

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G462	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN 46011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/18, 3/19, 3/20, 3/23, 3/24, 3/25, 3/26, and 3/27/2015.</p> <p>Provider Number: 15G462 Facility Number: 000976 AIM Number: 100235450</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 6, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 4 of 4 allegations reported and for 7 of 24 BDDS (Bureau of Developmental Disabilities Services) reports for (clients #1, #2, #3, #4, #5, #6, #7, and #8) reviewed for unknown injuries,</p>	W 149	All staff working in the home will complete a refresher training on the agency course regarding Consumer Rights and Prevention of Abuse and Neglect. This training is completed as part of all new employees' initial training and at least annually thereafter. A separation program is being used in the home in which the	04/26/2015

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

TITLE

(X6) DATE

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

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	<p>allegations of abuse, neglect, and/or mistreatment, and client to client physical aggression, the facility neglected to implement its Abuse, Neglect, and/or Mistreatment policy and procedure to protect clients #1, #2, #3, #4, #5, #6, #7, and #8 from the potential of further abuse, neglect, and/or mistreatment and neglected to ensure staff supervised clients at the group home.</p> <p>Findings include:</p> <p>1. On 3/18/15 at 11:30am, the facility's BDDS Reports and investigations were reviewed from 10/1/14 through 03/18/15. The review indicated the following for allegations of abuse, neglect, and/or mistreatment and injuries of unknown origin.</p> <p>-A 2/18/15 BDDS report for an incident on 2/17/15 at 3:45pm. The BDDS report indicated it was reported that Discharged Staff (DS) #2 "was allegedly verbally abusive toward [client #8]" and DS #2 was suspended.</p> <p>-A 2/26/15 Follow up BDDS report for the 2/17/15 incident indicated "The allegation of abuse was substantiated resulting in [DS #2's] employment...terminated." The report indicated the investigation showed client</p>		<p>residents are divided into two groups for activities. During the most active parts of the day one of the groups will be out of the home participating in an activity. The groups rotate going out of the home. The group that remains home is engaged in activities of daily living and leisure skills in the home. The two groups rotate locations of activity, home or outside of the home. The staff working in the home are also receiving training in implementation of this separation strategy and retraining in implementation of the behavior development programs that are used in the home. An aspect of this training includes an increase in professional presence in the home to provide support and training as needed in the moment when responding to and working to prevent problem behaviors. The increase in professional presence also ensures that proper monitoring of the residents is provided. Each professional staff that completes an observation in the home will complete a report of their observation which includes a report of feedback provided to the staff working during the time of the observation. These reports are provided to the administrator for review. This administrator tracks completion of these observations based on received reports. This increase in professional presence will continue until it is determined by</p>	

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	<p>#8 was using profanity, calling staff names, and DS #2 "screamed to [client #8] that she was over him calling her the names f----ing king b----." The report indicated the staff failed to implement client #8's BSP (Behavior Support Plan) "correctly" and client #8 had "inappropriate social behavior is a targeted behavior problem."</p> <p>-An 10/14/14 BDDS report for an incident on 10/13/14 at 9:30am. The BDDS report indicated "staff discovered a 2 inch bruise to [client #2's] left cheek... [Client #2] has given multiple accounts of how it occurred, one of which is that a staff member [DS #5] did it" and DS #5 was suspended.</p> <p>-A 11/4/14 Follow up BDDS report for the 10/13/14 incident indicated "The investigation was completed and the allegation was unsubstantiated. It could not be ruled out that [client #2] didn't injure himself as he was upset about being asked to comply with chores and [DS #5] has been reassigned to another site where he will not work directly with [client #2]."</p> <p>-The 10/13/14 investigation indicated "Findings: [Client #2] alleges that [DS #5] pinched his face resulting in the bruise on 10/13/14. [DS #5] denies</p>		<p>the administrator that the programs are being implemented consistently and effectively. Professional presence will remain a routine expectation in the home with observations being made and reported to the administrator. The professional presence also monitors interactions between staff and residents to ensure they remain positive. Should any further physical altercations occur between residents, the incident will be investigated to determine the facts of the incident and to make recommendations to prevent recurrence. The appropriate Individual Support Teams will review each incident including the detail of the investigation to ensure adequate corrective action is implemented. The administrator will monitor to ensure this occurs. The QIDP for the home will interview the residents of the home no less than monthly to ensure they are happy and feel safe in their home. They will be asked about each staff that works in the home to ensure that there is no indication of mistreatment. These interviews will be recorded in a Professional Activity Report that is accessible for electronic review. The administrator will review these reports monthly to ensure compliance. Should any resident of the home voice a concern at any time or during the course of this interview, it will be addressed immediately by the QIDP per agency</p>				

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	<p>touching [client #2] on 10/13/14 except to place his arm around [client #2's] shoulder and blocked him from kicking the entertainment center...It is clear that [client #2] was upset with [DS #5] first with the chore, then with dinner, and then with getting left behind for Friendship Class (an outing outside the group home) on 10/13/14. [Client #2] did not attend Friendship Class on 10/13/14 which was not intentional. Staff miscommunicated with [client #2] resulting in him not attending...[DS #2] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...[DS #5] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...[DS #4] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...Recommendations: [DS #2, DS #4, and DS #5] should receive further training on reporting allegations and training with regard to impeding the investigation."</p> <p>-An 10/15/14 BDDS report for an incident on 10/14/14 at 7:00pm, indicated "It was reported that [DS #3 and DS #4] made inappropriate remarks and were argumentative in response to [client #7's]</p>		<p>policy. Responsible Party: QIDP</p>	

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	<p>similar behavior" and were both suspended.</p> <p>-An 10/24/14 Follow up BDDS report for the 10/14/14 incident indicated "Through investigation it was determined that the staff had failed to follow [client #7's] Behavior Development Plan (BDP). Both staff received corrective action and further training on [client #7's]...plan...."</p> <p>-The 10/14/14 investigation indicated "[DS #2] reported that [DS #3, DS #4], and [client #7] had gotten into an argument that escalated into a cursing and threatening battle...Findings...[DS #3 and DS #4] failed to follow [client #7's] BDP. [Client #7] insulted [DS #4's] terminally ill mother...Recommendations: Progressive disciplinary action for [DS #3 and DS #4] for inappropriate behavior toward a consumer...."</p> <p>-Client #7's 10/13/14 incident witness statement indicated "...We were a bowl short (setting the table). [DS #4] said why don't you wash a bowl. I told him I didn't feel like it because it's not my chore. I got a soup ladle of chili, [DS #4] It's a cup, [client #7] I know, I took cooking class...I called him a n-----, a b--- -, [DS #4] said you wanna take this outside. [Group Home Staff (GHS) #6] was right here to the living room on the</p>			

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	<p>couch...[DS #2] was taking me outside to calm down. [DS #4] said Let's take it outside. [DS #4] followed up and said "that's why [another female client] been cheating on you...."</p> <p>-A 9/3/14 investigation for an incident on 9/3/14 from client #6 made "an allegation that [DS #5] had hurt him." The investigation indicated "Findings: [DS #5] was attempting to redirect [client #5] from asking staff [DS #2] about going to walmart." The investigation indicated client #5 went to his bedroom, began to empty his belongings, and said he was moving out. Client #5 "grabbed" DS #5's shirt, DS #5 held client #5's wrists, and guided him to his bed. Client #5 yelled at DS #5 and told DS #5 he was "fired." Client #5 said he was pushed by DS #5, no witnesses to events, and client #5 "does have a scrape to his right knee." DS #5 indicated client #5 fell to the floor to grab DS #5's legs. The investigation indicated DS #5 recorded that DS #5 completed a full body check for client #5, "however during the interview he indicated that he had not competed it after the incident." The investigation indicated another staff completed client #5's body check and failed to record client #5's injury. The investigation recommendation indicated staff were to receive additional training for recording a</p>			

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	<p>full body check after incidents and reporting immediately injuries of unknown source.</p> <p>2. On 3/18/15 at 11:30am, the facility's BDDS Reports and investigations were reviewed from 10/1/14 through 03/18/15. The review indicated the following for client to client physical aggression.</p> <p>-A 3/15/15 BDDS report for an incident on 3/14/15 at 3:45pm, indicated client #6 "physically aggressed toward [client #8]. [Client #8] sustained a superficial 1/2 inch abrasion to his neck from the altercation requiring no first aid." The report indicated client #6 became upset for an unknown reason before the incident and staff immediately intervened after the altercation.</p> <p>-A 2/9/15 BDDS report for an incident on 2/8/15 at 8:00am, indicated client #8 "became upset with his roommate [client #6]" before breakfast. Client #8 "smacked" client #6 on the back and kicked him. No injuries were recorded.</p> <p>-A 1/4/15 BDDS report for an incident on 1/3/15 at 12:50pm, indicated "During cleanup chores after lunch [clients #5 and #1] aggressed towards each other hitting each other. Staff did not observe the interaction but [client #5] reported this</p>			

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	<p>altercation to the staff. [Client #5] stated that [client #1] called him a name and [client #1] reported that all he did was ask [client #5] for [client #5's] plate to take to the sink." The report indicated no injuries were reported.</p> <p>-A 11/26/14 BDDS report for an incident on 11/25/14 at 7:00pm, indicated client #5 hit client #4 "when [client #5] was redirected by staff to go clean his bedroom." The report indicated no injuries were reported. The report did not indicate where client #4 was struck.</p> <p>-A 11/23/14 BDDS report for an incident on 11/22/14 at 3:00pm, indicated clients #7 and #8 "had an argument about using the washer and dryer as both were attempting to do laundry." The report indicated client #7 pushed client #8 "causing [client #8] to bump into the medication cabinet causing a scrape on [client #8's] left side." The report indicated "the area has two scratches about 2 1/2 inches in length with a round area the size of a nickel." Client #8 requested the police be called, the police spoke with both clients, and no charges were filed.</p> <p>-The 11/22/14 investigation indicated "...Staff need to continue to monitor interactions between [clients #7 and #8]</p>			

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	<p>especially encouraging them when both are attempting to do a task in the same area."</p> <p>-A 11/14/14 BDDS report for an incident on 11/13/14 at 1:30pm, indicated client #6 "was obsessing over going shopping," client #6 was running and yelling about shopping, and an unidentified client picked up a cane, and struck client #6 on his back with the cane. The report indicated no injuries were recorded.</p> <p>-An 10/16/14 BDDS report for an incident on 10/16/14 at 8:15am, indicated client #7 had been suspended from the workshop on 10/15/14 due to verbal threats and physical aggression behaviors. The report indicated client #7 "rode with staff this morning to drop other consumers off at the workshop." Client #7 "came into the workshop area against staff instruction to stay in the vehicle that he arrived in...[Client #7] threatened to hurt another consumer (at the workshop). [Client #7] then went into the multi use building and started punching the other consumer in the face. [Client #7] was unresponsive to staff's prompts to stop. The other consumer tried to run from [client #7] but [client #7] pursued him. They came to blows." The report indicated the other consumer was injured, the police were called, and</p>			

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	<p>client #7 was restrained.</p> <p>On 3/20/15 at 11:30am, an interview with the AD (Area Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The AD and QIDP both stated clients #1, #2, #3, #4, #5, #6, #7, and #8 "required" twenty-four hour a day, seven days a week staff supervision because of behaviors and the lack of acquired skills by the clients. The AD indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 "required" and should have staff supervision while eating, cooking, laundry, and living in the group home. The AD indicated the facility followed the BDDS reporting policy and procedure for incidents and allegations. The AD stated "the group home has had some staff changes" as the results after "some" of the incidents reviewed. The AD indicated the facility took corrective measures after the incidents occurred. The AD indicated the allegations of abuse, neglect, and/or mistreatment by the facility staff were not all substantiated but the agency was monitoring the staff and the incidents. The AD indicated neglect was the failure to provide supervision based on the clients' identified needs.</p> <p>On 3/18/15 at 1:04pm, a record review</p>						

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	<p>was conducted of the 10/2005 "Bureau of Developmental Disabilities Services Policy and Guidelines." The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse or exploitation by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The BDDS policy indicated each allegation of abuse, neglect, and/or mistreatment should be immediately reported.</p> <p>On 3/18/15 at 1:04pm, the facility's 10/13 "Preventing Abuse and Neglect" policy and procedure indicated "Abuse means the following: 1. Intentional or willful infliction of physical injury...3. Punishment with resulting physical harm or pain...7. Corporal Punishment which includes forced physical (sic), hitting, pinching, application of painful or noxious stimuli, use of electric shock, and the infliction of physical pain...9.</p>			

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W 249 Bldg. 00	<p>Violation of individual rights....Neglect means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual." The policy and procedure indicated "all" allegations of abuse and/or neglect should be immediately reported to the administrator and to BDDS in accordance with State Law and should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on interview and record review, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and for 4 additional clients (clients #5, #6, #7, and #8), the facility failed to ensure client #1, #2, #3, #4, #5, #6, #7, and #8's ISPs (Individual Support Plans) and BDPs (Behavior Development Plans) were implemented and failed to provide staff supervision for clients #1, #2, #3, #4, #5, #6, #7, and #8 for known maladaptive behaviors when opportunities existed.</p>	W 249	All staff working in the home will complete a refresher training on the agency course regarding Consumer Rights and Prevention of Abuse and Neglect. This training is completed as part of all new employees' initial training and at least annually thereafter. A separation program is being used in the home in which the residents are divided into two groups for activities. During the most active parts of the day one of the groups will be out of the home participating in an activity. The	04/26/2015

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	<p>Findings include:</p> <p>On 3/18/15 at 11:30am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports and investigations were reviewed from 10/1/14 through 03/18/15. The review indicated the following for failure to provide staff supervision and to implement ISPs and BDPs.</p> <p>1. A 3/15/15 BDDS report for an incident on 3/14/15 at 3:45pm, indicated client #6 "physically aggressed toward [client #8]. [Client #8] sustained a superficial 1/2 inch abrasion to his neck from the altercation requiring no first aid." The report indicated client #6 became upset for an unknown reason before the incident and staff immediately intervened after the altercation.</p> <p>2. A 2/18/15 BDDS report for an incident on 2/17/15 at 3:45pm. The BDDS report indicated it was reported that Discharged Staff (DS) #2 "was allegedly verbally abusive toward [client #8]" and DS #2 was suspended.</p> <p>-A 2/26/15 Follow up BDDS report for the 2/17/15 incident indicated "The allegation of abuse was substantiated resulting in [DS #2's]</p>		<p>groups rotate going out of the home. The group that remains home is engaged in activities of daily living and leisure skills in the home. The two groups rotate locations of activity, home or outside of the home. The staff working in the home are also receiving training in implementation of this separation strategy and retraining in implementation of the behavior development programs that are used in the home. An aspect of this training includes an increase in professional presence in the home to provide support and training as needed in the moment when responding to and working to prevent problem behaviors. The increase in professional presence also ensures that proper monitoring of the residents is provided. Each professional staff that completes an observation in the home will complete a report of their observation which includes a report of feedback provided to the staff working during the time of the observation. These reports are provided to the administrator for review. This administrator tracks completion of these observations based on received reports. This increase in professional presence will continue until it is determined by the administrator that the programs are being implemented consistently and effectively. Professional presence will remain a routine expectation in the home with</p>				

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	<p>employment...terminated." The report indicated the investigation showed client #8 was using profanity, calling staff names, and DS #2 "screamed to [client #8] that she was over him calling her the names f---ing king b---." The report indicated the staff failed to implement client #8's BSP (Behavior Support Plan) "correctly" and client #8 had "inappropriate social behavior is a targeted behavior problem."</p> <p>3. A 2/9/15 BDDS report for an incident on 2/8/15 at 8:00am, indicated client #8 "became upset with his roommate [client #6]" before breakfast. Client #8 "smacked" client #6 on the back and kicked him.</p> <p>4. A 1/4/15 BDDS report for an incident on 1/3/15 at 12:50pm, indicated "During cleanup chores after lunch [clients #5 and #1] aggressed towards each other hitting each other. Staff did not observe the interaction but [client #5] reported this altercation to the staff. [Client #5] stated that [client #1] called him a name and [client #1] reported that all he did was ask [client #5] for [client #5's] plate to take to the sink."</p> <p>5. A 11/26/14 BDDS report for an incident on 11/25/14 at 7:00pm, indicated client #5 hit client #4 "when [client #5]</p>		<p>observations being made and reported to the administrator. The professional presence also monitors interactions between staff and residents to ensure they remain positive. Should any further physical altercations occur between residents, the incident will be investigated to determine the facts of the incident and to make recommendations to prevent recurrence. The appropriate Individual Support Teams will review each incident including the detail of the investigation to ensure adequate corrective action is implemented. The administrator will monitor to ensure this occurs. The QIDP for the home will interview the residents of the home no less than monthly to ensure they are happy and feel safe in their home. They will be asked about each staff that works in the home to ensure that there is no indication of mistreatment. These interviews will be recorded in a Professional Activity Report that is accessible for electronic review. The administrator will review these reports monthly to ensure compliance. Should any resident of the home voice a concern at any time or during the course of this interview, it will be addressed immediately by the QIDP per agency policy.</p> <p>Responsible Party: QIDP</p>				

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	<p>was redirected by staff to go clean his bedroom." The report did not indicate where client #4 was struck.</p> <p>6. A 11/23/14 BDDS report for an incident on 11/22/14 at 3:00pm, indicated clients #7 and #8 "had an argument about using the washer and dryer as both were attempting to do laundry." The report indicated client #7 pushed client #8 "causing [client #8] to bump into the medication cabinet causing a scrape on [client #8's] left side." The report indicated "the area has two scratches about 2 1/2 inches in length with a round area the size of a nickel." Client #8 requested the police be called, the police spoke with both clients, and no charges were filed.</p> <p>-The 11/22/14 investigation indicated "...Staff need to continue to monitor interactions between [clients #7 and #8] especially encouraging them when both are attempting to do a task in the same area."</p> <p>7. A 11/14/14 BDDS report for an incident on 11/13/14 at 1:30pm, indicated client #6 "was obsessing over going shopping," client #6 was running and yelling about shopping, and an unidentified client picked up a cane, and struck client #6 on his back with the</p>			

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	<p>cane.</p> <p>8. An 10/16/14 BDDS report for an incident on 10/16/14 at 8:15am, indicated client #7 had been suspended from the workshop on 10/15/14 due to verbal threats and physical aggression behaviors. The report indicated client #7 "rode with staff this morning to drop other consumers off at the workshop." Client #7 "came into the workshop area against staff instruction to stay in the vehicle that he arrived in...[Client #7] threatened to hurt another consumer (at the workshop). [Client #7] then went into the multi use building and started punching the other consumer in the face. [Client #7] was unresponsive to staff's prompts to stop. The other consumer tried to run from [client #7] but [client #7] pursued him. They came to blows." The report indicated the other consumer was injured, the police were called, and client #7 was restrained.</p> <p>9. An 10/15/14 BDDS report for an incident on 10/14/14 at 7:00pm, indicated "It was reported that [DS #3 and DS #4] made inappropriate remarks and were argumentative in response to [client #7's] similar behavior" and were both suspended.</p> <p>-An 10/24/14 Follow up BDDS report for</p>						

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	<p>the 10/14/14 incident indicated "Through investigation it was determined that the staff had failed to follow [client #7's] Behavior Development Plan (BDP). Both staff received corrective action and further training on [client #7's]...plan...."</p> <p>-The 10/14/14 investigation indicated "[DS #2] reported that [DS #3, DS #4], and [client #7] had gotten into an argument that escalated into a cursing and threatening battle...Findings...[DS #3 and DS #4] failed to follow [client #7's] BDP. [Client #7] insulted [DS #4's] terminally ill mother...Recommendations: Progressive disciplinary action for [DS #3 and DS #4] for inappropriate behavior toward a consumer...."</p> <p>-Client #7's 10/13/14 incident witness statement indicated "...We were a bowl short (setting the table). [DS #4] said why don't you wash a bowl. I told him I didn't feel like it because it's not my chore. I got a soup ladle of chili, [DS #4] It's a cup, [client #7] I know, I took cooking class...I called him a n-----, a b--- -, [DS #4] said you wanna take this outside. [Group Home Staff (GHS) #6] was right here to the living room on the couch...[DS #2] was taking me outside to calm down. [DS #4] said Let's take it outside. [DS #4] followed up and said "that's why [another female client] been</p>			

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	<p>cheating on you...."</p> <p>10. An 10/14/14 BDDS report for an incident on 10/13/14 at 9:30am. The BDDS report indicated "staff discovered a 2 inch bruise to [client #2's] left cheek... [Client #2] has given multiple accounts of how it occurred, one of which is that a staff member [DS #5] did it" and DS #5 was suspended.</p> <p>-A 11/4/14 Follow up BDDS report for the 10/13/14 incident indicated "The investigation was completed and the allegation was unsubstantiated. It could not be ruled out that [client #2] didn't injure himself as he was upset about being asked to comply with chores and [DS #5] has been reassigned to another site where he will not work directly with [client #2]."</p> <p>The 10/13/14 investigation indicated "Findings: [Client #2] alleges that [DS #5] pinched his face resulting in the bruise on 10/13/14. [DS #5] denies touching [client #2] on 10/13/14 except to place his arm around [client #2's] shoulder and blocked him from kicking the entertainment center...It is clear that [client #2] was upset with [DS #5] first with the chore, then with dinner, and then with getting left behind for Friendship Class (an outing outside the group home)</p>			

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	<p>on 10/13/14. [Client #2] did not attend Friendship Class on 10/13/14 which was not intentional. Staff miscommunicated with [client #2] resulting in him not attending...[DS #2] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...[DS #5] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...[DS #4] impeded the investigation by questioning [client #2] after [client #2] made the allegation that someone caused the bruise...Recommendations: [DS #2, DS #4, and DS #5] should receive further training on reporting allegations and training with regard to impeding the investigation."</p> <p>11. A 9/3/14 investigation for an incident on 9/3/14 from client #6 made "an allegation that [DS #5] had hurt him." The investigation indicated "Findings: [DS #5] was attempting to redirect [client #5] from asking staff [DS #2] about going to walmart." The investigation indicated client #5 went to his bedroom, began to empty his belongings, and said he was moving out. Client #5 "grabbed" DS #5's shirt, DS #5 held client #5's wrists, and guided him to his bed. Client #5 yelled at DS #5 and told DS #5 he was</p>			
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	<p>"fired." Client #5 said he was pushed by DS #5, no witnesses to events, and client #5 "does have a scrape to his right knee." DS #5 indicated client #5 fell to the floor to grab DS #5's legs. The investigation indicated DS #5 recorded that DS #5 completed a full body check for client #5, "however during the interview he indicated that he had not competed it after the incident." The investigation indicated another staff completed client #5's body check and failed to record client #5's injury. The investigation recommendation indicated staff were to receive additional training for recording a full body check after incidents and reporting immediately injuries of unknown source.</p> <p>On 3/20/15 at 11:30am, an interview with the AD (Area Director) and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The AD and QIDP both stated clients #1, #2, #3, #4, #5, #6, #7, and #8 "required" twenty-four hour a day, seven days a week staff supervision because of behaviors and the lack of acquired skills by the clients. The AD indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 "required" and should have staff supervision while eating, cooking, laundry, and living in the group home. The AD stated "the group home has had</p>			

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	<p>some staff changes" as the results after "some" of the incidents reviewed. The AD indicated the staff failed to provide supervision based on the clients' identified needs.</p> <p>Client #1's record was reviewed on 3/20/15 at 8:55am. Client #1's 12/10/14 ISP (Individual Support Plan) and 2/4/14 Behavior Development Plan (BDP) both indicated client #1 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #1's plans indicated he had the targeted behaviors of Physical Assault, Anger Control non severe, and Resistance to supervision.</p> <p>Client #2's record was reviewed on 3/20/15 at 10:25am. Client #2's 6/4/14 ISP and 5/2014 BDP both indicated client #2 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #2's plans indicated he had the targeted behaviors of Anger Control non severe, Depression, and Resistance.</p> <p>Client #3's record was reviewed on 3/20/15 at 8:20am. Client #3's 4/2/14 ISP indicated client #3 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #3 did not have a behavior development plan.</p> <p>Client #4's record was reviewed on</p>			

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	<p>3/19/15 at 1:10pm. Client #4's 10/8/14 ISP indicated client #4 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #4 did not have a behavior development plan.</p> <p>Client #7's record was reviewed on 3/20/15 at 12noon. Client #7's 5/7/2014 BDP indicated client #7 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #7's plans indicated he had the targeted behaviors of Physical Assault, Anger Control non severe, Property Misuse/Destruction, Manipulative behavior, Failure to follow unsupervised time agreement in the community, and Resistance to supervision.</p> <p>Client #8's record was reviewed on 3/24/15 at 3pm. Client #8's 1/2015 BDP indicated client #8 required twenty-four (24) hour/seven (7) days per week staff supervision. Client #8's plans indicated he had the targeted behaviors of Physical Assault, Anger Control non severe, Property Destruction, Inappropriate Nudity, Unsubstantiated Allegations, Inappropriate Social behaviors, Manipulative behaviors, and Resistance to supervision.</p> <p>9-3-4(a)</p>			

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W 317 Bldg. 00	<p>483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview, for 2 of 2 sampled clients (clients #1 and #2) who received psychotropic medications, the facility failed to evaluate client #1 and #2's status for an annual decrease or contraindication of decrease for psychotropic medication.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/20/15 at 8:55am. Client #1's 12/10/14 ISP (Individual Support Plan), 2/4/14 Behavior Development Plan (BDP), and 2/19/15 Physician's Orders indicated client #1 received Bupropion (Wellbutrin) 300mg (milligrams) daily for Depression, Lithium 300mg twice daily for Mood Disorder and 600mg at night for Mood Disorder, Risperidone 1mg for behaviors, and Pristio 50mg daily for depression medications for targeted behaviors of Physical Assault, Resistance, and Anger Control non severe behaviors. Client #1's psychiatric medication reviews on 2/5/15, 11/6/14,</p>	W 317	Both clients (#1 and #2) had a psychiatry review on 4/16/15, the provider was presented with information to evaluate for medication reduction. The Behavior Consultant developed a medication reduction plan and tracks frequency of behavior problems and mental illness symptoms that are intended to be reduced by prescribed psychotropic medications for each client in the facility. This information was provided to the psychiatry provider on 4/16/15 for clients #1 and #2. It was determined at these evaluations that a reduction in medication dosage at this time is contraindicated. Ongoing the behavior consultant will provide report to the psychiatry provider at each visit regarding the client's status. No less than annually the team will discuss with the psychiatry provider the need to evaluate for a decrease of psychotropic medications. When the psychiatry provider determines that a decrease would be contraindicated for the client this will be recorded by the provider and this information will	04/26/2015

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	<p>8/7/14, and 5/1/14 indicated the use of Bupropion (Wellbutrin) 300mg (milligrams) daily for Depression, Lithium 300mg twice daily for Mood Disorder and 600mg at night for Mood Disorder, Risperidone 1mg for behaviors, and Pristio 50mg daily for depression medications for targeted behaviors of Physical Assault, Resistance, and Anger Control non severe behaviors. Client #1's record indicated the last psychotropic medication change was not available for review. Client #1's record did not indicate a current year medication change or contraindication.</p> <p>Client #2's record was reviewed on 3/20/15 at 10:25am. Client #2's 6/4/14 ISP, 5/2014 BDP, and 1/29/15 Physician's Orders indicated received Prozac 20mg daily for Depression for the targeted behaviors of Anger Control non severe, Depression, and Resistance. Client #2's Psychiatric medication reviews on 7/3/14 and 6/5/14 both indicated the use of Prozac 20mg daily for Depression. Client #2's record did not indicate a current year medication change or contraindication for client #2's psychiatric medications.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 3/25/15 at 3:51pm. The</p>		<p>be included in the client record. The Behavior Consultant will ensure that adiscussion and evaluation of a decrease coincides with the annual update of thebehavior program for the client. Anadministrator does oversee the process of psychiatry evaluations and willdevelop a tracking mechanism to ensure each client who is prescribedpsychotropic medications is evaluated for a decrease in medications no lessthan annually.</p> <p>Responsible Party: Behavior Consultant</p>	

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W 369 Bldg. 00	<p>QIDP indicated client #1 and #2's psychiatric medication had not been changed in over a year and no contraindication for client #1 and #2's psychiatric medication reduction was available for review. The QIDP indicated clients #1 and #2 had no documented evidence that a medication change or a medication reduction had been considered available for review.</p> <p>9-3-5(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, for 1 of 14 medications administered during the morning medication administration (client #1), the facility failed to ensure medications were given without error.</p> <p>Findings include:</p> <p>On 3/19/15 at 6:10am, client #1 was asked to come to the medication area by Residential Manager (RM). At 6:10am, the RM unlocked the medication cabinet, retrieved client #1's medication of "Ferrous Sulf (Sulfate)</p>	W 369	<p>The staff in the home include the staff who was responsible for the cited medication error has received re-training on agency policies to ensure medications are administered as prescribed. This training included a review of the Medication Administration Record and to follow all specific directions of how a medication is to be administered. This included the requirement to administer the specific medication listed as directed with the meal. There is an increased professional presence in the home, this will include routine observations of staff administering medications to</p>	04/26/2015

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2228 VAN BUSKIRK RD ANDERSON, IN 46011		
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	<p>Tab (tablet) 140mg (milligrams), give 1 tab by mouth daily with Breakfast" as an iron supplement for Anemia and administered client #1 the medication. Client #1 took the medication with water and left the medication area. At 7:12am, client #1 consumed his first bite of food at the breakfast table. At 7:12am, client #1 indicated he had not eaten food since the night before.</p> <p>On 3/20/15 at 8:55am, Client #1's 3/2015 MAR (Medication Administration Record) and 1/2015 Physician's Order both indicated "Ferrous Sulf (Sulfate) Tab 140mg (milligrams), give 1 tab by mouth daily with Breakfast" as an iron supplement for Anemia.</p> <p>On 3/20/15 at 11:00am, a record review was completed of the facility's policy and procedures, the 10/2013 "Medication Administration by Staff" indicated "Check the information on the pharmacy medication label by comparing it to the medication administration record and the physician's order, for the individual's name, medication ordered, dosage, site of instillation, and the time...Check the medication listed on the medication administration record with the medication label three times...." The policy and procedure indicated staff should administer client medications</p>		<p>ensure medications are administered per physician's orders. Ongoing professional staff will continue to complete routine observations of administration of medications to ensure they are administered per agency policy and physicians orders. Responsible Party: Residential Director</p>		

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	<p>according to physician's orders and the pharmacy instructions should be followed.</p> <p>On 3/20/15 at 11:00am, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician orders and the pharmacy instructions.</p> <p>On 3/19/15 at 11:00am, an interview with the agency nurse #1 and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The agency nurse #1 and QIDP both indicated staff should administer medications according to physician's orders and staff followed core A/core B medication training. The agency nurse #1 indicated staff did not follow the medication administration policy and procedure when medications were not administered according to physician's orders. The agency nurse #1 indicated the facility staff did not follow the policy and procedure to administer medication according to physician's orders.</p> <p>On 3/23/15 at 11:07am, an interview with the agency nurse #2 was conducted. The agency nurse #2 indicated client #1's medication should have been</p>			

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W 434 Bldg. 00	<p>administered with his breakfast to prevent stomach upset.</p> <p>9-3-6(a)</p> <p>483.470(f)(3) FLOORS</p> <p>The facility must have exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions. Based on observation and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8), the facility failed to maintain floors in the kitchen, dining room, and laundry rooms of the group home.</p> <p>Findings include:</p> <p>During observations on 3/18/15 from 2:50pm until 5:15pm, and on 3/19/15 from 5:40am until 7:40am, the kitchen, dining room, and laundry room one foot by one foot floor tiles were chipped, worn, and stained. During both observation periods clients #1, #2, #3, #4, #5 #6, #7, and #8 walked and accessed each room in the group home. On 3/19/15 at 6:45am, an interview was conducted with the RM (Residential Manager). The RM stated "throughout each room" for the kitchen, dining room, and laundry room floor tiles were chipped, worn, and stained. The RM stated the floors were "on the list" to be</p>	W 434	<p>The flooring in the kitchen, dining room and laundry room of the home is in the process of being repaired to ensure it is not worn, chipped, and/or stained. This work will be completed by 4/26/15. The administrator will complete a walk-through of the home to ensure all needed repairs are completed. A physical plant inspection in the home will be completed by a professional staff no less than monthly. This does include a check of home's flooring to ensure it is in good repair. Any identified repair needs will be identified in this report and provided to the administrator. The administrator meets with maintenance staff week to review home repair needs for the area and to establish priorities and a plan to ensure completion of needed maintenance work in the facility.</p> <p>Responsible Party: Maintenance staff</p>	04/26/2015

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	<p>replaced during the next year.</p> <p>On 3/20/15 at 11:00am, an interview was conducted with the AD (Area Director). The AD indicated clients #1, #2, #3, #4, #5, #6, #7, and #8's group home dining room, laundry room, and kitchen needed the floors replaced.</p> <p>9-3-7(a)</p>				