

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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W000000	<p>This visit was for investigation of complaint #IN00136427. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00136427: Substantiated, Federal/state deficiencies related to the allegation are cited at W102, W104, W122, W149, W157, W186, W249 and W268.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: September 14, 16, 17, 18, 19, 20, 23 and 26, 2013.</p> <p>Facility Number: 000947 Provider Number: 15G433 AIMS Number: 100249010</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/2/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients A, B and C), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to exercise operating direction over the facility to ensure the facility implemented their policy and procedures to provide safety (clients B and C), and prevent neglect of client A in regards to self-abusive behavior.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to exercise general policy and operating direction over the facility to ensure adequate supervision for 3 of 3 sampled clients (clients A, B and C) was provided to prevent self-injurious behaviors (client A) and prevent risk of falls (clients B and C). Please see W104. The governing body failed to exercise general policy and operating direction over the facility in regards to meeting the Condition of Participation: Client Protections. The governing body neglected to implement their neglect 	W000102	The facility ensures that specific governing body and management requirements are met. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which, restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision protocol for client A. In addition, all current staff and on call supervisors were trained on client supervision levels for all clients in the home, which includes clients B and C. All new staff will be trained on current plans, protocols and client specific training, prior to being allowed to work in the home. The schedule in the home has been revised to	10/26/2013	

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	<p>policy and neglected to provide adequate supervision for client A whose behaviors included head banging on a wooden floor and physical assaults. The facility neglected to provide adequate supervision for clients B and C who are at risk for falls and ambulated around the home without staff assistance. The facility neglected to provide supervision for client B while she was bathing. This noncompliance resulted in an Immediate Jeopardy. Please see W122.</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-1(a)</p>		<p>ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing, however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level supervisor for review within 24 hours of the observation, for review and possible corrective action needed. Completion Date: 10/26/2013Responsible Persons: Area Director, Program Director, Home Manager</p>		

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general policy and operating direction over the facility to ensure adequate supervision for 3 of 3 sampled clients (clients A, B and C) was provided to prevent self-injurious behaviors (client A) and prevent risk of falls (clients B and C).</p> <p>Findings include:</p> <p>1. Please see W149. The governing body failed to implement the facility's written policy and procedure to prevent neglect by failing to provide adequate supervision for 3 of 3 sampled clients (clients A, B and C) whose behaviors included head banging and self-injurious behaviors (client A). The governing body neglected to provide adequate supervision for clients B and C who are at risk for falls and ambulated around the home without staff assistance. The governing body failed to provide supervision for client B while she was bathing.</p> <p>2. Please see W186. The governing body failed to provide sufficient staff to provide care to meet client needs for 3 of</p>	W000104	The facility ensures that specific governing body and management requirements are met. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which, restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision protocol for client A. In addition, all current staff and on call supervisors were trained on client supervision levels for all clients in the home, which includes clients B and C, it is determined that clients A, B and C are at risk for falls and require increased supervision when ambulating. (see attached supervision protocols) All new staff will be	10/26/2013	

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	<p>3 sample clients (clients A, B and C).</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-1(a)</p>		<p>trained on current plans, protocols and client specific training, prior to being allowed to work in the home. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing, however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level supervisor for review within 24 hours of the observation, for</p>		

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			review and possible corrective action needed. Completion Date: 10/26/2013 Responsible Persons: Area Director, Program Director, Home Manager		

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (clients A, B, and C). The facility failed to implement its written policy and procedures to prevent neglect by neglecting to provide adequate supervision for client A whose behaviors included head banging on a wooden floor and physical assaults. The facility neglected to provide adequate supervision for clients B and C who are at risk for falls and ambulated around the home without staff assistance. The facility neglected to provide supervision for client B while she was bathing. This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 09/16/13 at 5:00 PM. The Area Director (AD) was notified of the Immediate Jeopardy on 09/16/13 at 5:11 PM. The Immediate Jeopardy began on 09/14/13.</p> <p>On 09/17/13 at 7:22 PM, the Area Director (AD) submitted a plan dated 09/17/13 to remove the Immediate Jeopardy. The Plan indicated, "The following measures have been put in</p>	W000122	<p>The facility ensures that specific client protections are met. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which, restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision protocol for client A. In addition, all current staff and on call supervisors were trained on client supervision levels for all clients in the home, which includes clients B and C, it is determined that clients A, B and C are at risk for falls and require increased supervision when ambulating. (see attached supervision protocols) All new staff will be trained on current plans, protocols and client specific</p>	10/26/2013	

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	<p>place to remove the immediate jeopardy at [group home] in [city].</p> <p>1:1 (one staff to one client) supervision has been established and implemented for client A. Staff working with the client will receive documented training that is client specific to his needs as well as their responsibilities as the 1:1 staff prior to providing this supervision to him. The staff providing supervision will receive client specific training in regards to the client's Behavior Support Plan (BSP), Risk Management Assessment, Individual Support Plan and Supervision Protocol. This includes review of appropriate PIA (Physical Interventions Alternatives) procedure and area restriction per client A's behavior support plan.</p> <p>1:1 supervision for this client will be defined as direct non sleeping supervision by one employee. This level of supervision will remain in place until his Interdisciplinary Team meets and determines it is safe to reduce the level of supervision.</p> <p>New protocols for clients B and C have been established for staff to follow, to assist clients during ambulation. Staff will be trained on current protocols prior to working with the clients.</p>		<p>training, prior to being allowed to work in the home. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing, however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level supervisor for review within 24 hours of the observation, for review and possible corrective action needed. Completion Date:</p>		

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	<p>Staffing levels have been increased to ensure clients have sufficient supervision to ensure clients' safety. On weekdays when clients are going to work there will be a minimum of three staff scheduled from 6:30 AM to client day service drop off. A minimum of three staff will be scheduled from client day service pick up until 10 PM. On weekends there will be a minimum of three staff scheduled from 6:30 AM until 10 PM. Currently there is one overnight staff scheduled from 10:00 PM to 6:30 AM.</p> <p>Supervisory observation will be conducted two times per day, until 10/4/13. Frequency for needed supervisory observations will be re-evaluated at this time. Observations are scheduled, per observation calendar. The Area Director will review all observations at least weekly for corrective action. The Regional Director will review observations completed by the Area Director. Supervisor observation will include opportunities for ongoing training, support and redirections of direct support staff."</p> <p>On 09/18/13 at 1:50 PM, the Regional Director supplied additional plan information which indicated the following:</p>		10/26/2013 Responsible Persons: Area Director, Program Director, Home Manager		

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	<p>"The Area Director and Regional Director are reviewing the observations on a <u>daily</u> basis. We wrote in the plan the weekly review by both meaning that to be an accumulative review in addition to the daily for the week to develop a plan on any trends or issues to solve long term.</p> <p>The objective of the twice daily observations will give us the opportunity to assess that 3 staff is (sic) adequate to provide quality care for the clients. In addition those observations are allowing us to ensure the practices and protocols for the client care are being consistently carried out. If the determination is made that additional staffing is necessary, we will establish a new staffing schedule for the home at that time.</p> <p>The staff have been trained to immediately call on call personnel who will respond to the home in event of call ins or no shows. The procedure for call on call is in place and numbers to call are posted in the home for direct access by direct support employees."</p> <p>Client A's undated "Protocol" indicated the following to manage his behaviors:</p> <p>"Purpose: Beginning 09/16/13, [client A] will have 1:1 supervision due to his behavior of self</p>						

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	<p>injurious behavior and physical assault. These behaviors can cause harm to [client A], his housemates, and/or the staff.</p> <p>Designated Staff: During the week (Monday through Friday) the staff that works the 6:00 AM to 10:00 AM shift and the staff that works 3:00 PM to 10:00 PM will be responsible for being [client A's] staff. During the weekend (Saturday and Sunday) the staff that work 6:00 AM to 4:00 PM and 4:00 PM to 11:00 PM will be responsible for being [client A's] staff.</p> <p>Responsibilities: The staff must be within 12" (inches) of [client A] when he is awake. Staff should be able to intervene immediately should [client A] start to have a behavior. Staff should implement the Behavior Plan immediately. If the assigned staff is unable to be with him (i.e. bathroom, smoking break, etc.) they need to ask another staff to supervise him.</p> <p>Indicators: [Client A] tends to have the majority of his behaviors in the morning. He is not a 'morning person' and repeated requests to complete tasks aggravate him further. [Client A] will give signs that he is upset such as yelling 'I'm mad' and biting himself. He also may begin to hit himself</p>						

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	<p>in the face, stomach, or groin.</p> <p>Please note: failure to follow this protocol is considered neglect and will be treated as such."</p> <p>Observations were conducted at the group home on 09/17/13 from 5:32 PM until 6:30 PM. During the observation period client A banged his head on the floor, counter, and table. He threw himself on the floor and struck himself in the face. His 1:1 staff (staff #3) took him to his mat as per the BSP, where he remained until he was calm.</p> <p>Observations were conducted at the group home on 09/18/13 from 7:38 AM until 8:36 AM. Client A was taken to the mat per the BSP by his 1:1 staff (staff #7) after he threw himself from his wheelchair to the floor and struck himself in the face with his fist. His BSP was followed and he remained on the mat until he was calm.</p> <p>Observations were conducted at the agency day service on 09/19/13 from 10:30 AM until 11:45 AM. Upon arrival client A was away from the other clients laying on a mat, with day service staff #3 at his side. He was yelling but no self injurious behavior was observed. Staff #3 indicated client A was taken to the mat</p>						

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	<p>per his BSP for his behaviors. An interview with staff #2 was conducted at 10:40 AM and she indicated client A did have a specific person assigned to him at the day service. At 11:25 AM an interview was conducted with the AD (Area Director) at the day service. She indicated the day service program also needed to have a specific 1:1 assigned for client A. She indicated the group home and day service needed to both be following the same plan.</p> <p>Observations were conducted at the agency day service on 09/20/13 from 1:53 PM until 3:00 PM. During the observation period client A had an assigned 1:1 staff (day service staff #2). Client A was not observed to have any behaviors which required him to be taken to the mat for his or others safety.</p> <p>Training schedules dated 09/17/13 and 09/18/13 were reviewed on 09/20/13 at 3:30 PM. They indicated all staff in the home (staff #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 and #11) and the agency day service (staff #1, #2, #3, #4 and #5) had been trained on the 1:1 with client A and retrained on his ISP and BSP. Interviews conducted at the agency day service and the group home indicated they had been trained on the 1:1 staffing with client A and retrained on his ISP and BSP.</p>			

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	<p>Observations were conducted at the agency day service on 09/23/13 from 11:02 AM until 11:15 AM. Upon arrival, day service staff #4 indicated client A was not at the day service. He indicated client A was currently in the hospital due to seizure activity over the week-end. He indicated client A has a history of seizures.</p> <p>The Immediate Jeopardy was removed on 09/23/13 at 12:43 PM, when through observation, interview and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and the steps taken removed the immediacy of the problem. Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at a Condition level (Client Protections) because the facility needed to continue to monitor the effectiveness of the plan.</p> <p>Based on observation, interview and record review, the facility neglected to implement their policy to prevent neglect by neglecting to provide sufficient supervision to prevent head banging and potential falls (clients A, B and C). The facility failed to ensure clients A, C, E and F's clothing fit properly. The facility failed to ensure corrective actions were</p>				

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	<p>taken to address client A's self-injurious behavior. The facility failed to provide sufficient staff to work in the group home (clients A, B, C, D, E, F, G and H).</p> <p>Findings include:</p> <p>1. The facility failed for 3 of 3 sample clients (clients A, B and C), to implement the facility's written policy and procedures to prevent neglect by neglecting to provide adequate supervision for client A whose behaviors included head banging on a wooden floor and physical assaults. The facility failed to ensure clients wore clothes which fit properly to ensure they would not trip and fall. The facility failed to ensure allegations of abuse were reported immediately to the administrator for client A. The facility failed to put in place corrective actions/measures for client A to protect him from head banging and self injurious behaviors. The facility neglected to provide adequate supervision for clients B and C who are at risk for falls and ambulated around the home without staff assistance. The facility neglected to provide supervision for client B while she was bathing. The facility failed to provide a sufficient number of staff to ensure safety and monitoring of the clients (clients B and C) to ensure their physical needs were met. Please see W149.</p>			
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	<p>2. Please see W137. The facility failed for 2 of 3 sample clients (clients A and C) and 2 additional clients (clients E and F) to ensure clients' clothing fit properly.</p> <p>3. Please see W157. The facility failed for 1 of 3 sampled clients (client A), to initiate and document effective corrective action to prevent client neglect, by failing to supervise client A to prevent him from behaviors which included head banging and other self-injurious behaviors.</p> <p>4. Please see W186. The facility failed to provide sufficient staff to provide care to meet client needs for 3 of 3 sample clients (clients A, B and C) and 5 additional clients (clients D, E, F, G and H).</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-2(a)</p>			

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed for 2 of 3 sample clients (clients A and C) and 2 additional clients (clients E and F) to ensure clients' clothing fit properly.</p> <p>Findings include:</p> <p>On 09/14/13 from 9:55 AM until 12:00 PM observations were conducted at the group home. Staff #1 and #2 were on duty. At 10:20 AM client F was observed ambulating without assistance about the house and his pants were below his waist and two inches of his bottom could be seen. At 10:23 AM client C was observed standing up in the medication area. She wore no shoes and the pant legs of her pants covered the tops and bottoms of her feet. She walked on her pant legs and her toes could not be seen. At 10:31 AM client F was observed to hold his pants up with his hand. At 10:33 AM client A stood up from his wheelchair. He wore no belt and his pants fell down and his bottom could be seen. At 10:44 AM client A stood up from his</p>	W000137	<p>The facility ensures the rights of all clients, including the right to retain and use appropriate personal possessions and clothing. The Home Manager will complete an inventory of client clothing. Clothing, for all clients will be assessed for wear, tear, comfort and fit. The staff will receive retraining on client rights. This will also include the right to retrain appropriate personal possessions. In addition, staff will be provided with training and instruction to ensure understanding of the need for appropriate and fitting clothes, as well as to ensure that all clients are wearing clothing that belongs to only them. Staff will be retrained to ensure that when assisting clients with laundry, that client clothing is placed in the appropriate dresser or closet, as it pertains to each individual client. Supervisory observations are currently being held every other day, two times per day. On these observations, it will be noted whether or not clients are wearing clothing that belongs to them, and that fits them. Supervisory observations are submitted to the next level supervisor within 24 hours of the</p>	10/26/2013

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	<p>wheelchair again, walked a few feet and walked on his pant legs which went over and under his feet. At 10:50 AM client A stood up and his pants fell down and his incontinent brief was exposed. Staff #1 assisted client A to pull up his pants. At 11:10 AM client A pulled his pants down to below his knees exposing his genital area in front of staff #1, #2 and clients B, C, D, E, F, G and H. During the observation time client C got up from her chair and ambulated around home a total of 6 times without staff assistance. Client C wore no shoes and was walking on her pants legs which covered her entire feet due to their length. During the observation time client F was observed with his bottom showing and periodically he would pull up or hold onto his pants to keep them from falling down. During the observation time client A was observed to be wearing pants that were too long and covered his feet on the top and bottom. There was no staff intervention to assist clients A, C and F to obtain clothing that fit properly.</p> <p>On 09/17/13 from 5:32 PM until 6:30 PM observations were conducted at the group home. Staff #3, #4, #5 and #6 were on duty. At 5:40 PM client E came in from the outdoor cement patio area where he had been sitting. Client E was barefoot and he was walking on his pants. Client E</p>		<p>observation for review and any needed plan of correction. Competition Date: October 26, 2013 Responsible Persons: Area Director, Program Director, Home Manager</p>		

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	<p>wore the same pants during the observation without intervention by the staff to assist him to obtain clothing that fit properly.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the AD. The AD indicated all clients should be wearing clothes that fit properly and if they are not, staff should assist them to change into clothing that fits. She also indicated for clients A and C too long of pants posed a fall risk and both clients were at risk for falls.</p> <p>9-3-2(a)</p>				

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview, the facility neglected to implement the facility's abuse/neglect policy and procedure by neglecting to provide adequate supervision for 3 of 3 sampled clients (clients A, B and C) whose behaviors included head banging and physical assaults (client A). The facility neglected to provide adequate supervision for clients B and C who are at risk for falls and ambulated around the home without staff assistance. The facility failed to provide supervision for client B while she was bathing.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM staff #1 and #2 on duty. At 10:04 AM client A self propelled his wheelchair through the living room without a helmet on. At 10:35 AM client A hit his forehead on the corner of the wall by client B's bedroom. At 10:50 AM client A rolled his wheelchair over to client B's wheelchair and touched her chair arm. Client B let out a yell and client A made a gesture with his finger to</p>	W000149	The facility develops and implements written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision protocol for client A. In addition, all current staff and on call supervisors were trained on client supervision levels for all clients in the home, which includes clients B and C, it is determined that clients A, B and C are at risk for falls and require increased supervision when ambulating.	10/26/2013			

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	<p>client B. Staff #2 stated, "That's not appropriate behavior [client A]." Client A fell face first from his wheelchair to the floor and said, "I'm mad." Staff #1 asked staff #2 to obtain client A's helmet. Staff #1 placed client A's soft helmet on his head when staff #2 brought it to him. Client A hit his head on the wooden floor 3 times, without staff intervention, spit on the floor, got up to the couch, fell to the floor again and hit his head on the floor 7 more times without staff intervention. Client A repeated, "I'm mad. I'm mad." From 10:50 AM until 11:36 AM client A repeatedly was on the floor, on the couch, fell back to the floor, spit at the floor and staff and pulled his pants down to below his knees exposing his genital area in front of staff #1, #2 and clients B, C, D, E, F, G and H. Client A wore his helmet and was observed to bang his head onto the wooden floor or hit himself in his face with his fists a total of 79 times. Client A's cheeks were red from hitting his face. Staff #1 and #2 did not closely assess his face to check for injuries during the observation. Client A was verbally prompted to go to his mat, but never went to a mat during the length of the behavior. A mat was not observed in the house common areas. A mat was observed to be on the floor of client A's bedroom.</p> <p>An interview was conducted with staff #1</p>		(see attached supervision protocols) All new staff will be trained on current plans, protocols and client specific training, prior to being allowed to work in the home. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing, however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level		

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	<p>on 09/14/13 at 11:14 AM. Staff #1 indicated they were to calm client A. Staff #1 did not give details on what they were to do to manage client A's behaviors.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) arrived at the home at 10:50 AM and the AD (Area Director) arrived at the home at 11:31 AM. An interview with the QIDP was conducted at 10:51 AM. She indicated she had been called by staff #1 because the third staff member did not show up. A search for the schedule was conducted and the staffing schedule was not located. The QIDP indicated there were to be three staff on duty.</p> <p>Client A's records were reviewed on 09/16/13 at 1:15 PM. A "Breakdown of [client A's] behaviors" indicated staff were to use a tally mark for each time there was an episode of head banging. The breakdown behavior sheets indicated client A had head banging behaviors on the following dates:</p> <p>06/01/13: 13 incidents 06/03/13: 27 incidents 06/04/13: 2 incidents 06/06/13: 17 incidents 06/07/13: 13 incidents 06/17/13: 7 incidents</p>		<p>supervisor for review within 24 hours of the observation, for review and possible corrective action needed. The Home Manager will complete an inventory of client clothing. Clothing, for all clients will be assessed for wear, tear, comfort and fit. The staff will receive retraining on client rights. This will also include the right to retrain appropriate personal possessions. In addition, staff will be provided with training and instruction to ensure understanding of the need for appropriate and fitting clothes, as well as to ensure that all clients are wearing clothing that belongs to only them. Staff will be retrained to ensure that when assisting clients with laundry, that client clothing is placed in the appropriate dresser or closet, as it pertains to each individual client. Supervisory observations are currently being held every other day, two times per day. On these observations, it will be noted whether or not clients are wearing clothing that belongs to them, and that fits them. Supervisory observations are submitted to the next level supervisor within 24 hours of the observation for review and any needed plan of correction. Completion Date: 10/26/2013 Responsible Persons: Area Director, Program Director, Home Manager</p>		

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	06/21/13: 22 incidents 06/22/13: 9 incidents 06/24/13: 10 incidents 06/25/13: 2 incidents 06/26/13: 2 incidents 06/28/13: 13 incidents 07/08/13: 13 incidents 07/15/13: 8 incidents 07/22/13: 10 incidents 07/24/13: 6 incidents 07/31/13: 6 incidents 08/10/13: 20 incidents 08/11/13: 18 incidents 08/12/13: 20 incidents 08/15/13: 17 incidents 08/16/13: 13 incidents 08/21/13: 10 incidents 08/22/13: 13 incidents 08/23/13: 11 incidents 08/25/13: 19 incidents 08/28/13: 15 incidents 08/29/13: 18 incidents 08/30/13: 8 incidents 09/03/13: 12 incidents 09/04/13: 5 incidents 09/05/13: 4 incidents 09/06/13: 5 incidents 09/09/13: 6 incidents 09/10/13: 9 incidents 09/12/13: 23 incidents 09/13/13: 45 incidents.			

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	<p>Client A's Behavior Support Plan (BSP) was dated 04/03/13. The BSP indicated client A's behaviors included resistance, temper outbursts, property destruction, physical assault and self-injurious behavior (SIB). The BSP indicated, "... [Client A] knows how to appropriately get attention, but he seems to have learned that the most reliable way to get attention is to have behavior problems...." The BSP indicated with the behaviors of physical assault, property destruction, SIB and temper outbursts staff were to, "Immediately implement the Area Restriction Procedure. If [client A's] behavior requires physical containment, also use the Compliance Testing Procedure." The Area Restriction Procedure was detailed as the following: "This procedure is essentially a planned ignoring procedure which emphasizes to [client A] that his behavior is unacceptable. The area restriction procedure is to be used following specific (Targeted Problem Behaviors) (self-injurious behavior, physical assault, destroys property, temper outburst). A small rug shall be utilized for area restriction. The rug should be approximately 3' (feet) by 5' (feet) 6" (inches) in size and have padding at least 3/4" (inch) thick to prevent injury due to head banging. The rug should be stored</p>			
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	<p>in a convenient location but not prominently. When you start the procedure, place the rug in an area away from the other residents, (i.e. dining room). If the rug is placed in an enclosed room, the room's door must remain open. To implement the procedure:</p> <ol style="list-style-type: none"> 1. Stop all requests for cooperation that may have been made. 2. Request that [client A] move to his rug. If [client A] refuses or actively resists, apply the appropriate PIA (Physical Intervention Alternatives) hold from behind and walk him to the location (as taught in the PIA) training procedures. 3. [Client A] must stay on the rug a minimum of 10 minutes. He must be calm for the last five minutes in order to leave area restriction. 4. If [client A] attempts to move off the rug, use the minimum amount of guidance necessary to hold him there. Do not sit on him or otherwise apply excessive pressure. If [client A] needs to be held on the rug, use the appropriate PIA techniques as taught in the PIA training procedures...." <p>An interview was conducted with Area Director (AD) on 09/16/13 at 1:00 PM. The AD indicated client A's BSP should have been followed and client A should have been taken to his mat.</p> 			

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	<p>2. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM staff #1 and #2 were duty. Upon entry to the home staff #1 had medication on the counter and indicated he was administering morning medications to the clients. At 10:00 AM water could be heard running in the bathroom in the hallway and the door was closed. Staff #2 stood outside the bathroom door and stated, "Are you doing ok [client B]?" Client B responded "yeah." Staff #2 walked away from the bathroom and the water was still running. An interview with staff #2 on 09/14/13 at 10:05 AM was conducted and staff #2 indicated client B was taking a bath and she was by herself in the bathroom. Staff #2 did not indicate client B needed to be assisted. Staff #2 stated she was not a regular staff in the home and she was an "on call" staff. At 10:15 AM client B walked out of her room dressed, had no shoes or socks on and walked from her room to the medication area, the length of the house. Client B stopped in the kitchen, opened a door, reached up and attempted to take a cookie. Staff #1 came into the kitchen and prompted her to close the door and indicated she could not have the cookie. Client B walked back to her room without use of any adaptive equipment or staff assistance. Client B</p>			

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	<p>was assisted to sit in a wheelchair at 10:26 AM.</p> <p>Client B's records were reviewed on 09/16/13 at 2:15 PM. Client B's ISP was dated 11/07/12. The ISP indicated client B's diagnoses included but were not limited to: Severe Mental Retardation, Gait Disturbance, Tardive Dyskinesia, Hypothyroidism, History of Breast Cancer, OCD (Obsessive Compulsive Disorder) and Behaviors. The ISP indicated she used a walker for her ambulation due to frequent falls. The ISP indicated she was at risk for falls and included a fall protocol dated 10/24/12 and an updated protocol dated 08/26/13. The protocol indicated client B has had numerous falls and "requires 1:1 assist for ALL ambulation." The protocol indicated client B may self propel in her wheelchair. The ISP indicated client B was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client B's record indicated the most recent PT evaluation was completed on 07/26/13. The PT (Physical Therapy) evaluation indicated, "Recommendations: 1. Gait belt + (and) staff assistance + (and) use of rollator with walking. 2. Chair/wheelchair with alarm system so staff aware when/if pt (patient) gets up IF</p>			

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	<p>(sic) wheelchair will need to be sized to allow pt to propel with feet. Pt will likely need supervision/assist to lock prior to transfers. 3. PT 2 x (times) 1 week for 4 weeks to maximize balance/function."</p> <p>On 09/16/13 at 2:30 PM an interview was conducted with the Program Director (PD). The PD indicated client B should not have been left alone in the bathroom while she was bathing. The PD also indicated client B was at risk for falls and should not have been ambulating around the house without staff assistance.</p> <p>3. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. Upon entry to the home client C was observed to be wearing a gait belt and sitting in a chair in the same room where staff #1 was preparing medications. During the observation time client C got up from her chair and ambulated around home a total of 6 times without staff assistance. Client C wore no shoes and was walking on her pants legs which covered her entire feet due to their length.</p> <p>Client C's records were reviewed on 09/16/13 at 2:45 PM. Client C's ISP was dated 08/22/12. The ISP indicated client C's diagnoses included but were not limited to: Profound Mental Retardation,</p>				

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	<p>Fetal Alcohol Syndrome, Seizure Disorder, Osteoporosis and OCD (Obsessive Compulsive Disorder). The ISP indicated she did not use any assistive devices for ambulation, shuffled her feet when walking and was at risk for falls. The ISP included a fall protocol dated 10/24/12 and an updated protocol dated 09/06/13. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety and she was to use a gait belt with ambulation. The ISP indicated client C was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client C's record indicated the most recent PT evaluation was completed on 09/17/10.</p> <p>On 09/16/13 at 2:30 PM an interview was conducted with the Program Director (PD). The PD indicated client C was at risk for falls and should not have been ambulating around the house without staff assistance.</p> <p>On 09/16/13 at 3:53 PM, a review of the facility's 04/2011 Policy of 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</p>			

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	<p>procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluation 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: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...e. Failure to provide appropriate supervision, care or training...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>On 09/16/13 at 4:15 PM an interview was conducted with the Program Director (PD). The PD indicated staff failed to follow the policy/procedure as they failed to provide adequate supervision to clients A, B and C.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the AD. She indicated they failed to provide adequate supervision to clients A, B and C.</p> <p>This federal tag relates to complaint #IN00136427.</p>						

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to initiate and document effective corrective action to prevent client neglect, by failing to supervise client A to prevent him from behaviors which included head banging and other self-injurious behaviors.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 09/16/13 at 1:15 PM. Client A's Behavior Support Plan (BSP) was dated 04/03/13. The BSP indicated client A's behaviors included resistance, temper outbursts, property destruction, physical assault and self-injurious behavior (SIB). A "Breakdown of [client A's] behaviors" indicated staff were to use a tally mark for each time there was an episode of head banging. The breakdown behavior sheets indicated client A had head banging behaviors on the following dates:</p> <p>06/01/13: 13 incidents 06/03/13: 27 incidents 06/04/13: 2 incidents 06/06/13: 17 incidents 06/07/13: 13 incidents</p>	W000157	The facility will take appropriate corrective action if, an alleged violation is verified. The QIDP will review all behavior data in this home weekly. If there is an increase in behavioral issues, the QIDP will request an IDT meeting to address the increase in behavioral issues or episodes and to strategize possible reasons and interventions, in order to appropriately provide corrective action if necessary and to ensure that the team communicates these issues on an ongoing basis. The QIDP will take team meeting notes on issues discussed at the meeting. The QIDP will note any incident reports, behavior increases and IDT meetings in the monthly review. The Home Manager or the QIDP will meet with the behavior specialist, at least monthly, to discuss any issues of a behavioral nature. The behavior specialist will document this on her monthly note. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff	10/26/2013			

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	06/17/13: 7 incidents 06/21/13: 22 incidents 06/22/13: 9 incidents 06/24/13: 10 incidents 06/25/13: 2 incidents 06/26/13: 2 incidents 06/28/13: 13 incidents 07/08/13: 13 incidents 07/15/13: 8 incidents 07/22/13: 10 incidents 07/24/13: 6 incidents 07/31/13: 6 incidents 08/10/13: 20 incidents 08/11/13: 18 incidents 08/12/13: 20 incidents 08/15/13: 17 incidents 08/16/13: 13 incidents 08/21/13: 10 incidents 08/22/13: 13 incidents 08/23/13: 11 incidents 08/25/13: 19 incidents 08/28/13: 15 incidents 08/29/13: 18 incidents 08/30/13: 8 incidents 09/03/13: 12 incidents 09/04/13: 5 incidents 09/05/13: 4 incidents 09/06/13: 5 incidents 09/09/13: 6 incidents 09/10/13: 9 incidents 09/12/13: 23 incidents		person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which, restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. Currently, supervisors are completing observations in the home, every other day, twice daily. Behavioral and active treatment needs will be noted on the observation form. Observation forms will be submitted to the next level supervisor, within 24 hours, for review and any plan of correction if necessary. Completion Date: 10/26/2013 Responsible Persons: Area Director, Program Director, Home Manager	

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	<p>09/13/13: 45 incidents.</p> <p>Client A's record did not contain any record of effective corrective action to prevent client A from repeating the behaviors.</p> <p>On 09/20/13 at 12:30 PM an interview was conducted with the Program Director (PD)/QIDP (Qualified Intellectual Disabilities Professional). The PD/QIDP indicated the BSP of 04/03/13 was client A's most recent BSP. She indicated the IDT (Inter-Disciplinary Team) had not met to discuss the numerous behaviors regarding client A.</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-2(a)</p>				

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed to provide sufficient staff to provide care to meet client needs for 3 of 3 sample clients (clients A, B and C) and 5 additional clients (clients D, E, F, G and H).</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. During the observation times client A was observed to bang his head onto the wooden floor or hit himself in his face with his fists a total of 79 times. Client A's cheeks were red from hitting his face. At 9:58 AM client G was laying in her bed, eyes open and awake. A wheelchair was by her bed and her bed had full side rails. Staff #2 was interviewed and indicated she had not gotten client G up yet because she was busy with client B. At 10:00 AM water could be heard</p>	W000186	<p>The facility provides sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule). Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing,</p>	10/26/2013

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	running in the bathroom in the hallway and the door was closed. Staff #2 stood outside the bathroom door and stated, "Are you doing ok [client B]?" Client B responded "yeah." Staff #2 walked away from the bathroom and the water was still running. An interview with staff #2 on 09/14/13 at 10:05 AM was conducted and staff #2 indicated client B was taking a bath and she was by herself in the bathroom. At 10:15 AM client B walked out of her room dressed, had no shoes or socks on and walked from her room to the medication area, the length of the house. Client B walked back to her room without use of any adaptive equipment or staff assistance. Client C was observed to be wearing a gait belt and sitting in a chair in the same room where staff #1 was preparing medications. During the observation time client C got up from her chair and ambulated around home a total of 6 times without staff assistance. Client F was observed ambulating without assistance about the house and his pants were below his waist and two inches of his bottom could be seen. Client F was observed in the kitchen at 10:32 AM by himself, opened the kitchen drawer and got out a bead necklace, and crayons. He threw the necklace onto the kitchen floor and was trying to open the plastic bag the crayons were in. During the observation times client E was in his bedroom on his		however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level supervisor for review within 24 hours of the observation, for review and possible corrective action needed. Completion Date: 10/26/13 Persons Responsible: Area Director, Program Director, Home Manager		

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	<p>bed with his comforter over his head. Client D paced around the house during the observation time with her fingers in her mouth. Client H was observed to sit in his wheel chair with his head bent over during the entire observation.</p> <p>Client A's records were reviewed on 09/16/13 at 1:15 PM. Client A's Behavior Support Plan (BSP) was dated 04/03/13. The BSP indicated client A's behaviors included resistance, temper outbursts, property destruction, physical assault and self-injurious behavior (SIB). The BSP indicated, "...[Client A] knows how to appropriately get attention, but he seems to have learned that the most reliable way to get attention is to have behavior problems..." The BSP indicated with the behaviors of physical assault, property destruction, SIB and temper outbursts staff were to, "Immediately implement the Area Restriction Procedure. If [client A's] behavior requires physical containment, also use the Compliance Testing Procedure." The Area Restriction Procedure was detailed as the following: "This procedure is essentially a planned ignoring procedure which emphasizes to [client A] that his behavior is unacceptable. The area restriction procedure is to be used following specific (Targeted Problem Behaviors) (self-injurious behavior, physical assault,</p>			

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	<p>destroys property, temper outburst). A small rug shall be utilized for area restriction. The rug should be approximately 3' (feet) by 5' (feet) 6" (inches) in size and have padding at least 3/4" (inch) thick to prevent injury due to head banging. The rug should be stored in a convenient location but not prominently. When you start the procedure, place the rug in an area away from the other residents, (i.e. dining room). If the rug is placed in an enclosed room, the room's door must remain open. To implement the procedure:</p> <ol style="list-style-type: none"> 1. Stop all requests for cooperation that may have been made. 2. Request that [client A] move to his rug. If [client A] refuses or actively resists, apply the appropriate PIA (Physical Intervention Alternatives) hold from behind and walk him to the location (as taught in the PIA) training procedures. 3. [Client A] must stay on the rug a minimum of 10 minutes. He must be calm for the last five minutes in order to leave area restriction. 4. If [client A] attempts to move off the rug, use the minimum amount of guidance necessary to hold him there. Do not sit on him or otherwise apply excessive pressure. If [client A] needs to be held on the rug, use the appropriate PIA techniques as taught in the PIA training 			

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	<p>procedures...."</p> <p>Client B's records were reviewed on 09/16/13 at 2:15 PM. Client B's ISP was dated 11/07/12. The ISP indicated client B's diagnoses included but were not limited to: Severe Mental Retardation, Gait Disturbance, Tardive Dyskinesia, Hypothyroidism, History of Breast Cancer, OCD (Obsessive Compulsive Disorder) and Behaviors. The ISP indicated she used a walker for her ambulation due to frequent falls. The ISP indicated she was at risk for falls and included a fall protocol dated 10/24/12 and an updated protocol dated 08/26/13. The protocol indicated client B has had numerous falls and "requires 1:1 assist for ALL ambulation." The protocol indicated client B may self propel in her wheelchair. The ISP indicated client B was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client B's record indicated the most recent PT evaluation was completed on 07/26/13. The PT (Physical Therapy) evaluation indicated, "Recommendations: 1. Gait belt + (and) staff assistance + (and) use of rollator with walking. 2. Chair/wheelchair with alarm system so staff aware when/if pt (patient) gets up IF (sic) wheelchair will need to be sized to</p>			

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	<p>allow pt to propel with feet. Pt will likely need supervision/assist to lock prior to transfers. 3. PT 2 x (times) 1 week for 4 weeks to maximize balance/function."</p> <p>Client C's records were reviewed on 09/16/13 at 2:45 PM. Client C's ISP was dated 08/22/12. The ISP indicated client C's diagnoses included but were not limited to: Profound Mental Retardation, Fetal Alcohol Syndrome, Seizure Disorder, Osteoporosis and OCD (Obsessive Compulsive Disorder). The ISP indicated she did not use any assistive devices for ambulation, shuffled her feet when walking and was at risk for falls. The ISP included a fall protocol dated 10/24/12 and an updated protocol dated 09/06/13. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety and she was to use a gait belt with ambulation. The ISP indicated client C was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client C's record indicated the most recent PT evaluation was completed on 09/17/10.</p> <p>An interview was conducted on 09/14/13 at 10:57 AM with the Program Director (PD)/QIDP (Qualified Intellectual Disabilities Professional). The PD</p>			

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	<p>indicated the house was to be staffed with 3 staff. She indicated she had been notified around 9:55 AM that there were only 2 staff in the home and client A was having behaviors. She indicated she had tried to contact the house manager and she was not returning her calls. The QIDP indicated she tried to locate the schedule to see who was to report to work and the schedule could not be located. She indicated none of the clients was independent in any of their daily living needs (bathing, eating, hygiene etc.) and required assistance. She indicated they failed to provide adequate supervision of the clients who were fall risks (clients B and C). The PD also indicated the agency had the duty to keep the clients safe.</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-3(a)</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients A, B and C) to implement the clients' Individual Support Plans(ISP) as written.</p> <p>Findings include:</p> <p>1. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. At 10:04 AM client A self propelled his wheelchair through the living room without a helmet on. At 10:35 AM client A hit his forehead on the corner of the wall by client B's bedroom. At 10:50 AM client A rolled his wheelchair over to client B's wheelchair and touched her chair arm. Client B let out a yell and client A made a gesture with his finger to client B. Staff #2 stated, "That's not appropriate behavior [client A]." Client A fell face first from his wheelchair to the floor and said, "I'm mad." Staff #1 asked staff #2 to obtain</p>	W000249	The facility ensures that clients receive continuous active treatment programs consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision	10/26/2013
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	<p>client A's helmet. Staff #1 placed client A's soft helmet on his head when staff #2 brought it to him. Client A hit his head on the wooden floor 3 times, without staff intervention, spit on the floor, got up to the couch, fell to the floor again and hit his head on the floor 7 more times without staff intervention. Client A repeated, "I'm mad. I'm mad." From 10:50 AM until 11:36 AM client A repeatedly was on the floor, on the couch, fell back to the floor, spit at the floor and staff, pulled his pants down to below his knees exposing his genital area in front of staff #1, #2 and clients B, C, D, E, F, G and H. Client A wore his helmet and was observed to bang his head onto the wooden floor or hit himself in his face with his fists a total of 79 times. Client A's cheeks were red from hitting his face. Staff #1 and #2 did not closely assess his face to check for injuries during the observation. Client A was verbally prompted to go to his mat, but never went to a mat during the length of the behavior. A mat was not observed in the house common areas. A mat was observed to be on the floor of client A's bedroom.</p> <p>An interview was conducted with staff #1 on 09/14/13 at 11:14 AM. Staff #1 indicated they were to calm client A. Staff #1 did not give details on what they were to do to control client A's behaviors.</p>		<p>protocol for client A. In addition, all current staff and on call supervisors were trained on client supervision levels for all clients in the home, which includes clients B and C, it is determined that clients A, B and C are at risk for falls and require increased supervision when ambulating. (see attached supervision protocols) All new staff will be trained on current plans, protocols and client specific training, prior to being allowed to work in the home. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing,</p>		

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	<p>The QIDP (Qualified Intellectual Disabilities Professional) arrived at the home at 10:50 AM and the AD (Area Director) arrived at the home at 11:31 AM. An interview with the QIDP was conducted at 10:51 AM. She indicated she had been called by staff #1 because the third staff member did not show up. A search for the schedule was conducted and the staffing schedule was not located. The QIDP indicated there were to be three staff on duty.</p> <p>Client A's records were reviewed on 09/16/13 at 1:15 PM. Client A's Behavior Support Plan (BSP) was dated 04/03/13. The BSP indicated client A's behaviors included resistance, temper outbursts, property destruction, physical assault and self-injurious behavior (SIB). The BSP indicated, "...[Client A] knows how to appropriately get attention, but he seems to have learned that the most reliable way to get attention is to have behavior problems...." The BSP indicated with the behaviors of physical assault, property destruction, SIB and temper outbursts staff were to, "Immediately implement the Area Restriction Procedure. If [client A's] behavior requires physical containment, also use the Compliance Testing Procedure." The Area Restriction Procedure was detailed as the following:</p>		<p>however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to that person's next level supervisor for review within 24 hours of the observation, for review and possible corrective action needed. Completion Date: 10/26/13 Persons Responsible: Area Director, Program Director, Home Manager</p>	

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	<p>"This procedure is essentially a planned ignoring procedure which emphasizes to [client A] that his behavior is unacceptable. The area restriction procedure is to be used following specific (Targeted Problem Behaviors) (self-injurious behavior, physical assault, destroys property, temper outburst). A small rug shall be utilized for area restriction. The rug should be approximately 3' (feet) by 5' (feet) 6" (inches) in size and have padding at least 3/4" (inch) thick to prevent injury due to head banging. The rug should be stored in a convenient location but not prominently. When you start the procedure, place the rug in an area away from the other residents, (i.e. dining room). If the rug is placed in an enclosed room, the room's door must remain open. To implement the procedure:</p> <ol style="list-style-type: none"> 1. Stop all requests for cooperation that may have been made. 2. Request that [client A] move to his rug. If [client A] refuses or actively resists, apply the appropriate PIA (Physical Intervention Alternatives) hold from behind and walk him to the location (as taught in the PIA) training procedures. 3. [Client A] must stay on the rug a minimum of 10 minutes. He must be calm for the last five minutes in order to leave area restriction. 				

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	<p>4. If [client A] attempts to move off the rug, use the minimum amount of guidance necessary to hold him there. Do not sit on him or otherwise apply excessive pressure. If [client A] needs to be held on the rug, use the appropriate PIA techniques as taught in the PIA training procedures...."</p> <p>An interview was conducted with Area Director (AD) on 09/16/13 at 1:00 PM. The AD indicated client A's BSP should have been followed and client A should have been taken to his mat.</p> <p>2. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. Upon entry to the home staff #1 had medication on the counter and indicated he was administering morning medications to the clients. At 10:00 AM water could be heard running in the bathroom in the hallway and the door was closed. Staff #2 stood outside the bathroom door and stated, "Are you doing ok [client B]?" Client B responded "yeah." Staff #2 walked away from the bathroom and the water was still running. An interview with staff #2 on 09/14/13 at 10:05 AM was conducted and staff #2 indicated client B was taking a bath and she was by herself in the bathroom. Staff #2 did not indicated client B needed to be</p>			

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	<p>assisted. Staff #2 stated she was not a regular staff in the home and she was an "on call" staff. At 10:15 AM client B walked out of her room dressed, had no shoes or socks on and walked from her room to the medication area, the length of the house. Client B stopped in the kitchen, opened a door and reached up and attempted to take a cookie. Staff #1 came into the kitchen and prompted her to close the door and indicated she could not have the cookie. Client B walked back to her room without use of any adaptive equipment or staff assistance. Client B was assisted to sit in a wheelchair at 10:26 AM.</p> <p>Client B's records were reviewed on 09/16/13 at 2:15 PM. Client B's ISP was dated 11/07/12. The ISP indicated client B's diagnoses included but were not limited to: Severe Mental Retardation, Gait Disturbance, Tardive Dyskinesia, Hypothyroidism, History of Breast Cancer, OCD (Obsessive Compulsive Disorder) and Behaviors. The ISP indicated she used a walker for her ambulation due to frequent falls. The ISP indicated she was at risk for falls and included a fall protocol dated 10/24/12 and an updated protocol dated 08/26/13. The protocol indicated client B has had numerous falls and "requires 1:1 assist for ALL ambulation." The protocol indicated</p>						

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	<p>client B may self propel in her wheelchair. The ISP indicated client B was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client B's record indicated the most recent PT evaluation was completed on 07/26/13. The PT (Physical Therapy) evaluation indicated, "Recommendations: 1. Gait belt + (and) staff assistance + (and) use of rollator with walking. 2. Chair/wheelchair with alarm system so staff aware when/if pt (patient) gets up IF (sic) wheelchair will need to be sized to allow pt to propel with feet. Pt will likely need supervision/assist to lock prior to transfers. 3. PT 2 x (times) 1 week for 4 weeks to maximize balance/function."</p> <p>On 09/16/13 at 2:30 PM an interview was conducted with the Program Director (PD). The PD indicated client B should not have been left alone in the bathroom while she was bathing. The PD also indicated client B was at risk for falls and should not have been ambulating around the house without staff assistance.</p> <p>3. Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. Upon entry to the home client C was observed to be wearing a gait belt and</p>			

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	<p>sitting in a chair in the same room where staff #1 was preparing medications. During the observation time client C got up from her chair and ambulated around home a total of 6 times without staff assistance. Client C wore no shoes and was walking on her pants legs which covered her entire feet due to their length.</p> <p>Client C's records were reviewed on 09/16/13 at 2:45 PM. Client C's ISP was dated 08/22/12. The ISP indicated client C's diagnoses included but were not limited to: Profound Mental Retardation, Fetal Alcohol Syndrome, Seizure Disorder, Osteoporosis and OCD (Obsessive Compulsive Disorder). The ISP indicated she did not use any assistive devices for ambulation, shuffled her feet when walking and was at risk for falls. The ISP included a fall protocol dated 10/24/12 and an updated protocol dated 09/06/13. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety and she was to use a gait belt with ambulation. The ISP indicated client C was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client C's record indicated the most recent PT evaluation was completed on 09/17/10.</p>			

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	<p>On 09/16/13 at 2:30 PM an interview was conducted with the Program Director (PD). The PD indicated client C was at risk for falls and should not have been ambulating around the house without staff assistance.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the AD. The AD indicated staff #1 and #2 failed to implement the program plans/protocols as written.</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-4(a)</p>			

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to document and/or collect data outlined in the Individual Support Plan (ISP).</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 09/16/13 at 1:15 PM. Client A's Behavior Support Plan (BSP) was dated 04/03/13. The BSP indicated client A's behaviors included resistance, temper outbursts, property destruction, physical assault and self-injurious behavior (SIB). A "Breakdown of [client A's] behaviors" indicated staff were to use a tally mark for each time there was an episode of head banging. The breakdown behavior sheets indicated client A had head banging behaviors on the following dates:</p> <p>06/01/13: 13 incidents 06/03/13: 27 incidents 06/04/13: 2 incidents 06/06/13: 17 incidents 06/07/13: 13 incidents 06/17/13: 7 incidents</p>	W000252	<p>The facility ensures that data is collected, relative to the accomplishment of the criteria specified in the individual program plan. Objectives must be documented in measurable terms. Staff will be retrained on policy regarding implementing programming as outlined in the individual support plan, in addition to documenting behavior data, on all clients, as outlined in the behavior support plan. The Home Manager will verify all documentation at least weekly. This will be documented in the home manager checklist. The Program Director will review all programming data, and will document progress and revise as necessary. This will be recorded on the monthly summary. The Program Director will meet monthly with the behavior specialist, to review behavior data, and revise if needed. Completion Date: 10/26/13 Persons Responsible: Program Director, Home Manager</p>	10/26/2013			

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	06/21/13: 22 incidents 06/22/13: 9 incidents 06/24/13: 10 incidents 06/25/13: 2 incidents 06/26/13: 2 incidents 06/28/13: 13 incidents 07/08/13: 13 incidents 07/15/13: 8 incidents 07/22/13: 10 incidents 07/24/13: 6 incidents 07/31/13: 6 incidents 08/10/13: 20 incidents 08/11/13: 18 incidents 08/12/13: 20 incidents 08/15/13: 17 incidents 08/16/13: 13 incidents 08/21/13: 10 incidents 08/22/13: 13 incidents 08/23/13: 11 incidents 08/25/13: 19 incidents 08/28/13: 15 incidents 08/29/13: 18 incidents 08/30/13: 8 incidents 09/03/13: 12 incidents 09/04/13: 5 incidents 09/05/13: 4 incidents 09/06/13: 5 incidents 09/09/13: 6 incidents 09/10/13: 9 incidents 09/12/13: 23 incidents 09/13/13: 45 incidents.			

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	<p>The Behavior Problem Record indicated the behavior was to also be coded/recorded on the date and time the behavior occurred.</p> <p>The Behavior Problem Record for June 1-15, 2013 was not available for review. The June 16 - 30, 2013 Behavior Problem Record contained only 12 of the 65 incidents which occurred according to the Breakdown of [client A's] behaviors.</p> <p>The Behavior Problem Record for July 1-15, 2013 was not available for review. The July 16 - 31, 2013 Behavior Problem record contained only 7 of the 22 incidents which occurred according to the Breakdown of [client A's] behaviors.</p> <p>The August 2013 Behavior Problem Record contained only 21 of the 182 incidents which occurred according to the Breakdown of [client A's] behaviors.</p> <p>The September 2013 Behavior Problem Record contained only 11 of the 109 incidents which occurred according to the Breakdown of [client A's] behaviors.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the AD. The AD indicated the behavioral sheets were not properly documented. She indicated it</p>						

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	<p>was important to have the correct data so they could present the Behavior Clinician with an accurate picture of client A's behaviors.</p> <p>9-3-4(a)</p>				

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 2 of 3 sampled clients (clients A and C) and 1 additional client (client F) who live in the group home, to promote their dignity by ensuring clients wore clothing that fit well and wore an adequate amount of clothing around others in the home.</p> <p>Findings include:</p> <p>On 09/14/13 from 9:55 AM until 12:00 PM observations were conducted at the group home. Staff #1 and #2 were on duty. At 10:20 AM client F was observed ambulating without assistance about the house and his pants were below his waist and two inches of his bottom could be seen. At 10:23 AM client C was observed standing up in the medication area. She wore no shoes and the pant legs of her pants covered the tops and bottoms of her feet. She walked on her pant legs and her toes could not be seen. At 10:31 AM client F was observed to hold his pants up with his hand. At 10:33 AM client A stood up from his wheelchair. He wore no belt and his pants fell down and his bottom could be seen. At 10:44</p>	W000268	<p>The facility ensures policy and procedures in place to promote the growth, development and independence of the client. The Home Manager will complete an inventory of client clothing. Clothing, for all clients will be assessed for wear, tear, comfort and fit. The staff will receive retraining on client rights. This will also include the right to retrain appropriate personal possessions. In addition, staff will be provided with training and instruction to ensure understanding of the need for appropriate and fitting clothes, as well as to ensure that all clients are wearing clothing that belongs to only them. Staff will be retrained to ensure that when assisting clients with laundry, that client clothing is placed in the appropriate dresser or closet, as it pertains to each individual client. Supervisory observations are currently being held every other day, two times per day. On these observations, it will be noted whether or not clients are wearing clothing that belongs to them, and that fits them. Supervisory observations are submitted to the next level supervisor within 24 hours of the observation for review and any needed plan of correction. Competition Date:</p>	10/26/2013	

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	<p>AM client A stood up from his wheelchair again and walked a few feet and walked on his pant legs that were so long they went over and under his feet. At 10:50 AM client A stood up and his pants fell down and his incontinent brief was exposed. Staff #1 assisted client A to pull up his pants. At 11:10 AM pulled his pants down to below his knees exposing his genital area in front of staff #1, #2 and clients B, C, D, E, F, G and H. During the observation time client C got up from her chair and ambulated around home a total of 6 times without staff assistance. Client C wore no shoes and was walking on her pants legs which covered her entire feet due to their length. During the observation time client F was observed with his bottom showing and periodically he would pull up or hold onto his pants to keep them from falling down. During the observation time client A was observed to be wearing pants that were too long and covered his feet on the top and bottom. There were no staff intervention to assist clients A, C and F to obtain clothing that fit properly.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the Area Director (AD). The AD indicated all clients should be wearing clothes that fit properly. She further indicated clients should not have their buttocks and genital</p>		<p>October 26, 2013 Responsible Persons: Area Director, Program Director, Home Manager</p>				

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	<p>areas exposed in the common areas of the home in front of other clients.</p> <p>This federal tag relates to complaint #IN00136427.</p> <p>9-3-5(a)</p>				

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on record review and interview, the facility failed to clearly define the specific techniques utilized in the Behavior Support Plan (BSP) for 2 of 3 sample clients (clients A and B), as a part of the clients' treatment plans.</p> <p>Findings include:</p> <p>1. Client A's records were reviewed on 09/16/13 at 1:15 PM. Client A's BSP dated 04/03/13 indicated client A's behaviors included resistance, temper outbursts, destroys property, physical assault and self-injurious behavior. The BSP indicated, "...[Client A] knows how to appropriately get attention, but he seems to have learned that the most reliable way to get attention is to have behavior problems...2. Request that [client A] move to his rug. If [client A] refuses or actively resists, apply the appropriate PIA (Physical Intervention Alternatives) hold from behind and walk him to the location (as taught in the PIA) training procedures....4. If [client A]</p>	W000289	<p>The facility will utilize the use of systematic interventions to manage inappropriate client behavior, and these must be incorporated into the client's individual program plan. The behavior consultant has revised the behavior support plan for client A. This includes more specific guidelines related to specifically how to address self abusive behaviors, and a revised protocol for client A. This protocol states that client A is to have a one on one staff person, during waking hours. This staff person is to be within 12 inches of client A, at all times. (see attached protocol). The protocol also specifies which, restraint should be used, if needed from the agencies approved Physical Intervention Alternatives, program. All current staff and on call supervisors, and day service staff were immediately retrained, to utilize the revision of the behavior support plan as well as the revision of the supervision protocol for client A. The specific use of physical intervention is outlined in the protocol. In addition, all current staff and on call supervisors were trained on</p>	10/26/2013
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	<p>attempts to move off the rug, use the minimum amount of guidance necessary to hold him there. Do not sit on him or otherwise apply excessive pressure. If [client A] needs to be held on the rug, use the appropriate PIA techniques as taught in the PIA training procedures...." The plan failed to indicate and define specifically what PIA techniques were to be used.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the Area Director (AD). The AD indicated client A's BSP did not state and define the specific techniques for client A.</p> <p>2. Client B's records were reviewed on 09/16/13 at 2:15 PM. Client B's BSP dated 09/29/12 indicated client B's behaviors included resistance, verbal aggression, physical aggression, stealing, SIB (self-injurious behavior), destroys property and inappropriate nudity. The BSP indicated, "...If [client B] persists to not comply with staff's verbal and physical prompts to cease/initiate a behavior and the inappropriate behavior causes physical harm to her or others staff will follow the appropriate restrictive procedures for physical aggression and/or self-injurious behavior...If [client B] continues to be physically aggressive, staff should block</p>		<p>client supervision levels for all clients in the home, which includes clients B and C. All new staff will be trained on current plans, protocols and client specific training, prior to being allowed to work in the home. The schedule in the home has been revised to ensure that there is always sufficient numbers of staff in the home. During waking hours, there will be no fewer than three staff in the home. In addition, during sleeping hours, there will be no fewer than two overnight staff to assist with client care and the possibility of fire evacuation. (see attached staffing schedule).Supervisory observations have been conducted in the home, two times per day, for 7 days per week, for approximately three weeks. End date for this was 10/4/13, pending evaluation of observation level need. At this time, supervisory observations have been reduced to two times per day, every other day. This observation schedule will be maintained until 10/17/13, where it will be evaluated by Mentor administration, as to the level of supervisory observation and oversight needed. Ongoing, however, there will be no fewer than two supervisory observations completed in this home, per week. All supervisory observations will be documented on a calendar (see attached calendar). All supervisory observations will be submitted to</p>		

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	<p>the physically aggressive and/or self-injurious behaviors using Indiana Mentor Physical Interventions Alternatives...." The plan failed to indicate and define specifically what PIA techniques were to be used.</p> <p>On 09/23/13 at 1:30 PM an interview was conducted with the Program Director (PD). The PD indicated client B's BSP did not state and define the specific techniques for client B.</p> <p>9-3-5(a)</p>		<p>that person's next level supervisor for review within 24 hours of the observation, for review and possible corrective action needed. Completion Date: 10/26/13 Persons Responsible: Area Director, Program Director, Home Managers</p>	

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W000382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, record review, and interview, for 8 of 8 clients (clients A, B, C, D, E, F, G and H) who lived in the group home, the facility failed to maintain proper medication security.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. At 10:04 AM staff #1 was preparing medications on the counter in the medication area which is part of the family room. Client C was seated on the couch and client A was self-propelling his wheel chair in the area. Client F walked back and forth in the area as did client D. At 10:10 AM staff #1 left the medications unattended on the counter, walked out of the room, through the kitchen and into the living room where the medication counter was out of his sight for 2 minutes. Staff #1 prepared client F's medications and left the medication area again with the medications not locked and went to the living room to give client F his medications. Staff #1 was away from the medications for 90 seconds. At 10:29</p>	W000382	The facility keeps all drugs and biologicals locked, except when being prepared for administration. All staff will be retrained on Core A training, as it relates to medication storage. Supervisors will be conducting observations in the home, every other day, two times per day. Storage of medication will be documented on the observation form. Completion Date: 10/26/13 Persons Responsible: Program Director, Home Manager	10/26/2013			

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	<p>AM staff #1 was not in the medication area and the pad lock to the medications was not locked and the cabinet was not secure. At 10:30 AM an interview with staff #1 was conducted. He indicated the padlock was on the medication cabinet, but the medications were not locked.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the Area Director (AD). The AD indicated the medications should be locked at all times except when being administered and if staff needed to leave the area they needed to lock the medications in the cabinet.</p> <p>9-3-6(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed for 1 additional client (client H) to ensure adaptive equipment was received timely.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM. Staff #1 and #2 were on duty. Client H was observed to sit in his wheelchair with his head bent over during the entire observation. His shoulders did not touch the back of the wheelchair and his head did not touch the headrest.</p> <p>Observations were conducted at the group home on 09/18/13 from 7:38 AM until 8:36 AM. Client H was observed to sit in his wheelchair with his head bent over during the entire observation. His shoulders did not touch the back of the wheelchair and his head did not touch the headrest.</p> <p>Observations were conducted at the</p>	W000436	<p>The facility furnishes in good repair, and teaches clients to use and make informed choices about devices identified by the interdisciplinary team as needed by the client. The home manager will monitor and assist each client with useage, care and storage of all devices and adaptive equipment. The Home Manager will communicate with the Program Director and Facility Nurse if any new devices or repair are needed. Client H has been refitted for an appropriate wheelchair. A request for payment has been submitted to the facility for payment. The Home Manager will document condition of adaptive equipment, such as wheelchairs, on the weekly home manager checklist. completion date: October 26, 2013 Persons Responsible: Home Manager, Program Director</p>	10/26/2013			

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	<p>agency day service on 09/19/13 from 10:30 AM until 11:45 AM. Client H was observed to sit in his wheelchair with his head bent over during the entire observation. His shoulders did not touch the back of the wheelchair and his head did not touch the headrest.</p> <p>Observations were conducted at the agency day service on 09/20/13 from 1:53 PM until 3:00 PM. Client H was observed to sit in his wheelchair with his head bent over during the entire observation. His shoulders did not touch the back of the wheelchair and his head did not touch the headrest.</p> <p>Client H's records were reviewed on 09/16/13 at 3:30 PM. The record indicated client H was admitted on 01/26/13, was non-verbal, non-ambulatory and used a wheelchair for his mode of transportation. Client H's record contained a fall risk plan indicating he was at risk for falls. A Medical Appointment Form dated 07/4/13 indicated client H was assessed and fitted for a different wheelchair.</p> <p>On 09/23/13 at 12:20 PM an interview was conducted with the Registered Nurse (RN). The RN indicated client H's wheelchair did not fit him properly and he bent forward, his shoulders did not touch</p>			

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	<p>the back of his chair and his head did not touch the headrest. She indicated he had not received his new wheelchair as the wheelchair clinic was waiting on funding for the chair. She indicated she did not know when the funding would come through.</p> <p>9-3-7(a)</p>				

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W000454	<p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 8 of 8 clients living in the home (clients A, B, C, D, E, F, G and H), the facility failed to provide a sanitary environment which included floors free from feces.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 09/14/13 from 9:55 AM until 12:00 PM with staff #1 and #2 on duty. From 10:50 AM until 11:36 AM client A repeatedly was on the floor, on the couch, fell back to the floor, spit at the floor and staff, pulled his pants down to below his knees exposing his genital area in front of staff #1, #2 and clients B, C, D, E, F, G and H. At 10:57 AM there was feces on the floor in the medication area/family room where client A had been having behaviors and pulling his pants down. Staff #2 cleaned the feces off the floor at 11:10 AM. At 11:22 AM feces was on the floor in the living room where client A had previous been having behaviors which included pulling his pants down. At 11:24 AM client G rolled her wheel chair close to the feces. At 11:25 AM staff #2 was advised by this surveyor that</p>	W000454	<p>The facility provides a sanitary environment to avoid sources and transmission of infections. The staff will be retrained to utilize universal precautions to ensure that possibly infectious materials are not present in areas where they may come in contact with others. Staff will monitor the environment at all times, to ensure that all areas are free from possible contaminants. Staff will immediately address and sanitize possible hazard areas, per universal precaution and bloodborne pathogen training. Completion Date: 10/26/13 Responsible Parties: Program Director, Home Manager</p>	10/26/2013
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	<p>there was feces on the floor. Staff #2 stated, "Oh that must be from [client A]." Staff #2 cleaned the feces off the floor.</p> <p>On 09/23/13 at 12:30 PM an interview was conducted with the Area Director (AD). The AD indicated the staff should be aware of their surroundings and feces should not be on the floor.</p> <p>9-3-7(a)</p>			