet on client." The IFFC indicated the staff were to watch for bruising on cheeks, neck, back, buttocks, legs, knees, arms and wrists.</p> <p>__4/11/16 - 1 inch bruise under chin, 2 inch bruise under left cheek by the</p>			

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	<p>client's ear, 1/2 inch red bruise under right eye and a 2 inch purple bruise on left cheek bone by ear. 1 inch bruise on left side of knee, 1/2 inch bruise on left knee, 1 inch bruise above left knee and 1 inch bruise on right knee. 2 inch bruise on back of left shoulder blade, 0.5 bruise on left side by spine, 2 inch bruise on left hip, 0.5 inch bruise on left hip and 0.5 inch bruise on right hip. 3 inch bruise on left shin, 2 inch bruise on left ankle, 1 inch bruise on left knee, 2 inch bruise on back of left calf, 4 inch bruise on right thigh, 1/2 inch bruise on right shin, 0.5 inch bruise on back of right calf, 2 inch bruise on back of right foot and 0.5 inch bruise on top of right ankle. 2 inch scratch on left wrist, 1 cm bruise on right forearm, 0.5 cm bruise on inside of right elbow, 1 inch scratch on right forearm, 3 inch "scratch/cut" on left side of arm, three inch scratch on left forearm and 1 inch bruise on inside of left forearm.</p> <p>__4/18/16 - 1 inch brown bruise on left cheek bone. 2 cm bruise on top left shoulder and two 1 cm and two 2 cm green bruises in middle of back.</p> <p>__(No date indicated) - 2 cm gray bruise to left temple by ear. 3 cm blue bruise on back of right shoulder blade, 1 cm bruise on lower back and a 2 inch blue bruise in the middle of back.</p> <p>The IFFC dated 4/11/16 at 7:45 AM</p>			

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	<p>indicated client #1 had "SIB, PA and staff blocking. Watch for marks/bruising on both arms and legs. Pinching right side of her stomach and was pinching left forearm. Has a 1/2 cm cut on bottom right side of lip." ___ 4/18/16 - 1 cm greenish bruise on left hip, 1/4 inch green/blue bruise on left hip and 1/2 cm brown bruise on "tail bone." 1/4 inch bruise on right inner arm, 1 cm bruise back of right arm and two 1 cm bruises back of left arm.</p> <p>The IFFC dated 4/15/16 at 9:40 AM indicated client #1 was having "behaviors, SIB, PA. Staff gently blocking," Client #1 was hitting and kicking staff and sticking her fingers in a wall outlet. The IFFC indicated watch arms, legs and knees for bruising: ___ 4/18/16 - Six 1/4 inch greenish bruises on right inner arm, 1 cm brown bruise on back of right arm below elbow and two 1 cm brown bruises on back side of left arm. Seven 1/4 inch brown bruises on right knee, two 1/2 cm brown bruises on left lower leg, two 2 cm light brown bruises on left lower leg, 2 cm light brown bruise on left lower leg and 1/2 cm light brown bruise on right lower leg. ___ (Undated) - 2 cm blue bruise back of left biceps, 1 cm brown bruise inside left biceps, 1 cm purple bruise under left biceps, cluster of 1 cm blue bruises on</p>			

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	<p>right biceps, 2 cm bruise inside right biceps, cluster of 1 cm blue/brown bruises on right forearm and four 1 cm purple bruises on right hand. 2 cm purple bruise on left thigh by hip, four 2 cm brown bruises on right thigh, 3 cm blue bruise on right knee, 1 cm brown bruise on right knee and a reddish/brown bruise back of heel right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises right biceps, 1 inch cluster of brown bruises on right biceps, 1 cm cluster of blue bruises on inside right forearm, 4 cm blackish/blue bruise on right elbow and two 1 cm brown bruises on right forearm/wrist. 1 cm black bruise on outside forearm (right/left not indicated), cluster of 2 cm blue/brown bruises on biceps (right/left not indicated), 3 cm bruise on inside of right elbow (right/left not indicated), two 1 inch brown bruises underneath right elbow and a 2 cm brown bruise on the back of right biceps. 1 cm bruise on bottom/back of leg (right/left not indicated), two 1 cm bruises on bottom side of leg (right/left not indicated), 1 inch purple bruise on left hip, red scab on middle toe on top of foot (right/left not indicated), three 1 cm bruises on bottom (buttocks) right - 2 cm purple bruises on outside right thigh and four 1/2 cm purple bruises on back of ankle.</p>			

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	<p>The IFFC dated 4/21/16 at 7:15 PM indicated client #1 was placed in a YSIS hold. Watch for marks/bruising on back, legs, ankles, arms, wrists, hands and feet.</p> <p>__4/25/16 - Cluster of bruises on legs and feet. Cluster of bruises up and down both arms and hands. Two 1 cm brown bruises on left wrist. Two faint one cm brown bruises on back of right shoulder, one inch brown bruise left side of spine in middle of back and one cm brown bruise on left side of spine in middle of back. Four purple bruises on back of ankles, 1/2 cm bruise and a 1 cm brown bruise on bottom/back of leg and three cm brown bruise on bottom/back right leg.</p> <p>The IFFC dated 4/25/16 at 12 PM indicated client #1 had "SIB, PA, Elopement. Watch for bruising on arms from redirecting."</p> <p>The IFFC forms indicated "Procedure: initiated with all injuries. To be completed each shift for the first 24 hours and then daily until healed. If no apparent injury noted at the time of the fall or physical insult (injury) this form must still be initiated for at least 24 hours including documentation from each shift. If at the end of 24 hours there are still no apparent injuries then the follow up is completed. If injuries are noted then continue to follow up daily unit healed."</p>			

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	<p>__The IFFC forms indicated the staff failed to assess the client's injuries every shift for the first 24 hours and then daily until the wounds were healed.</p> <p>The facility records indicated the facility staff had not reported the clusters of bruising indicative of abuse on client #1's upper arms to the administrator, to BDDS or to APS. The facility records indicated no investigation in regard to client #1's multiple bruising and/or the bruises on client #1's upper arms.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM.</p> <p>__The RM and the QIDP indicated they were not aware of the cluster of bruises on client #1's upper arms that were the size and shape of finger prints and indicative/suspicious of abuse.</p> <p>__The QIDP indicated no current investigations were being conducted in regard to client #1's injuries.</p> <p>__The RM and the QIDP indicated client #1 frequently self-injured herself.</p> <p>__The RM indicated when injuries were noted by the staff or the clients were involved in behaviors that could lead to injury or bruising, the staff were to initiate an IFFC.</p> <p>__The RM indicated the staff were to</p>			

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	<p>initiate one IFFC per injury/per bruise.</p> <p>__The RM stated each shift was to "flow (document)" on the IFFC for the next 24 hours and then once a day until the injury/bruise was gone.</p> <p>__The RM stated once the injury had healed and no longer needed to be "flowed on" the IFFCs were pulled and placed with the Incident reports in the office.</p> <p>__The RM indicated the staff had failed to complete the IFFCs correctly and she would need to do a re-training for all staff.</p> <p>__The RM stated the current system/procedure of "flowing" on injuries was "confusing" and due to the amount of injuries client #1 had the RM could not tell which injuries were due to self-injurious behaviors or were injuries of unknown origin.</p> <p>__The RM and the QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator and were to be investigated.</p> <p>During interview with the Program Manager (PM) on 4/27/16 at 12:30 PM, the PM indicated all injuries "suspicious of abuse" were to be reported immediately to the administrator, to the BDDS and to APS.</p> <p>2. Client #2's Body Check Records</p>						

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	<p>(BCR) dated 4/4/16 at 4:30 AM indicated:</p> <ul style="list-style-type: none"> __A 1 cm blue bruise on right hand. __A 0.5 cm pink scab left hand. __A 1 cm bruise by thumb of left hand. __A 1 1/2 inch bruise on bottom of right leg. __A 1 cm faint bruise on left leg above knee. __Three 1 inch lines on right neck. __A 1 cm scratch under lower right lip. <p>Client #2's BCR dated 4/7/16 at 8:30 AM indicated:</p> <ul style="list-style-type: none"> __A 1 cm bruise on upper inner right arm. __A 2 cm bruise on right knee. __A 2 cm bruise on right inner ankle. __A 2 cm bruise on right thigh. __Bite marks on both hands. __A cluster of 2 cm scabs/scratches on upper back. __A 1 cm bruise on left thigh. __A 1 cm area on buttocks. <p>Client #2's record and client #2's IFFCs for March and April 2016 failed to indicate the origin of the injuries indicated on the 4/4/16 and 4/7/16 BCRs.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM. The RM and the</p>			

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	<p>QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM indicated client #2's IFFCs for February, March and April 2016 had been provided for review.</p> <p>3. The facility failed to implement its policy and procedures to ensure health care services developed and implemented a plan of care in regard to client #1's skin integrity and bruising, to ensure client #1 was assessed and monitored after each head injury, to ensure the staff followed client #1's risk plan for head injury, to ensure health care services assessed clients for injury after the use of YSIS holds for client #1 and to ensure all High Risk Health Plans were reviewed and updated annually for clients #1 and #2. Please see W331.</p> <p>The facility's policies and procedures were reviewed on 4/27/16 at 1 PM. The 9/14/07 facility policy entitled "Abuse, Neglect, Exploitation" indicated: ___ "Adept employees actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the</p>			

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W 0153 Bldg. 00	<p>appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare, and local, state and federal guidelines." ___ "Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment." 9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on observation, interview and record review for 2 of 2 sample clients (#1 and #2), the facility failed to ensure the staff immediately reported all injuries of unknown origin to the administrator and to ensure all injuries of unknown origin indicative or suggestive of abuse were reported to the BDDS (Bureau of</p>	W 0153	<p>CORRECTION:</p> <p><i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law</i></p>	06/12/2016

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	<p>Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/26/16 between 1:30 PM and 1:45 PM. While this surveyor was in the Residential Manager's (RM's), office with the RM, client #1 approached the RM to ask her a question. Client #1 was wearing a short sleeved T-shirt that exposed her upper arms. Client #1 was observed to have clusters of multiple bruises in the shape of finger prints on both upper posterior arms. The RM was asked what happened to client #1's arms. The RM indicated client #1 had a history of self injurious behaviors. When asked specifically about the clusters of bruising on client #1's upper arms that were in the shape of fingerprints, the RM indicated she was not aware of it.</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM. At 5 PM client #1 was lying on the couch in the living room and playing with her mobile phone. Client #1 was asked if she had any bruises and/or injuries at the present time and client #1 began showing this surveyor multiple</p>		<p><i>through established procedures.</i> Specifically, all staff will be retrained to monitor clients closely for injuries including but not limited to injuries suggestive of potential abuse and to report observations immediately to assure that the administrator is notified and that the allegations are reported to the Bureau of Developmental Disabilities Services as required by state law. A review of incident documentation indicates no other clients were affected by failure to report incidents to the administrator and the State of Indiana as required.</p> <p>PREVENTION:</p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to the administrator. The Quality Assurance Manager will coordinate and follow-up with the Quality Assurance Coordinator and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an injury of</p>	

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	<p>bruises in various stages of healing on all extremities, on her abdomen and on her back. Client #1 was asked how she obtained the bruises on her upper arms. Client #1 indicated the bruising was caused by the staff during a YSIS (You're Safe I'm Safe) restraint hold. When asked when it happened, client #1 could not remember.</p> <p>The facility's reportable and investigative records were reviewed on 4/26/16 at 2 PM. The 4/21/16 BDDS report indicated on 4/21/16 client #1 had an episode of self-injurious behavior. "[Client #1] approached staff attempting to touch staff's face and stomach. Staff verbally redirected [client #1] and she ignored. [Client #1] attempted several more times to touch staff's face and stomach and staff blocked. [Client #1] became agitated and began pulling her own hair and pinching herself on both right and left sides of her stomach.... While [client #1] was pulling her hair she re-injured a previous cut on her forehead making it bleed a little. [Client #1] was placed in a one person Your Safe I'm Safe hold. While in the one person Your Safe I'm Safe hold she began to attempt to kick staff and staff blocked."</p> <p>The facility's Injury Follow-Up Flow Charts (IFFCs) for February, March and</p>		<p>unknown origin, the governing body will administer written corrective action up to and including termination of employment.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>April 2016 were reviewed on 4/27/16 at 11 AM.</p> <p>The IFFC dated 4/1/16 at 8:30 AM indicated client #1 had behaviors and staff blocked, watch for bruising to arms, legs and hands:</p> <p>__4/4/16 - Three 0.5 cm purple bruises and a 1 inch red scratch on right shoulder, two small purple bruises on inner right biceps, 0.5 cm purple bruise on right elbow, 1 cm purple bruise on right forearm, 2 cm purple/brown bruise and 2 cm purple bruise on left forearm. Two small red scratches and two small bruises on right middle finger. 1 cm purple bruise on right hip and 1 cm pink bruise on right heel.</p> <p>__4/11/16 2 cm brown bruises on left hand.</p> <p>__4/18/16 - 2 cm green bruise on left upper arm above elbow, 2 cm brown bruise on left elbow, 1/2 inch brown bruise on upper arm, 2 cm bruise on top of left shoulder, six 1/4 inch brown bruises on right inner arm, 1 cm brown bruise on right arm and two 1 cm brown bruises on left arm. Fading bruises on right hand, 1 cm brown bruise on right hip, 2 cm brown bruise on left hip and 1 cm bruise on right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises on biceps (IFFC did not indicate left or right), a cluster of 1 inch brown bruises</p>			

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	<p>on biceps (IFFC not indicate left or right), a cluster of 1 cm blue bruises on forearm, 4 cm blackish/blue bruises on right elbow, two 1 cm bruises on right wrist/forearm, 1 cm black bruise on outside of forearm, a cluster of four 2 cm blue bruises on left biceps and 3 cm blue bruises on biceps inside elbow (IFFC not indicate left or right).</p> <p>The IFFC dated 4/6/16 at 7:45 AM indicated client #1 had behaviors, SIB, PA (Physical Aggression), Head strike with staff blocking, watch for bruising to arms, legs, forearms and forehead.</p> <p>__4/11/16 - 2 cm red mark on left forearm. Two 0.5 cm purple bruises on right biceps, four 0.5 purple bruises inside left biceps.</p> <p>__4/18/16 - 2 cm bruise left upper arm above elbow and 1/2 inch bruise on right upper arm. Six 1/4 inch light brown bruises on right outer thigh. 1/2 cm and a 1 cm brown bruise on right calf, two 1/2 cm brown bruises on left shin and 2 1/4 inch green bruise on left thigh.</p> <p>__4/25/16 - 1 cm brown bruise on back of left leg, two 1 cm bruises on lower left leg and 1 inch purple bruise on left hip.</p> <p>The IFFC dated 4/6/16 at 8 PM indicated client #1 had SIB. The IFFC indicated the staff were to watch for bruising/redness and marks on wrists, arms, hands, ankles</p>			

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	<p>and head.</p> <p>__4/11/16 - 3 inch pink/brown bruise on right index finger, 2 inch brown bruise on left middle finger, 2 inch pink/purple bruise on right middle finger, 2 inch bruise on right thumb, 3 inch pink/brown bruise on top of right hand and 2 inch bruise on left index finger. 0.5 inch red bruise under right eye and 2 inch bruise on left cheek bone by ear.</p> <p>The IFFC dated 4/10/16 at 8 AM indicated client #1 had behaviors, SIB and PA. Rolled up on knees on the floor and lay on the floor in a fetal position. Staff assisted with placing helmet on client. The IFFC indicated the staff were to watch for bruising on cheeks, neck, back, buttocks, legs, knees, arms and wrists.</p> <p>__4/11/16 - 1 inch bruise under chin, 2 inch bruise under left cheek by the client's ear, 1/2 inch red bruise under right eye and a 2 inch purple bruise on left cheek bone by ear. 1 inch bruise on left side of knee, 1/2 inch bruise on left knee, 1 inch bruise above left knee and 1 inch bruise on right knee. 2 inch bruise on back of left shoulder blade, 0.5 bruise on left side by spine, 2 inch bruise on left hip, 0.5 inch bruise on left hip and 0.5 inch bruise on right hip. 3 inch bruise on left shin, 2 inch bruise on left ankle, 1 inch bruise on left knee, 2 inch bruise on</p>			

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	<p>back of left calf, 4 inch bruise on right thigh, 1/2 inch bruise on right shin, 0.5 inch bruise on back of right calf, 2 inch bruise on back of right foot and 0.5 inch bruise on top of right ankle. 2 inch scratch on left wrist, 1 cm bruise on right forearm, 0.5 cm bruise on inside of right elbow, 1 inch scratch on right forearm, 3 inch "scratch/cut" on left side of arm, three inch scratch on left forearm and 1 inch bruise on inside of left forearm.</p> <p>__4/18/16 - 1 inch brown bruise on left cheek bone. 2 cm bruise on top left shoulder and two 1 cm and two 2 cm green bruises in middle of back.</p> <p>__(No date indicated) - 2 cm gray bruise to left temple by ear. 3 cm blue bruise on back of right shoulder blade, 1 cm bruise on lower back and a 2 inch blue bruise in the middle of back.</p> <p>The IFFC dated 4/11/16 at 7:45 AM indicated: SIB, PA, staff blocking. Watch for marks/bruising on both arms and legs. Pinching right side of her stomach and was pinching left forearm. Has a 1/2 cm cut on bottom right side of lip.</p> <p>__4/18/16 - 1 cm greenish bruise on left hip, 1/4 inch green/blue bruise on left hip and 1/2 cm brown bruise on "tail bone." 1/4 inch bruise on right inner arm, 1 cm bruise back of right arm and two 1 cm bruises back of left arm.</p>			

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	<p>The IFFC dated 4/15/16 at 9:40 AM indicated client #1 was having behaviors, SIB, PA. "Staff gently blocking," Client #1 was hitting and kicking staff and sticking her fingers in a wall outlet. The IFFC indicated watch arms, legs and knees for bruising:</p> <p>__4/18/16 - Six 1/4 inch greenish bruises on right inner arm, 1 cm brown bruise on back of right arm below elbow and two 1 cm brown bruises on back side of left arm. Seven 1/4 inch brown bruises on right knee, two 1/2 cm brown bruises on left lower leg, two 2 cm light brown bruises on left lower leg, 2 cm light brown bruise on left lower leg and 1/2 cm light brown bruise on right lower leg.</p> <p>__(Undated) - 2 cm blue bruise back of left biceps, 1 cm brown bruise inside left biceps, 1 cm purple bruise under left biceps, cluster of 1 cm blue bruises on right biceps, 2 cm bruise inside right biceps, cluster of 1 cm blue/brown bruises on right forearm and four 1 cm purple bruises on right hand. 2 cm purple bruise on left thigh by hip, four 2 cm brown bruises on right thigh, 3 cm blue bruise on right knee, 1 cm brown bruise on right knee and a reddish/brown bruise back of heel right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises right biceps, 1 inch cluster of brown bruises on right biceps, 1 cm cluster of blue bruises on inside right forearm, 4 cm</p>			

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	<p>blackish/blue bruise on right elbow and two 1 cm brown bruises on right forearm/wrist. 1 cm black bruise on outside forearm (right/left not indicated), cluster of 2 cm blue/brown bruises on biceps (right/left not indicated), 3 cm bruise on inside of right elbow (right/left not indicated), two 1 inch brown bruises underneath right elbow and a 2 cm brown bruise on the back of right biceps. 1 cm bruise on bottom/back of leg (right/left not indicated), two 1 cm bruises on bottom side of leg (right/left not indicated), 1 inch purple bruise on left hip, red scab on middle toe on top of foot (right/left not indicated), three 1 cm bruises on bottom (buttocks) right - 2 cm purple bruises on outside right thigh and four 1/2 cm purple bruises on back of ankle.</p> <p>The IFFC dated 4/21/16 at 7:15 PM indicated: SIB (Self injurious Behaviors) placed in a YSIS hold. Watch for marks/bruising on back, legs, ankles, arms, wrists, hands and feet.</p> <p>__4/25/16 - Cluster of bruises on legs and feet. Cluster of bruises up and down both arms and hands. Two 1 cm brown bruises on left wrist. Two faint one cm brown bruises on back of right shoulder, one inch brown bruise left side of spine in middle of back and one cm brown bruise on left side of spine in middle of back.</p>			

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	<p>Four purple bruises on back of ankles, 1/2 cm bruise and a 1 cm brown bruise on bottom/back of leg and three cm brown bruise on bottom/back right leg.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM.</p> <p>__The RM and the QIDP indicated they were aware client #1 had multiple bruises the staff were monitoring.</p> <p>__The RM and the QIDP indicated client #1 frequently self-injured herself.</p> <p>__The RM stated the current system/procedure of "flowing" on injuries was "confusing" and due to the amount of injuries client #1 had the RM could not tell which injuries were due to self-injurious behaviors or were injuries of unknown origin that should have been reported.</p> <p>__The RM and the QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>During interview with the Program Manager (PM) on 4/27/16 at 12:30 PM, the PM indicated all injuries "suspicious of abuse" were to be reported immediately to the administrator, to the BDDS and to APS as indicated per state law.</p>			

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	<p>2. Client #2's Body Check Records (BCR) dated 4/4/16 at 4:30 AM indicated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A 1 cm blue bruise on right hand. <input type="checkbox"/> A 0.5 cm pink scab left hand. <input type="checkbox"/> A 1 cm bruise by thumb of left hand. <input type="checkbox"/> A 1 1/2 inch bruise on bottom of right leg. <input type="checkbox"/> A 1 cm faint bruise on left leg above knee. <input type="checkbox"/> Three 1 inch lines on right neck. <input type="checkbox"/> A 1 cm scratch under lower right lip. <p>Client #2's BCR dated 4/7/16 at 8:30 AM indicated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A 1 cm bruise on upper inner right arm. <input type="checkbox"/> A 2 cm bruise on right knee. <input type="checkbox"/> A 2 cm bruise on right inner ankle. <input type="checkbox"/> A 2 cm bruise on right thigh. <input type="checkbox"/> Bite marks on both hands. <input type="checkbox"/> A cluster of 2 cm scabs/scratches on upper back. <input type="checkbox"/> A 1 cm bruise on left thigh. <input type="checkbox"/> A 1 cm area on buttocks. <p>Client #2's record and client #2's IFFCs for March and April 2016 failed to indicate the origin of the injuries indicated on the 4/4/16 and 4/7/16 BCRs.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential</p>			

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W 0154 Bldg. 00	<p>Manager (RM) were interviewed on 4/26/16 at 5:30 PM. The RM and the QIDP indicated all injuries of unknown origin were to be reported immediately to the administrator.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM indicated client #2's IFFCs for February, March and April 2016 had been provided for review.</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 observation, interview and record review for 2 of 2 sample clients (#1 and #2), the facility failed to ensure all injuries of unknown origin and all injuries indicative/suspicious of abuse were investigated.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/26/16 between 1:30 PM and 1:45 PM. While this surveyor was in the Residential Manager's (RM's), office</p>			W 0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically: the Operations Team, including the Program Managers and Quality Assurance Manager and Quality Assurance Coordinator, will directly oversee all investigations. The QIDP will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The training will also stress the importance of assuring the investigative process</i></p>		06/12/2016

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	<p>with the RM, client #1 approached the RM to ask her a question. Client #1 was wearing a short sleeved T-shirt that exposed her upper arms. Client #1 was observed to have clusters of multiple bruising in the shape of finger prints on both upper posterior arms. The RM was asked what happened to client #1's arms. The RM indicated client #1 had a history of self injurious behaviors. When asked specifically about the clusters of bruising on client #1's upper arms that were in the shape of fingerprints, the RM indicated she was not aware of those bruises.</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM. At 5 PM client #1 was lying on the couch in the living room and playing with her mobile phone. Client #1 was asked if she had any bruises and/or injuries at the present time and client #1 began showing this surveyor multiple bruises in various stages of healing on all extremities, on her abdomen and on her back. Client #1 was asked how she obtained the bruises on her upper arms. Client #1 indicated the bruising was caused by the staff during a YSIS (You're Safe I'm Safe) restraint hold. When asked when it happened, client #1 could not remember.</p> <p>The facility's reportable and investigative</p>		<p>determines if discovered injuries occurred as a result of staff negligence, as well as the need to review incident and medical documentation to assure that all discovered incidents are reported and investigated. The Quality Assurance department and the Program Manager will assure that conclusions are developed that match the collected evidence. When any evidence of staff negligence or mistreatment is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. PREVENTION: A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained by the Quality Assurance Manager and Quality Assurance Coordinator and distributed daily to facility supervisors and the remainder of the Operations Team, comprised of the Program Managers, Nurse Manager and the Executive Director. The Program Managers (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well</p>	

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	<p>records were reviewed on 4/26/16 at 2 PM. The 4/21/16 BDDS report indicated on 4/21/16 client #1 had an episode of self-injurious behavior. "[Client #1] approached staff attempting to touch staff's face and stomach. Staff verbally redirected [client #1] and she ignored. [Client #1] attempted several more times to touch staff's face and stomach and staff blocked. [Client #1] became agitated and began pulling her own hair and pinching herself on both right and left sides of her stomach.... While [client #1] was pulling her hair she re-injured a previous cut on her forehead making it bleed a little. [Client #1] was placed in a one person You're Safe I'm Safe hold. While in the one person You're Safe I'm Safe hold she began to attempt to kick staff and staff blocked."</p> <p>The facility's Injury Follow-Up Flow Charts (IFFCs) for February, March and April 2016 were reviewed on 4/27/16 at 11 AM.</p> <p>The IFFC dated 4/1/16 at 8:30 AM indicated client #1 had behaviors and staff blocked, watch for bruising to arms, legs and hands: <u> </u> 4/4/16 - Three 0.5 cm purple bruises and a 1 inch red scratch on right shoulder, two small purple bruises on inner right biceps, 0.5 cm purple bruise</p>		<p>as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Program Manager and a Quality Assurance department representative will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>on right elbow, 1 cm purple bruise on right forearm, 2 cm purple/brown bruise and 2 cm purple bruise on left forearm. Two small red scratches and two small bruises on right middle finger. 1 cm purple bruise on right hip and 1 cm pink bruise on right heel.</p> <p>__4/11/16 2 cm brown bruises on left hand.</p> <p>__4/18/16 - 2 cm green bruise on left upper arm above elbow, 2 cm brown bruise on left elbow, 1/2 inch brown bruise on upper arm, 2 cm bruise on top of left shoulder, six 1/4 inch brown bruises on right inner arm, 1 cm brown bruise on right arm and two 1 cm brown bruises on left arm. Fading bruises on right hand, 1 cm brown bruise on right hip, 2 cm brown bruise on left hip and 1 cm bruise on right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises on biceps (IFFC did not indicate left or right), a cluster of 1 inch brown bruises on biceps (IFFC not indicate left or right), a cluster of 1 cm blue bruises on forearm, 4 cm blackish/blue bruises on right elbow, two 1 cm bruises on right wrist/forearm, 1 cm black bruise on outside of forearm, a cluster of four 2 cm blue bruises on left biceps and 3 cm blue bruises on biceps inside elbow (IFFC not indicate left or right).</p> <p>The IFFC dated 4/6/16 at 7:45 AM</p>			

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	<p>indicated client #1 had behaviors, SIB, PA (Physical Aggression), Head strike with staff blocking, watch for bruising to arms, legs, forearms and forehead.</p> <p>__4/11/16 - 2 cm red mark on left forearm. Two 0.5 cm purple bruises on right biceps, four 0.5 purple bruises inside left biceps.</p> <p>__4/18/16 - 2 cm bruise left upper arm above elbow and 1/2 inch bruise on right upper arm. Six 1/4 inch light brown bruises on right outer thigh. 1/2 cm and a 1 cm brown bruise on right calf, two 1/2 cm brown bruises on left shin and 2 1/4 inch green bruise on left thigh.</p> <p>__4/25/16 - 1 cm brown bruise on back of left leg, two 1 cm bruises on lower left leg and 1 inch purple bruise on left hip.</p> <p>The IFFC dated 4/6/16 at 8 PM indicated client #1 had SIB. The IFFC indicated the staff were to watch for bruising/redness and marks on wrists, arms, hands, ankles and head.</p> <p>__4/11/16 - 3 inch pink/brown bruise on right index finger, 2 inch brown bruise on left middle finger, 2 inch pink/purple bruise on right middle finger, 2 inch bruise on right thumb, 3 inch pink/brown bruise on top of right hand and 2 inch bruise on left index finger. 0.5 inch red bruise under right eye and 2 inch bruise on left cheek bone by ear.</p>			

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	<p>The IFFC dated 4/10/16 at 8 AM indicated client #1 had behaviors, SIB and PA. Rolled up on knees on the floor and lay on the floor in a fetal position. Staff assisted with placing helmet on client. The IFFC indicated the staff were to watch for bruising on cheeks, neck, back, buttocks, legs, knees, arms and wrists.</p> <p>__4/11/16 - 1 inch bruise under chin, 2 inch bruise under left cheek by the client's ear, 1/2 inch red bruise under right eye and a 2 inch purple bruise on left cheek bone by ear. 1 inch bruise on left side of knee, 1/2 inch bruise on left knee, 1 inch bruise above left knee and 1 inch bruise on right knee. 2 inch bruise on back of left shoulder blade, 0.5 bruise on left side by spine, 2 inch bruise on left hip, 0.5 inch bruise on left hip and 0.5 inch bruise on right hip. 3 inch bruise on left shin, 2 inch bruise on left ankle, 1 inch bruise on left knee, 2 inch bruise on back of left calf, 4 inch bruise on right thigh, 1/2 inch bruise on right shin, 0.5 inch bruise on back of right calf, 2 inch bruise on back of right foot and 0.5 inch bruise on top of right ankle. 2 inch scratch on left wrist, 1 cm bruise on right forearm, 0.5 cm bruise on inside of right elbow, 1 inch scratch on right forearm, 3 inch "scratch/cut" on left side of arm, three inch scratch on left forearm and 1 inch bruise on inside of left forearm.</p>			

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	<p>__ 4/18/16 - 1 inch brown bruise on left cheek bone. 2 cm bruise on top left shoulder and two 1 cm and two 2 cm green bruises in middle of back.</p> <p>__ (No date indicated) - 2 cm gray bruise to left temple by ear. 3 cm blue bruise on back of right shoulder blade, 1 cm bruise on lower back and a 2 inch blue bruise in the middle of back.</p> <p>The IFFC dated 4/11/16 at 7:45 AM indicated client #1 had SIB, PA and staff blocking. Watch for marks/bruising on both arms and legs. Pinching right side of her stomach and was pinching left forearm. Has a 1/2 cm cut on bottom right side of lip.</p> <p>__ 4/18/16 - 1 cm greenish bruise on left hip, 1/4 inch green/blue bruise on left hip and 1/2 cm brown bruise on "tail bone." 1/4 inch bruise on right inner arm, 1 cm bruise back of right arm and two 1 cm bruises back of left arm.</p> <p>The IFFC dated 4/15/16 at 9:40 AM indicated client #1 was having behaviors, SIB, PA. "Staff gently blocking," Client #1 was hitting and kicking staff and sticking her fingers in a wall outlet. The IFFC indicated watch arms, legs and knees for bruising:</p> <p>__ 4/18/16 - Six 1/4 inch greenish bruises on right inner arm, 1 cm brown bruise on back of right arm below elbow and two 1</p>			

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	<p>cm brown bruises on back side of left arm. Seven 1/4 inch brown bruises on right knee, two 1/2 cm brown bruises on left lower leg, two 2 cm light brown bruises on left lower leg, 2 cm light brown bruise on left lower leg and 1/2 cm light brown bruise on right lower leg.</p> <p>__(Undated) - 2 cm blue bruise back of left biceps, 1 cm brown bruise inside left biceps, 1 cm purple bruise under left biceps, cluster of 1 cm blue bruises on right biceps, 2 cm bruise inside right biceps, cluster of 1 cm blue/brown bruises on right forearm and four 1 cm purple bruises on right hand. 2 cm purple bruise on left thigh by hip, four 2 cm brown bruises on right thigh, 3 cm blue bruise on right knee, 1 cm brown bruise on right knee and a reddish/brown bruise back of heel right heel.</p> <p>__4/25/16 - Two 2 cm brown bruises right biceps, 1 inch cluster of brown bruises on right biceps, 1 cm cluster of blue bruises on inside right forearm, 4 cm blackish/blue bruise on right elbow and two 1 cm brown bruises on right forearm/wrist. 1 cm black bruise on outside forearm (right/left not indicated), cluster of 2 cm blue/brown bruises on biceps (right/left not indicated), 3 cm bruise on inside of right elbow (right/left not indicated), two 1 inch brown bruises underneath right elbow and a 2 cm brown bruise on the back of right biceps. 1 cm</p>			

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	<p>bruise on bottom/back of leg (right/left not indicated), two 1 cm bruises on bottom side of leg (right/left not indicated), 1 inch purple bruise on left hip, red scab on middle toe on top of foot (right/left not indicated), three 1 cm bruises on bottom (buttocks) right - 2 cm purple bruises on outside right thigh and four 1/2 cm purple bruises on back of ankle.</p> <p>The IFFC dated 4/21/16 at 7:15 PM indicated: SIB (Self injurious Behaviors) placed in a YSIS hold. Watch for marks/bruising on back, legs, ankles, arms, wrists, hands and feet.</p> <p>__ 4/25/16 - Cluster of bruises on legs and feet. Cluster of bruises up and down both arms and hands. Two 1 cm brown bruises on left wrist. Two faint one cm brown bruises on back of right shoulder, one inch brown bruise left side of spine in middle of back and one cm brown bruise on left side of spine in middle of back. Four purple bruises on back of ankles, 1/2 cm bruise and a 1 cm brown bruise on bottom/back of leg and three cm brown bruise on bottom/back right leg.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM.</p> <p>__ The RM and the QIDP indicated they</p>			

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	<p>were aware client #1 had multiple bruises.</p> <p>__ The RM and the QIDP indicated client #1 frequently self-injured herself.</p> <p>__ The RM stated the current system/procedure of "flowing" on injuries was "confusing" and due to the amount of injuries client #1 had the RM could not tell which injuries were due to self-injurious behaviors or were injuries of unknown origin.</p> <p>__ The RM indicated one investigation in March in regard to injuries of unknown origin for client #1.</p> <p>__ The RM indicated no investigations in April in regard to injuries of unknown origin for client #1.</p> <p>__ The RM and the QIDP indicated all injuries of unknown origin were to be investigated.</p> <p>During interview with the Program Manager (PM) on 4/27/16 at 12:30 PM, the PM indicated all injuries of unknown origin and all injuries "suspicious of abuse" were to be investigated.</p> <p>2. Client #2's Body Check Records (BCR) dated 4/4/16 at 4:30 AM indicated:</p> <p>__ A 1 cm blue bruise on right hand.</p> <p>__ A 0.5 cm pink scab left hand.</p> <p>__ A 1 cm bruise by thumb of left hand.</p> <p>__ A 1 1/2 inch bruise on bottom of right</p>			

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	<p>leg.</p> <p><input type="checkbox"/> A 1 cm faint bruise on left leg above knee.</p> <p><input type="checkbox"/> Three 1 inch lines on right neck.</p> <p><input type="checkbox"/> A 1 cm scratch under lower right lip.</p> <p>Client #2's BCR dated 4/7/16 at 8:30 AM indicated:</p> <p><input type="checkbox"/> A 1 cm bruise on upper inner right arm.</p> <p><input type="checkbox"/> A 2 cm bruise on right knee.</p> <p><input type="checkbox"/> A 2 cm bruise on right inner ankle.</p> <p><input type="checkbox"/> A 2 cm bruise on right thigh.</p> <p><input type="checkbox"/> Bite marks on both hands.</p> <p><input type="checkbox"/> A cluster of 2 cm scabs/scratches on upper back.</p> <p><input type="checkbox"/> A 1 cm bruise on left thigh.</p> <p><input type="checkbox"/> A 1 cm area on buttocks.</p> <p>Client #2's record and client #2's IFFCs for March and April 2016 failed to indicate the origin of the injuries indicated on the 4/4/16 and 4/7/16 BCRs.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM. The RM and the QIDP indicated all injuries of unknown origin were to be investigated.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM indicated client #2's IFFCs for</p>			

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W 0159 Bldg. 00	<p>February, March and April 2016 had been provided for review. The RM indicated no investigations for injuries of unknown origin for March or April 2016.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' active treatment programs.</p> <p>The QIDP failed: ___To ensure the staff completed the Injury Follow-Up Flow Charts (IFFCs) as directed by conducting an assessment of the client's injury/wound and then documenting the findings of the assessment once per shift for the first 24 hours and then daily until the wound was healed or no longer visible for clients #1 and #2. ___To ensure client #1's Individualized</p>	W 0159	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p> <p>The interdisciplinary team will develop prioritized objectives for Client #1 toward wearing her helmet at all times as prescribed. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</p>	06/12/2016

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	<p>Support Plan (ISP) addressed client #1's identified training need in regard to wearing her helmet.</p> <p>__To ensure the clients' program plans included how the staff were to monitor the door and window alarms in the home for client #1 due to behaviors of elopement and how the staff were to monitor client #2's chair alarm and bed alarm to ensure all alarms were active and functioning for clients #1 and #2.</p> <p>__To ensure client #2's protective hand mitts were readily available for use, clean and in good repair.</p> <p>__To ensure client #1 was prompted to wear her protective helmet due to behaviors of banging her head.</p> <p>Findings include:</p> <p>1. The facility's Injury Follow-Up Flow Charts (IFFCs) for 2016 for clients #1 and #2 were reviewed on 4/27/16 at 11 AM. The IFFC indicated "Procedure: initiated with all injuries. To be completed each shift for the first 24 hours and then daily until healed. If no apparent injury noted at the time of the fall or physical insult (injury) this form must still be initiated for at least 24 hours including documentation from each shift. If at the end of 24 hours there are still no apparent injuries then the follow up is completed. If injuries are noted then</p>		<p>QIDP will develop an alarm testing protocol with accompanying alarm function test documentation grids to assure that alarm functionality for the door and window alarms for Client #1 and Client #2's bed and chair alarms. All facility staff will be trained on proper implementation of the alarm testing procedures. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</p> <p>Staff will be trained to implement a new prioritized objective to train Client #1 toward wearing her helmet at all times per physician's orders and the facility will assure that Client #2's protective hand mitts are available to be used as needed across environments.</p> <p>PERVENTION:</p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients, across environments including outside services. Members of the Operations Team comprised of</p>	

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	<p>continue to follow up daily unit healed."</p> <p>The IFFC indicated the staff failed to assess client #1's and #2's injuries every shift for the first 24 hours and then daily until the wounds were healed.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) and the Residential Manager (RM) were interviewed on 4/26/16 at 5:30 PM.</p> <p>__The RM indicated when injuries were noted by the staff or the clients were involved in behaviors that could lead to injury or bruising, the staff were to initiate an IFFC.</p> <p>__The RM indicated the staff were to initiate one IFFC per injury.</p> <p>__The RM stated each shift was to "flow (document)" on the IFFC for the next 24 hours and then once a day until the injury/bruise was gone.</p> <p>__The RM stated once the injury had healed and no longer needed to be "flowed on" the IFFCs were pulled and placed with the Incident reports in the office.</p> <p>__The RM indicated the staff had failed to document as indicated on the IFFC.</p> <p>__The RM stated the current system/procedure of "flowing" on injuries was "confusing" and due to the amount of injuries client #1 had the RM could not tell which injuries were due to</p>		<p>the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly.</p> <p>The Residential Manager will be expected to observe no less than five active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. The QIDP will be expected to conduct on-site visits no less than three times weekly for the next 30 days and no less than twice weekly thereafter to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to:</p>	

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	<p>self-injurious behaviors or were injuries of unknown origin.</p> <p>2. The QIDP failed to ensure client #1's Individualized Support Plan (ISP) addressed client #1's identified training need in regard to wearing her helmet. Please see W227.</p> <p>3. The QIDP failed to ensure the clients' program plans included how the staff were to monitor the door and window alarms in the home for client #1 and how the staff were to monitor client #2's chair and bed alarm and to ensure all alarms were active and functioning for clients #1 and #2. Please see W240.</p> <p>4. The QIDP failed to ensure client #1 was prompted to wear her protective helmet at all times and to ensure client #1's helmet was clean. The QIDP failed to ensure client #2's protective hand mitts were readily available for use, clean and in good repair for client #2. Please see W436.</p> <p>9-3-3(a)</p>		<p>1. Assuring staff complete injury follow-up flow charts as needed.</p> <p>2. Assuring alarm function tests are completed as required.</p> <p>3. Assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed.</p> <p>Members of the Operations Team will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic</p>	

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			<p>skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making</p>	

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W 0227	483.440(c)(4)		<p>recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Assuring staff complete injury follow-up flow charts per established procedures. 2. Assuring adequate supports are included in each client's individual support plan. 3. Assuring staff are following alarm monitoring procedures. 4. Assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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Bldg. 00	<p>INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the client's Individualized Support Plan (ISP) failed to address client #1's identified training need in regard to wearing her helmet.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM and on 4/27/16 between 6:15 and 8 AM. During both observation periods client #1's helmet lay in a clothes basket that was sitting on the floor in client #1's bedroom. Client #1 did not wear her protective helmet and the staff did not prompt client #1 to wear her helmet.</p> <p>Client #1's record was reviewed on 4/28/16 at 11 AM.</p> <p>Client #1's revised 4/11/16 Behavior Support Plan (BSP) indicated client #1 had a history of hitting her head.</p> <p>Client #1's 4/5/16 physician's orders indicated client #1 was to wear her</p>	W 0227	<p>CORRECTION:</p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the interdisciplinary team will develop prioritized objectives for Client #1 toward wearing her helmet at all times as prescribed. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</i></p> <p>PERVENTION:</p> <p>The agency will retrain QIDP regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Program Managers, Nurse Manager, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Executive Director) will</p>	06/12/2016
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	<p>helmet at all times.</p> <p>Client #1's 11/6/15 Individualized Support Plan (ISP) indicated no training objectives to assist client #1 with wearing her soft sided helmet.</p> <p>During interview with staff #5 and staff #6 on 4/27/16 at 7 AM, both staff #5 and staff #6 indicated client #1 had a history of banging her head and client #1 was to wear a helmet for protection. Both staff indicated client #1 frequently refused to wear her helmet.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM indicated: __ Client #1 was to wear her helmet at all times. __ Client #1 did not like to wear her helmet and stated "Most of the time she (client #1) won't wear it. That's why we bought the throw pillows so we could use them when she was hitting her head and she wouldn't put her helmet on." __ Client #1's ISP included no training objectives to assist client #1 with wearing her helmet throughout the day as indicated in client #1's physician's orders.</p> <p>9-3-4(a)</p>		<p>incorporate audits of support documents into visits to the facility twice weekly for the next 30 days and weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director will determine the level of ongoing support needed at the facility.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTIONS COMPLETED BY: 6/12/16</p>	

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W 0240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the clients' program plans failed to include how the staff were to monitor the door and window alarms in the home for client #1 and how the staff were to monitor client #2's chair alarm and bed alarm to ensure all alarms were active and functioning for clients #1 and #2.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM and on 4/27/16 between 6:15 and 8 AM. During both observation periods:</p> <p>__ When the front door to the home was opened, an audible alarm was heard.</p> <p>__ Window alarms were on client #1's bedroom windows.</p> <p>__ Client #2 had a pad under her mattress.</p> <p>__ When client #2 got out of bed and/or out of her wheelchair, no alarms sounded.</p> <p>1. Client #1's record was reviewed on 4/28/16 at 11 AM.</p> <p>Client #1's revised 4/11/16 Behavior</p>	W 0240	<p>CORRECTION:</p> <p><i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the QIDP will develop an alarm testing protocol with accompanying alarm function test documentation grids to assure that alarm functionality for the door and window alarms for Client #1 and Client #2's bed and chair alarms. All facility staff will be trained on proper implementation of the alarm testing procedures. Through observation and document review, the governing body determined that this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION:</p> <p>The Residential Manager will review alarm function test documentation daily to assure staff follow alarm monitoring protocols. The QIDP will conduct on-site observations, including but not limited to alarm function</p>	06/12/2016

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	<p>Support Plan (BSP) indicated client #1 had a targeted behavior of leaving her assigned area. The BSP indicated "Any time [client #1] leaves an assigned area including areas in the home or areas where the group (defined as the staff that are with her on a community outing) is at without staff acknowledgement. This includes climbing out her alarmed window as well as walking out of the house to the front yard, the back yard, the garage or the north field without staff acknowledgement as well as entering housemates' bedrooms without permission."</p> <p>Client #1's 11/6/15 Modification of Individual's Rights (MIR) indicated client #1 was to have an alarm on her bedroom window to alert the staff when the window had been opened. The MIR indicated client #1 could harm herself while climbing out the window and "should she (client #1) succeed in getting out of the window safely, [client #1] poses a significant safety risk to herself and others as when agitated, she has a history or running into the street and/or down the street with no regard for traffic, sitting or lying in the middle of the road or intersection, refusing to move for on-coming traffic, throwing rocks at vehicles driving by and requiring staff to physically remove her from the road."</p>		<p>test documentation reviews no less than three times weekly for the next 30 days and no less than twice weekly thereafter. Members of the Operations Team (including the Program Managers, Nurse Manager, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Executive Director) will incorporate audits of support documents into visits to the facility twice weekly for the next 30 days and weekly visits for an additional 60 days to assure staff are following alarm monitoring procedures. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director will determine the level of ongoing support needed at the facility.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>Client #1's 11/6/15 Individualized Support Plan (ISP) and BSP failed to indicate how the staff were to monitor the alarm on the front door and the alarms on client #1's bedroom windows and ensure the alarms were functioning.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM:</p> <p>__ Indicated client #1 had an alarm on her bedroom window and there was an alarm on the front door.</p> <p>__ Indicated client #1's window alarm and the alarm on the front door were to alert the staff of client #1's attempt to exit the home without supervision.</p> <p>__ Indicated the staff did not check the alarms on a regular basis to ensure they were active and/or functioning.</p> <p>__ Indicated client #1's ISP/BSP did not include how the staff were to monitor the functioning of the alarms on the doors and windows in regard to client #1's behaviors of leaving her assigned area or how/when the staff were to document the alarms were monitored.</p> <p>2. Client #2's record was reviewed on 4/28/16 at 2 PM.</p> <p>Client #2's 4/5/16 physician's orders indicated client #2 was to utilize a chair alarm and a bed alarm to alert the staff when client #2 was getting out of bed or getting out of her wheelchair.</p> <p>Client #2's 9/28/15 ISP failed to indicate how the staff were to monitor client #2's bed and chair alarms to ensure the alarms were turned on and functioning or how the staff were to document the alarm checks.</p>			

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W 0331 Bldg. 00	<p>During interview with the RM on 4/28/16 at 4 PM, the RM:</p> <p>__ Indicated client #2 utilized a bed alarm and a wheelchair alarm.</p> <p>__ Indicated the alarms were to alert the staff when client #2 got out of bed.</p> <p>__ Stated client #2's bed alarm had not been functioning "for a while now."</p> <p>__ Indicated the staff did not check and/or monitor client #2's bed alarm or chair alarm on a regular basis to ensure the alarms were active and functioning.</p> <p>__ Client #2's ISP did not include how the staff were to monitor the functioning of the bed and chair alarms for client #2 or how/when the staff were to document the alarms were monitored and functioning.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sample clients (#1), the facility's nursing services failed:</p> <p>__ To develop and implement a plan of care in regard to client #1's skin integrity and bruising.</p> <p>__ To ensure client #1 was assessed and monitored after each head injury and the staff followed the client #1's risk plan for head injury.</p> <p>__ To ensure client #1 was assessed for injury after the use of You're Safe I'm</p>	W 0331	<p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs.</i></p> <p>Specifically for Client #1, the facility nurse will develop the Comprehensive High Risk Plan that addresses skin integrity and bruising. Additionally the nurse</p>	06/12/2016

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	<p>Safe restraint holds. __To ensure all High Risk Health Plans were reviewed and updated annually for clients #1 and #2</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM. At 5 PM client #1 was lying on the couch in the living room and playing with her mobile phone. Client #1 was asked if she had any bruises and/or injuries at the present time and client #1 began showing this surveyor multiple bruises in various stages of healing on all extremities, on her abdomen and on her back.</p> <p>The facility's reportable and investigative records were reviewed on 4/26/16 at 2 PM.</p> <p>The 4/6/16 BDDS report indicated on 4/6/16 "[Client #1] engaged in an episode of self-injurious behavior and physical aggression.... [Client #1]... sat down on the floor and head strike (hit her head) one time. [Client #1] tried several more times and staff was able to block. [Client #1] became physically aggressive towards staff by scratching them as they were blocking her from head striking. [Client #1] grabbed a chair and slammed</p>		<p>will perform assessments after each head injury and each application of approved manual restraint. A documentation review indicted this deficient practice may also have affected Client #3. The nurse will also perform assessments after each head injury and application of approved manual restraint/for Client #3 and all other clients as needed. All staff will be trained on post-injury monitoring procedures.</p> <p>Specifically for Clients #1 and #2 the nurse will complete updates of comprehensive high risk plans and will review and update the plans as needed but no less than annually. A documentation review by the governing body indicated this deficient practice also affected Clients #3 and #4 and their comprehensive high risk plans will be updated as well.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to</p>	

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	<p>it down on the floor. [Client #1] then laid on the floor and head strike (hit her head) one time. [Client #1] attempted to head strike (hit her head) again and staff was able to block.... [Client #1] has a two inch pink scratch on her right forearm and a one cm pink area on the center of her forehead. Nurse was notified of the injuries and staff will monitor post head injury and staff will follow head injury protocol and update nurse as needed. Staff will continue to follow [client #1's] current support plan to help prevent and reduce further incidents."</p> <p>The 4/18/16 BDDS report indicated on 4/17/16 "[Client #1] became physically aggressive and began attempting to hit her head against the security case around the TV (television). Staff attempted to block her. [Client #1] hit her head on the wood casing causing a 1.5 inch laceration that direct pressure did not resolve. Staff called 911. EMS (Emergency Medical System) took [client #1] to the ER (Emergency Room) where the wound was closed with liquid adhesive. She (client #1) received a CT scan (x-ray of the head) which produced normal results. [Client #1] was released and given orders to follow up with her primary care physician. Staff monitored [client #1] for signs of a concussion and none were noted."</p>		<p>Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the nursing team and Operations Team (including the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator and Executive Director weekly to discuss health and safety issues including but not limited to needed updates to risk plans, post-injury assessment and follow-up as well as other emerging medical issues. The operations team including the nurse manager and will conduct periodic audits of facility risk plans on an ongoing basis, no less than monthly.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>The 4/21/16 BDDS report indicated on 4/21/16 client #1 had an episode of self-injurious behavior. "[Client #1] approached staff attempting to touch staff's face and stomach. Staff verbally redirected [client #1] and she ignored. [Client #1] attempted several more times to touch staff's face and stomach and staff blocked. [Client #1] became agitated and began pulling her own hair and pinching herself on both right and left sides of her stomach.... While [client #1] was pulling her hair she reinjured a previous cut on her forehead making it bleed a little. [Client #1] was placed in a one person You're Safe I'm Safe hold. While in the one person You're Safe I'm Safe hold she began to attempt to kick staff and staff blocked. [Client #1] was given a PRN (as needed) of Clonazepam (a behavior modification medication)."</p> <p>Client #1's record was reviewed on 4/28/16 at 11 AM.</p> <p>Client #1's record indicated diagnoses of, but not limited to, Intermittent Explosive Disorder, Disruptive behavior, Personality Disorder, Depressive Disorder, Expressive Language Disorder, Mood Disorder, non-insulin dependent Diabetic, Seizure disorder, Asthma, Gastroesophageal reflux disease (GERD),</p>			
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	<p>chronic constipation and cardiac respiratory arrest (the client's heart stopped and she ceased breathing) in 1989 with status post ventricular septal defect (a hole in the heart).</p> <p>Client #1's revised 4/11/16 Behavior Support Plan (BSP) indicated client #1 had targeted behaviors of, not all inclusive, hitting/striking her head, self-injurious behaviors and physical aggression.</p> <p>Client #1's 5/15/15 Interdisciplinary Team (IDT) meeting indicated the team met to review the risk of the utilization of the YSIS Advanced Safety Techniques. The note indicated "After advance safety techniques are utilized, staff must notify the nurse during the week to come out and conduct an assessment. During the weekends staff must transport the individuals to [name of medical facility] to receive an assessment."</p> <p>Client #1's 2016 physician's orders indicated: __ Client #1 was on a daily dose of Aspirin (a blood thinner) 81 mg (milligrams) daily for heath maintenance. __ Client #1 was to have weekly body assessments (body checks) on every Monday and Thursday.</p>			

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	<p>Client #1's 4/25/16 Body Check Record (BCR) indicated client #1 had the following injuries:</p> <p>__ Two 2 cm brown bruises inside right biceps.</p> <p>__ A cluster of 1 inch brown bruises on right biceps.</p> <p>__ A cluster of 1 cm blue bruises inside right forearm.</p> <p>__ A 4 cm blackish blue bruise on right elbow.</p> <p>__ Two 1 cm bruises on right forearm/wrist.</p> <p>__ A 1 cm black bruise on outside of right forearm.</p> <p>__ A cluster of four 2 cm blue bruises on left biceps.</p> <p>__ A 3 cm blue bruise on inside of left elbow.</p> <p>__ Two 1 inch bruises underneath left elbow.</p> <p>__ A 2 cm brown bruise on the back of left biceps.</p> <p>__ Two faint brown bruises on back/shoulder.</p> <p>__ A 1 cm scratch on left elbow</p> <p>__ A fading bruise on hand (did not indicate left or right)</p> <p>__ A 1 cm blue bruise on chest.</p> <p>__ Two clusters of 1 cm bruises on right shoulder blade.</p> <p>__ A 1 inch brown bruise on left side of spine.</p> <p>__ A 1 cm brown bruise on right side of</p>			

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	<p>spine.</p> <p>__A 1 cm bruise on bottom back of left leg.</p> <p>__Two 1 cm bruises on side of calf on left leg.</p> <p>__A 1 inch purple bruise on left hip.</p> <p>__A scab on top of middle toe on left foot.</p> <p>__Three 1 cm brown bruises on bottom and in front of right leg.</p> <p>__A 3 cm brown bruise on bottom of right leg.</p> <p>__A 2 cm purple bruise outside of right thigh.</p> <p>__Four 1/2 cm purple bruises on back of right ankle.</p> <p>The BCR indicated a place for the nurse and the QIDP (Qualified Intellectual Disability's Professional) to sign after reviewing the form. The 4/25/16 BCR indicated no review by the nurse and signed by the QIDP on 4/26/16.</p> <p>4/21/16 BCR indicated client #1 had the following injuries:</p> <p>__A cluster of blue/brown bruises on left inner forearm.</p> <p>__Four 1 cm blue bruises in left inner elbow area.</p> <p>__A 2 cm blue bruise on left inner upper arm.</p> <p>__A 4 cm gash on head.</p> <p>__A 2 cm gray bruise on right cheek.</p>			
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	<p> <input type="checkbox"/> A 1 cm blue bruise on right inner arm. <input type="checkbox"/> A 2 cm blue bruise on right inner arm. <input type="checkbox"/> Three 2 cm brown bruises on inner right wrist. <input type="checkbox"/> A 2 cm purple bruise on right lower abdomen. <input type="checkbox"/> A 1 cm gash on right big toe. <input type="checkbox"/> A 3 cm blue bruise and a 1 cm brown bruise on front of left lower leg. <input type="checkbox"/> Two 2 cm blue bruises and two 2 cm brown bruises on outer right thigh. <input type="checkbox"/> A 2 cm brown bruise on back of left hand. <input type="checkbox"/> A 2 cm blue bruise on back of upper arm. <input type="checkbox"/> A 2 cm brown bruise on left shoulder. <input type="checkbox"/> A 3 cm blue bruise on right shoulder. <input type="checkbox"/> A 2 cm blue bruise on middle of back. <input type="checkbox"/> A 1 cm blue bruise on right lower back. <input type="checkbox"/> A cluster of purple bruises on outer right hand. <input type="checkbox"/> A red/brown bruise on back of right lower leg (no size indicated). </p> <p>The 4/21/16 BCR indicated no review by the nurse and signed by the QIDP on 4/26/16.</p> <p>4/18/16 BCR indicated client #1 had the following injuries: <input type="checkbox"/> Two 2 cm bruises on middle of back. <input type="checkbox"/> A 2 cm bruise on top of left shoulder blade.</p>			

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	<p>__ Two 1 cm bruises on middle of back.</p> <p>__ A 2 cm bruise on right hand.</p> <p>__ 1 cm and a 2 cm bruise on left hip.</p> <p>__ 1/2 inch bruise on right upper arm.</p> <p>__ 2 cm bruise in right elbow.</p> <p>__ Six 1/2 cm brown bruises on right outer thigh.</p> <p>__ Seven 1/4 inch brown bruises on right shin.</p> <p>__ Two 1/2 cm brown bruises on left shin.</p> <p>__ A 2 cm light brown bruise on left shin.</p> <p>__ A 1 cm bruise and a 1/2 cm bruise on right calf.</p> <p>__ A 1/2 cm bruise on tail bone.</p> <p>__ A 1/2 cm bruise on right foot.</p> <p>__ A 2 cm bruise on left upper outer arm.</p> <p>__ A 1 cm bruise on outer right ankle.</p> <p>__ Two 1/4 inch bruises on left thigh.</p> <p>__ A 1/4 inch bruise on left hip.</p> <p>__ A 1/2 cm bruise on right hip.</p> <p>__ Two 1 cm bruises on left hand near knuckles.</p> <p>__ Six 1/4 inch bruise on right inner arm.</p> <p>__ A 1 cm bruise on back of right arm.</p> <p>__ Two 1 cm bruises on back of left arm.</p> <p>__ A 1 inch brown bruise on left cheek bone.</p> <p>The 4/18/16 BCR indicated no review by the nurse or the QIDP.</p> <p>The 4/14/16 BCR indicated client #1 refused to have a body assessment conducted. The BCR indicated the nurse</p>			

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	<p>signed the record on 4/18/16 and the QIDP signed on 4/19/16.</p> <p>The 4/11/16 BCR indicated client #1 had the following injuries:</p> <ul style="list-style-type: none"> __ A 2 inch bruise on right ankle. __ A 3 inch bruise on right shin. __ A 1 inch bruise and a 1/2 inch bruise on right knee. __ A bite mark in the palm of right hand. __ A 3 inch scratch on inner right lower arm. __ A 4 cm bruise and a 1/2 inch bruise on right upper inner arm. __ Two 1 inch bruises on right clavicle/shoulder area. __ A two inch bruise on right cheek. __ A 1/2 inch bruise under left eye. __ A 1 inch bruise under chin. __ A 1 inch bruise and a 1/2 inch bruise on inner arm/elbow area. __ Scratches on left inner hand. __ A 4 inch bruise on left hip. __ A 1/2 inch bruise on left shin. __ A 1/2 inch bruise on both ankles. __ Four 1 inch cluster of bruises on right thigh. __ Three inch bruise on left hit. __ Two inch bruise and a 3 inch bruise on back of right lower leg. __ A two inch bruise on back of left lower leg. __ Multiple bruises, a 3 inch scratch and a bite mark on lower outer left arm. 			

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	<p>__ A 1/2 inch bruise in center of back.</p> <p>__ A two inch bruise on left neck/shoulder area.</p> <p>__ Three 1/2 inch bruises on right shoulder area.</p> <p>__ Multiple bruises on outer lower right arm.</p> <p>__ Two 1/5 inch bruises on inner upper arm.</p> <p>__ A two inch bruise and three 1/2 inch bruises on left hip.</p> <p>The 4/11/16 BCR indicated the nurse signed on 4/15/16 and the QIDP on 4/19/16.</p> <p>Further review of client #1's February and March 2016 BCRs indicated continued incidents of multiple bruising.</p> <p>Client #1's nursing notes indicated the following:</p> <p>__ 5/20/15 - "Multiple areas of different stages of healing being flowed on d/t (due to) SIB (Self Injurious Behaviors)... Staff documenting refuses of wearing helmet due to increased SIB."</p> <p>__ 8/13/15 "Sent to (name of hospital) for evaluation and treatment d/t SIB of banging head resulting in knot on her head. Discharged with recommendation to take medication at home as ordered."</p> <p>__ 8/20/15 - "Has numerous bruises scrapes and scratches all over body d/t</p>			

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	<p>SIB and YSIS. All areas being flowed on. In different stages of healing. Denies any pain at this time. No reddened areas under breast or abdomen folds." __8/20/15 "Assessment completed for quarterly. Check head slight swelling not at this time. Denies any pain or discomfort. Non tender to touch. Will continue to monitor." __11/20/15 - The assessment indicated no documented health concerns. __2/23/16 - Medication changes noted of Remeron (an antidepressant) and Synthroid (a thyroid hormone). The assessment indicated no documented health concerns.</p> <p>Client #1's 8/3/15 Comprehensive High Risk Health Plan (CHRHP) for head injury indicated: __ "Staff will use YSIS techniques to prevent [client #1] from head injury." __ "Staff will start neurologic checks if [client #1] has a potential head injury. Neurologic checks will be done for 24 hours. Staff will document on Head Injury Tracking Form." __ "[Client #1] will wear helmet all the time per doctor's orders."</p> <p>Review of client #1's Head Injury Tracking Forms for 2016 indicated no forms for March or April 2015. Client #1's record indicated client #1 was not</p>				

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	<p>monitored and/or assessed at minimum for the first 24 hours after hitting her head on 4/6/16 and 4/17/16.</p> <p>Client #1's record indicated no health care risk plan in regard to skin integrity and client #1's elevated risks from bruising.</p> <p>Client #1's nursing notes indicated the facility health care services failed to monitor, assess and/or reassess client #1 in regard to the patterns of bruising.</p> <p>Client #1's record indicated the facility health care services failed to assess and monitor client #1 after each incident of hitting her head and failed to ensure the staff conducted assessments as indicated in client #1's CHRHP for head injury.</p> <p>Client #1's record indicated the facility health care services failed to assess client #1 after the use of the YSIS restraint on 4/21/16.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM: ___ Indicated client #1 had had history of bruising easily and a history of self-injurious behaviors. ___ Indicated the facility's LPN was aware of client #1's multiple bruises.</p>			

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	<p>__ Indicated the staff notify nursing services of injuries each time an incident report is filed.</p> <p>__ Indicated the facility's LPN did not come to the home to assess the clients after self injurious behaviors.</p> <p>__ Stated, "We call the nurse if somebody hits their head or is hurt and then we usually take them to the ER."</p> <p>__ Indicated when conducting the body assessments, the staff were to notify nursing of any new bruising and/or injuries.</p> <p>__ Indicated the nurse was notified of the incident of the use of YSIS on 4/21/16.</p> <p>__ Indicated nursing services did not assess client #1 after the use of YSIS.</p> <p>__ Indicated the staff were to conduct head injury assessments for the first 24 hours after a client hit their head.</p> <p>__ Indicated all head injury tracking forms and all nursing notes and assessments had been provided for review.</p> <p>__ Indicated there were no head injury tracking forms for the incidents of 4/6/16 and 4/17/16.</p> <p>2. Client #1's record was reviewed on 4/28/16 at 11 AM. Client #1's record indicated diagnoses of, but not limited to, non-insulin dependent Diabetic, Seizure disorder, Asthma, Gastroesophageal reflux disease (GERD), chronic</p>			

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	<p>constipation and cardiac respiratory arrest (the client's heart stopped and she ceased breathing) in 1989 with status post ventricular septal defect (a hole in the heart).</p> <p>Client #1's record indicated the following Comprehensive High Risk Health Plans (CHRHPs): ___A CHRHP for Seizures dated 3/17/15. ___A CHRHP for Hypothyroidism dated 12/3/14. ___A CHRHP for Asthma dated 12/3/14. ___A CHRHP for Choking dated 12/3/14. ___A CHRHP for elevated Triglycerides dated 12/3/14. ___A CHRHP for Obesity dated 12/3/14. ___A CHRHP for allergic reactions dated 12/3/14. ___A CHRHP for constipation dated 12/3/14.</p> <p>Client #1's record indicated the facility's health care services failed to review and/or revise the client's CHRHPs annually.</p> <p>Client #2's record was reviewed on 4/28/16 at 2 PM. Client #2's record indicated diagnoses of, but not limited to, Cerebellar Ataxia (inflammation of the brain), Constipation, Anemia, Raynauds Phenomenon (spasms of the arteries in the extremities causing pain and</p>			

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	<p>numbness), Allergic rhinitis, Urinary Retention, GERD and Dehydration.</p> <p>Client #2's record indicated the following Comprehensive High Risk Health Plans (CHRHPs):</p> <p>__ A CHRHP for Ataxia (unsteadiness) dated 3/27/15.</p> <p>__ A CHRHP for constipation dated 3/27/15.</p> <p>__ A CHRHP for Seasonal Allergies dated 3/27/15.</p> <p>__ A CHRHP for impaired skin integrity dated 3/27/15.</p> <p>Client #2's record indicated the facility's health care services failed to review and/or revise the client's CHRHPs annually.</p> <p>During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 4/28/16 at 4:30 PM, the QIDP:</p> <p>__ Indicated the clients' CHRHPs were developed and implemented by nursing services.</p> <p>__ Indicated nursing services reviewed and revised the risk plans annually and as needed.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM indicated the CHRHPs provided for</p>			

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W 0436 Bldg. 00	<p>review were the most current available to the staff.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2) with adaptive equipment, the facility failed to ensure client #1 was prompted to wear her protective helmet and to ensure the helmet was clean and the facility failed to ensure client #2's protective hand mitts were readily available for use, clean and in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/26/16 between 4 PM and 6 PM and on 4/27/16 between 6:15 and 8 AM. During both observation periods: __ Client #1's helmet lay in a clothes</p>	W 0436	<p>CORRECTION:</p> <p><i>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. Specifically, staff will be trained to implement a new prioritized objective to train Client #1 toward wearing her helmet at all times per physician's orders and the facility will assure that Client #2's protective hand mitts are available to be used as needed across environments.</i></p>	06/12/2016

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	<p>basket on the floor in client #1's bedroom. The helmet was made of foam and was faded in color with blue stains on the outside and spots of reddish brown on the inside. The strap was worn and stained brown.</p> <p>__ Client #2's hand mitts were in the staff office on top of a filing cabinet. The material covering the mitts was stained and torn and the mitts had masking tape around the wrists of both mitts.</p> <p>1. The facility's reportable and investigative records were reviewed on 4/26/16 at 2 PM.</p> <p>The 4/18/16 BDDS report indicated on 4/17/16 "[Client #1] became physically aggressive and began attempting to hit her head against the security case around the TV (television). Staff attempted to block her. [Client #1] hit her head on the wood casing causing a 1.5 inch laceration that direct pressure did not resolve. Staff called 911. EMS (Emergency Medical System) took [client #1] to the ER (Emergency Room) where the wound was closed with liquid adhesive. She (client #1) received a CT scan (x-ray of the head) which produced normal results. [Client #1] was released and given orders to follow up with her primary care physician. Staff monitored [client #1] for signs of a concussion and none were</p>		<p>PERVENTION:</p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients, across environments including outside services. Members of the Operations Team comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly. Additionally, the QIDP has revised each Client's adaptive equipment checklist to include more detail to assist with maintaining equipment in good repair.</p> <p>The Residential Manager will be expected to observe no less than five active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited</p>	

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	<p>noted."</p> <p>The 4/6/16 BDDS report indicated on 4/6/16 "[Client #1] engaged in an episode of self-injurious behavior and physical aggression.... [Client #1]... sat down on the floor and head strike one time. [Client #1] tried several more times and staff was able to block. [Client #1] became physically aggressive towards staff by scratching them as they were blocking her from head striking. [Client #1] grabbed a chair and slammed it down on the floor. [Client #1] then laid on the floor and head strike one time. [Client #1] attempted to head strike again and staff was able to block. [Client #1] laid on the floor crying with no tears for several minutes. [Client #1] then got up and attempted to leave assigned area and staff blocked.... [Client #1] has a two inch pink scratch on her right forearm and a one cm pink area on the center of her forehead."</p> <p>The 3/19/16 BDDS report indicated on 3/19/16 "Staff went into [client #1's] room to wake her up for her morning meds.... [Client #1] then got up and followed staff out of her bedroom and into the east living room where [client #1] leaned up against the wall and attempted to strike her head, staff assisted [client #1] in placing her soft helmet on</p>		<p>to assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed. The QIDP will be expected to conduct on-site visits no less than three times weekly for the next 30 days and no less than twice weekly thereafter to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the</p>	

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	<p>her."</p> <p>Client #1's record was reviewed on 4/28/16 at 11 AM. Client #1's 11/6/15 Behavior Support Plan (BSP) indicated one of client #1's targeted behaviors was hitting her head. Client #1's 4/5/16 physician's orders indicated client #1 was to wear her helmet at all times.</p> <p>Client #1's record was reviewed on 4/28/16 at 12:30 PM. Client #1's revised 4/11/16 Behavior Support Plan (BSP) indicated client #1 had history of hitting her head and was to wear a protective helmet.</p> <p>Client #1's 4/5/16 physician's orders indicated client #1 was to wear her helmet at all times.</p> <p>During interview with staff #5 and staff #6 on 4/27/16 at 7 AM, both staff #5 and staff #6 indicated client #1 had a history of banging her head and client #1 was to wear a helmet for protection. Both staff indicated client #1 frequently refused to wear her helmet.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM: __ Indicated client #1 frequently refused to wear her helmet.</p>		<p>Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks</p>	

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	<p>__ Indicated soft throw pillows were purchased and placed on the couches for the staff to use to block client #1 when head striking when client #1 was not wearing her helmet and/or refused to wear her helmet.</p> <p>__ The staff were to prompt client #1 to wear her helmet as ordered by the physician.</p> <p>__ Indicated client #1's helmet was stained and stated, "I don't know what that stain is on the inside of her helmet but it's dirty and needs cleaned."</p> <p>__ Indicated the facility had only one helmet for client #1.</p> <p>__ Indicated client #1's helmet was not washed/cleaned on a regular basis.</p> <p>2. Client #2's record was reviewed on 4/28/16 at 2 PM.</p> <p>Client #2's revised 4/1/16 BSP indicated one of client #2's targeted behaviors was SIB (Self Injurious Behaviors) of hurting herself and/or pulling out her catheter (a rubber tube anchored in her bladder to expel urine). Client #2's BSP indicated the hand mitts were to be in client #2's bedroom on the closet shelf and readily accessible when needed.</p> <p>During interview with the Residential Manager (RM) on 4/28/16 at 4 PM, the RM:</p>		<p>at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train clients to make informed choices about the use of adaptive equipment and to assure that all recommended adaptive equipment is available for use as prescribed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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W 9999 Bldg. 00	<p>___ Indicated client #2's hand mitts were to be stored on client #2's closet shelf.</p> <p>___ Indicated client #2's hand mitts were stained and the material had holes in it and stated, "We need to get her another pair."</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2 Resident protections (c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p>	W 9999	<p>CORRECTION:</p> <p><i>The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section. Specifically, prospective employees will not be permitted to begin working in the facility until three acceptable references have been obtained. If three references are not obtained prior to the conclusion of new-hire</i></p>	06/12/2016

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	<p>Based on record review and interview for 3 of 6 staff persons reviewed, the facility failed to obtain three references prior to the staffs' date of employment for staff #3, staff #7 and staff #8.</p> <p>Findings include:</p> <p>The facility personnel records were reviewed on 4/27/16 at 5 PM.</p> <p>Staff #3's employee file indicated a hire date of 2/22/16. Staff #3's file indicated two of the three employee references provided were obtained after staff #3's employment. Staff #3's file indicated references dated 3/10/16 and 3/17/16.</p> <p>Staff #7's employee file indicated a hire date of 1/4/16. Staff #7's file indicated one of the three employee references provided was obtained after staff #7's employment. Staff #7's file indicated two references obtained on 12/29/15 and one reference obtained on 4/12/16.</p> <p>Staff #8's employee file indicated a hire date of 2/22/16. Staff #8's file indicated two of the three employee references were obtained after staff #8's employment. Staff #8's file indicated a reference dated 1/5/16.</p> <p>The revised 3/22/13 facility policy</p>				<p>orientation, the Human Resources Specialist will inform the prospective employee and Residential Manager that the prospective employee will not be eligible to work at the facility until three acceptable references have been obtained and reviewed by the Human Resources Department.</p> <p>PREVENTION:</p> <p>The Executive Director will provide retraining to the Human Resources Department regarding the need to have three references for all prospective employees prior to permitting them to start work at the facility. A Human Resources Specialist will review all prospective employee files on day four of new-hire orientation and employees who lack proper background checks including three references. Additionally, members of the Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will review a random sample of employee files no less than quarterly to assure State and Federal hiring requirements are met.</p>		

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	<p>Screening/Interview Process was provided via email and reviewed on 5/4/16 at 12 PM. The policy indicated "The Human Resources Representative will ensure that proper hiring procedures are conducted and that all applicants complete the following process:...</p> <p>I. Before the applicant has been offered the job, the candidate will complete the Applicant Reference Check, RC 7206HR. The Human Resources Representative and/or designee will conduct the reference check(s) (preferably thee), either in writing or by telephone."</p> <p>Email interview with the Human Resources Specialist (HRS) on 5/4/16 at 12 PM indicated references should be obtained prior to the employee working with the clients. The HRS indicated "sometimes it takes longer to get all of the references."</p> <p>9-3-2(c)(3)</p>		<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Human Resources Department, Operations Team</p>	