

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/30/2015
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00187384 which resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00187384: Substantiated, federal and state deficiencies related to the allegations are cited at: W102, W104, W122 and W149.</p> <p>Dates of Survey: 11/23/15, 11/24/15, 11/25/15 and 11/30/15.</p> <p>Facility Number: 000774 Provider Number: 15G254 AIMS Number: 100243450</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/9/15.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview,</p>	W 0102	The agency ensured the completion	12/30/2015

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

TITLE

(X6) DATE

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

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	<p>the facility failed to meet the Condition of Participation: Governing Body for 1 of 4 sampled clients (A). The governing body failed to ensure the facility prevented neglect of client A regarding her elopement behavior.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 4 sampled clients. The governing body failed to implement written policy and procedures to prevent neglect of client A regarding prevention of elopement from the group home.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The governing body failed to ensure the facility prevented neglect of client A regarding her elopement behavior. Please see W104.</li> <li>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 4 sampled clients. The governing body failed to implement written policy and procedures to prevent neglect of client A regarding prevention of elopement from</li> </ol>		<p>of an investigation regarding this issue by an administrator. The findings included that the appropriate systems were in place regarding the client's history of elopement behavior. The home has alarms that were functioning and the home was adequately staffed with three staff members when the client eloped. One staff person failed to implement the behavior program when she did not check to see why an exit alarm had sounded when this client left. That employee's employment with the agency has been terminated as a result. There has been increased monitoring and presence of professional and administrative staff in the home as specified in the Plan to Remove the Immediate Jeopardy which was submitted on 11/25/15. This is attached for review. The investigation also found that the QIDP failed to ensure staff understood and properly implemented the cell phone component in the client's behavior development program. This is being addressed with corrective action.</p> <p>The client was discharged from the facility as of 12/6/15 as she had been out of the home more than 14 days. On 12/11/15 she made contact with family for the first time. She has since communicated with law enforcement who visited her in person, DSA administrators and staff, family and</p>	

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	<p>the group home. Please see W122.</p> <p>This federal tag relates to complaint #IN00187384.</p> <p>9-3-1(a)</p>		<p>BDDRepresentatives. She was in Warren, Michigan and was reported by policeofficials to be safe. The local law enforcement has notified DSA Inc. that theycan't enforce her return as "legally she is not compelled to live in the grouphome as she is not court ordered to be placed in the facility." She hascommunicated that she does not want to return to the group home. On 12/21/15 agency administrators werenotified that she has returned to her grandmother's home in Nashville Indiana.She is living with her at this time. BDDS is working with her and her guardianto determine next steps regarding her living. BDDS will assist her withapplying for the CIH waiver. At this time this client will not be returning tothe group home. The agency did ensure there was an update to the client'sbehavior program in the event that she did return to the group home. The updateprovided a more specific directive regarding how to check when exit alarmssound. This program was approved as required and all staff were trained on theupdate. The agency is also ensuring a systemic change in that thebehavior programs for any individual with an identified elopement behavior orhistory will be updated to ensure there is a specific protocol for response toalarms when they sound. This includes updating the program</p>	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.  Based on record review and interview for 1 of 4 sampled clients (A), the governing body failed to ensure the facility prevented neglect of client A regarding her elopement behavior.	W 0104	for another client in the home that has a history of eloping behavior when she lived with family before moving into the group home. This will detail staff responsibility to check the source of each alarm sound. The programs will also specify that when an exit alarm sounds staff are to complete an immediate check outside in an effort to see how and where a client may elope and in an effort to hopefully intervene. The phone use protocols for these clients will also be reviewed. The ST for each identified client will ensure that the protocol is clear and implemented as written. The governing body will ensure protocols are being implemented properly regarding response to elopement behavior, sounds of alarms, and the use of telephones through routine presence in the site and review of records that other professionals are routinely onsite and implementing programs as written. Responsible Party: Area Director  The agency ensured the completion of an investigation regarding this issue by an administrator. The findings included that the appropriate systems were in place regarding the client's history of elopement behavior. The home	12/30/2015

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	<p>Findings include:</p> <p>The governing body failed to implement their policy to ensure the facility prevented neglect of client A regarding her elopement behavior. Please see W149.</p> <p>This federal tag relates to complaint #IN00187384.</p> <p>9-3-1(a)</p>		<p>has alarms that were functioning and the home was adequately staffed with three staff members when the client eloped. One staff person failed to implement the behavior program when she did not check to see why an exit alarm had sounded when this client left. That employee's employment with the agency has been terminated as a result. There has been increased monitoring and presence of professional and administrative staff in the home as specified in the Plan to Remove the Immediate Jeopardy which was submitted on 11/25/15. This is attached for review. The investigation also found that the QIDP failed to ensure staff understood and properly implemented the cell phone component in the client's behavior development program. This is being addressed with corrective action.</p> <p>The client was discharged from the facility as of 12/6/15 as she had been out of the home more than 14 days. On 12/11/15 she made contact with family for the first time. She has since communicated with law enforcement who visited her in person, DSA administrators and staff, family and BDD representatives. She was in Warren, Michigan and was reported by police officials to be safe. The local law enforcement has notified DSA Inc. that they can't enforce her return as "legally she is not</p>	

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			<p>compelled to live in the grouphome as she is not court ordered to be placed in the facility." She hascommunicated that she does not want to return to the group home.</p> <p>On 12/21/15 agency administrators werenotified that she has returned to her grandmother's home in Nashville Indiana.She is living with her at this time. BDDS is working with her and her guardianto determine next steps regarding her living. BDDS will assist her withapplying for the CIH waiver. At this time this client will not be returning tothe group home.</p> <p>The agency did ensure there was an update to the client'sbehavior program in the event that she did return to the group home. The updateprovided a more specific directive regarding how to check when exit alarmssound. This program was approved as required and all staff were trained on theupdate.</p> <p>The agency is also ensuring a systemic change in that thebehavior programs for any individual with an identified elopement behavior orhistory will be updated to ensure there is a specific protocol for response toalarms when they sound. This includes updating the program for another clientin the home that has a history of eloping behavior when she lived with familybefore moving into the group home. This will detail staff responsibility tocheck the source of each alarm sound. The</p>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (A). The facility failed to implement written policy and procedures to prevent neglect of client A regarding prevention of elopement from the group home.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 11/23/15 at</p>	W 0122	<p>programs will also specify that when an exit alarm sounds staff are to complete an immediate check outside in an effort to see how and where a client may elope and in an effort to hopefully intervene. The phone use protocols for these clients will also be reviewed. The ST for each identified client will ensure that the protocol is clear and implemented as written. The governing body will ensure protocols are being implemented properly regarding response to elopement behavior, sounds of alarms, and the use of telephones through routine presence in the site and review of records that other professionals are routinely onsite and implementing programs as written. Responsible Party: Area Director</p> <p>The agency ensured the completion of an investigation regarding this issue by an administrator. The findings included that the appropriate systems were in place regarding the client's history of elopement behavior. The home has alarms that were functioning and the home was adequately staffed with three staff members when the client eloped. One staff person failed to implement the behavior program when she did not check to see why an exit alarm</p>	12/30/2015

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	<p>5:57 PM regarding the facility's failure to implement client A's BDP (Behavior Development Plan) to prevent client A from eloping from the group home. The Program Quality Coordinator (PQC) was notified of the Immediate Jeopardy on 11/23/15 at 5:57 PM.</p> <p>On 11/25/15, the facility submitted the following plan of action to remove the immediate jeopardy: "The following details our agency's plan for removal of Immediate Jeopardy that was implemented at our facility at [address] on 11/23/15. The associated investigation has been completed and submitted to [surveyor] for review. The recommendations are being implemented with oversight of the program quality coordinator. [Client A's] whereabouts remains unknown at this time. DSA (Developmental Services Alternatives) continues to have daily contact with the assigned detective from the [police department] as well as [client A's] grandmother/legal guardian. The agency did request that a Silver Alert (public media announcement) be issued. The agency was notified on 11/23/15 that the request was denied at the state police level as [client A] is not court ordered to be in the group home. The agency is providing the detective with any new information that is obtained. There is</p>		<p>had sounded when this client left. That employee's employment with the agency has been terminated as a result. There has been increased monitoring and presence of professional and administrative staff in the home as specified in the Plan to Remove the Immediate Jeopardy which was submitted on 11/25/15. This is attached for review. The investigation also found that the QIDP failed to ensure staff understood and properly implemented the cell phone component in the client's behavior development program. This is being addressed with corrective action.</p> <p>The client was discharged from the facility as of 12/6/15 as she had been out of the home more than 14 days. On 12/11/15 she made contact with family for the first time. She has since communicated with law enforcement who visited her in person, DSA administrators and staff, family and BDD's representatives. She was in Warren, Michigan and was reported by police officials to be safe. The local law enforcement has notified DSA Inc. that they can't enforce her return as "legally she is not compelled to live in the group home as she is not court ordered to be placed in the facility." She has communicated that she does not want to return to the group home. On 12/21/15 agency administrators were notified that she has returned</p>	

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	<p>another resident of the home who has a history of running away from the family home prior to her placement at DSA in August of 2015. This is addressed in (the) behavior program that has been provided to [surveyor]. This program continues to be implemented. The plan includes use of alarms on all exit doors in the home. The alarms are functioning and at no time have been reported to be malfunctioning. The volume of the chimes that ring when each alarmed door opens was increased on 11/24/15. As of 11/22/15 staff in the home have been retrained on the expectation of checking and tracking each time an alarm sounds. This includes the use of an alarm tracking form on which staff record date, time, door opened, source/trigger of alarm and their signature. This was started as of 11/22/15. Evidence of the training is attached as well as the use of this tracking form. The form was present to [surveyor] when he was onsite in the home on 11/25/15.</p> <p>The frequency at which professional staff including agency administrator are present in the home will increase to no less than 5 days a week when clients are present in the home. This will include at least one visit during each weekend. This practice will continue until otherwise determined by the agency's executive council. The visits will include</p>		<p>to her grandmother's home in Nashville Indiana. She is living with her at this time. BDDS is working with her and her guardian to determine next steps regarding her living. BDDS will assist her with applying for the CIH waiver. At this time this client will not be returning to the group home. The agency did ensure there was an update to the client's behavior program in the event that she did return to the group home. The update provided a more specific directive regarding how to check when exit alarm sounds. This program was approved as required and all staff were trained on the update.</p> <p>The agency is also ensuring a systemic change in that the behavior programs for any individual with an identified elopement behavior or history will be updated to ensure there is a specific protocol for response to alarms when they sound. This includes updating the program for another client in the home that has a history of eloping behavior when she lived with family before moving into the group home. This will detail staff responsibility to check the source of each alarm sound. The programs will also specify that when an exit alarm sounds staff are to complete an immediate check outside in an effort to see how and where a client may elope and in an effort to hopefully intervene. The phone use protocols for these clients</p>	

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	<p>monitoring functioning of the alarms and implementation of behavior programs for all individuals in the home. Each professional completing visits are completing a specific home visit note that targets a look at items to ensure behavior programs are being followed (sic). A copy of the note used is attached for review. The agency anticipates that [client A] will return safely to the group home. Her behavior program has been updated in anticipation of her return and to have procedures in place to discourage recurrence of another incident of this nature. This is attached for review. At this time with the measures that are in place, the agency feels that we have implemented the needed steps to reduce the risk (to) the clients who reside at the [group home]. These measures will remain in effect until otherwise directed by the executive council and/or the appropriate ISTs (Individual Support Teams)."</p> <p>The facility implemented the plan of action. Through monitoring observations held on 11/23/15 from 4:45 PM through 6:00 PM, 11/24/15 from 6:30 AM through 7:30 AM and on 11/25/15 from 6:00 AM through 7:00 AM, the door alarms were observed to be functioning and administrative staff were in the group home throughout the observation periods.</p>		<p>will also be reviewed. The IST for each identified client will ensure that the protocol is clear and implemented as written. The governing body will ensure protocols are being implemented properly regarding response to elopement behavior, sounds of alarms, and the use of telephones through routine presence in the site and review of records that other professionals are routinely onsite and implementing programs as written. Through routine and increased presence of professional staff in the home, professional staff are monitoring to ensure all clients in the home are being supervised per their identified supervision needs. The practice of ensuring routine presence of professional staff in the group home when clients are home is in place throughout all agency homes. This is a formal policy implemented by the agency. See the attached.</p> <p>Responsible Party: Area Director</p>	

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	<p>The facility's alarm monitoring log book was reviewed on 11/25/15 at 7:00 AM. The review indicated staff were documenting the source/cause each time the door alarms sounded.</p> <p>Interview with staff #1 on 11/24/15 at 7:00 AM indicated each time the alarm sounded staff should check to verify the source.</p> <p>Interview with AS (Administrative Staff) #1 on 11/25/15 at 7:00 AM indicated all staff working in the home had been trained regarding the alarm monitoring procedures.</p> <p>The Immediate Jeopardy was removed on 11/30/15. While the Immediate Jeopardy was removed, the facility remained out of compliance at the Condition level because the facility needed to demonstrate sufficient supervision of clients in the home.</p> <p>Findings include:</p> <p>The facility failed to prevent neglect of client A regarding her elopement behavior. Please see W149.</p> <p>This federal tag relates to complaint #IN00187384.</p>			

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W 0149 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to implement their policy to prevent neglect of client A regarding her elopement behavior.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) and investigations were reviewed on 11/23/15 at 2:15 PM. The review indicated the following:</p> <p>-BDDS report dated 11/22/15 indicated, "At 7:45 PM, (11/21/15), staff discovered that [client A] was not in her room, where they thought that she was. They looked all over the interior and perimeter of the home and then reported her as missing to administrators before driving around the neighborhood to look for her. The police were contacted and came to the house to collect information and</p>	W 0149	<p>The agency ensured the completion of an investigation regarding this issue by an administrator. The findings included that the appropriate systems were in place regarding the client's history of elopement behavior. The home has alarms that were functioning and the home was adequately staffed with three staff members when the client eloped. One staff person failed to implement the behavior program when she did not check to see why an exit alarm had sounded when this client left. That employee's employment with the agency has been terminated as a result. There has been increased monitoring and presence of professional and administrative staff in the home as specified in the Plan to Remove the Immediate Jeopardy which was submitted on 11/25/15. This is attached for review. The investigation also found that the QIDP failed to ensure staff understood and properly implemented the cell phone</p>	12/30/2015

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	<p>assist. A police report and missing person report was completed by [officer] and the [police department]. The case number is [number]. [Client A] has been listed on the nationwide missing persons registry. An attempt was made to notify APS (Adult Protective Services) at 9:07 AM on 11/22/15. The BDDS coordinator was notified at 9:26 AM on 11/22/15."</p> <p>-Staff #1's Narrative Written Statement (NWS) dated 11/21/15 indicated, "I heard the alarm (audible door alarm) but I assumed it was [client H] and I'm not going to lie, I went back to doing CareTracker (electronic records). I talked to [client G] and [client B] in the dining room. [Staff #2] (was) cleaning (the) medication area. [Client B] came down (stairs) and said [client A] was not in her room."</p> <p>Staff #1's NWS dated 11/21/15 indicated, "What job list (assigned client) did you have today? Two twenty two (time code) but clocked in with eight eighty eight (time code). I just know I was the second person here. Who was [client A's] staff? I didn't know we had certain people. No one really explained that to me. What training have you had about the alarms? All the doors have alarms and they are to be on at all times and we have to check to make sure they are on. What did you do if</p>		<p>component in the client's behaviordevelopment program. This is being addressed with corrective action.</p> <p>The client was discharged from the facility as of 12/6/15 asshe had been out of the home more than 14 days. On 12/11/15 she made contactwith family for the first time. She has since communicated with law enforcementwho visited her in person, DSA administrators and staff, family and BDDSrepresentatives. She was in Warren, Michigan and was reported by policeofficials to be safe. The local law enforcement has notified DSA Inc. that theycan't enforce her return as "legally she is not compelled to live in the grouphome as she is not court ordered to be placed in the facility." She hascommunicated that she does not want to return to the group home.</p> <p>On 12/21/15 agency administrators werenotified that she has returned to her grandmother's home in Nashville Indiana.She is living with her at this time. BDDS is working with her and her guardianto determine next steps regarding her living. BDDS will assist her withapplying for the CIH waiver. At this time this client will not be returning tothe group home. The agency did ensure there was an update to the client'sbehavior program in the event that she did return to the group home. The updateprovided a more specific</p>	

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	<p>the alarm goes off? Supposed to check doors. If there's another staff they'll say is that [client B]? And staff say she's going to the bathroom. So, when you hear the alarm, you are supposed to check the doors? Yes. Why didn't you check when you heard the alarm? I didn't think to check. I assumed someone else heard it. I didn't know [client A]."</p> <p>Staff #2's NWS dated 11/21/15 indicated, "If you were sitting here and heard the alarm, what would you do? Get up and check all the doors. Who had [client A] tonight on their job list (assigned client)? To be honest, I'm not sure. I can get the book and tell you what it says but... I clocked in with one twenty one (time code). So, you didn't follow a job list? No. I'm not going to lie. I check it off before I leave."</p> <p>Staff #3's NWS dated 11/21/15 indicated, "Who had [client A]? I'm not sure. The job list has changed. I didn't read it. I just read the communication log. What time code did you use when you clocked in? Two twenty two. You don't know (which) consumers you had (assigned)? I didn't mess with it. Was going to ask [staff #2] later."</p> <p>Staff #4's NWS undated indicated, "I try to monitor [client A] as close as I can</p>		<p>directive regarding how to check when exit alarms sound. This program was approved as required and all staff were trained on the update.</p> <p>The agency is also ensuring a systemic change in that the behavior programs for any individual with an identified elopement behavior or history will be updated to ensure there is a specific protocol for response to alarms when they sound. This includes updating the program for another client in the home that has a history of eloping behavior when she lived with family before moving into the group home. This will detail staff responsibility to check the source of each alarm sound. The programs will also specify that when an exit alarm sounds staff are to complete an immediate check outside in an effort to see how and where a client may elope and in an effort to hopefully intervene. The phone use protocols for these clients will also be reviewed. The ST for each identified client will ensure that the protocol is clear and implemented as written. The governing body will ensure protocols are being implemented properly regarding response to elopement behavior, sounds of alarms, and the use of telephones through routine presence in the site and review of records that other professionals are routinely onsite and implementing programs as written. Through routine and increased</p>		

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	<p>when on house (sic) phone due to being caught about (sic) trying to sneak off with her boyfriend to become involved in sexual events. When had heard (sic) this the first time I had redirected [client A] told (sic) that it wasn't (sic) appropriate conversation. I informed other staff on shift and had let the RD (Resident Director) and RC (Residential Coordinator) at the time aware of the situation (sic)."</p> <p>Program Quality Coordinator (PQC) #1 was interviewed on 11/23/15 at 4:06 PM. PQC #1 indicated staff #1, staff #2 and staff #3 were present working at the group home during the 11/21/15 incident of client A eloping from the home. PQC #1 indicated staff #1 heard the audible door alarm on the evening of 11/21/15 but did not check to verify why the alarm was triggered. PQC #1 indicated staff #1, staff #2 and staff #3 did not know which clients they were individually assigned to supervise during the 11/21/15 shift.</p> <p>Client A's record was reviewed on 11/23/15 at 3:02 PM. Client A's BDP (Behavior Development Program) dated June 2015 indicated client A's targeted problem behaviors included but were not limited to "Inappropriate sexual behavior. Engages or attempts to engage in sexual behavior not approved by her guardian,</p>		<p>presence of professional staffin the home, professional staff are monitoring to ensure all clients in thehome are being supervised per their identified supervision needs. The practiceof ensuring routine presence of professional staff in the group home whenclients are home is in place throughout all agency homes. This is a formalpolicy implemented by the agency. See the attached.</p> <p>Responsible Party: Area Director</p>	

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	<p>especially including arranging or attempting to arrange liaisons with persons [client A] does not know well. Vacating. Leaves the group home property without following agency sign-out procedures; or, while on community outings or at work, distances self from the group or attempts to leave the group." Client A's BDP dated June 2015 indicated, "If [client A] uses an electronic device to display sexual pictures or if she uses the device to communicate about sexual activity with men she does not know, remove the device from her possession, place it in a secure location and call the RD (Residential Director) or on-call RD for further instructions." Client A's BDP dated June 2015 indicated, "[Client A] has a history of contacting men she does not know well who may aid her attempts to leave the group home. The front door of the home and other doors or windows, as approved by the IST (Individual Support Team), should be fitted with an audible alarm to alert staff to movement through the opening. The alarm should be activated during [client A's] normal sleeping hours. The alarms should be checked each shift to ensure they are in working order. If they are not, the RD should be notified immediately. In inclement weather, keep protective clothing for staff near the door so that it</p>			

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	<p>is easily available if [client A] exits the home. The RD must assume that [client A] can vacate at any time and must keep updated identifying information for her on hand."</p> <p>Client A's ISP (Individual Support Plan) dated 6/2/15 indicated, "[Client A] requires 24 hour support to maintain her overall health and safety." Client A's ISP dated 6/2/15 indicated, "[Client A] requires 24 hour supervision in the community. She must have staff supervision at all times. She will not leave the supervision of staff without consent from her guardian." Client A's ISP dated 6/2/15 indicated, "[Client A] craves male attention and has made poor decisions in order to maintain approval of various men who have taken advantage of her. [Client A] will learn how to have appropriate relationships with males. [Client A] is not to have access to the Internet or her phone, per her guardian."</p> <p>Client A's IST meeting report dated 10/27/15 indicated, "Discussed that according to [client A's] BDP she should not have a phone with minutes on it. Discussed that the RD will call the guardian to see what she would like us to do about [client A] having a phone. The phone currently has no minutes on it. Discussed that [client A] has been</p>			

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	<p>receiving mail from a gentleman in prison. The RD is also to discuss with guardian what she would like to do about this situation. Discussed that we will continue to watch for alertness of staff during their shifts."</p> <p>PQC #1 was interviewed on 11/23/15 at 4:30 PM. PQC #1 indicated it was unclear if client A had two cell phones or one. PQC #1 indicated client A had been receiving mail correspondences from an incarcerated male. PQC #1 indicated client A would obtain cell phones without staff's knowledge and hide cell phones. PQC #1 indicated the IST dated 10/27/15 made recommendations to address client A's cell phone use and interaction with the incarcerated male. When asked if the 10/27/15 IST made recommendations to increase staff supervision/monitoring of client A, her bedroom or personal belongings to identify and address client A's unauthorized acquisition of cell phones, PQC #1 stated, "No." PQC #1 indicated additional safeguards or monitoring to address client A's cell phone usage had not been developed or implemented. PQC #1 indicated if staff are suspicious they may check her cell phone but routine checks were not a part of client A's plan.</p> <p>Client G was interviewed on 11/23/15 at</p>			

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	<p>5:20 PM. Client G stated, "She, [client A], had a cell phone with her at the movies (11/21/15). She was sending text messages during the movies. They (staff) didn't know she had it."</p> <p>Client F was interviewed on 11/23/15 at 5:30 PM. Client F stated, "She, [client A], kept her cell phone at work. She wouldn't turn it in like she's supposed to. I don't know who she was texting or talking to, I try to mind my own business." Client F indicated the sheltered workshop both she and client A work at has a policy which required clients to turn in their cell phones during working hours.</p> <p>Staff #4 was interviewed on 11/23/15 at 5:40 PM. Staff #4 stated, "[Client A] was always talking on the house phone, talking to her boyfriend and different guys. I overheard her a few weeks ago talking about trying to meet up to do certain things... like sexual things with her boyfriend. I redirected her and told her it wasn't appropriate. " When asked if she reported client A's conversation, staff #4 stated, "Yes, I told [RC (Residential Coordinator) #1]." Staff #4 indicated client A's plan did not indicate instructions regarding how staff should monitor client A's use of the house phone.</p>			

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	<p>PQC #1 was interviewed on 11/23/15 at 4:30 PM. PQC #1 indicated she was not aware of staff #4's report regarding client A's attempted use of the home phone to arrange a sexual encounter outside of the home. PQC #1 indicated the facility's abuse and neglect policy should be implemented. PQC #1 indicated client A's BDP dated June 2015 should be implemented. PQC #1 indicated client A was considered to be at risk while in the community unsupervised. PQC #1 indicated client A had not been found/returned to the group home at the time of the review.</p> <p>The facility's policies and procedures were reviewed on 11/24/15 at 1:37 PM. The facility's Preventing Abuse and Neglect policy dated 10/13 indicated, "Neglect means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>This federal tag relates to complaint #IN00187384.</p> <p>9-3-2(a)</p>			