

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342
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W 000 Bldg. 00	<p>This visit was for the post certification revisit to an annual recertification and state licensure survey and to the investigation of Complaint #IN00162350 completed on February 6, 2015.</p> <p>COMPLAINT #IN00162350: Not corrected</p> <p>Dates of Survey: March 26, 27 and April 2, 2015</p> <p>Facility number: 001107 Provider number: 15G593 AIM number: 100245570</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview,</p>	W 102	W102: The facility has policies and	04/24/2015

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 Governing Body failed to meet the Condition of Participation: Governing Body for 1 of 4 sampled clients (client A). The Governing Body neglected to develop and/or implement a system to prevent abuse and/or neglect of client A, by not ensuring the facility put measures in place to prevent abuse and/or neglect and neglected to conduct a thorough investigation in regard to an allegation of sexual abuse by staff.</p> <p>Findings include:</p> <p>1. Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (client A). The governing body neglected to implement its written policy and procedures to prevent abuse and/or neglect of client A in regard to putting measures in place to prevent client A from potential sexual abuse and/or neglect. The governing body neglected to ensure a thorough investigation was conducted in regard to an allegation of staff sexual abuse involving client A.</p> <p>2. Please refer to W104. The governing body failed for 1 of 4 sampled clients (client A), to exercise general policy and operating direction over the facility to ensure thorough investigation of an</p>		<p>procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. Additionally, the facility has policy and procedures in place to ensure a complete and thorough investigation occurs in any instance of abuse and/or neglect.</p> <p>The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy. The Program Director and Quality Assurance Specialist have been retrained on ensuring a complete and thorough investigation occurs so that preventive measures can be implemented to further protect any individual from abuse and/or neglect.</p> <p>Managers will complete daily observations and discuss with staff the facility's abuse/neglect policy to ensure thorough understanding and implementation. Observations will continue for 30 days, at which point observations will continue three times weekly for an additional 30 days if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy.</p> <p>Observations will then continue once weekly for an additional 30 day if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy.</p>		

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	<p>allegation of staff sexual abuse. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented and/or developed written policy and procedures to report allegations of abuse and/or neglect.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-1(a)</p>		<p>Additional information and further corrective measures found in W104 and W122. Responsible Party: Area Director Completion Date: April 24, 2015</p>				
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients and 3 additional clients (clients A, B, C, D, E, F and G), the facility's governing body failed to exercise general policy and operating direction over the facility to ensure routine maintenance was completed. The facility's governing body failed to develop and implement policy</p>	W 104	<p>W104: The facility has policy and procedures in place to ensure general operating direction, including ensuring facility maintenance is completed. The facility also has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are</p>	04/24/2015			

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	<p>and procedure in regard to an allegation of staff sexual abuse involving client A and failed to ensure facility staff immediately reported an allegation of staff sexual abuse to the administrator. The facility's governing body failed to ensure a thorough investigation was conducted in regard to an allegation of staff sexual abuse and failed to put in place sufficient/effective measures in regard to preventing/addressing an allegation of staff sexual abuse.</p> <p>Findings include:</p> <p>1. An observation was conducted at clients A, B, C, D, E, F and G's home on 3/26/15 from 7:30 P.M. until 8:00 P.M.. During the observation the two screen door windows in the kitchen were observed to be broken out with pieces of glass around the perimeter of the frame.</p> <p>An interview with the Qualified Intellectual Disabilities Professional/Program Director (QIDP/PD) was conducted on 3/27/15 at 2:45 P.M.. The QIDP/PD indicated the windows needed to be replaced and the further indicated the windows were ordered. The QIDP/PD did not know when the windows would be replaced.</p> <p>2. Please refer to W149: The governing</p>		<p>implemented to prevent abuse and/or neglect. Additionally, the facility has policy and procedures in place to ensure a complete and thorough investigation occurs in any instance of abuse and/or neglect.</p> <p>The facility has repaired the screen door windows. The Home Manager has been trained on, and will complete, weekly inspections of the facility to ensure ongoing maintenance issues are addressed and corrected.</p> <p>The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor so that preventive measures can be implemented and reports can be made to the Bureau of Developmental Disabilities Services. The Program Director and Quality Assurance Specialist have been retrained on ensuring a complete and thorough investigation so that preventive measures can be implemented to further protect any individual from abuse and/or neglect.</p> <p>Managers will complete daily observations and discuss with staff the facility's abuse/neglect policy to ensure thorough understanding and implementation. Observations will continue for 30 days, at which point observations will continue three times weekly for an</p>	

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	<p>body neglected for 1 of 4 sampled clients (client A), to implement written policy and procedures to prevent abuse and/or neglect of a client in regard to an allegation of staff sexual abuse. The governing body neglected to conduct a thorough investigation in regard to an allegation of staff sexual abuse and/or neglect of client A.</p> <p>3. Please refer to W153: The governing body neglected for 1 of 4 sampled clients (client A), to report an allegation of staff sexual abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>4. Please refer to W154: The governing body neglected for 1 of 4 sampled clients (client A), to provide written evidence a thorough investigation was conducted in regards to an allegation of staff sexual abuse and/or neglect.</p> <p>5. Please refer to W157: The governing body neglected for 1 of 4 sampled clients (client A), to put sufficient/effective corrective measures in place in regard to preventing/addressing an allegation of staff sexual abuse and/or neglect.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic</p>		<p>additional 30 days if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy. Observations will then continue once weekly for an additional 30 day if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy. Additional information and further corrective measures found in W149, W153, W154, and W157. Responsible Party: Area Director Completion Date: April 24, 2015</p>				

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	<p>plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-1(a)</p>			
W 122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (client A). The facility neglected to implement its written policy and procedures to prevent staff sexual abuse and/or neglect of client A. The facility neglected to put in place measures to prevent potential harm and/or recurrence in regard to an</p>	W 122	<p>W122: The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. Additionally, the facility has policy and procedures in place to ensure a complete and thorough investigation occurs in any instance of abuse and/or neglect.</p>	04/24/2015

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	<p>allegation of staff sexual abuse and/or neglect of client A. The facility neglected to provide written documentation to indicate a thorough investigation was conducted in regard to an allegation of staff sexual abuse and/or neglect.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149: The facility neglected for 1 of 4 sampled clients (client A), to implement written policy and procedures to prevent abuse and/or neglect of a client in regard to an allegation of staff sexual abuse. The facility neglected to conduct a thorough investigation in regard to an allegation of staff sexual abuse and/or neglect of client A. 2. Please refer to W153: The facility neglected for 1 of 4 sampled clients (client A), to report an allegation of staff sexual abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. 3. Please refer to W154: The facility neglected for 1 of 4 sampled clients (client A), to provide written evidence a thorough investigation was conducted in regards to an allegation of staff sexual 		<p>The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor so that preventive measures can be implemented and reports can be made to the Bureau of Developmental Disabilities Services. The Program Director and Quality Assurance Specialist have been retrained on ensuring a complete and thorough investigation so that preventive measures can be implemented to further protect any individual from abuse and/or neglect. Managers will complete daily observations and discuss with staff the facility's abuse/neglect policy to ensure thorough understanding and implementation. Observations will continue for 30 days, at which point observations will continue three times weekly for an additional 30 days if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy. Observations will then continue once weekly for an additional 30 day if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy. Additional information and further corrective measures found in W149, W153, W154, and W157. Responsible Party: Area Director Completion Date: April 24, 2015</p>	

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	<p>abuse and/or neglect.</p> <p>4. Please refer to W157: The facility neglected for 1 of 4 sampled clients (client A), to put sufficient/effective corrective measures in place in regard to preventing/addressing an allegation of staff sexual abuse and/or neglect.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-2(a)</p>			
W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>			

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	<p>Based on record review and interview, the facility neglected for 1 of 4 sampled clients (client A), to implement written policy and procedures to prevent abuse and/or neglect of a client in regard to an allegation of staff sexual abuse. The facility neglected to conduct a thorough investigation in regard to an allegation of staff sexual abuse and/or neglect of client A.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of writing the information surrounding allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group Home that she had been sexually</p>	W 149	<p>W149: The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. Additionally, the facility has policy and procedures in place to ensure a complete and thorough investigation occurs in any instance of abuse and/or neglect. The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor so that preventive measures can be implemented and reports can be made to the Bureau of Developmental Disabilities Services. The Program Director and Quality Assurance Specialist have been retrained on ensuring a complete and thorough investigation so that preventive measures can be implemented to further protect any individual from abuse and/or neglect. Managers will complete daily observations and discuss with staff the facility's abuse/neglect policy to ensure thorough understanding and implementation. Observations will continue for 30 days, at which point observations will continue three times weekly for an additional 30 days if staff have continuously demonstrated a</p>	04/24/2015	

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	<p>assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client A]'s communication book that is sent back and forth between her home and workshop stating something about [Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates of Investigation: 2/6/15 -2/10/15.</p> <p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and forth between the front desk and the copy</p>		<p>thorough understanding of the facility's abuse/neglect policy. Observations will then continue once weekly for an additional 30 day if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy. Responsible Party: Area Director Completion Date: 4/24/15</p>				

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	<p>machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving. [AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA] stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that she overheard a conversation between [PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking about the issue and this is when [AA]</p>			

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	<p>communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call [DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take [client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the home manager had spoken to her previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't true. [PD] stated that the guardian</p>			

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	<p>trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that she had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p> <p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP #15] stated that the note was written underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated that she hasn't seen the communication</p>			

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	<p>since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP #13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM] stated that he had no conversation with the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually abused. [GHM] stated this was prior to</p>			

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	<p>her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the client. [Client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee file does contain a record of discussion on 5/13 regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident Report trainings on 8/6/13 and 9/20/13.</p>			

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	<p>[GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor." Review of the record neglected to indicate all clients who reside at the home and all staff who worked at the home were interviewed in regard to this allegation of staff sexual abuse. The record failed to indicate protective measures were put in place to prevent potential sexual abuse for client A.</p> <p>A review of the facility's policy dated</p>			

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	<p>April 2011 was conducted on 3/27/15 at 2:30 P.M.. Review of the policy entitled "Quality and Risk Management" indicated: "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services....e. Failure to provide appropriate supervision, care or training. g. Failure to provide food and medical services as needed. Event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services."</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. When asked about the allegation of staff sexual abuse involving client A,</p>						

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	<p>the PD indicated staff did not document the incident when they read the communication book. The PD indicated the group home staff and the GHM failed to immediately report the allegation to her or the Area Director (AD). The PD indicated the incident should have been documented and immediately reported. The PD indicated the staff involved in the allegation should have been removed from the schedule immediately to prevent any further potential abuse and a thorough investigation should have been immediately conducted.</p> <p>2. Please refer to W153: The facility neglected for 1 of 4 sampled clients (client A), to report an allegation of staff sexual abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>3. Please refer to W154: The facility neglected for 1 of 4 sampled clients (client A), to provide written evidence a thorough investigation was conducted in regards to an allegation of staff sexual abuse and/or neglect.</p> <p>4. Please refer to W157: The facility neglected for 1 of 4 sampled clients (client A), to put sufficient/effective corrective measures in place in regard to</p>			

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W 153 Bldg. 00	<p>preventing/addressing staff sexual abuse and/or neglect.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported</p>			

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	<p>immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility neglected for 1 of 4 sampled clients (client A), to report an allegation of staff sexual abuse/neglect immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of writing the information surrounding allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group</p>	W 153	<p>W153:</p> <p>The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, including the requirement to report any such instance to the Bureau of Developmental Disabilities Services in accordance with state law.</p> <p>The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy and BDDS reportable incidents, including the need to immediately report to an on-call supervisor so that preventive measures can be implemented and reports can be made to the Bureau of Developmental Disabilities Services. The Program Director and Quality Assurance Specialist have been retrained on the requirement of completing a BDDS report for any instance of suspected abuse and/or neglect. In the future, a Manager will review Daily Support Records three times weekly to ensure any BDDS reportable incidents have been reported and addressed, and if applicable investigated and preventive measures implemented.</p> <p>Responsible Party: Area Director Completion Date: April 24, 2015</p>	04/24/2015	

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	<p>Home that she had been sexually assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client A]'s communication book that is sent back and forth between her home and workshop stating something about [Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates of Investigation: 2/6/15 -2/10/15.</p> <p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and</p>			

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	<p>forth between the front desk and the copy machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving. [AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA] stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that she overheard a conversation between [PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking</p>			

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	<p>about the issue and this is when [AA] communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call [DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take [client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the home manager had spoken to her previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't</p>			

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	<p>true. [PD] stated that the guardian trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that he had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p> <p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP #15] stated that the note was written underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated</p>			
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	<p>that she hasn't seen the communication since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP #13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM] stated that he had no conversation with the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually</p>			

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	<p>abused. [GHM] stated this was prior to her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the client. [client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee does contain a record of discussion on 5/13 regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident</p>			
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	<p>Report trainings on 8/6/13 and 9/20/13. [GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor."</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. When asked about the allegation of staff sexual abuse involving client A, the PD indicated that staff did not document the incident when they read the communication book. The PD indicated the group home staff and the GHM failed</p>			

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W 154 Bldg. 00	<p>to immediately report the allegation to her or the Area Director (AD). The PD indicated the incident should have been documented and immediately reported. The PD indicated this incident should have been immediately reported to the administrator but was not.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to provide written evidence a thorough investigation was conducted in regards to an allegation of staff sexual abuse.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p>			W 154	<p>W154: The facility has policies and procedures in place to ensure written evidence of a complete and thorough investigation occurs in any instance of abuse and/or neglect. The Program Director and Quality Assurance Specialist have been retrained on ensuring a complete and thorough investigation so that preventive measures can be implemented to further protect any individual from abuse and/or neglect. The Quality Assurance Specialist and/or Area Director will review all investigations to ensure thoroughness, including interviewing all applicable staff and/or other individuals residing</p>		04/24/2015

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	<p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of writing the information surrounding allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group Home that she had been sexually assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client A]'s communication book that is sent back and forth between her home and workshop stating something about</p>		<p>in the facility. Responsible Party: Area Director Completion Date: April 24, 2015</p>				

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	<p>[Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates of Investigation: 2/6/15 -2/10/15.</p> <p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and forth between the front desk and the copy machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving. [AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA]</p>			

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	<p>stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that she overheard a conversation between [PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking about the issue and this is when [AA] communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call [DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take</p>			

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	<p>[client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the home manager had spoken to her previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't true. [PD] stated that the guardian trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that he had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p> <p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something</p>			
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	<p>about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP #15] stated that the note was written underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated that she hasn't seen the communication since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP</p>			

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	<p>#13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM] stated that he had no conversation with the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually abused. [GHM] stated this was prior to her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the client. [Client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did</p>			

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	<p>state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee file does contain a record of discussion on 5/13 regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident Report trainings on 8/6/13 and 9/20/13. [GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the</p>			

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	<p>Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor." Review of the record neglected to indicate all clients who reside at the home and all staff who worked at the home were interviewed in regard to this allegation of staff sexual abuse.</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. The PD indicated all clients who reside at the group home and all staff who work at the group home were not interviewed. The PD further indicated there was no further written documentation to indicate the facility conducted a thorough investigation in regard to this allegation of staff sexual abuse.</p> <p>An interview with administrative staff #1 was conducted on 4/2/15 at 2:00 P.M.. Administrative staff #1 indicated she did not interview all staff who worked at the group home in regard to this allegation of staff sexual abuse. The administrative staff further indicated she did not interview all clients who reside at the group home due to client A recanting her allegation about staff sexual abuse.</p> <p>This deficiency was cited on 2/6/15. The</p>			

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W 157 Bldg. 00	<p>facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to take sufficient/effective corrective measures in regard to preventing/addressing an allegation of staff sexual abuse.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental</p>	W 157	<p>W157: The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor. The Program Director has been retrained on taking immediate</p>	04/24/2015

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	<p>Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of writing the information surrounding allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group Home that she had been sexually assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client</p>		<p>and effective corrective action of staff in any instance of abuse and/or neglect, including immediate suspension of said staff pending the outcome of the investigation. The Program Director has been retrained on ensuring any recommendations from the thorough investigation are implemented to prevent recurrence in the future. In the future, the Area Director and/or Quality Assurance Specialist will ensure the Program Director has suspended any staff accused of any instance of abuse and/or neglect. Furthermore, the Area Director and/or Quality Assurance Specialist will review all investigations and/or recommendations resulting from the investigation to ensure corrective action and preventive measures are implemented to prevent recurrence. Responsible Party: Area Director Completion Date: April 24, 2015</p>				

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	<p>A]'s communication book that is sent back and forth between her home and workshop stating something about [Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates of Investigation: 2/6/15 -2/10/15.</p> <p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and forth between the front desk and the copy machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving.</p>			

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	<p>[AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA] stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that she overheard a conversation between [PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking about the issue and this is when [AA] communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call</p>			

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	<p>[DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take [client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the home manager had spoken to her previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't true. [PD] stated that the guardian trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that he had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p>			

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	<p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP #15] stated that the note was written underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated that she hasn't seen the communication since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training</p>			

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	<p>in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP #13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM] stated that he had no conversation with the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually abused. [GHM] stated this was prior to her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the</p>			

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	<p>client. [Client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee file does contain a record of discussion on 5/13 regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident Report trainings on 8/6/13 and 9/20/13. [GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of</p>			

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	<p>the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor." The record failed to indicate protective measures were put in place to prevent potential sexual abuse for client A.</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. When asked if the facility addressed the documented incident of an allegation of staff sexual abuse, the PD indicated there was no written documentation to indicate measures were put in place to prevent recurrence of potential staff sexual abuse.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-2(a)</p>			

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W 159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the PD/Qualified Intellectual Disabilities Professional (PD/QIDP) failed for 1 of 4 sampled clients (client A), to coordinate services and ensure measures were put in place in regard to an allegation of staff sexual abuse and/or neglect.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of writing the information surrounding</p>	W 159	W159: The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor. The Program Director has been retrained on taking immediate and effective corrective action of staff in any instance of abuse and/or neglect, including immediate suspension of said staff pending the outcome of the investigation. The Program Director has been retrained on ensuring any recommendations from the thorough investigation are implemented to prevent recurrence in the future. The Program Director has been retrained on the need to update Individualized Support Plan (ISP) and Behavioral Support Plans	04/24/2015

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	<p>allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group Home that she had been sexually assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client A]'s communication book that is sent back and forth between her home and workshop stating something about [Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates of Investigation: 2/6/15 -2/10/15.</p>		<p>(BSP) for individuals based on their history and/or any new changes. Client A's ISP, BSP, and Risk Assessment have been updated to reflect her history of sexual abuse and alleged fabrication of incidents. In the future, the Area Director and/or Quality Assurance Specialist will ensure the Program Director has suspended any staff accused of any instance of abuse and/or neglect. Furthermore, the Area Director and/or Quality Assurance Specialist will review all investigations and/or recommendations resulting from the investigation to ensure corrective action and preventive measures are implemented to prevent recurrence. Additionally, the Area Director will review the next three individuals' ISP's and BSP's to ensure any historical and/or any new changes are updated and thorough. Responsible Party: Area Director Completion Date: April 24, 2015</p>		

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	<p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and forth between the front desk and the copy machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving. [AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA] stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that she overheard a conversation between</p>			
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	<p>[PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking about the issue and this is when [AA] communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call [DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take [client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the home manager had spoken to her</p>			

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	<p>previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't true. [PD] stated that the guardian trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that he had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p> <p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP #15] stated that the note was written</p>			

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	<p>underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated that she hasn't seen the communication since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP #13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM] stated that he had no conversation with</p>			

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	<p>the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually abused. [GHM] stated this was prior to her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the client. [Client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee file does contain a record of discussion on 5/13</p>			

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	<p>regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident Report trainings on 8/6/13 and 9/20/13. [GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor." Review of the record neglected to indicate all clients who reside at the</p>			

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	<p>home and all staff who worked at the home were interviewed in regard to this allegation of staff sexual abuse. The record failed to indicate protective measures were put in place to prevent potential sexual abuse for client A.</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. When asked if the facility addressed the documented incident of an allegation of staff sexual abuse, the PD indicated there was no written documentation to indicate measures were put in place to prevent recurrence of potential staff sexual abuse. When asked if client A's ISP and BSP had been revised to address her history of sexual abuse and alleged fabrication of incidents, the PD indicated they had not.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00162350.</p> <p>9-3-3(a)</p>			

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W 189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on interview and record review for 1 of 4 sampled clients (client A), the facility failed to ensure all staff who worked with the client were trained and/or showed competency in reporting incidents of abuse and/or neglect.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 3/27/15 at 2:00 P.M.. Review of the Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigation records indicated:</p> <p>-IR dated 2/5/15 involving client A indicated: "On 2/5/15, PD (Program Director) was notified that [client A] Alleged (sic) sexual abuse by way of</p>	W 189	<p>W189: The facility has policies and procedures in place to prevent abuse and/or neglect to individuals, as well as ensuring preventive measures are implemented to prevent abuse and/or neglect. All staff are trained on this policy upon hire and every year thereafter. The Program Director, Home Manager, and direct care staff have been retrained on the abuse/neglect policy, including the need to immediately report to an on-call supervisor. In the future, the facility will maintain record of all employees training on the abuse/neglect policy upon hire. The facility will also maintain record of all employees being retrained on the abuse/neglect every year after hire. To ensure staff implementation and understanding, managers will complete daily observations and</p>	04/24/2015

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	<p>writing the information surrounding allegation in her communication log in her group home."</p> <p>-BDDS report dated 2/5/15 involving client A indicated: "on (sic) 2/5/15, [PD name] was notified that [client A] wrote in her communication log at her Group Home that she had been sexually assaulted by the overnight staff at her Group Home listing the name of the staff. A different staff witnessed the writing and alert (sic) Home Manager [GHM] who talked to [client A] regarding the sexual assault she alleged happened and [client A] stated to manager that she wrote that she was just writing something and what the other staff read in the communication log was not true. Currently there is an internal investigation in process."</p> <p>-"Summary of Internal Investigation Report" dated 2/10/15 involving client A indicated: "Brief Summary of the incident: A note was found in [client A]'s communication book that is sent back and forth between her home and workshop stating something about [Direct Support Professional (DSP) #13] sexing her off at the group home. [GHM name], [DSP #13] and [Administrative Assistant (AA)] were suspended pending the outcome of the investigation. Dates</p>		<p>discuss with staff the facility's abuse/neglect policy.</p> <p>Observations will continue for 30 days, at which point observations will continue three times weekly for an additional 30 days if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy.</p> <p>Observations will then continue once weekly for an additional 30 day if staff have continuously demonstrated a thorough understanding of the facility's abuse/neglect policy.</p> <p>Responsible Party: Area Director Completion Date: April 24, 2015</p>				

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	<p>of Investigation: 2/6/15 -2/10/15.</p> <p>-[AA name] interview: [AA] stated that on Friday, January 30th, she overheard staff [DSP #14] was in the office near the front desk and she asked [GHM] what happened with staff [DSP #13]. [AA] stated that she was walking back and forth between the front desk and the copy machine so she did not hear the entire conversation, only bits and pieces. [AA] stated that [DSP #14] mentioned something about one of the clients, started with and (sic) L, had written in a book that [DSP #13] had touched her. [AA] stated that [DSP #14] also mentioned that it had been talked about among other staff in the house. [AA] stated that she is not aware who else had discussed it. [AA] stated that [GHM] left immediately saying that he had go (sic) take care of this. [AA] stated that she felt he was leaving to take care of the situation and had no reason to think otherwise. [AA] stated that [GHM] didn't talk with anyone prior to leaving. [AA] stated that there was no one else in the office and she believed that [Nurse] was at the group home working. [AA] stated that she was hired in July 2014 and that she did not receive training on abuse and neglect policy. [AA] stated that she has not gone through annual recertification training. [AA] stated that</p>				

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	<p>she overheard a conversation between [PD] and [GHM] on 2/5/15 and she thought by the nature of the conversation, they were talking about the issue about (sic) what was written in the book so she then thought there was an investigation going on. [AA] stated that in general conversation that they were not talking about the issue and this is when [AA] communicated to [PD] what she overheard on the prior Friday, January 30th. [AA] stated to this writer that she was aware this was a serious allegation, but since the Home Manager was being told, that it would be taken care of.</p> <p>-PD interview: [PD] stated that she was made aware by [AA] that something had been written in a book regarding [client A] and the overnight staff involving the word sex on 2/5/15. [PD] stated that the note had been written in the communication book last week. [PD] stated that the name written down in the book was [Nickname of DSP #13] but apparently some of the client's (sic) call [DSP #13] [Nickname of DSP #13] according to the home manager. [PD] stated that she was instructed to take [client A] to ER (Emergency Room) and to call the police by her supervisor. [PD] stated that she called the guardian [Guardian name] to alert her. The guardian said she was aware because the</p>			
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	<p>home manager had spoken to her previously about what [client A] had written and she had talked to [client A] who said that what she wrote wasn't true, that she was just mad at staff. [PD] stated that the guardian did not want [client A] to be seen in ER or police to be called because [client A] said it wasn't true. [PD] stated that the guardian trusted [GHM]'s judgement that nothing had happened. [PD] stated that the guardian said [client A] has been upset with staff before and written something about them that turned out not to be true. [PD] stated that he had talked to [client A] after seeing the note and also talked to the guardian. [PD] stated that she did not receive any type of report about the writing from anyone until Thursday, February 5th. [PD] stated that she is aware of her responsibility regarding reporting abuse or neglect. [PD] stated that she would report immediately and that staff should be removed. [PD] stated that everyone is a reporter.</p> <p>-DSP #15 interview: [DSP #15] stated that she noticed a note in [client A]'s communication book stating something about another staff sexing her. [DSP #15] stated that she reported this to her supervisor, [GHM name]. [DSP #15] stated that she probably read this note somewhere between 2/21-2/23. [DSP</p>			
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	<p>#15] stated that the note was written underneath a note staff wrote on 1/16/15. [DSP #15] stated that [GHM] stated that he would take care of it. [DSP #15] stated that no one talked to her about it but she assumed it was being taken care of because she did not see the staff it was about working again. [DSP #15] stated that she hasn't seen the communication since she read it initially. [DSP #15] stated that the note has been discussed among staff at the house.</p> <p>-GHM interview: [GHM] stated that he received a call from [DSP #13] sometime the last week of January. [GHM] stated that he wasn't sure what day exactly.... [GHM] stated he did not let his supervisor know of this issue because [client A] said it didn't happen. [GHM] stated that he didn't look at it as an allegation since she didn't verbally report it to him. [GHM] stated that had she told him that [DSP #13] had touched her he would have handled it differently. [GHM] stated that he hasn't had training in investigations. [GHM] stated that he didn't take any notes. [GHM] stated that he was made aware of the note by [DSP #13] and then talked to [client A] about it. [GHM] stated that he didn't question anyone else. [GHM] stated that no one else had called him to report what they saw in the communication book. [GHM]</p>			

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	<p>stated that he had no conversation with the guardian after talking to [client A]. [GHM] stated that he has been the target in the past of [client A] writing things about him on her wall so he was looking at it as more of behavioral type situation. [GHM] stated that he has heard that [client A] has a history of being sexually abused. [GHM] stated this was prior to her residing with [Facility name]. [GHM] stated that he is aware of reporting responsibilities but he wasn't looking at it like an allegation. [GHM] stated that [DSP #13] told him [DSP #15] had been the one to initially discover the note, but he did not talk to her about it. [GHM] stated that he wasn't aware where the page went that the note was written on. [GHM] stated that the staff should be checking the communication book on each shift and he tries to look at it weekly.</p> <p>-Additional Information: The housemates were not interviewed due to the allegation being recanted by the client. [Client A]'s ISP (Individual Support Plan) does not indicate that she has a history of sexual abuse. [PD], did state that she has been made aware of [client A] having been molested or raped. [Client A]'s BSP (Behavior Support Plan) does not indicate any history of false reporting. [GHM]'s employee file does</p>			

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	<p>contain a record of discussion on 5/13 regarding not immediately suspending staff-not protecting a client. In addition, his file contains a final corrective action regarding inappropriate and unauthorized P-Card usage. [GHM]'s trainings he has signed off on include; Annual Recertification on 4/25/14, Incident Report trainings on 8/6/13 and 9/20/13. [GHM] signed off on the Employee Information Guide on 3/9/12 which includes failing to immediately report cases of actual or suspected abuse/neglect or any incident or a reportable nature to a supervisor.</p> <p>-Conclusion: Evidence supports that [client A] wrote a note in her communication book regarding [DSP #13] because she was mad at her. Evidence could not be found to support that [DSP #13] did anything to [client A] sexually and this is supported by [client A] stating consistently that no one has touched her inappropriately. Evidence supports [DSP #13] when made aware of the note in the book about herself reported it to the Home Manager immediately. Evidence supports that the Home Manager did not protect the client by spending (sic) staff upon notification of an allegation of abuse or report the incident immediately to a supervisor." Review of the record neglected to</p>			

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W 220 Bldg. 00	<p>indicate all clients who reside at the home and all staff who worked at the home were interviewed in regard to this allegation of staff sexual abuse. The record failed to indicate protective measures were put in place to prevent potential sexual abuse for client A.</p> <p>An interview with the Program Director (PD) was conducted on 3/27/15 at 2:45 P.M.. The PD indicated all staff should be trained on the facility's abuse and neglect policy upon hire to the facility. The PD indicated all staff have not been trained and/or retrained on the agency's abuse/neglect policy in regard to preventing abuse and/or neglect and reporting guidelines to ensure all staff prevent abuse and/or neglect and properly notify and document incidents.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. Based on observation, record review and</p>	W 220	W220:	04/24/2015			

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	<p>interview, the facility failed for 1 of 4 sampled clients and 2 additional clients (clients C, F and G) to ensure a speech assessment/reassessment was completed for clients who required assistance with communication skills.</p> <p>Findings include:</p> <p>A day program observation was conducted at the group home on 3/27/15 from 10:00 A.M. until 12:30 P.M.. During the entire observation clients C, F and G were non-verbal in communication in that the clients were limited to some one word answers that could not be understood. There was no communication teaching or training for clients C, F and G during this observation.</p> <p>A review of client C's record was conducted on 3/27/15 at 1:30 P.M.. Review of client C's ISP dated 12/11/14 and/or record indicated he required assistance with communication. The record failed to indicate client C's speech/communication had been evaluated. There was no written documentation to indicate client C's speech/communication had been evaluated.</p> <p>A review of client F's record was</p>		<p>The facility has policy and procedures in place to ensure each individual has a comprehensive functional assessment including, but not limited to, speech and language development. The comprehensive functional assessment is developed upon entry into the facility and assessed/updated at least annually or whenever a change to the assessment is warranted. The facility nurse and the Program Director have been retrained on the requirement to update the comprehensive functional assessment annually or as needed upon any changes to the individual's functioning levels, and to schedule any appointments as determined by the assessments. The facility has scheduled speech assessments of the individuals (clients C, F, and G) who require assistance with communication skills. Additionally, the facility has completed comprehensive functional assessments for clients C, F, and G to ensure proper evaluation of functioning levels. Goals have been implemented for clients C, F, and G residentially and at day services to ensure communication teaching and/or training as determined by the assessments. In the future, the facility nurse and Program Director will ensure required assessments for each individual are completed at least</p>		

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	<p>conducted on 3/27/15 at 12:45 P.M.. Review of client F's Individual Support Plan (ISP) dated 10/24/14 and/or record indicated he required assistance with communication. The record indicated a most current "Speech Evaluation" dated 7/29/03. There was no written documentation to indicate client F's speech/communication had been reevaluated since 7/29/03.</p> <p>A review of client G record was conducted on 3/27/15 at 1:00 P.M.. Review of client G's ISP dated 5/21/14 and/or record indicated he required assistance with communication. The record failed to indicate client G's speech/communication had been evaluated. There was no written documentation to indicate client G's speech/communication had been evaluated.</p> <p>An interview with the facility nurse was conducted on 3/27/15 at 1:45 P.M.. The nurse indicated there was no documentation to indicate clients C, F and G's speech and/or language skills had been assessed/reassessed.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>annually and recommendations are implemented per the evaluation of the assessment. Additionally, the Area Director will review the next three individuals' ISP's and BSP's to ensure completed comprehensive functional assessments are included and accurate. Responsible Party: Area Director Completion Date: April 24, 2015</p>				

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W 323 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients and 1 additional client (clients C and F) to have hearing evaluations as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client C's record was conducted on 3/27/15 at 1:30 P.M.. Client C's record indicated a most current hearing evaluation dated 3/29/13 which indicated: "Mild hearing loss." Client C's current annual physical dated 10/2/14 indicated "Requires further evaluation by appropriate specialist of hearing." Client C's record did not contain evidence he had a hearing evaluation completed as recommended by his physician.</p> <p>A review of client F's record was</p>	W 323	<p>W323:</p> <p>The facility has an established healthcare system that is overseen by the facility nurse. Each client's medical care plan is based on assessments, doctor's orders, diagnoses, protocols, and the needs of the client. The facility requires an annual physical examination, including an evaluation of hearing of every client. The facility nurse and the Program Director have been retrained on the requirement to complete annual physicals, including hearing evaluations. Furthermore, the facility nurse and Program Director have been retrained on the need to follow physician recommendations, including seeing any specialist as noted by the physician. The facility nurse was retrained to check all appointments, assessments, labs, and/or doctor</p>	04/24/2015

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W 331 Bldg. 00	<p>conducted on 3/27/15 at 12:45 P.M.. Client F's annual physical dated 10/2/14 indicated "Requires further evaluation of hearing." Client F's record indicated a most current hearing evaluation dated 7/31/13. Client F's record did not contain evidence he had a hearing evaluation completed as recommended by his physician.</p> <p>The facility's nurse was interviewed on 3/27/15 at 1:45 P.M.. The nurse indicated clients C and F did not have hearing evaluations completed as recommended by their physician.</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for</p>			W 331	<p>recommendations to ensure follow up is completed and in a timely manner.</p> <p>The facility has scheduled hearing evaluations of clients C and F. Additionally, the facility has completed comprehensive functional assessments for clients C and F to ensure proper documentation of functioning level and evaluations.</p> <p>In the future, the facility nurse and Program Director will ensure annual physicals are completed including, but not limited to, hearing evaluations. Any physician recommendations are to be addressed and scheduled when applicable. The facility nurse will review all appointments, assessments, labs, and/or doctor recommendations to ensure follow up is completed and documented accordingly. The facility nurse will share a list of needed appointments with Home Manager and Program Director on a monthly basis and additionally as warranted.</p> <p>Responsible Party: Area Director Completion Date: April 24, 2015</p>		04/24/2015

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	<p>1 of 4 sampled clients (client C), the facility's nursing staff failed to develop and implement a protocol/risk plan for client C's diagnosis of shingles.</p> <p>Findings include:</p> <p>A review of client C's record was conducted on 4/2/15 at 2:17 P.M.. A review of client C's record indicated: "Certificate to Return to Work or School dated 4/1/15: [Client C] has been under my care from 3/22/15 to 4/1/15 and is able to return to workshop on 4/1/14 (sic). Nature of illness or injury, shingles-healed."</p> <p>An interview with the nurse was conducted on 4/2/15 at 2:45 A.M.. The nurse indicated client C had been diagnosed with shingles. When asked if a protocol/risk plan had been developed and implemented for staff guidance, she stated "No."</p> <p>This deficiency was cited on 2/6/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>The facility has an established healthcare system that is overseen by the facility nurse. Each client's medical care plan is based on assessments, doctor's orders, diagnoses, protocols, and the needs of the client. This care plan includes the development and implementation of protocols/risk plans to address client diagnoses/needs, in both the short and long term. The facility nurse was retrained to ensure a protocol/risk plan is developed and implemented to provide staff guidance when medical needs/issues arise. The facility nurse developed a template protocol for client C's shingles. In the future, the facility nurse will ensure a protocol/risk plan is developed whenever a medical need/issue arises to provide staff guidance on proper and safe ways of dealing with the need/issue. The Director of Nursing will provide additional assistance in the development of needed protocols/risk plans as needed. Additionally, the Director of Nursing will review the next three protocols/risk plans developed by the facility nurse to ensure they are complete, thorough, and accurate. Responsible Party: Area Director Completion Date: April 24, 2015</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G593	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3142 62ND PL E HOBART, IN 46342		
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