STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN-PACT INC	6341 FOREST AVE HAMMOND, IN 46324

(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
W000000	This visit was for an extended annual recertification and state licensure survey. Dates of Survey: May 7, 8, 9 and 14, 2014. Provider Number: 15G558 Facility Number: 001072 AIM Number: 100235500 Surveyor: Christine Colon, QIDP. These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/28/14 by Ruth Shackelford, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to exercise operating direction over the facility to ensure their abuse and neglect policy was implemented in regards to reporting	W000104	All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with	06/13/2014

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	incidents of abuse and neglect, injuries of unknown origin and an allegation of neglect with a burn to a client. The governing body failed to conduct investigations in regard to injuries of unknown origin and an allegation of neglect to a client. Findings include: 1. Please refer to W149: The governing body failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to ensure the implementation of written policy and procedures in regards to reporting incidents of abuse and neglect of clients, conducting investigations in regards to incidents of injuries of unknown origin and neglect, and preventing abuse and neglect of clients. 2. Please refer to W153: The governing body failed for 8 of 19 internal reports reviewed involving 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to report allegations of abuse/neglect and injuries of unknown origin immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. 3. Please refer to W154: The governing		each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program	

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	body failed for 6 of 19 internal reports reviewed involving 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #6), to provide evidence thorough investigations were conducted of allegations of abuse and neglect and injuries of unknown origin. 9-3-1(a)		status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN. All management staff will be re-trained on the abuse/neglect policy, which includes immediate reporting . Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes immediate reporting . Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and	

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			behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN. All management staff will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill	

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			out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible	

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			person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN. To ensure future compliance, at least monthly, a reliability will be completed with staff to ensure they continue to perform his/her duties effectively and competently. Responsible person: Starr Frohock, Group Home Manager.	
W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6). The facility failed to implement its written policies and procedures to prevent abuse/neglect of clients. The facility failed to immediately report allegations of abuse/neglect. The facility failed to conduct investigations in regards to incidents of Injuries of Unknown Origin (IUO) and an allegation of a burn to a client. Findings include: 1. Please refer to W149: The facility failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to ensure the implementation of	W000122	Client #5, #6 & #7 had aged out of this home and did not live there during the time of this survey. Client #1 & #6 do have some SIB that are addressed in their behavior support plan. Client #2 does turn red easily and has been to the doctor several times for testing. He was new to us at the time and staff did not know how easily he turns red and assumed a diagnosis. The redness had gone away, so it was not actually a burn. Client #2 is mostly custodial care and needs hand over hand assistance for all basic needs including taking a shower. Staff's hands and arms were in the water during this time. Client #2 also is followed by DCS on a regular basis (DCS referral) and their nurse also reviewed our records and assessed him. BDDS also had done an environmental inspection prior to two moves this year and	06/13/2014

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	written policy and procedures in regards to reporting and investigating injuries of unknown origin and a burn to a client and preventing abuse and neglect. 2. Please refer to W153: The facility failed for 6 of 19 internal reports reviewed involving 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to report abuse/neglect and injuries of unknown origin and a burn to a client immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law 3. Please refer to W154: The facility failed for 6 of 19 internal reports reviewed involving 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #6), to provide evidence thorough investigations were conducted in regard to allegations of abuse and neglect and injuries of unknown origin. 9-3-2(a)		both included testing our water temp, which was 110 or under. All staff are trained upon hire and then at least on an annual basis on our abuse/neglect policy and incident reporting. Responsible person: Ruth Estrada, Training Coordinator. Staff are trained upon hire and then at least on an annual basis for 1st aid. Each client has a 1st aid protocol that is to be followed. Responsible person: Sherri DiMarrco, RN and Starr Frohock, Group Home Manager. Hot water temperature is set at 110 and is check on a weekly basis. Responsible person: Starr Frohock, Group Home Manager. All management staff will be re-trained on the abuse/neglect policy, which includes immediate reporting and thorough investigations. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes immediate reporting and thorough investigations. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as	

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			defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. Daily body checks will be completed on Client #2. Responsible person: Starr Frohock, Group Home Manager. Our nurse will visually assess any unknown or significant injury as well as do at least monthly visit. Responsible person: Sherri DiMarrco, RN. To ensure future compliance, the Manager will review in the home all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly	

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			by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN. To ensure future compliance, at least monthly, a reliability will be completed with staff to ensure they continue to perform his/her duties effectively and competently. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, regular monthly health & safety checks will be completed, which includes water temp and incident reporting. Responsible person: Sheila O'Dell, Group Home Director & Elaina Blystone, QDDP.	
W000125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4), to have toilet paper and paper towels/towels readily accessible in the restrooms. Findings include:	W000125	Toilet paper and paper towels are to be kept in the bathrooms and readily accessible at all times. Responsible person: Starr Frohock, Group Home Manager. Client's #1-4 will have a program put into place to use the correct amount of paper product in the bathroom. Responsible person: Elaina Blystone, QIDP and Starr	06/13/2014

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	An evening observation was conducted at the group home on 5/7/14 from 4:10 P.M. until 6:30 P.M.. During the entire observation period both bathrooms at clients #1, #2, #3 and #4's home had no toilet paper and paper towels/towels available for use. An observation was conducted at the group home on 5/8/14 from 11:00 A.M. until 1:00 P.M.. During the entire observation period both bathrooms at clients #1, #2, #3 and #4's home had no toilet paper and paper towels/towels available for use. A morning observation was conducted at the group home on 5/9/14 from 5:40 A.M. until 7:00 A.M.. During the entire observation period both bathrooms at clients #1, #2, #3 and #4's home had no toilet paper and paper towels/towels available for use. An interview with Direct Support Professional (DSP) #3 was conducted on 5/7/14 at 5:00 P.M.. DSP #3 indicated the toilet paper and paper towels were not kept in the bathrooms due to clients #1, #2, #3 and #4 wasting them. When asked where the products were kept, DSP #3 retrieved a roll of toilet paper and paper towels from a plastic bin located in the		Frohock, Group Home Manager. These programs will be scheduled daily to ensure they are allowed and encouraged to access/training to use the correct amount of paper products. Responsible person: Elaina Blystone, QIDP and Starr Frohock, Group Home Manager. To ensure future compliance, monthly during our program monitoring review (PSR) will include that all bathrooms have toilet paper and paper towel in them Responsible person: Sheila O'Dell, Group Home Director and Elaina Blystone, QIDP	

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	kitchen on the counter. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/9/14 at 4:00 P.M.. The QIDP indicated the toilet paper and paper towels/towels should be out for clients to see and have access to. 9-3-2(a)			
W000130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview, the facility failed for 3 of 3 clients observed during medication administration (clients #2, #3 and #4) to ensure privacy during medication administration. Findings include: A morning observation was conducted at the group home on 5/9/14 from 5:40 A.M. until 7:00 A.M.. Beginning at 6:15 A.M., Direct Support Professional (DSP) #4 began administering client #2's morning medication in the kitchen while DSP #5 walked in and out of the kitchen area and client #3 stood in the doorway,	W000130	Client #1 - 4's med programs will be revised to include that they each have privacy during medication administration. Responsible person: Elaina Blystone, QDDP. Re-training on how to ensure privacy during med pass will be completed. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, medication reliabilities will be completed on each staff and then monthly there after. Responsible person: Elaina Blystone, QDDP and Dana Hesse, Group Home Manager.	06/13/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G558	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/14/2014
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	where client #2's medication information could be heard. As DSP #2 administered each of client #2's prescribed medications, she stated the names and dosage and reason for each medication. At 6:30 A.M., DSP #4 began administering client #4's morning medication in the kitchen while DSP #5 walked in and out of the kitchen and client #3 stood in the doorway, where client #4's medication information could be heard. As DSP #4 administered each of client #4's prescribed medications, she stated the names and dosage and reason for each medication. At 6:35 A.M., DSP #4 began administering client #3's morning medication in the kitchen while client #4 stood in the kitchen area where client #3's medication information could be heard. As DSP #4 administered each of client #3's prescribed medications, she stated the names and dosage and reason for each medication. There was no staff redirection regarding privacy observed during medication administration. An interview with the Qualified Intellectual Disabilities professional (QIDP) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated while staff are administering a client's medications, the other clients should be directed out of the area to ensure privacy. The QIDP further			

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	indicated all clients should have privacy during medication administration. 9-3-2(a)			
W000149	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 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), the facility failed to implement written policy and procedures in regards to investigating injuries of unknown origin and an allegation of a burn to a client, preventing abuse and neglect and reporting client to client aggression and unknown injuries to the Bureau of Developmental Disabilities Services (BDDS). Findings include: A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/7/14 at 5:25 P.M. and indicated the following: -IR dated 10/19/13 reviewed by the Group Home Manager (GHM) on 10/22/13 and reviewed by the nurse on 10/24/13 involving nonverbal client #1	W000149	All management staff will be re-trained on the abuse/neglect policy. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure	06/13/2014

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	15G558	A. BUILDING 00 B. WING	05/14/2014

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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
	indicated: "Gave [client #1] a shower and noticed that he had a bruise and a scratch on his left upper arm. It came from a classmate at his school. A red scratch and a bruise on his left upper arm (sic)." Further review of the report failed to indicate the incident of client to client aggression was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the client to client aggression. -IR dated 10/30/13 involving nonverbal client #6 indicated: "While brushing his (client #6's) teeth I noticed when [client #6] closed his left eye he had a swoll (sic) red mark in the corner left outer corner of eye ¼ inch wide by ½ inch long red mark, also swelling of the temple area to cheek bones." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the unknown injury. -IR dated 11/7/13...reviewed by the GHM on 11/10/13...Signed by the nurse on 11/15/13 involving nonverbal client #2 indicated: "[Client #2] was dropping to the floor for an hour after school while he was being redirected. Further more he		future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN.	

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	vomited all night after dinner. While cleaning his bm (bowel movement) diaper at 8 PM he began to eat his feces and I quickly put him in the shower. The water heater was turned down and he had minor burns. 2 inch by 2 inch bruise 3 inch above left wrist. One 1 inch by 2 inch bruise to left outer calf, minor burn to left side of face back and back of neck." Notation dated 11/11/13 by GHM indicated: "Staff have been advised that the water heater needs to be set at 110 degrees." Further review of the report failed to indicate the allegation of neglect was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the allegation of neglect. The report did not indicate client #2 was assessed by nursing services or medical staff. -IR dated 12/2/13 involving nonverbal client #2 indicated: "[Client #2] came out of his room and had a scrape on his arm (minor abrasion) About 1 ½ inch long and 1 inch wide (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the injury of unknown origin.			

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	-IR dated 12/18/13 involving nonverbal client #6 indicated: "While [client #6] was in the shower getting ready for school I noticed on his right hand his middle finger and the nail and area surrounding it was bruised/discolored." Further review of the report failed to indicate this injury of unknown injury was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the injury of unknown origin. -IR dated 12/21/13 involving nonverbal client #6 indicated: "[Client #6] was eating his lunch I noticed blood on his finger then saw his left middle finger had a cut (sic). Diagonal cut on the tip of middle left finger (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. The report did not indicate an investigation was conducted in regards to the injury of unknown origin. -IR dated 1/10/14 involving nonverbal client #1 indicated: "The A.M. staff who gave [client #1] a shower was concerned about a white popcorn like thing on the right side of his tip of penis. When I looked at it in the bathroom he did not want me to go near it, as if it is sore right			

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	below the foreskin also he masturbates by humping the bed. Small ½ inch by 2 mm (millimeter) scar on the right side of the penis." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. -IR dated 2/11/14 involving client #5 indicated: "I took [client #5] to the bathroom and noticed a quarter size reddish brown bruise on his right wrist but previously he had been banging his hands and arms on the tables." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. A review of the facility's records was conducted at the facility's administrative office on 5/7/14 at 7:30 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident			

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	must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the			

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	work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift." An interview with the GHM was conducted at the group home on 5/8/14 at 12:50 P.M.. The GHM indicated all staff are trained upon hiring and before working at the group and annually on the facility's abuse and neglect policy. The GHM indicated staff who are involved or witness any incidents are to immediately secure the client and the call the GHM to notify her of any reportable incidents. The staff are then to document on an IR. The GHM indicated she is to then notify the Qualified Intellectual Disabilities Professional (QIDP) and the QIDP is to notify the Group Home Director (GHD). The GHM indicated there are some incidents which she is to report to BDDS after she is notified by group home staff since she has access at home to do so. When asked which incidents she is to report to BDDS, the GHM stated "I don't know." When asked if the documented incidents were reported to BDDS, she stated "No." When asked if there was documentation to indicate the administrator was notified, she stated "No." When asked if investigations were conducted in regards to the documented			

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	incidents, she stated "I'm not sure." An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Group Home Director (GHD) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated the documented incidents were not immediately reported to the administrator and within 24 hours to BDDS. The QIDP indicated no investigations were conducted in regards to the injuries of unknown origin and allegations of abuse/neglect. When asked if the 11/7/13 incident involving client #2 was reported to the administrator and BDDS, the QIDP indicated it was not reported. When asked if client #2's injuries and documented burn were assessed by the facility's nursing services or by a medical professional, the GHD stated "The group home staff are not medical personnel, they can't diagnose a burn. [Client #2] turns red easy. If he would have gotten burned, the staff would have gotten burned too because he needs assistance when showering. I'm not even sure if the staff who put him in the shower is the staff that documented the incident report." When asked if client #2 was assessed by the facility's nursing services or medical professional after the burn, she stated "No." When asked who is			

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	identified as the administrator, the QIDP stated "I am to be notified and then I notify [GHD Name]." When asked if the GHD was notified immediately of the documented injuries of unknown origin, the QIDP indicated no. When asked when the GHD became aware of the 11/7/13 incident, the QIDP stated "Yesterday when the GHM informed us you (surveyor) questioned her." When asked if BDDS reports were submitted, the QIDP indicated they were not submitted. When asked if investigations were conducted in regards to the documented incidents of injuries of unknown origin and the burn to client #2, the QIDP stated "No." 9-3-2(a)			

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W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 8 of 19 internal reports reviewed, the facility failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #5 and #6), to report allegations of abuse/neglect and injuries of unknown origin immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law. Findings include: A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/7/14 at 5:25 P.M. and indicated the following: -IR dated 10/19/13 reviewed by the Group Home Manager (GHM) on	W000153	All management staff will be re-trained on the abuse/neglect policy, which includes immediate reporting . Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes immediate reporting . Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for	06/13/2014

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	10/22/13 and reviewed by the nurse on 10/24/13 involving nonverbal client #1 indicated: "Gave [client #1] a shower and noticed that he had a bruise and a scratch on his left upper arm. It came from a classmate at his school. A red scratch and a bruise on his left upper arm (sic)." Further review of the report failed to indicate the incident of client to client aggression was immediately reported to the administrator and BDDS. -IR dated 10/30/13 involving nonverbal client #6 indicated: "While brushing his (client #6's) teeth I noticed when [client #6] closed his left eye he had a swoll (sic) red mark in the corner left outer corner of eye ¼ inch wide by ½ inch long red mark, also swelling of the temple area to cheek bones." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. -IR dated 11/7/13...reviewed by the GHM on 11/10/13...Signed by the nurse on 11/15/13 involving nonverbal client #2 indicated: "[Client #2] was dropping to the floor for an hour after school while he was being redirected. Further more he vomited all night after dinner. While cleaning his bm (bowel movement) diaper at 8 PM he began to eat his feces and I quickly put him in the shower. The		which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN.	

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	water heater was turned down and he had minor burns. 2 inch by 2 inch bruise 3 inch above left wrist. One 1 inch by 2 inch bruise to left outer calf, minor burn to left side of face back and back of neck." Notation dated 11/11/13 by GHM indicated: "Staff have been advised that the water heater needs to be set at 110 degrees." Further review of the report failed to indicate the allegation of neglect was immediately reported to the administrator and BDDS. -IR dated 12/2/13 involving nonverbal client #2 indicated: "[Client #2] came out of his room and had a scrape on his arm (minor abrasion) About 1 ½ inch long and 1 inch wide (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. -IR dated 12/18/13 involving nonverbal client #6 indicated: "While [client #6] was in the shower getting ready for school I noticed on his right hand his middle finger and the nail and area surrounding it was bruised/discolored." Further review of the report failed to indicate this injury of unknown injury was immediately reported to the administrator and BDDS.			

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	-IR dated 12/21/13 involving nonverbal client #6 indicated: "[Client #6] was eating his lunch I noticed blood on his finger then saw his left middle finger had a cut (sic). Diagonal cut on the tip of middle left finger (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. -IR dated 1/10/14 involving nonverbal client #1 indicated: "The A.M. staff who gave [client #1] a shower was concerned about a white popcorn like thing on the right side of his tip of penis. When I looked at it in the bathroom he did not want me to go near it, as if it is sore right below the foreskin also he masturbates by humping the bed. Small ½ inch by 2 mm scar on the right side of the penis." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator and BDDS. -IR dated 2/11/14 involving client #5 indicated: "I took [client #5] to the bathroom and noticed a quarter size reddish brown bruise on his right wrist but previously he had been banging his hands and arms on the tables." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the administrator			

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	and BDDS. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated these incidents were not immediately reported to the administrator or BDDS. The QIDP further indicated the incidents should have been immediately reported to the administrator and within 24 hours to BDDS. 9-3-2(a)			
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.			

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	Based on record review and interview for 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #6) and for 6 of 19 internal reports reviewed, the facility failed to provide evidence thorough investigations were conducted in regard to allegations of abuse and neglect and injuries of unknown origin. Findings include: A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/7/14 at 5:25 P.M. and indicated the following: -IR dated 10/19/13 reviewed by the Group Home Manager (GHM) on 10/22/13 and reviewed by the nurse on 10/24/13 involving nonverbal client #1 indicated: "Gave [client #1] a shower and noticed that he had a bruise and a scratch on his left upper arm. It came from a classmate at his school. A red scratch and a bruise on his left upper arm (sic)." The report did not indicate an investigation was conducted in regards to the client to client aggression. -IR dated 10/30/13 involving nonverbal client #6 indicated: "While brushing his (client #6's) teeth I noticed when [client #6] closed his left eye he had a swoll (sic) red mark in the corner left outer corner of	W000154	All management staff will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes thorough investigations. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a	06/13/2014

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	eye ¼ inch wide by ½ inch long red mark, also swelling of the temple area to cheek bones." The report did not indicate an investigation was conducted in regards to the unknown injury. -IR dated 11/7/13...reviewed by the GHM on 11/10/13...Signed by the nurse on 11/15/13 involving nonverbal client #2 indicated: "[Client #2] was dropping to the floor for an hour after school while he was being redirected. Further more he vomited all night after dinner. While cleaning his bm (bowel movement) diaper at 8 PM he began to eat his feces and I quickly put him in the shower. The water heater was turned down and he had minor burns. 2 inch by 2 inch bruise 3 inch above left wrist. One 1 inch by 2 inch bruise to left outer calf, minor burn to left side of face back and back of neck." Notation dated 11/11/13 by GHM indicated: "Staff have been advised that the water heater needs to be set at 110 degrees." The report did not indicate an investigation was conducted in regards to the allegation of neglect. -IR dated 12/2/13 involving nonverbal client #2 indicated: "[Client #2] came out of his room and had a scrape on his arm (minor abrasion) About 1 ½ inch long and 1 inch wide (sic)." The report did not indicate an investigation was		week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN.	

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	conducted in regards to the injury of unknown origin. -IR dated 12/18/13 involving nonverbal client #6 indicated: "While [client #6] was in the shower getting ready for school I noticed on his right hand his middle finger and the nail and area surrounding it was bruised/discolored." The report did not indicate an investigation was conducted in regards to the injury of unknown origin. -IR dated 12/21/13 involving nonverbal client #6 indicated: "[Client #6] was eating his lunch. I noticed blood on his finger then saw his left middle finger had a cut. Diagonal cut on the tip of middle left finger (sic)." The report did not indicate an investigation was conducted in regards to the injury of unknown origin. An interview with the GHM was conducted at the group home on 5/8/14 at 12:50 P.M.. When asked if investigations were conducted in regards to the documented incidents of injury of unknown origin and neglect, she stated "I'm not sure." An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Group Home Director			

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	(GHD) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated no investigations were conducted in regards to the documented incidents of injuries of unknown origin and allegations of abuse/neglect. 9-3-2(a)			
W000189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #5 and #6), to ensure staff were sufficiently trained to assure competence in implementing the facility's abuse/neglect policy in regards to immediately notifying the administrator of incidents of abuse/neglect and reporting to the Bureau of Developmental Disabilities Services (BDDS).	W000189	All staff are trained upon hire and then at least on an annual basis on our abuse/neglect policy and incident reporting. Responsible person: Ruth Estrada, Training Coordinator. Staff are also trained upon hire and then at least on an annual basis for 1st aid. Each client has a 1st aid protocol that is to be followed. Responsible person: Sherri DiMarrco, RN and Starr Frohock, Group Home Manager Management and staff will be retrained on the abuse/neglect policy in regards to immediately notifying the administrator and to	06/13/2014

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	Findings include: A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/7/14 at 5:25 P.M. and indicated the following: -IR dated 10/19/13 reviewed by the Group Home Manager (GHM) on 10/22/13 and reviewed by the nurse on 10/24/13 involving nonverbal client #1 indicated: "Gave [client #1] a shower and noticed that he had a bruise and a scratch on his left upper arm. It came from a classmate at his school. A red scratch and a bruise on his left upper arm (sic)." Further review of the report failed to indicate the group home staff notified the GHM of the injury of unknown origin. -IR dated 10/22/13 involving non verbal client #6 indicated: "[Client #6] came home from school with a bruised face. I visited his class this afternoon, and observed him engage in self injurious behavior (slapping face). Right left temple red and bruised left side extended to top of cheekbone." Further review of the report failed to indicate group home staff notified the GHM of the injury. -IR dated 10/26/13 involving nonverbal client #2 indicated: "Hit head in (sic)		BDDS. Responsible person: Sheila O'Dell, Group Home Director. Staff will each have a reliability/test completed to ensure competency. Responsible person: Elaina Blystone, QDDP & Starr Frohock, Group Home Manager. Each staff at the end of each shift will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after.	

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	back board jump (sic) in bed. Knot on forehead." Further review of the report failed to indicate the group home staff notified the GHM of the fall with injury. -IR dated 10/30/13 involving nonverbal client #6 indicated: "While brushing his (client #6's) teeth I noticed when [client #6] closed his left eye he had a swoll (sic) red mark in the corner left outer corner of eye ¼ inch wide by ½ inch long red mark, also swelling of the temple area to cheek bones." Further review of the report failed to indicate this incident of unknown origin was immediately reported to the GHM. -IR dated 11/7/13...reviewed by the GHM on 11/10/13...Signed by the nurse on 11/15/13 involving nonverbal client #2 indicated: "[Client #2] was dropping to the floor for an hour after school while he was being redirected. Further more he vomited all night after dinner. While cleaning his bm (bowel movement) diaper at 8 PM he began to eat his feces and I quickly put him in the shower. The water heater was turned down and he had minor burns. 2 inch by 2 inch bruise 3 inch above left wrist. One 1 inch by 2 inch bruise to left outer calf, minor burn to left side of face back and back of neck." Notation dated 11/11/13 by GHM indicated: "Staff have been advised that		Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN. To ensure future compliance, the staff will review the policy quarterly at their monthly staff meeting followed up with a reliability for competency. Responsible person: Starr Frohock, Group Home Manager.	

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	the water heater needs to be set at 110 degrees." Further review of the report failed to indicate the incident was immediately reported to the GHM. -IR dated 12/2/13 involving nonverbal client #2 indicated: "[Client #2] came out of his room and had a scrape on his arm (minor abrasion) About 1 ½ inch long and 1 inch wide (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the GHM. -IR dated 12/18/13 involving nonverbal client #6 indicated: "While [client #6] was in the shower getting ready for school I noticed on his right hand his middle finger and the nail and area surrounding it was bruised/discolored." Further review of the report failed to indicate this injury of unknown injury was immediately reported to the GHM. -IR dated 12/21/13 involving nonverbal client #6 indicated: "[Client #6] was eating his lunch I noticed blood on his finger then saw his left middle finger had a cut (sic). Diagonal cut on the tip of middle left finger (sic)." Further review of the report failed to indicate this injury of unknown origin was immediately reported to the GHM.			

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	-IR dated 1/10/14 involving nonverbal client #1 indicated: "The A.M. staff who gave [client #1] a shower was concerned about a white popcorn like thing on the right side of his tip of penis. When I looked at it in the bathroom he did not want me to go near it, as if it is sore right below the foreskin also he masturbates by humping the bed. Small ½ inch by 2 mm (millimeter) scar on the right side of the penis." Further review of the report failed to indicate this incident of injury of unknown origin was immediately reported to the GHM. -IR dated 2/11/14 involving client #5 indicated: "I took [client #5] to the bathroom and noticed a quarter size reddish brown bruise on his right wrist but previously he had been banging his hands and arms on the tables." Further review of the report failed to indicate this incident of an injury of unknown origin was immediately reported to the GHM. An interview with the GHM was conducted at the group home on 5/8/14 at 12:50 P.M.. The GHM indicated all staff are trained upon hiring and before working at the group and annually on the facility's abuse and neglect policy. The GHM indicated staff who are involved or witness any incidents are to immediately secure the client and the call the GHM to			

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	notify her of any reportable incidents. The staff are then to document on an IR. The GHM indicated she is to then notify the Qualified Intellectual Disabilities Professional (QIDP) and the QIDP is to notify the Group Home Director (GHD). The GHM indicated there are some incidents which she is to report to BDDS after she is notified by group home staff since she has access at home to do so. When asked which incidents is she to report to BDDS, the GHM stated "I don't know." An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Group Home Director (GHD) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated the group home staff should have immediately notified the GHM of the incidents of injury of unknown origin and abuse and neglect. When asked if the group hone staff immediately notified the GHM of the documented incidents of injuries of unknown origin and abuse and neglect, the QIDP indicated they did not. 9-3-3(a)			

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W000249	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. Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 2 of 2 sampled clients (clients #1 and #2). Findings include: An evening observation was conducted at the group home on 5/7/14 from 4:10 P.M. until 6:30 P.M.. During the entire observation period, clients #1 and #2 did not communicate and were not prompted to communicate in their home. DSPs #1 and #2 did not offer communication training objectives. Clients #1 and #2 were not prompted to use pictures to communicate. A morning observation was conducted at	W000249	Staff will be retrained on program implementation, which includes that each consumer must receive continuous active treatment programming (communication). Responsible person: Elaina Blystone, QDDP. All programs are scheduled on each client's activity schedule to meet the frequency to support the achievement of the objectives. It also should be ran during any other opportunity. Responsible person: Starr Frohock, Group Home Manager. Weekly an observation will be completed to ensure that the scheduled programs are being completed. During these observation, we will also be specifically looking to see if there were any missed opportunities. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, active	06/13/2014

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	the group home on 5/9/14 from 5:40 A.M. until 7:00 A.M.. During the entire observation period, clients #1 and #2 did not communicate and were not prompted to communicate in their home. DSPs #4 and #5 did not offer communication training objectives. Clients #1 and #2 were not prompted to use pictures to communicate and did not learn to communicate through identifying objects. A review of client #1's records was conducted on 5/9/14 at 1:45 P.M.. A review of the client's 9/18/13 Individual Support Plan indicated the following communication objective which could have been implemented during the morning and evening observation periods: "Will use PECS (Picture Exchange Communication) to make requests." Review of client #1's "Speech-Language Assessment" dated 9/20/07 indicated the following: "At this time, [client #1] should be exposed to a variety of acceptable symbolic communication methods simultaneously (such as PECS, pointing to pictures/photos on a board, sign language and speech)." A review of client #2's records was conducted on 5/9/14 at 2:15 P.M.. A review of the client's 6/24/13 Individual Support Plan indicated the following		treatment reliabilities will be completed at least monthly. Responsible person: Starr Frohock, group home manager & Elaina Blystone, QDDP.	

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	communication objective which could have been implemented during the morning and evening observation periods."Will learn to communicate through identifying objects." The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 5/9/14 at 3:15 P.M.. The QIDP stated client objectives should be implemented "daily." The QIDP indicated client objectives should be implemented at all times of opportunity. The QIDP indicated clients #1 and #2 are nonverbal and further indicated staff should implement communication objectives at all times. 9-3-4(a)			
W000369	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. Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients observed during the morning medication administration (client #2) to ensure staff administered 2	W000369	All staff are trained and required to pass Med core A & B upon hire. They are also required to be trained on site with the specific client's med and must pass a med pass reliability prior to being	06/13/2014

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	of 7 of the client's medications, as ordered without error. Findings include: A morning observation was conducted at the group home on 5/9/14 from 5:40 A.M. until 7:00 A.M.. At 6:15 A.M., Direct Support Professional (DSP) #4 began administering client #2's prescribed medications. DSP #4 sprayed 2 sprays of client #2's "Fluticasone Nasal Spray" into his left nostril and 2 sprays in his right nostril. At 6:18 A.M., a review of the bottle and Medication Administration Record (MAR) dated 5/1/14 to 5/31/14 indicated: "Fluticasone Nasal Spray...1 spray in each nostril 2 times daily." At 6:20 A.M., DSP #4 then administered client #2's Omeprazole 20 mg (milligram) capsule. Review of the medication label and MAR dated 5/1/14 to 5/31/14 indicated "Omeprazole 20 mg capsule...1 capsule once daily...Take before meals...GERD (gastroesophageal reflux disease)." Client #2 ate breakfast at 6:24 A.M.. An interview with the Group Home Director Director (GHD) was conducted on 5/9/14 at 3:15 P.M.. The GHD indicated client #2's medications should have been administered as directed on the label and MAR. The GHD further		able to pass meds. Responsible person: Sherri DiMarrco, RN & Starr Frohock, Group Home Manager. DSP #4 will receive a supervisory note for improper med pass as ordered. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, there is at least yearly training and med pass reliability will occur. Responsible person: Sherri DiMarrco, RN and Dana Hesse, Group Home Manager. To ensure future compliance, monthly a med pass reliability will be completed. Responsible person: Starr Frohock, Group Home Manager	

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	indicated client #2's medications should have been given at least 30 minutes before eating his breakfast. 9-3-6(a)			
W000484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 3 of 4 clients (clients #1, #2 and #3) residing in the group home to provide condiments at the dining table. Findings include: A morning observation was conducted at the group on 5/9/14 from 5:40 A.M. until 7:00 A.M.. At 6:10 A.M., Direct Support Professional (DSP) #5 began preparing three individual bowls of plain oatmeal, in the microwave. There was no butter/margarine, sugar/sugar substitute, milk or cinnamon provided for clients #1, #2 and #3 to use for their meal. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated	W000484	Staff will ensure that condiments will be provided at each meal. Responsible person: Starr Frohock, Group Home Manager. Staff will be retrained to provide all condiments for each of the client during all of the meal provide. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, a dining reliability/test will be completed to show competency. Responsible person: Starr Frohock, Group Home Manager and Elaina Blystone, QDDP.	06/13/2014

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	butter/margarine, sugar/sugar substitute, milk and/or cinnamon should be put on the table for the clients to use. 9-3-8(a)			
W000488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the facility failed to assure 3 of 4 clients residing at the group home (clients #1, #2 and #3) were involved in meal preparation and served themselves. Findings include: A morning observation was conducted at the group on 5/9/14 from 5:40 A.M. until 7:00 A.M.. At 6:10 A.M., Direct Support Professional (DSP) #5 began preparing three individual bowls of oatmeal, in the microwave, while clients #1 and #2 walked around the home with no activity and client #3 stood at the kitchen doorway with no activity. At 6:24 A.M., DSP #5 placed the three prepared bowls of oatmeal on the dining table and clients #1, #2 and #3 ate their breakfast. Clients #1, #2 and #3 did not	W000488	Staff will be retrained to ensure clients are given the opportunity to participate in meal preparation. Responsible person: Starr Frohock, Group Home Manager. Client's will be scheduled to assist in meal prep. If others are available and able, they can also assist even if it is not their assigned cook time. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, a meal prep reliability/test will be completed to show competency. Responsible person: Starr Frohock, Group Home Manager and Elaina Blystone, QDDP.	06/13/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/14/2014
NAME OF PROVIDER OR SUPPLIER IN-PACT INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6341 FOREST AVE HAMMOND, IN 46324	

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	assist in meal preparation and did not serve themselves. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in preparation and serving themselves at all meal times. 9-3-8(a)			
W009999	State Findings: 460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written	W009999	All management staff will be re-trained on the abuse/neglect policy, which includes immediate reporting to BDDS within 24 hours . Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy, which includes immediate reporting to administrator within 24 hours. Responsible person: Starr Frohock, Group Home Manager. A reliability will be completed with	06/13/2014

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	summaries as requested by the division. This state rule is not met as evidenced by: Based on record review and interview, the facility failed for 8 of 8 incidents of significant injury involving of 1 of 2 sampled clients and 2 additional clients (clients #2, #5 and #6), to report to the Bureau of Developmental Disabilities Services (BDDS). Findings include: A review of the facility's Internal Reports (IRs) was conducted at the group home on 5/7/14 at 5:25 P.M. and indicated the following: -IR dated 10/22/13 involving non verbal client #6 indicated: "[Client #6] came home from school with a bruised face. I visited his class this afternoon, and observed him engage in self injurious behavior (slapping face). Right left temple red and bruised left side extended to top of cheekbone." Further review of the report failed to indicate the significant injury was reported to BDDS. -IR dated 10/26/13 involving nonverbal client #2 indicated: "Hit head in (sic) back board jump (sic) in bed. Knot on forehead." Further review of the report		each staff to ensure competency. Responsible person: Starr Frohock, Group Home Manager. Daily each staff will fill out a document prior to leaving his/her shift in ensure that the facility's abuse and neglect policy has been followed. This will include immediately reporting of all incidents as defined per policy to administrator, report/document any incident which may have occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift. This document will be faxed daily to the office for review for one month. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, the Manager will review all internal reports (incident and behavioral) daily for peer/peer, injury of unknown origin and significant injuries &/or allegations. Responsible person: Starr Frohock, Group Home Manager. To ensure future compliance, the QDDP will review in the home two times a week, all internal reports (incident and behavioral) for peer/peer, injury of unknown origin and significant injuries &/or allegations for the first month and then 3 times a month there after. Responsible person: Elaina Blystone, QDDP. To ensure future compliance, all incident reports will be reviewed at least monthly during the program	

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	failed to indicate the fall with injury was immediately reported to the administrator and BDDS. -IR dated 12/21/13 involving nonverbal client #6 indicated: "[Client #6] was in his bedroom and began exhibiting targeted behaviors SIBs...slapping both temples with hands. His behavior plan was followed coping and he was given acetaminophen for pain. Swollen from 2 inches below the hairline to just past his cheek bone." Further review of the report failed to indicate this incident of significant injury was immediately reported to BDDS. -IR dated 12/26/13 involving nonverbal client #2 indicated: "[Client #2] was rubbing his face with his hands tried commanding hands down, he continued his face has been rubbed raw. Red inflamed bumps sunburn like skin on nose upper lips and chin." Further review failed to indicate the incident was reported to BDDS. -IR dated 1/4/14 involving nonverbal client #6 indicated: "[Client #6] has been having behaviors where he (sic) slamming himself on the dining room chairs. A long red swollen like 3 inch abrasion on his upper right leg." Further review of the report failed to indicate this		status review and at least monthly by our Nurse to ensure that the facility's abuse and neglect policy has been followed. Responsible person: Elaina Blystone, QDDP, Sheila O'Dell Group Home Director, and Sherri Dimarrco, RN.	

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	incident with injury was immediately reported to BDDS. -IR dated 1/26/14 involving client #5 indicated: "[Client #5] got his meds and signed he wanted food, showed me (sic) wanted bread. He's on a ground diet. I signed no and redirected him to the bathroom. He became very aggressive with staff dropped to the floor 2 times and hit his head on the floor and carpet (sic) smacked the window and punched the middle of his forehead with his wrist. Red mark just below hairline on forehead 1 inch by ½ inch wide. " Further review of the report failed to indicate this incident with injury was immediately reported to BDDS. -IR dated 2/9/14 involving nonverbal client #2 indicated: "I was helping [client #2] with his bathing when I noticed a large bruise on his shin. The day before when I worked with him he was very active dropping to the floor several times. Right shin upper 4 inch long bruise 2 ½ inches wide purple, yellow and blue in color. Also small 2 inch by 1 inch bruise right below the knee towards inner leg." Further review of the report failed to indicate this incident with injury was immediately reported to BDDS.			

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	-IR dated 4/13/14 involving nonverbal client #2 indicated: "I was doing [client #2]'s toileting. I had him sit on the toilet. After about 20 seconds he stood up and proceeded to urinate on the floor. He stepped in it as he was urinating and slipped and scraped his elbow on the corner wall. A scraped area on his right elbow approximately 1 ½ inches long. Cleaned with peroxide bandaged with Neosporin." Further review of the report failed to indicate this fall with injury was immediately reported to the administrator and BDDS. A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 5/9/14 at 10:30 A.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS." An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Group Home Director (GHD) was conducted on 5/9/14 at 3:15 P.M.. The QIDP indicated the documented incidents were not			

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	immediately reported to the administrator and within 24 hours to BDDS. When asked if BDDS reports were submitted, the QIDP indicated they were not. 9-3-1(b)			