

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/22/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00185026.</p> <p>Complaint #IN00185026: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122 and W149.</p> <p>Date of Survey: 12/22/15</p> <p>Facility Number: 000911 Provider Number: 15G397 AIMS Number 100244420</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 1/04/16 by #09182.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 4 sampled clients (A, B and D).</p>	W 0102	<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p>	01/21/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

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	<p>The facility's governing body failed to exercise general policy and operating direction over the facility to ensure the facility's management provided oversight and management of operating the group home due to the group home's history of non-compliance with Conditions of Participation within the past year March 31, 2015 through December 22, 2015.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A and B's bedroom areas were clean.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 4 sampled clients (A and D). The governing body failed to implement its written policy and procedures to prevent neglect regarding clients A and D.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A and B's bedroom areas were clean and failed to ensure the facility implemented its written policies and</p>		<p>Through ongoing assessment, the interdisciplinary team, with input and direction from the governing body has determined that Client A cannot be supported successfully in a supervised group living setting. In a cooperative effort with the Bureau of Developmental Disability Services, the facility has obtained a Medicaid Waiver for Client A. Currently Client A is visiting his new waiver home until the funding is finalized. He will not be returning to the facility.</p> <p>All staff have been retrained regarding shift change procedures to assure clients are not accidentally left unsupervised. All staff will be retrained on the agency's abuse/neglect/exploitation and mistreatment curriculum as well as the specific level of supervision required by each client.</p> <p>A thorough cleaning of Client B's bedroom has eliminated the odor noted during the survey observation. Multiple checks of the facility environment by administrative level staff have</p>	

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	<p>procedures to prevent neglect regarding clients A and D. Please see W104.</p> <p>2. The governing body failed to implement its written policy and procedures to prevent neglect regarding clients A and D. Please see W122.</p> <p>This federal tag relates to complaint #IN00185026.</p> <p>9-3-1(a)</p>		<p>confirmed that the issue is resolved.</p> <p>Root Cause Analysis of why corrections implemented after the 8/18/15 survey have failed.</p> <p>Failure to ensure the facility implemented its written policy to prevent neglect.</p> <ul style="list-style-type: none"> This correction failed due to the Bureau of Developmental Disability Services' unwillingness to secure appropriate placement for Client A and the governing body's inability to develop an alternate solution. Additionally, the governing body did not assure the facility had a system in place to assure adequate communication between incoming and outgoing shifts of staff to ensure a smooth transition including but not limited to the appropriate level of protective oversight for all clients. <p>PREVENTION:</p> <p>The QIDP will take an active role</p>	

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			<p>in holding the Residential Manager and direct support staff accountable for maintaining a clean and safe environment and providing appropriate protective oversight. The Residential Manager will be expected to observe active treatment sessions no less than five times per week on varied shifts including weekends to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff implement all training and behavior supports as written and provide the appropriate level of supervision.</p> <p>Members of the Operations Team (comprised of the Executive Director, Quality Assurance Manager, Program Manager, Quality Assurance Coordinator, Training Manager and Nurse Manager) as well as the QIDP will monitor active treatment sessions no less than twice weekly for the next 60 days and no less than weekly for an additional 60 days to observe the facility's environment for cleanliness and the absence of safety hazards and to assure staff understand and provide the assessed level of protective oversight. At the conclusion of this period of</p>	

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			<p>intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team</p>	

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			<p>Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Additionally, the Residential Manager or a designee will complete daily checks of all client bedrooms to assure they are clean and odor free. Specifically for Client B, the interdisciplinary team has assessed that soiled bed linens were a primary source of the odor in Client B's bedroom and the team will assist Client B with cleaning his linens no less than three times weekly.</p> <p>Preventative measures to be</p>	

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			<p>implemented based on Root Cause Analysis of why corrections implemented after the 8/18/15 survey have failed.</p> <p>Failure to ensure the facility implemented its written policy to prevent neglect.</p> <ul style="list-style-type: none"> The facility will carefully assess all prospective new admissions to the facility and the QIDP will provide the assessment data to the Operations Team for review. The Operations Team will review the on-sight assessment data along with all available historical information before admitting new clients and the Executive Director will be responsible for final approval of all new admissions to the facility. An increased administrative presence in the facility, as described above will focus on staff training and hands on coaching to assure a neglect-free environment. <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team</p>	

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W 0104 Bldg. 00	<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 observation, record review and interview for 3 of 4 sampled clients (A, B and D), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A and B's bedroom areas were clean and failed to ensure the facility implemented its written policy's and procedures to prevent neglect regarding clients A and D.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 12/22/15 from 10:30 AM through 12:00 PM. Client A's bedroom floor was covered with 2 trash bags filled with various toys, electronic components and clothing on the floor and a soiled laundry bin overflowing with clothing on the floor. A disassembled television was on the floor and the bed was covered in clothing and disassembled electronic components (speakers). Client B's bedroom area presented with a discernable pungent odor.</p>	W 0104	<p>Leader, Operations Team</p> <p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following: Through ongoing assessment, the interdisciplinary team, with input and direction from the governing body has determined that Client A cannot be supported successfully in a supervised group living setting. In a cooperative effort with the Bureau of Developmental Disability Services, the facility has obtained a Medicaid Waiver for Client A. Currently Client A is visiting his new waiver home until the funding is finalized. He will not be returning to the facility. All staff have been retrained regarding shift change procedures to assure clients are not accidentally left unsupervised. All staff will be retrained on the agency's abuse/neglect/exploitation and mistreatment curriculum as well as the specific level of supervision required by each client. A thorough cleaning of Client B's bedroom has eliminated the odor noted during the survey observation. Multiple</i></p>	01/21/2016

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	<p>Staff #1 was interviewed on 12/22/15 at 11:15 AM. Staff #1 indicated client A's bedroom was cluttered with clothing and disassembled electronic components on the floor and bed. Staff #1 indicated client B had nightly incidents of urinary incontinence. Staff #1 stated, "[Client B's] room smells better than it did. We usually open the windows to air it out. The urine smell is strong."</p> <p>2. The facility failed to implement its written policy and procedures to prevent neglect regarding clients A and D. Please see W149.</p> <p>This federal tag relates to complaint #IN00185026.</p> <p>9-3-1(a)</p>		<p>checks of the facility environment by administrative level staff have confirmed that the issue is resolved. PREVENTION: The QIDP will take an active role in holding the Residential Manager and direct support staff accountable for maintaining a clean and safe environment and providing appropriate protective oversight. The Residential Manager will be expected to observe active treatment sessions no less than five times per week on varied shifts including weekends to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff implement all training and behavior supports as written and provide the appropriate level of supervision. Members of the Operations Team (comprised of the Executive Director, Quality Assurance Manager, Program Manager, Quality Assurance Coordinator, Training Manager and Nurse Manager) as well as the QIDP will monitor active treatment sessions no less than twice weekly for the next 60 days and no less than weekly for an additional 60 days to observe the facility's environment for cleanliness and the absence of safety hazards and to assure staff understand and provide the assessed level of protective oversight. At the conclusion of this period of intensive</p>	

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			<p>administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the</p>	

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client		Executive Director will participate directly in administrative monitoring of the <i>facility</i> . Additionally, the Residential Manager or a designee will complete daily checks of all client bedrooms to assure they are clean and odor free. Specifically for Client B, the interdisciplinary team has assessed that soiled bed linens were a primary source of the odor in Client B's bedroom and the team will assist Client B with cleaning his linens no less than three times weekly. In order to assure appropriate placement of new clients, the team will carefully assess all prospective new admissions to the facility and the QIDP will provide the assessment data to the Operations Team for review. The Operations Team will review the on-sight assessment data along with all available historical information before admitting new clients and the Executive Director will be responsible for final approval of all new admissions to the facility. An increased administrative presence in the facility, as described above will focus on staff training and hands on coaching to assure a neglect-free environment. RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Operations Team	

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	<p>protections requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (A and D). The facility failed to implement its written policy and procedures to prevent neglect regarding clients A and D.</p> <p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to prevent neglect regarding clients A and D. Please see W149.</p> <p>This federal tag relates to complaint #IN00185026.</p> <p>9-3-2(a)</p>	W 0122	<p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met.</i></p> <p>Specifically, the governing body has facilitated the following:</p> <p>Through ongoing assessment, the interdisciplinary team, with input and direction from the governing body has determined that Client A cannot be supported successfully in a supervised group living setting. In a cooperative effort with the Bureau of Developmental Disability Services, the facility has obtained a Medicaid Waiver for Client A. Currently Client A is visiting his new waiver home until the funding is finalized. He will not be returning to the facility.</p> <p>All staff have been retrained regarding shift change procedures to assure clients are not accidentally left unsupervised. All staff will be retrained on the agency's abuse/neglect/exploitation and mistreatment curriculum as well as the specific level of supervision required by each client.</p>	01/21/2016	

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			<p>PREVENTION:</p> <p>The QIDP will take an active role in holding the Residential Manager and direct support staff accountable for maintaining a clean and safe environment and providing appropriate protective oversight. The Residential Manager will be expected to observe active treatment sessions no less than five times per week on varied shifts including weekends to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff implement all training and behavior supports as written and provide the appropriate level of supervision.</p> <p>Members of the Operations Team (comprised of the Executive Director, Quality Assurance Manager, Program Manager, Quality Assurance Coordinator, Training Manager and Nurse Manager) as well as the QIDP will monitor active treatment sessions no less than twice weekly for the next 60 days and no less than weekly for an additional 60 days to observe the facility's</p>	

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			<p>environment for cleanliness and the absence of safety hazards and to assure staff understand and provide the assessed level of protective oversight. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening</p>	

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			<p>toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>.</p> <p>Additionally, the Residential Manager or a designee will complete daily checks of all client bedrooms to assure they are clean and odor free. Specifically for Client B, the interdisciplinary team has assessed that soiled bed linens were a primary source of the odor in Client B's bedroom and the team will assist Client B</p>	

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W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for	W 0149	with cleaning his linens no less than three times weekly. In order to assure appropriate placement of new clients, the team will carefully assess all prospective new admissions to the facility and the QIDP will provide the assessment data to the Operations Team for review. The Operations Team will review the on-sight assessment data along with all available historical information before admitting new clients and the Executive Director will be responsible for final approval of all new admissions to the facility. An increased administrative presence in the facility, as described above will focus on staff training and hands on coaching to assure a neglect-free environment. RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team	01/21/2016	

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	<p>2 of 4 sampled clients (A and D), the facility failed to implement its written policies and procedures to prevent neglect regarding clients A and D.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/22/15 at 2:00 PM. The review indicated the following:</p> <p>1. BDDS report dated 10/16/15 indicated, "[Staff #1] allegedly waited in her personal vehicle and permitted [client A] to visit his brother without one to one supervision (ratio of client to staff supervision) as specified in his plan. After [client A] entered the residence, EMS (Emergency Medical Services) arrived and transported [client A] to the [hospital] via ambulance. [Staff #1] did not accompany [client A] to the hospital, per ResCare protocol. [Staff #1] met [client A] at the ED (Emergency Department). ED personnel performed a head [medical testing] and toxicology screen and released [client A] to ResCare staff with a diagnosis of marijuana use and generalized convulsions, unspecified type and instructed staff to assist [client A] with to (sic) following up with a neurologist."</p>		<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the governing body has facilitated the following:</i></p> <p>Through ongoing assessment, the interdisciplinary team, with input and direction from the governing body has determined that Client A cannot be supported successfully in a supervised group living setting. In a cooperative effort with the Bureau of Developmental Disability Services, the facility has obtained a Medicaid Waiver for Client A. Currently Client A is visiting his new waiver home until the funding is finalized. He will not be returning to the facility.</p> <p>All staff have been retrained regarding shift change procedures to assure clients are not accidentally left unsupervised. All staff will be retrained on the agency's abuse/neglect/exploitation and mistreatment curriculum as well as the specific level of supervision required by each client.</p>	
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	<p>-IS (Investigative Summary) dated 10/15/15 indicated, "(1.) The evidence substantiates that [staff #1] failed to keep [client A] within her line of sight, as directed in [client A's] BSP (Behavior Support Plan), on 10/15/15. Specifically, by her own admission, [staff #1] allowed [client A] to visit his brother while she waited in her car on multiple occasions. (2.) The evidence substantiates that the actions of [staff #1] resulted in [client A] participating in illegal activity, on 10/15/15. Specifically, [client A] said that he smoked marijuana while visiting his brother on 10/15/15 and a toxicology screen tested positive for cannabinoids (sic)."</p> <p>2. IS dated 11/12/15, "On 12/11/15, [RD (Residential Director) #1] received call that [client A] was alone at [store/pharmacy] on [intersection]." IS dated 11/12/15 indicated, (1.) The evidence substantiates [staff #2] failed to follow 1 on 1 (ratio) procedures for [client A]. (2.) The evidence substantiates [staff #3] failed to follow 1 on 1 (ratio) procedures for [client A]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/22/15 at 1:40 PM. QIDP #1 indicated client A should be in line of sight/one to</p>		<p>PREVENTION:</p> <p>The QIDP will take an active role in holding the Residential Manager and direct support staff accountable for maintaining a clean and safe environment and providing appropriate protective oversight. The Residential Manager will be expected to observe active treatment sessions no less than five times per week on varied shifts including weekends to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff implement all training and behavior supports as written and provide the appropriate level of supervision.</p> <p>Members of the Operations Team (comprised of the Executive Director, Quality Assurance Manager, Program Manager, Quality Assurance Coordinator, Training Manager and Nurse Manager) as well as the QIDP will monitor active treatment sessions no less than twice weekly for the next 60 days and no less than weekly for an additional 60 days to observe the facility's</p>	

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	<p>one ratio supervision.</p> <p>Staff #4 was interviewed on 12/22/15 at 1:15 PM. Staff #4 indicated client A was on one to one ratio supervision. Staff #4 indicated staff should have client A in their line of sight during awake hours.</p> <p>Client A's record was reviewed on 12/22/15 at 12:30 PM. Client A's ISP (Individual Support Plan) dated 8/20/15 indicated, "[Client A] is at risk for exploitation, he will do whatever someone suggests even if it's unsafe or unhealthy. Currently, [client A] wants to have alone time but at the (sic) time the team does not feel that he will be safe in the community alone." Client A's ISP dated 8/20/15 indicated, "[Client A] is very vulnerable to being taken advantage of or exploited by others and is easily manipulated. [Client A] does whatever someone asks him to do if he feels it's 'cool.' Therefore he would not see the problem with accepting a ride from someone that he does not know."</p> <p>Client A's ESP (Enhanced Supervision Procedures) revised date of 12/13/15 indicated, "[Client A] has left his home and evaded staff supervision on multiple occasions since moving in to his current supervised group living setting on 7/16/15." Client A's ESP revised date</p>		<p>environment for cleanliness and the absence of safety hazards and to assure staff understand and provide the assessed level of protective oversight. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening</p>	

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	<p>12/13/15 indicated, "(1.) A specific staff will be assigned to provide one to one supervision to [client A] during the day and evening shifts. An additional overnight shift staff will be scheduled to provide 15 minute checks while [client A] is sleeping or in his bedroom and one to one observation when he is in common areas of the home. (2.) Staff assigned to work one to one with [client A] will take possession of the one to one observation binder/observation tracking sheets after clocking in. (3.) Staff will remain within line of sight of [client A] while he is awake and not in his bedroom or the bathroom; (a.) Staff should be within 10 feet of [client A] at all times; (b.) Staff should be in the same area as [client A] at all times. If he's indoors, staff should be indoors as well. If he's outdoors, staff is outdoors with him." Client A's ESP revised date of 12/13/15 indicated, "(7.) If [client A] chooses to leave the house, staff should not attempt to prevent him from leaving unless the situation is unsafe, i.e. during a thunderstorm, after 10:00 PM etc.. (8.) Staff should follow [client A] at a respectful distance 10 feet, keeping him in line of sight. (9.) [Client A] is not allowed to have access to a bike due to elopement. (10.) When [client A] works at his volunteer job, he must be accompanied by the assigned one to one staff. While he is working, staff will</p>		<p>toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>.</p> <p>Additionally, the Residential Manager or a designee will complete daily checks of all client bedrooms to assure they are clean and odor free. Specifically for Client B, the interdisciplinary team has assessed that soiled bed linens were a primary source of the odor in Client B's bedroom and the team will assist Client B</p>	

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	<p>remain in his line of sight and remain attentive at all times."</p> <p>3. IS dated 11/16/15, On 11/16/15, [BDDS staff] emailed ResCare to report that he received a call from the parent of [client D] that [client D] was left unsupervised in the group home earlier that day. The staff who allegedly left [client D] alone was [staff #3]."</p> <p>IS dated 11/16/15 indicated, "(1.) The evidence substantiates that [staff #3] failed to provide adequate Supervision to [client D] on 11/16/15. Staff and consumer statements, along with [staff #3's] own statement indicates that when he took three individuals on transport on 11/16/15, he left [client D] alone and unsupervised at [group home]. (2.) The evidence substantiates that [client D] does not have alone time documented in his ISP (Individual Support Plan) or BSP (Behavior Support Plan)."</p> <p>Program Manager (PM) #1 was interviewed on 12/22/15 at 2:45 PM. PM #1 indicated the facility's abuse and neglect policy should be implemented and clients A and D's BSPs should be implemented.</p> <p>This federal tag relates to complaint #IN00185026.</p>		<p>with cleaning his linens no less than three times weekly.</p> <p>In order to assure appropriate placement of new clients, the team will carefully assess all prospective new admissions to the facility and the QIDP will provide the assessment data to the Operations Team for review. The Operations Team will review the on-sight assessment data along with all available historical information before admitting new clients and the Executive Director will be responsible for final approval of all new admissions to the facility. An increased administrative presence in the facility, as described above will focus on staff training and hands on coaching to assure a neglect-free environment.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>				

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

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