

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G163	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3154 HEAVLIN RD VALPARAISO, IN 46383
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W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of Survey: March 24, 25, 26, 28 and April 4, 2014.</p> <p>Facility number: 000698 Provider number: 15G163 AIM number: 100248790</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 2 of 3 sampled clients and 1 additional client (clients #1, #2 and #5), to exercise general operating direction in a manner to provide oversight to ensure their abuse and neglect policy was implemented.</p> <p>Findings include:</p> <p>1. Please refer to W149: The governing body failed for 2 of 3 sampled clients and 1 additional client (clients #1, #2 and #5), to implement written policy and procedures in regards to allegations of sexual abuse, client</p>	W000104	<p>According to the survey report, 3 out of 5 clients were affected. I did not specify a client, so this POC includes all clients. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations across all of our homes. All management staff will be re-trained on the abuse/neglect policy, which includes what is abuse, thorough investigations and corrective action to prevent recurrence. Responsible person: Sheila</p>	05/04/2014

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>to client aggression and staff abuse.</p> <p>2. Please refer to W154: The governing body failed for 1 of 3 sampled clients and 1 additional client (clients #2 and #5), to provide evidence thorough investigations were conducted of allegations of abuse.</p> <p>3. Please refer to W157: The governing body failed for 1 of 3 sampled clients and 1 additional client (clients #1 and #5), to take sufficient/effective corrective measures in regard to a pattern of client to client aggression between clients #1 and #5.</p> <p>9-3-1(a)</p>		<p>O'Dell, Group Home Director. Staff will be re-trained on the abuse/neglect policy. Responsible person: Traci Hardesty, QDDP. A reliability/test will be completed to show competency. Responsible person: Traci Hardesty, QDDP. The manager will review internal incident reports daily. Responsible person: Marcetta Walton, Group Home Manager. To ensure future compliance, weekly all state incident reports i.e. peer/peer aggression is reviewed by the team. The team will determine if all steps of the investigation has been completed and if there are any additional recommendations to prevent recurrence. Responsible person: Sheila O'Dell, Group Home Services Director & Traci Hardesty, QDDP. To ensure future compliance, staff will continue to be trained on abuse and neglect upon hire and at least annually there after. Ruth Estrada, Training Coord. To ensure future compliance, all internal incident reports will be reviewed at least monthly. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director All management staff and QDDPs will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Sheila O'Dell, Group Home Director. If there are any</p>	

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			allegations &/or peer to peer aggression, a thorough investigation will be completed, which includes interview every staff/consumer even if they were not present. Responsible person: Marcetta Walton, Group Home Manager and Traci Hardesty, QDDP. Investigation packets will be used to make sure all of the steps to a thorough investigation is completed. These packets contain visual assessment of injury, review of behavioral data, addressed the environment, review of house logs, communication with staff and clients, etc. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, weekly all state incident reports i.e. peer/peer aggression is reviewed by the team. The team will determine if all steps of the investigation has been completed and if there are any additional recommendations. Responsible person: Sheila O'Dell, Group Home Services Director & Traci Hardesty, QDDP. To ensure future compliance, all internal incident reports will also be reviewed at least monthly to ensure a reportable has not been missed. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director. To ensure future compliance, at least monthly all state incident reports will be reviewed by our Safety Committee. They also will		

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			determine if there should be any additional recommendations. Responsible person: Sheila O'Dell, Group Home Director. In 2013, Client #1 had revisions to his BSP on 5/13, 6/13 and 9/13. He also had rough housing added to his BSP on 5/13 and on 10/13 an appropriate touch program was added. Client one started weekly therapy sessions this past year as well. Client #5 have had revisions to his BSP on 1/13, 5/13, 6/13, 9/13 and 11/13. He also had a social interplay added on 3/13, problem solving added on 9/13 and boundaries/relationships added on 10/13. Client # 5 also has group therapy in school. A fighting protocol was put into place on 2/13. Both clients have had medication adjustments throughout the year. On 3/13, the supervision level increased and they are not to be left alone in the same room. In 6/13, staff are to attempt to always stay in-between them when possible and in 7/13, client #1 & 5 mainly have separate activities in and out of the home to help keep them separated. In 10/13, Alarms have been placed on all doors to the home to better monitor when they go in and out of their rooms. They also have locks and keys for their rooms to keep each other out of each others bedrooms, which was added on 9/13. There has also been multiple re-trainings on the BSP's and behavior tests to	

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 1 of 3 sampled clients (client</p>	W000125	<p>show competency. Responsible person: Karen Warner, Behaviorist, Traci Hardest, QDDP, Sheila O'Dell, Group Home Director & Marcetta Walton, Group Home Manager. Client #5 will be moving out of the home in June shortly after he finishes this school year. He has received the waiver and the family and team feels this would be a good move for him. In-Pact has submitted a letter stating that Client #5 has to move by June 14th. Responsible person: Case Manager, Family, In-Pact. To ensure future compliance, weekly all peer/peer aggressions are review by the team to assess if sufficient/effective corrective measures are in place to prevent future occurrences. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, documentation of these reviews will be done and attached to the State incident reports. Responsible person: Traci Hardesty, QDDP.</p> <p>According to the survey report, 1 out of 5 clients were affected. I addressed the client who was affected by this deficient practice</p>	05/04/2014	

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	<p>#3), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in financial decisions.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/24/14 from 6:00 A.M. until 7:35 A.M.. During the observation client #3 was non-verbal in communication in that the client did not speak.</p> <p>An evening observation was conducted at the group home on 3/24/14 from 3:30 P.M. until 5:30 P.M.. During the observation client #3 was non-verbal in communication in that the client did not speak.</p> <p>An observation was conducted at the group home on 3/25/14 from 10:20 A.M. until 11:40 A.M.. During the observation client #3 was non-verbal in communication in that the client did not speak.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 3/28/14 at 1:30 P.M.. Client #3's Individual Support Plan (ISP) dated 5/23/13 indicated: "Legal Status: Emancipated Adult...A decision Making/Critical Skills Inventory was completed on 5/12/13. [Client #3] is unable to give informed consent in the areas of Medical Skills, Financial Management, Social Skills and Civil Rights. He needs assistance in the area of Personal Safety/Survival." The "Comprehensive Functional Assessment" dated 5/7/13 indicated client #3 could not identify coins or paper money, could not associate value of coins, could not make change with coins or bills, could not demonstrate responsibility when handling</p>		<p>and also include what we do across the board for all clients and homes. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Families of the consumers who are an emancipated adults have received information about guardianship and the different types of guardianship. It also included information about legal assistance. Responsible person: Sandra Kimbrough, Administrative Assistant. Power of Attorney was sought out for the consumers that are emancipated adults and are unable to give informed consent for financial affairs and/or healthcare. Responsible person: Sandra Kimbrough, Administrative Assistant. A document signed designating an advocate without whom s/he won't make major decisions was sought out for the consumers that are emancipated adults and are unable to give informed consent. Responsible person: Sandra Kimbrough, Administrative Assistant. Family member(s) or designated person will continue to advocate on their behalf by actively participating and signing all consents. Responsible person: Sandra Kimbrough, Administrative Assistant. Mother of Client #3 has stated that she is pursuing guardianship and will get</p>				

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W000126	<p>money, could not make small purchases, could not read price tags, could not use a vending machine, could not count to ten, could not balance savings/checking accounts, could not balance petty cash money and could not manipulate a calculator to perform simple arithmetic computations.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 3/28/14 at 3:00 P.M.. The QIDP indicated client #3 did not have a legally sanctioned decision maker to assist him with financial decisions. The QIDP further indicated client #3 could not independently manage his finances and was unable to independently make financial decisions.</p> <p>9-3-2(a) 483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview, for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), the facility failed to encourage and teach each client to access their personal finances.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/24/14 from 6:00 A.M. until 7:35 A.M.. At 7:20 A.M., Direct Support Professional (DSP) #1 was asked to reconcile clients #1, #2, #3, #4 and #5's</p>	W000126	<p>us the paperwork when completed. Responsible person: Mom & Traci Hardesty, QDDP. To ensure compliance, annually at the ISP meeting, guardianship/legal representation to assist in the aid to the consumer in making informed consent will be discussed. Responsible person: Social Service Coordinator, Judy Edwards.</p> <p>According to the survey report, 5 out of 5 clients were affected. I addressed the client(s) who was affected by this deficient practice below. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Manager and staff were re-trained on our policy. There is a system in place to encourage and teach each client to access their personal funds. Responsible person: Traci</p>	05/04/2014	

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W000137	<p>personal petty cash funds. DSP #1 indicated the clients' personal petty cash funds were locked in the manager's office. When asked how clients were able to utilize their personal finances, DSP #1 indicated the group home manager would have to access their finances.</p> <p>An observation was conducted at the group home on 3/25/14 from 10:20 A.M. until 11:40 A.M.. At 10:40 A.M., DSP #3 was asked to reconcile clients #1, #2, #3, #4 and #5's personal petty cash funds. DSP #3 indicated the clients' personal petty cash funds were locked in the manager's office. When asked how clients were able to utilize their personal finances, DSP #3 indicated the group home manager would have to access their finances.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated the clients should be taught how to manage their personal funds and should have access at all times to some of their money to make purchases they may want.</p> <p>9-3-2(a) 483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to provide age appropriate activities for 1 of 3 sampled clients (client #3).</p>	W000137	<p>Hardesty, QDDP. Wallets were purchased and money was put into each wallet for clients # 1, 2, 3, 4 & 5. They will have money accessible to them at all times. Responsible person: Marcetta Walton, Group Home Manager. Daily staff will check the wallets/money for access and to count it to detour misappropriation of those funds. Responsible person: Marcetta Walton, Group Home Manager. To ensure compliance, a program status report will be completed monthly, which will include client access to the money and that safety measure are in place to detour misappropriation of those funds. Responsible person: Traci Hardesty, QDDP.</p> <p>According to the survey report, 1 out of 5 clients were affected. I addressed the client(s) who was affected by this deficient practice below. We review/train all survey</p>	05/04/2014	

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W000149	<p>Findings include:</p> <p>An observation was conducted at the group home on 3/25/14 from 10:20 A.M. until 11:40 A.M.. During the entire observation, DSP #3 retrieved several children's toys out of a toy box located next to the living room couch where client #3 lay. DSP #3 handed client #3 a plastic children's musical train, a children's rattle, a children's light up toy and a stuffed animal. DSP #3 prompted client #3 to play with the toys. Client #3 was not provided any other activities during the observation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated client #3 should be offered age appropriate activities.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>		<p>reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Client #3 has PICA and inappropriate exploration of objects, which is addressed in his behavior support plan. He will grab, break and place anything in his mouth. Many objects have been tried in the past. He does like musical/light up objects; however, we will purchase some more suitable age appropriate items and see how he does with them.</p> <p>Responsible person: Traci Hardesty, QDDP. Manager and staff will be re-trained on age appropriate activities and brainstorm on some items & activities that would be both age appropriate and safe. Responsible person: Traci Hardesty, QDDP. These activities/items will be documented, so that the use of these items are closely supervised to ensure his safety while he is exploring it.</p> <p>Responsible person: Traci Hardesty, QDDP. To ensure future compliance, these activities will be added to his activity schedule. Responsible person: Marcetta Walton, Group Home Manager.</p>		

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	<p>Based on observation, record review and interview for 2 of 3 sampled clients and 1 additional client (clients #1, #2 and #5), the facility failed to implement written policy and procedures in regards to allegations of sexual abuse, client to client aggression and staff abuse.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 3/24/14 at 10:35 A.M.. Review of the records indicated:</p> <p>-BDDS report dated 5/28/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were having a discussion about a classmate and [client #5] began to argue with [client #1] about the conversation. [Client #5] went up to [client #1] and kicked him and then [client #1] kicked [client #5] in his private area while staff was trying to separate the two of them. Staff pulled [client #5] away from [client #1] and redirected them to their rooms. [Client #5] ran up and slapped [client #1] on his right arm while going to his room. Staff followed and checked both for injuries. No injuries were notice (sic) at this time, will continue to monitor."</p> <p>-BDDS report dated 6/3/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were eating dinner with a disgussing (sic) and [client #1] became upset at [client #5] responds (sic) and got up front (sic) table and was headed to his bedroom when [client #5] got up and followed [client #1]. Staff then went to intervene and that's when [client #5] kneed [client #1] in the groin area. [Client #5]</p>	W000149	<p>According to the survey report, 3 out of 5 clients were affected. I did not specify a client, so this POC includes all clients. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. All management staff will be re-trained on the abuse/neglect policy, which includes what is abuse, thorough investigations and corrective action to prevent recurrence. Responsible person: Sheila O'Dell, Group Home Director. Staff will be re-trained on the abuse/neglect policy. Responsible person: Traci Hardesty, QDDP. A reliability/test will be completed to show competency. Responsible person: Traci Hardesty, QDDP The manager will review internal incident reports daily. Responsible person: Marcetta Walton, Group Home Manager. To ensure future compliance, weekly all state incident reports i.e. peer/peer aggression is reviewed by the team. The team will determine if all steps of the investigation has been completed and if there are any additional recommendations to prevent recurrence. Responsible person: Sheila O'Dell, Group Home Services Director & Traci Hardesty, QDDP. To ensure future compliance, staff will continue to be trained on abuse</p>	05/04/2014	

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	<p>was still being aggressive and began to hit [client #1] in the upper lumbar back area on right side several times while staff was trying to separate the two. [Client #1] was escorted to his room after staff were able to separate the two, then [client #1] came running out of room and fell over kitchen tables hurting his right knee cap. Staff followed and checked both for swelling. Staff will continue to monitor and treat as needed."</p> <p>-BDDS report dated 6/13/13 involving clients #1 and #5 indicated: "[Client #1] was laying on cushions, [client #5] kicked [client #1]. [Client #1] got up (sic) stole [client #5]'s game piece. [Client #5] went and hit [client #1] in back of head with a watch on fist."</p> <p>-BDDS report dated 6/26/13 involving clients #1 and #5 indicated: "[Client #5] was sitting at the table eating. [Client #1] was standing nearby, playing with the mini fridge on the counter. This apparently irritated [client #5], so he hit the mini fridge several times then hit [client #1]. Staff immediately intervened and separated them. Name calling and gestures were exchanged between the two guys and [client #5] got up from the table and chased [client #1]. Staff got between the 2 of them however, [client #5] hit [client #1] in the back twice then hit the staff in the shoulder. [Client #5] was instructed to go back to the table to finish eating and [client #1] was taken to his bedroom. About 90 minutes later, [client #5] and [client #1] were wrestling. Staff intervened but before she could, [client #1] kicked [client #5] in the groin and the (sic) [client #5] kicked [client #1] back in the groin. Staff separated them and te (sic) night progressed without anymore incidents. Both consumers were checked for injuries. There were none, except for the initial pain of being</p>		<p>and neglect upon hire and at least annually there after. Ruth Estrada, Training Coord. To ensure future compliance, all internal incident reports will be reviewed at least monthly. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director</p>				

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	<p>kicked in the groin."</p> <p>-BDDS report dated 7/30/13 involving clients #1, #2 and #5 indicated: "[Client #1] arrived from the [Recreation Center] and [client #5] was outside waiting on mom to go home. [Client #2] and [client #5] began to talk and [client #1] became upset and charged at both [client #2] and [client #5]. [Client #5] swung with a keychain necklace he had and hit [client #1] with key chain and [client #1] then picked up the lawn chair and threw (sic) at [client #5] and hit him. Staff intervened and separated the two [client #1] and [client #5]. [Client #1] continued to be negative (sic) verbal and attempting to get at [client #5] but staff continued to stay between the two to avoid contact with each other. When staff was able to check them for any injury [client #1] had two red line weaps (sic) on his right arm and back and [client #5] had no injuries. Staff immediately separated the two and redirected them to their assigned activities. Staff followed the In-Pact policy by separating them to prevent consumers from harming each other or themselves."</p> <p>-BDDS report dated 8/5/13 involving clients #1 and #5 indicated: "[Client #5] went outside to ask a consumer to come in and play video games with him. This angered [client #1] and [client #1] charged [client #5]. [Client #1] hit [client #5] and [client #5] hit him back. [Client #1] then began choking [client #5]. Staff intervened and separated them. [Client #5] went into the house to be checked by another staff. The rest of the night proceeded without further incident. [Client #5]'s neck was red but there were no scratches or lasting injuries."</p> <p>-BDDS report dated 8/19/13 indicated an</p>				

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	<p>allegation of staff abuse involving client #2 indicated: "[Client #2] was home with his father for a weekend visit and told his dad [Staff #15] threatened him with a steak knife. [Client #2]'s father reported the allegation to Group Home Manager. [Staff #15] was immediately suspended and an investigation has begun. The allegation was not substantiated. I questioned [client #2]'s father about the statement that was made. [Client #2's dad] could not remember the name of the staff [client #2] mentioned and did not have any specific details about the allegation. I questioned [client #2] and he stated that it was a dream he had about an old staff, not [staff #15]. I asked the same question in different ways and he answered each one the same." No written documentation was submitted for review to indicate all staff and all clients at the group home were interviewed and to indicate a thorough investigation was conducted in regards to this allegation.</p> <p>-BDDS report dated 9/5/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were horseplaying in the family room. They were trying to use wrestling moves on one another. [Client #5] had [client #1]'s leg and [client #1] was pulling [client #5]'s ear to try to get released. Staff intervened and got them apart, per the fighting protocol used in their BSP's (sic) (Behavior Support Plans). [Client #1] was directed to go to the kitchen to complete his homework. [Client #5] followed him and they began verbally fighting. [Client #5] got on top of the table and [client #1] grabbed a chair to swing at him. Staff again intervened and assisted [client #5] off the table and directed him to go to his room. [Client #1] followed and [client #5] yelled at him to get out of his room. [Client #5] threw a</p>			

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	<p>toy at [client #1]'s head which caused a small gash on his forehead. [Client #1] then stepped on [client #5]'s TV which [client #5] had sitting on the floor next to his bed. Staff intervened and got [client #1] out of [client #5]'s room. Staff cleaned and dressed [client #1]'s head. The night proceeded without further incident."</p> <p>-BDDS report dated 9/7/13 involving clients #1 and #5 indicated: "[Staff #13] finished assisting a consumer in the bathroom while the other staff on duty was passing meds. [Staff #13] began to make sure she knew the whereabouts of all the consumers and noticed that [client #5] was not in his room. [Client #5] was not in his room. [Client #5] usually goes to bed around 8 P.M. so it was unusual for him not to be in his room. She (staff #13) started looking for him and went into [client #1]'s room. [Client #1] jumped out of the closet and was zipping up his pants. [Staff #13] looked in the closet and saw [client #5] there. She asked what was going on and [client #1] stated that [client #5] told him he was would (sic) pay [client #1] to put Vaseline on his penis and let [client #5] lick it off. Staff immediately separated the two and sent [client #5] to his room."</p> <p>-BDDS report dated 10/4/13 indicated an allegation of staff abuse involving client #5 indicated: "A consumer was in the bathroom and called [Staff #14] for assistance to retrieve something (a key) out of the toilet. [Client #5] went in with [Staff #14] to see what was in the toilet. When he saw it was a key, he said to [Staff #14] that's my key, give it to me. [Staff #14] allegedly told him to back off. [Client #5] then hit her in the ear. [Staff #14] then allegedly hit him back and pushed him into the toilet. Another staff heard the</p>						

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	<p>commotion and intervened. She told [Staff #14] to go outside and calm down. [Client #5] was quickly checked for injury and the incident was reported per In-Pact policy and regulations. [Staff #14] was immediately sent home. The allegation of verbal (sic) abuse was substantiated. The staff was terminated on 10/8/13."</p> <p>-BDDS report date 10/10/13 involving clients #1 and #5 indicated: "[Client #5] and [client #1] were in the kitchen. [Client #5] kicked [client #1] in the rear end and caught [client #1]'s finger as he (client #1) was trying to protect himself from being kick (sic). [Client #1] grabbed a cup of water and threw it at [client #5]. [Client #1] ran into the bathroom and [client #5] followed but staff intervened and separated them. There were no further incidents for the evening. [Client #1] was checked for injury. He stated that his finger was sore but there was no cut, bruising or swelling."</p> <p>-BDDS report dated 10/15/13 involving clients #1 and #5 indicated: "[Client #1] was preparing to take a shower. [Client #5] went up to him, chest bumped him, kicked him (sic) the private area and his rear end. [Client #1] punched [client #5] in the nose and then staff separated them. [Client #1] was directed to the shower. Once he finished and came out, he kicked [client #5] in the knee several times. This escalated into more hitting and kicking between the [client #5] and [client #1]. [Client #5] grabbed [client #1], staff intervened and did an arm wrap on [client #5]. Staff did not have a good hold on [client #5], so he turned around and punched her in her left side. Two other staff intervened and separated everyone. [Client #5] and [client #1]'s BSP's (sic) were followed</p>				

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	<p>in regards to physical aggression which both BSP's (sic) address."</p> <p>-BDDS report dated 11/25/13 involving clients #1 and #5 indicated: "[Client #1] has been upset because he doesn't know when he is going home for a visit next. He knocked over [client #5]'s drink and went to his own room. [Client #5] followed and grabbed [client #1] then threw him to the ground. [Client #1] pushed [client #5] and grabbed him in the genitals, then gave him a 'wedgie'. [Client #5] took [client #1]'s penny collection and went into his own room. [Client #1] followed and tried to get into [client #5]'s room but the door was locked. [Client #1] then went outside and pushed [client #5]'s window until it came out of the frame. [Client #1] came back inside and threw some of [client #5]'s papers to the ground then [client #5] punched [client #1] in the back. Staff intervened and separated the two. [Client #1] grabbed the dish drainer out of the sink and threw it, threw hand sanitizer towards [client #5]'s door and then punched the water cooler. Staff performed an arm wrap until [client #1] was calm and able to be released."</p> <p>-BDDS report dated 12/28/13 involving clients #1 and #2 indicated: "[Client #1] and [client #2] were playing game system and [client #1] noticed [client #2] has (sic) on his watch that [client #1] had been looking for. [Client #1] then grab (sic) [client #2] and staff separated the two, and then [client #1] hit [client #2] in eye that left a scratch mark below his left eye. Staff sent both to their rooms to calm and staff them (sic) cleaned [client #2] scratch under his eye."</p> <p>-BDDS report dated 2/4/14 involving client #5 while at school which indicated: "The group</p>			

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	<p>home manager received a call from [Detective name] of the [Police department name] wanting to speak to [client #5] and get a statement regarding an incident that occurred at the school. [Client #5] was not home yet so the manager told the Detective [client #5] would be home soon. The manager then called the school to find out what happened. She spoke with the Principal who stated that 2 students reported seeing a third student pull a knife on [client #5]. The Principal said she removed the knife from that student and a teacher called the police. The student was arrested and [client #5] was checked for injuries, but there were none." Further review failed to indicate the facility conducted an investigation in regards to this incident.</p> <p>-BDDS report dated 2/4/14 involving clients #1 and #2 indicated: "Staff explained to [client #1] that he wouldn't get his reward until tomorrow due to the weather. [Client #1] started crying, kicked [client #2]'s seat several times and hit the window with a binder. Staff pulled over at [Drug store name]. [Client #1] grabbed [client #2] and attempted to punch [client #2]. Staff directed [client #2] to go outside. [Client #1] followed [client #2] but staff got in the middle. Staff told both [client #2] and [client #1] to get back into the van. [Client #1] locked [client #2] out so I opened the door and let her (sic) in. We left. [Client #1] then pulled the seatbelt around his neck and tried to choke hisself (sic). I took the seatbelt off his neck. [Client #1] then grabbed his scarf and tried to choke hisself (sic) as he pulled it tightly. I got the scarf off of him and he calmed down."</p> <p>-BDDS report dated 2/9/14 involving clients #1 and #5 indicated: "All of the consumers</p>			

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	<p>were at the table, eating dinner. [Client #5] threw a dirty towel and it landed on [client #1]'s plate. [Client #1] got up and hit [client #5] on the left side of his face. [Client #5] then hit [client #1] in the left eye and scratched his neck. Staff intervened and separated them. Both consumers have scratches on their face and received first aid treatment." They were kept separated for the remainder of the incident and no further issues occurred. BSP's (sic) (Behavior Support Plans) were followed."</p> <p>-BDDS report dated 2/16/14 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were playing with the ball and [client #1] became upset. [Client #5] then chased [client #1] in back recreation room and try to take the ball from [client #1] but [client #1] said it was his ball. By the time staff as intervened and was in the middle of the two guys when [client #5] reached over or around [Staff name] and punched [client #1] in the eye/face. Staff then tried redirecting [client #5] to room and [client #5] kept trying to get to [client #1] so staff had to do an arm wrap on [client #5]. That's when [client #1] went into [client #5]'s room and flipped over [client #5's] TV and threw his [video system]. Staff then had to put [client #1] in an arm wrap to calm him. As staff had [client #1] in an arm wrap [client #5] then came and hit [client #1] in face again. Staff was trying to keep them separated but after they calmed they became agitated again. Then after they were calming down [client #5] kept teasing, picking with [client #1], [client #1] then went back into [client #5]'s bedroom and broke [client #5]'s window in his room, staff put [client #1] in another arm wrap, then [client #1] got a chair and threw it at [client #5], [client #1] then started kicking walls and pulled the fire alarm.</p>			

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	<p>Staff then did another arm wrap on [client #1] which resulted in a full body restraint. Then [client #5] started again with [client #1], staff intervened and calmed both down. Staff will continue to follow all guys BSP and make changes quarterly as needed. And staff will monitor the guys to prevent harm to self or others. Staff removed all other guys to make sure they were safe."</p> <p>-BDDS report dated 2/23/14 involving client #1 and client #5 indicated: "[Client #1], [client #2] and [client #5] was (sic) playing game. [Client #5] took [client #2's] bottle. [Client #1] tried (sic) to get bottle back. Staff asked [client #1] to stay busy. Staff then asked [client #5] to give bottle back to [client #2]. As staff was trying to get bottle, [client #1] started to chock (sic) [client #5]. [Client #5] then head butt (sic) [client #1]. Staff separated [client #1] and [client #5]."</p> <p>-BDDS report dated 3/9/14 involving clients #1 and #5 indicated: "[Client #1], his roommates and staff were about to have cake to celebrate [client #1]'s birthday. [Client #5] complained that [client #1]'s piece of cake was too big and that angered [client #1]. [Client #1] threw several forks at [client #5]. Staff intervened and redirected [client #1] to stop. Staff went back to cutting the cake, [client #1] ran into [client #5]'s room and choked him. [Client #5] punched [client #1] in the face in return. Staff intervened and removed [client #1] from [client #5]'s room. [Client #1] grabbed a fork and stucj (sic) his hand with it. Staff removed the fork from his hand. [Client #1] had a small cut on his hand which staff cleaned and bandaged. Staff will continue to intervene and prevent escalated aggression. Staff will always be present when the two are in a room."</p>			

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	<p>A review of the facility's records was conducted at the facility's administrative office on 3/25/14 at 7:30 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact</p>			

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W000154	<p>requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated the facility's abuse/neglect policy should be followed at all times. When asked if investigations were completed in regards to the mentioned incidents, the QIDP stated "No." The QIDP indicated clients #1 and #5 horseplay with each other and it leads to physical aggression. When asked if horseplaying was addressed in each of their BSPs, the QIDP indicated it was not addressed.</p> <p>9-3-2(a) 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 3 sampled clients and 1 additional client (clients #2 and #5), the facility failed to provide evidence a thorough investigation was conducted in regard to allegations of abuse.</p> <p>Findings include:</p>	W000154	<p>According to the survey report, 5 of 5 clients were affected. I did not specify a client, so this POC includes all clients. All of our practices are to be done across the board for all clients and homes. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and</p>	05/04/2014

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	<p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 3/24/14 at 10:35 A.M.. Review of the records indicated:</p> <p>-BDDS report dated 8/19/13 indicated an allegation of staff abuse involving client #2 indicated: "[Client #2] was home with his father for a weekend visit and told his dad [Staff #15] threatened him with a steak knife. [Client #2]'s father reported the allegation to Group Home Manager. [Staff #15] was immediately suspended and an investigation has begun. The allegation was not substantiated. I questioned [client #2]'s father about the statement that was made. [Client #2's dad] could not remember the name of the staff [client #2] mentioned and did not have any specific details about the allegation. I questioned [client #2] and he stated that it was a dream he had about an old staff, not [staff #15]. I asked the same question in different ways and he answered each one the same." No written documentation was submitted for review to indicate all staff and all clients at the group home were interviewed and to indicate a thorough investigation was conducted in regards to this allegation.</p> <p>-BDDS report dated 2/4/14 involving client #5 while at school which indicated: "The group home manager received a call from [Detective name] of the [Police department name] wanting to speak to [client #5] and get a statement regarding an incident that occurred at the school. [Client #5] was not home yet so the manager told the Detective [client #5] would be home soon. The manager then called the school to find out what happened. She spoke with the Principal</p>		<p>correctly according to the regulations. All management staff and QDDPs will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Sheila O'Dell, Group Home Director. The manager will review internal incident reports daily. Responsible person: Marcetta Walton, Group Home Manager. If there are any allegations &/or peer to peer aggression, a thorough investigation will be completed, which includes interview every staff/consumer even if they were not present. Responsible person: Marcetta Walton, Group Home Manager and Traci Hardesty, QDDP. Investigation packets will be used to make sure all of the steps to a thorough investigation is completed. These packets contain visual assessment of injury, review of behavioral data, addressed the environment, review of house logs, communication with staff and clients, etc. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, weekly all state incident reports i.e. peer/peer aggression is reviewed by the team. The team will determine if all steps of the investigation has been completed and if there are any additional recommendations. Responsible person: Sheila O'Dell, Group Home Services Director & Traci</p>				

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W000157	<p>who stated that 2 students reported seeing a third student pull a knife on [client #5]. The Principal said she removed the knife from that student and a teacher called the police. The student was arrested and [client #5] was checked for injuries, but there were none." Further review failed to indicate the facility conducted an investigation in regards to this incident. No written documentation was submitted for review to indicate an investigation was conducted.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. When asked if an investigation was completed in regards to the 2/4/14 incident, the QIDP stated "No." The QIDP indicated client #2 and his father were questioned in regards to the 8/19/13 incident. When asked if all the clients who reside at the group home were interviewed, the QIDP indicated they had not been interviewed. The QIDP further indicated all staff who worked at the group home had not been interviewed.</p> <p>9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, for 1 of 3 sampled clients and 1 additional client (clients #1 and #5), the facility failed to take sufficient/effective corrective measures in regard to a pattern of client to client aggression between clients #1 and #5.</p> <p>Findings include:</p>	W000157	<p>Hardesty, QDDP. To ensure future compliance, all internal incident reports will also be reviewed at least monthly to ensure a reportable has not been missed. Responsible person: Traci Hardesty, QDDP and Sheila O'Dell, Group Home Director. To ensure future compliance, at least monthly all state incident reports will be reviewed by our Safety Committee. They also will determine if there should be any additional recommendations. Responsible person: Sheila O'Dell, Group Home Director.</p> <p>According to the survey report, 3 out of 5 clients were affected. I addressed the client(s) who was affected by this deficient practice below. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. In 2013, Client #1 had revisions to his BSP on 5/13,</p>	05/04/2014			

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	<p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 3/24/14 at 10:35 A.M.. Review of the records indicated:</p> <p>-BDDS report dated 5/28/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were having a discussion about a classmate and [client #5] began to argue with [client #1] about the conversation. [Client #5] went up to [client #1] and kicked him and then [client #1] kicked [client #5] in his private area while staff was trying to separate the two of them. Staff pulled [client #5] away from [client #1] and redirected them to their rooms. [Client #5] ran up and slapped [client #1] on his right arm while going to his room. Staff followed and checked both for injuries. No injuries were notice (sic) at this time, will continue to monitor."</p> <p>-BDDS report dated 6/3/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were eating dinner with a disussing (sic) and [client #1] became upset at [client #5] responds (sic) and got up front (sic) table and was headed to his bedroom when [client #5] got up and followed [client #1]. Staff then went to intervne and that's when [client #5] kneed [client #1] in the groin area. [Client #5] was still being aggressive and began to hit [client #1] in the upper lumbar back area on right side several times while staff was trying to separate the two. [Client #1] was escorted to his room after staff were able to separate the two, then [client #1] came running out of room and fell over kitchen tables hurting his right knee cap. Staff followed and checked both for swelling. Staff will continue to monitor and treat as needed."</p> <p>-BDDS report dated 6/13/13 involving clients</p>		<p>6/13 and 9/13. He also had rough housing added to his BSP on 5/13 and on 10/13 an appropriate touch program was added. Client one started weekly therapy sessions this past year as well. Client #2 had revisions to his BSP on 6/13, 8/13 & 1/14. Client #5 have had revisions to his BSP on 1/13, 5/13, 6/13, 9/13 and 11/13. He also had a social interplay added on 3/13, problem solving added on 9/13 and boundaries/relationships added on 10/13. Client # 5 also has group therapy in school. A fighting protocol was put into place for Client #1, 3 & 5 on 2/13. Both clients have had medication adjustments throughout the year. On 3/13, the supervision level increased and they are not to be left alone in the same room. In 6/13, staff are to attempt to always stay in-between them when possible and in 7/13, client #1 & 5 mainly have separate activities in and out of the home to help keep them separated. In 10/13, Alarms have been placed on all doors to the home to better monitor when they go in and out of their rooms. They also have locks and keys for their rooms to keep each other out of each others bedrooms, which was added on 9/13. There has also been multiple re-trainings on the BSP's and behavior tests to show competency. Responsible person: Karen Warner, Behaviorist, Traci Hardest, QDDP, Sheila O'Dell,</p>				

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	<p>#1 and #5 indicated: "[Client #1] was laying on cushions, [client #5] kicked [client #1]. [Client #1] got up (sic) stole [client #5]'s game piece. [Client #5] went and hit [client #1] in back of head with a watch on fist."</p> <p>-BDDS report dated 6/26/13 involving clients #1 and #5 indicated: "[Client #5] was sitting at the table eating. [Client #1] was standing nearby, playing with the mini fridge on the counter. This apparently irritated [client #5], so he hit the mini fridge several times then hit [client #1]. Staff immediately intervened and separated them. Name calling and gestures were exchanged between the two guys and [client #5] got up from the table and chased [client #1]. Staff got between the 2 of them however, [client #5] hit [client #1] in the back twice then hit the staff in the shoulder. [Client #5] was instructed to go back to the table to finish eating and [client #1] was taken to his bedroom. About 90 minutes later, [client #5] and [client #1] were wrestling. Staff intervened but before she could, [client #1] kicked [client #5] in the groin and the (sic) [client #5] kicked [client #1] back in the groin. Staff separated them and te (sic) night progressed without anymore incidents. Both consumers were checked for injuries. There were none, except for the initial pain of being kicked in the groin."</p> <p>-BDDS report dated 7/30/13 involving clients #1, #2 and #5 indicated: "[Client #1] arrived from the [Recreation Center] and [client #5] was outside waiting on mom to go home. [Client #2] and [client #5] began to talk and [client #1] became upset and charged at both [client #2] and [client #5]. [Client #5] swung with a keychain necklace he had and hit [client #1] with key chain and [client #1] then picked up the lawn chair and threw (sic) at</p>		<p>Group Home Director & Marcetta Walton, Group Home Manager. Client #5 will be moving out of the home in June shortly after he finishes this school year. He has received the waiver and the family and team feels this would be a good move for him. In-Pact has submitted a letter stating that Client #5 has to move by June 14th. Responsible person: Case Manager, Family, In-Pact. To ensure future compliance, weekly all peer/peer aggressions are review by the team to assess if sufficient/effective corrective measures are in place to prevent future occurrences. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, documentation of these reviews will be done and attached to the State incident reports. Responsible person: Traci Hardesty, QDDP.</p>				

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	<p>[client #5] and hit him. Staff intervened and separated the two [client #1] and [client #5]. [Client #1] continued to be negative (sic) verbal and attempting to get at [client #5] but staff continued to stay between the two to avoid contact with each other. When staff was able to check them for any injury [client #1] had two red line weaps (sic) on his right arm and back and [client #5] had no injuries. Staff immediately separated the two and redirected them to their assigned activities. Staff followed the In-Pact policy by separating them to prevent consumers from harming each other or themselves."</p> <p>-BDDS report dated 8/5/13 involving clients #1 and #5 indicated: "[Client #5] went outside to ask a consumer to come in and play video games with him. This angered [client #1] and [client #1] charged [client #5]. [Client #1] hit [client #5] and [client #5] hit him back. [Client #1] then began choking [client #5]. Staff intervened and separated them. [Client #5] went into the house to be checked by another staff. The rest of the night proceeded without further incident. [Client #5]'s neck was red but there were no scratches or lasting injuries."</p> <p>-BDDS report dated 9/5/13 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were horseplaying in the family room. They were trying to use wrestling moves on one another. [Client #5] had [client #1]'s leg and [client #1] was pulling [client #5]'s ear to try to get released. Staff intervened and got them apart, per the fighting protocol used in their BSP's (sic) (Behavior Support Plans). [Client #1] was directed to go to the kitchen to complete his homework. [Client #5] followed him and they began verbally fighting. [Client #5] got on top of the table and [client</p>			

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	<p>#1] grabbed a chair to swing at him. Staff again intervened and assisted [client #5] off the table and directed him to go to his room. [Client #1] followed and [client #5] yelled at him to get out of his room. [Client #5] threw a toy at [client #1]'s head which caused a small gash on his forehead. [Client #1] then stepped on [client #5]'s TV which [client #5] had sitting on the floor next to his bed. Staff intervened and got [client #1] out of [client #5]'s room. Staff cleaned and dressed [client #1]'s head. The night proceeded without further incident."</p> <p>-BDDS report date 10/10/13 involving clients #1 and #5 indicated: "[Client #5] and [client #1] were in the kitchen. [Client #5] kicked [client #1] in the rear end and caught [client #1]'s finger as he (client #1) was trying to protect himself from being kick (sic). [Client #1] grabbed a cup of water and threw it at [client #5]. [Client #1] ran into the bathroom and [client #5] followed but staff intervened and separated them. There were no further incidents for the evening. [Client #1] was checked for injury. He stated that his finger was sore but there was no cut, bruising or swelling."</p> <p>-BDDS report dated 10/15/13 involving clients #1 and #5 indicated: "[Client #1] was preparing to take a shower. [Client #5] went up to him, chest bumped him, kicked him (sic) the private area and his rear end. [Client #1] punched [client #5] in the nose and then staff separated them. [Client #1] was directed to the shower. Once he finished and came out, he kicked [client #5] in the knee several times. This escalated into more hitting and kicking between the [client #5] and [client #1]. [Client #5] grabbed [client #1], staff intervened and did an arm</p>			

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	<p>wrap on [client #5]. Staff did not have a good hold on [client #5], so he turned around and punched her in her left side. Two other staff intervened and separated everyone. [Client #5] and [client #1]'s BSP's (sic) were followed in regards to physical aggression which both BSP's (sic) address."</p> <p>-BDDS report dated 11/25/13 involving clients #1 and #5 indicated: "[Client #1] has been upset because he doesn't know when he is going home for a visit next. He knocked over [client #5]'s drink and went to his own room. [Client #5] followed and grabbed [client #1] then threw him to the ground. [Client #1] pushed [client #5] and grabbed him in the genitals, then gave him a 'wedgie'. [Client #5] took [client #1]'s penny collection and went into his own room. [Client #1] followed and tried to get into [client #5]'s room but the door was locked. [Client #1] then went outside and pushed [client #5]'s window until it came out of the frame. [Client #1] came back inside and threw some of [client #5]'s papers to the ground then [client #5] punched [client #1] in the back. Staff intervened and separated the two. [Client #1] grabbed the dish drainer out of the sink and threw it, threw hand sanitizer towards [client #5]'s door and then punched the water cooler. Staff performed an arm wrap until [client #1] was calm and able to be released."</p> <p>-BDDS report dated 2/9/14 involving clients #1 and #5 indicated: "All of the consumers were at the table, eating dinner. [Client #5] threw a dirty towel and it landed on [client #1]'s plate. [Client #1] got up and hit [client #5] on the left side of his face. [Client #5] then hit [client #1] in the left eye and scratched his neck. Staff intervened and separated them. Both consumers have</p>			

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	<p>scratches on their face and received first aid treatment." They were kept separated for the remainder of the incident and no further issues occurred. BSP's (sic) (Behavior Support Plans) were followed."</p> <p>-BDDS report dated 2/16/14 involving clients #1 and #5 indicated: "[Client #1] and [client #5] were playing with the ball and [client #1] became upset. [Client #5] then chased [client #1] in back recreation room and try to take the ball from [client #1] but [client #1] said it was his ball. By the time staff as intervened and was in the middle of the two guys when [client #5] reached over or around [Staff name] and punched [client #1] in the eye/face. Staff then tried redirecting [client #5] to room and [client #5] kept trying to get to [client #1] so staff had to do an arm wrap on [client #5]. That's when [client #1] went into [client #5]'s room and flipped over [client #5's] TV and threw his [video system]. Staff then had to put [client #1] in an arm wrap to calm him. As staff had [client #1] in an arm wrap [client #5] then came and hit [client #1] in face again. Staff was trying to keep them separated but after they calmed they became agitated again. Then after they were calming down [client #5] kept teasing, picking with [client #1], [client #1] then went back into [client #5]'s bedroom and broke [client #5]'s window in his room, staff put [client #1] in another arm wrap, then [client #1] got a chair and threw it at [client #5], [client #1] then started kicking walls and pulled the fire alarm. Staff then did another arm wrap on [client #1] which resulted in a full body restraint. Then [client #5] started again with [client #1], staff intervened and calmed both down. Staff will continue to follow all guys BSP and make changes quarterly as needed. And staff will monitor the guys to prevent harm to self or</p>			

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	<p>others. Staff removed all other guys to make sure they were safe."</p> <p>-BDDS report dated 2/23/14 involving client #1 and client #5 indicated: "[Client #1], [client #2] and [client #5] was (sic) playing game. [Client #5] took [client #2's] bottle. [Client #1] tried (sic) to get bottle back. Staff asked [client #1] to stay busy. Staff then asked [client #5] to give bottle back to [client #2]. As staff was trying to get bottle, [client #1] started to chock (sic) [client #5]. [Client #5] then head butt (sic) [client #1]. Staff separated [client #1] and [client #5]."</p> <p>-BDDS report dated 3/9/14 involving clients #1 and #5 indicated: "[Client #1], his roommates and staff were about to have cake to celebrate [client #1]'s birthday. [Client #5] complained that [client #1]'s piece of cake was too big and that angered [client #1]. [Client #1] threw several forks at [client #5]. Staff intervened and redirected [client #1] to stop. Staff went back to cutting the cake, [client #1] ran into [client #5]'s room and choked him. [Client #5] punched [client #1] in the face in return. Staff intervened and removed [client #1] from [client #5]'s room. [Client #1] grabbed a fork and stucj (sic) his hand with it. Staff removed the fork from his hand. [Client #1] had a small cut on his hand which staff cleaned and bandaged. Staff will continue to intervene and prevent escalated aggression. Staff will always be present when the two are in a room."</p> <p>Further review of the reports failed to indicate the facility took effective/sufficient corrective action to prevent recurrence and to address the pattern of physical aggression between clients #1 and #5.</p>			

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	<p>A review of client #1's records was conducted on 3/28/14 at 12:30 P.M.. Client #1's most current BSP dated 9/3/13 did not indicate horseplaying was addressed. Review of the record failed to indicate his BSP had been reviewed since 9/3/13. Review of the record failed to indicate the facility took effective/sufficient corrective action to prevent recurrence of client to client aggression.</p> <p>A review of client #5's records was conducted on 3/28/14 at 12:30 P.M.. Client #5's most current BSP dated 11/8/13 did not indicate horseplaying was addressed. Review of the record failed to indicate his BSP had been reviewed since 11/8/13. Review of the record failed to indicate the facility took effective/sufficient corrective action to prevent recurrence of client to client aggression.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated clients #1 and #5 horseplay with each other and it leads to physical aggression. When asked if horseplaying was addressed in each of their BSPs, the QIDP indicated it was not addressed. The QIDP indicated clients #1 and #5 have a fighting protocol in place. When asked if there was documentation to indicate clients #1 and #5's BSPs had been reviewed since the implementation dates, the QIDP indicated there was no documentation to indicate so. The QIDP indicated incidents are reviewed weekly. No documentation was submitted for review to indicate the facility took effective/sufficient corrective action to prevent recurrence of client to client aggression between clients #1 and #5.</p>			

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W000240	<p>9-3-2(a) 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #3), the client's Individual Support Plan (ISP) failed to indicate how facility staff were to ambulate with client #3 in a safe manner.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 3/24/14 from 3:30 P.M. until 5:30 P.M.. During the observation client #3 was observed walking with an unsteady gait. The Group Home Manager (GHM) would hold on to client #3's arm as he walked unsteadily, wobbling from side to side.</p> <p>An observation was conducted at the group home on 3/25/14 from 10:20 A.M. until 11:40 A.M.. During the observation client #3 was observed walking with an unsteady gait. Direct Support Professional (DSP) #3 would hold on to client #3's arm as he walked unsteadily, wobbling from side to side.</p> <p>An interview with DSP #3 was conducted on 3/25/14 at 11:20 A.M.. When asked if client #3 usually walked with an unsteady gait, DSP #3 stated "Yes." When asked how staff assisted him when he walked, she stated "We hold his arm."</p> <p>A review of client #3's record was conducted at the facility's administrative office on</p>	W000240	<p>According to the survey report, 1 out of 5 clients were affected. I addressed the client who was affected by this deficient practice and also include what we do across the board for all clients and homes. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Client #3 had a PT evaluation completed and no recommendation were given. We also completed a fall risk assessment and it scored him one point shy of having a high risk plan for falls. His Behavior support plan does address how to escort him when needed. A risk plan for mobility will be done and put into place. Responsible person: Traci Hardesty, QDDP. Staff will be trained on the risk plan. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, every client with CP or an unsteady gait will have a risk plan for mobility completed and will be addressed in their ISP. Responsible person: Traci Hardesty, QDDP.</p>	05/04/2014

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W000249	<p>3/28/14 at 1:30 P.M.. Review of the record indicated an Individualized Support Plan (ISP) dated 5/23/13. Review of the ISP and/or record did not give guidance on how staff were to assist client #3 to ambulate.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated client #3's ISP and/or record did not indicate how staff were to ambulate client #3 safely.</p> <p>9-3-4(a) 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/24/14 from 6:00 A.M. until 7:35 A.M.. At 6:45 A.M., Direct Support Professional (DSP) #1 walked with a clear plastic souffle cup with medications already prepared and a cup of water into client #3's bedroom and administered the medications to client #3. DSP #1 then retrieved a clear</p>	W000249	<p>According to the survey report, 3 out of 5 clients were affected. I did not specify a client, so this POC includes all clients.</p> <p>We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Staff will be retrained on program implementation, which includes that each consumer must receive continuous active treatment programming, including med pass and meal prep. Responsible person: Traci Hardesty, QDDP. All programs are scheduled on each client's activity schedule to</p>	05/04/2014			

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	<p>plastic souffle cup with medications already prepared and a cup of water into client #2's room and administered the medications. DSP #1 then retrieved a clear plastic souffle cup with medications already prepared and a cup of water and entered client #1's bedroom and administered the medications. No medication objectives were implemented during this observation.</p> <p>At 7:10 A.M., DSP #1 began preparing two individual bowls of oatmeal, in the microwave, while clients #1 and #2 sat in the kitchen with no activity. At 7:12 A.M., DSP #1 began toasting english muffins as clients #1 and #2 sat at the kitchen table with no activity. DSP #1 then put peanut butter on each english muffin, placed them on two separate plates and placed the prepared english muffins in front of clients #1 and #2. Client #3 stayed laying in his bed during the entire observation. DSP #1 did not offer meaningful active treatment activities or implement client objectives. Client #3 did not speak and was not prompted to communicate in his home.</p> <p>An evening observation was conducted at the group home on 3/24/14 from 3:30 P.M. until 5:30 P.M.. During the entire observation period, client #3 walked back and forth with DSP #2 but was not offered meaningful active treatment activities or training objectives. Client #3 did not communicate and was not prompted to communicate in his home.</p> <p>An observation was conducted at the group home on 3/25/14 from 10:20 A.M. until 11:40 A.M.. During the entire observation period client #3 lay on the couch holding children's toys as DSP #3 swept and mopped the</p>		<p>meet the frequency to support the achievement of the objectives. This document is done daily. We have a manager and a Data Specialist that are on site 5 days a week that will review this document, so it is monitored on site daily. Responsible person: Marcetta Walton, Group Home Manager and Chris Youngblood, Data Specialist. Weekly, an additional observation will be completed to ensure that the scheduled programs are being completed. During these observation, we will also be specifically looking to see if there were any missed opportunities. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, med pass, meal prep and active treatment reliability will be completed at least monthly. Responsible person: Marcetta Walton, group home manager & Traci Hardesty, QDDP.</p>				

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	<p>kitchen/dining room floor. DSP #3 would walk through and visually check on client #3 and offered him more children's toys but did not offer him meaningful active treatment activities or implement client objectives. Client #3 did not speak and was not prompted to communicate in his home.</p> <p>A review of client #1's records was conducted on 3/28/14 at 12:30 P.M.. A review of the client's 9/18/13 Individual Support Plan indicated the following medication objective which could have been implemented during the morning observation period: "Will self medicate."</p> <p>A review of client #2's records was conducted on 3/28/14 at 1:00 P.M.. A review of the client's 8/20/13 Individual Support Plan indicated the following medication objective which could have been implemented during the morning observation period: "Will learn to tell staff when it is time for him to take his medications."</p> <p>A review of client #3's records was conducted on 3/28/14 at 1:30 P.M.. A review of the client's 5/23/13 Individual Support Plan indicated the following objectives which could have been implemented during the observation periods: "Will use PECS (Picture Exchange Communication) phase 2...Will learn to understand 2 step commands/directions."</p> <p>The Group Home Director (QIDP) was interviewed on 3/28/14 at 3:00 P.M.. The QIDP stated client objectives should be implemented "daily." The QIDP indicated client objectives should be implemented at all times of opportunity. The QIDP further indicated client #3 should have been</p>			

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W000367	<p>provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a) 483.460(k) DRUG ADMINISTRATION The facility must have an organized system for drug administration that identifies each drug up to the point of administration.</p> <p>Based on observation, record review and interview, the facility failed to keep medications for 3 of 3 clients observed during the morning medication administration (clients #1, #2 and #3), identified until the point of administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/24/14 from 6:00 A.M. until 7:35 A.M.. At 6:45 A.M., Direct Support Professional (DSP) #1 walked with a clear plastic souffle cup with medications already prepared and a cup of water into client #3's bedroom and administered the medications to client #3. DSP #1 then retrieved a clear plastic souffle cup with medications already prepared and a cup of water into client #2's room and administered the medications. DSP #1 then retrieved a clear plastic souffle cup with medications already prepared and a cup of water and entered client #1's bedroom and administered the medications. DSP #1 did not punch any of the medications administered to clients #1, #2 and #3 from their original packaging at the time of administration.</p> <p>When asked what medications were administered to the clients, DSP #1 retrieved</p>	W000367	<p>According to the survey report, 3 out of 5 clients were affected. I did not specify a client, so this POC includes all clients.</p> <p>We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. All staff are trained and required to pass Med core A & B upon hire. They are also required to be trained on site with the specific client's med and must pass a med pass reliability prior to being able to pass meds. Responsible person: Sherri DiMarrco, RN & Marcetta Walton, Group Home Manager. All staff are trained at their individual site on all the clients medication and the pill passing procedure. They have to pass an observation reliability before they are allow to pass meds on their own. Responsible person: Marcetta Walton, Group Home Manager. DSP #1 will receive a supervisory note and will be re-trained. They will also have to pass three med passing reliability within a week during and actual onsite med pass. Responsible person: Marcetta</p>	05/04/2014			

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W000460	<p>the Medication Administration Records (MAR) dated 3/1/14 to 3/31/14 which indicated: [Client #3]: "Tegretol tablet (seizures)...Lamictal tablet (seizure)...Doxycycline (seizures)...Lamictal tablet (seizures) Miralax (constipation)... [Client #2]: Fiber (constipation)...Zoloft(behaviors)...Zoloft (behaviors)...Certirizine (allergies)...Miralax (constipation)...[Client #1]: Intuniv (behaviors)...Levothyroxine (hypothyroidism)...Prozac (behaviors)...Invega (schizophrenia)...Fluoxetine (behaviors)."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 3/28/14 at 3:00 P.M.. The QIDP indicated the medications should be administered directly from the original packaging and checked three times with the Medication Administration Record (MAR) prior to administering. The QIDP further indicated medications should never be prepared prior to administration.</p> <p>9-3-6(a) 483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (clients #1 and #2), the facility failed to assure the staff provided food in accordance with the menu.</p> <p>Findings include:</p>	W000460	<p>Walton, Group Home Manager. To ensure future compliance, at least year training and med pass reliability will occur. Responsible person: Sherri DiMarrco, RN and Marcetta Walton, Group Home Manager. To ensure future compliance, monthly a med pass reliability will be completed. Responsible person: Marcetta Walton, Group Home Manager.</p> <p>According to the survey report, 2 out of 5 clients were affected. I did not specify a client, so this POC includes all clients. We review/train all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. All</p>	05/04/2014			

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	<p>A morning observation was conducted at the group on 3/24/14 from 6:00 A.M. until 7:30 A.M.. At 6:20 A.M., a review of the menu dated 3/24/14 indicated: "1/2 cup oatmeal, 1 muffin, 1 cup 2% milk, 1/2 cup apple slices, jelly and margarine." At 7:00 A.M., client #1 stated "We don't have no milk, we need to buy milk." At 7:20 A.M., clients #1 and #2 began eating their breakfast which consisted of a bowl of oatmeal, an english muffin and orange juice. There was no milk, apple slices, margarine or jelly provided for clients #1 and #2 to use for their meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated staff should follow the menu.</p> <p>9-3-8(a)</p>		<p>management and staff will be retrained to follow the menus. Responsible person: Sheila O'Dell, Group Home Director and Traci Hardesty, QDDP. Staff will also be trained that if a change is needed to be made to the menu that it will be substituted with an item within the same food group and nutritional value. Responsible person: Traci Hardesty, QDDP. Staff will complete a mealtime log of what was served during every meal each day for one month to ensure the menu is being followed. Responsible person: Marcetta Walton, Group Home Manager. The manager is on site 5 days a week and is present for at least one meal during that shift each of the 5 days, so the mealtime log will be reviewed at least 5 days a week with actual onsite monitoring through out the month. The manager will ensure that it is being filled out correctly/entirely and that the menu is being following. In addition, it will be spot checked by the Coordinator weekly. Responsible person: Marcetta Walton, Group Home Manager & Traci Hardesty, QDDP To ensure future compliance, a reliability will be completed for each of the 3 meals (breakfast, lunch and dinner) during the first week and then one done weekly for a month. All of our meal time reliabilities include all of the clients and their meal plans during an actual onsite meal time</p>		

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 3 of 3 sampled clients (clients #1, #2 and #3) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 3/24/14 from 6:00 A.M. until 7:35 A.M.. At 7:10 A.M., Direct Support Professional (DSP) #1 began preparing two individual bowls of oatmeal, in the microwave, while clients #1 and #2 sat in the kitchen with no activity. At 7:12 A.M., DSP #1 began toasting english muffins as clients #1 and #2 sat at the kitchen table with no activity. DSP #1 then put peanut butter on each english muffin, placed them on two separate plates and placed the prepared english muffins in front of clients #1 and #2. DSP #1 then retrieved the two bowls of oatmeal and set them on the table in front of clients #1 and #3. At 7:20 A.M., clients #1 and #2 ate their breakfast independently. Clients #1 and #2 did not assist in meal</p>	W000488	<p>observation, which is done all at the same time. Responsible person: Marcetta Walton, Group Home Manager & Traci Hardesty, QDDP To ensure future compliance, a reliability will then be done quarterly to maintain compliance. Responsible person: Marcetta Walton, Group Home Manager.</p> <p>According to the survey report, 3 out of 5 clients were affected. I did not specify a client, so this POC includes all clients. We review/train on all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Staff will be retrained on assuring that each client participates in mealtime prep and eats in a manner consistent with his developmental level. Responsible person: Traci Hardesty, QDDP. Meal prep activities will be scheduled on each client's activity schedule and also should be ran during any other opportunity. This document is done daily. We have a manager and a Data Specialist that are on site 5 days a week that will review this document, so it is monitored on site daily. Responsible person: Marcetta Walton, Group Home Manager</p>	05/04/2014

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W009999	<p>preparation and did not serve themselves.</p> <p>An evening observation was conducted at the group home on 3/24/14 from 3:30 P.M. until 5:30 P.M.. At 4:45 DSP #4 began serving client #3's food as he sat at the dining table with no activity. Client #3 did not serve himself and was not prompted to serve himself.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 3/28/14 at 3:00 P.M.. The QIDP indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in preparation and serving themselves at all meal times.</p> <p>9-3-8(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</p> <p>(c) The residential provider shall demonstrate</p>	W009999	<p>and Chris Youngblood, Data Specialist. Weekly, an additional observation will be completed to ensure that the scheduled programs are being completed. During these observation, we will also be specifically looking to see if there were any missed opportunities. Responsible person: Traci Hardesty, QDDP. To ensure future compliance, a reliability will be completed for each of the 3 meals (breakfast, lunch and dinner) during the first week and then one done weekly for a month. All of our meal time reliabilities include all of the clients during an actual onsite meal time observation, which is done all at the same time. Responsible person: Marcetta Walton, Group Home Manager & Traci Hardesty, QDDP To ensure future compliance, a reliability will be completed monthly. Responsible person: Marcetta Walton, group home manager & Traci Hardesty, QDDP.</p> <p>According to the survey report, 1 out of 5 staff were affected. We review/train on all survey reports at our Management meeting to ensure that we are doing things the same and correctly according to the regulations. Three references are required of all employees prior to employment. We request for 3 personal references and 3-5</p>	05/04/2014			

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	<p>that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 5 staff (staff #4) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's administrative records were reviewed on 3/25/14 at 1:20 P.M.. Review of the personnel files for staff #4 indicated three references were not obtained. The personnel files for staff #4 did not include any references.</p> <p>An interview with the Human Resource Director (HRD) was conducted on 3/25/14 at 1:40 P.M.. The HRD indicated the facility's policy is that each employee should have three references, not of relation, completed prior to employment with the facility. The HRD further indicated staff #4 did not have 3 references in his record prior to employment.</p> <p>9-3-2(c)(3)</p>		<p>references of past employers. Staff #4 had three references, but one of them was a relative that was not realized at the time. Responsible person: Mary Jane Lewis, HR. HR will ensure that none of the personal references are of relation to the staff prior to employment. Responsible person: Mary Jane Lewis, HR. To ensure future compliance, all references will be given to the Director heads for review prior to staff employment. Responsible person: Mary Jane Lewis, HR and Sheila O'Dell, Group Home Director.</p>	