

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G251	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00172930.</p> <p>Dates of Survey: May 15, 18, 19, 20 and 21, 2015.</p> <p>COMPLAINT #IN00172930: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W153, W154, W155, W156, W157, W186, W268 and W331.</p> <p>Facility number: 000771 Provider number: 15G251 AIM number: 100243430</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</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>			

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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	Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Governing Body. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The Governing Body failed to provide staff supervision to prevent physical assault and inappropriate physical interaction for clients A and D. The Governing Body failed to ensure there was a timely report of 1 allegation of abuse for client A. The Governing Body failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to ensure protective measures were implemented (removal of facility operated day program staff from duty) after an allegation of abuse involving client A to prevent potential for further abuse. The Governing Body failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The Governing Body neglected to provide	W 0102	<p><b>W 102 Governing Body</b> The facility must ensure that specific governing body and management requirements are met.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> </ul>	06/20/2015

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	<p>nursing assessment and treatment to address a pressure ulcer involving client C.</p> <p>Findings include:</p> <p>1. The Governing Body failed to meet the Condition of Participation: Client Protections. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The Governing Body failed to provide staff supervision to prevent physical assault and inappropriate physical interaction (clients A and D). The Governing Body failed to timely report 1 allegation of abuse involving client A. The Governing Body failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to ensure protective measures were implemented (facility operated day program staff removed from duty) after an allegation of abuse involving client A to prevent potential for further abuse. The Governing Body failed to develop and implement effective corrective action to</p>		<ul style="list-style-type: none"> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound</li> </ul>		

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	<p>prevent physical assault and inappropriate physical interaction involving clients A, B and D. The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. Please see W122.</p> <p>2. The Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). the Governing Body failed to provide staff supervision to prevent physical assault and inappropriate physical interaction (clients A and D). The Governing Body failed to timely report 1 allegation of abuse involving client A. The Governing Body failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to ensure protective measures were implemented (facility operated day program staff removed from duty) after an allegation of abuse involving client A to prevent potential for further abuse. The Governing Body failed to develop and</p>		<p>care needs on 6-5-15.</p> <ul style="list-style-type: none"> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are</li> </ul>		

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	<p>implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. Please see W104.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-1(a)</p>		<p>being reported by staff.</p> <ul style="list-style-type: none"> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will</li> </ul>		

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			<p>be reviewed with the Program Coordinator by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover</li> </ul>	

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			<p>the shift.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been</li> </ul>	

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			<p>added for Client C to assist in the prevention of skin breakdown.</p> <ul style="list-style-type: none"> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by</li> </ul>		

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			<p>June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being</li> </ul>	

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			<p>monitored by a wound care nurse weekly.</p> <ul style="list-style-type: none"> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and</li> </ul>	

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W 0104	483.410(a)(1) GOVERNING BODY		<p>D they will be included in their BSP.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul>		

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Bldg. 00	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon, observation, record review and interview, the Governing Body failed to provide oversight and direction to implement its policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The Governing Body failed to provide staff supervision to prevent physical assault and inappropriate physical interaction (clients A and D). The Governing Body failed to timely report 1 allegation of abuse involving client A. The Governing Body failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to ensure protective measures were implemented (removal of facility operated ay program staff from duty) after an allegation of abuse involving client A to prevent potential for further abuse. The Governing Body failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The Governing Body neglected to</p>	W 0104	<p><b>W 104 Governing Body</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs,</li> </ul>	06/20/2015			

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	<p>provide nursing assessment and treatment to address a pressure ulcer involving client C.</p> <p>Findings include:</p> <p>1. The facility's Governing Body neglected to provide oversight and direction to implement policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The Governing Body failed to ensure clients were free of physical assault and inappropriate physical interaction by failing to provide adequate staff supervision for clients A and D. The Governing Body failed to timely report 1 allegation of abuse involving client A. The Governing Body failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The Governing Body failed to remove staff from duty at the facility operated day program after an allegation of abuse involving client A to prevent potential for further abuse. The Governing Body failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction</p>		<p>behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the</li> </ul>				

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	<p>involving clients A, B and D. The Governing Body neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. Please see W149.</p> <p>2. The Governing Body failed for 1 of 4 sampled clients (clients A) to ensure staff timely reported 1 of 5 allegations of abuse in accordance with state law. Please see W153.</p> <p>3. The Governing Body facility failed to ensure 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C) were thoroughly investigated. Please see W154.</p> <p>4. The Governing Body failed to ensure protective measures were implemented after an allegation of staff abuse (removal of facility operated day program staff from client contact) involving client A to prevent the potential for further abuse. Please see W155.</p> <p>5. The Governing Body failed to provide oversight and direction to ensure completion for 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). Please see W156.</p> <p>6. The Governing Body failed to provide</p>		<p>pressure sore found on Client C.</p> <ul style="list-style-type: none"> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target</li> </ul>		

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	<p>oversight and direction to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D, and to provide medical treatment to address a pressure ulcer for client C. Please see W157.</p> <p>7. The Governing Body failed to provide oversight and direction for 2 of 4 sampled clients (clients A and D), to ensure there were adequate staff to meet the clients' safety needs. Please see W186.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-1(a)</p>		<p>behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</p> <ul style="list-style-type: none"> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient</b></p>		

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			<p><b>practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the</li> </ul>	

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			<p>Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation</li> </ul>		

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			<p>of abuse involving Client A at day service was terminated.</p> <ul style="list-style-type: none"> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the</li> </ul>	

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			<p>plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to</li> </ul>	

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			<p>promote healing of the pressure sore.</p> <ul style="list-style-type: none"> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> </ul>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement its policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The facility failed to provide staff supervision to prevent physical assault and inappropriate physical interaction for clients A and D. The facility failed to timely report 1 allegation of abuse involving client A. The facility failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The facility failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The facility failed to ensure protective measures were implemented after an allegation of staff abuse involving client A to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The facility neglected to provide nursing assessment</p>	W 0122	<p><b>W 122 Client Protections</b></p> <p>The facility must ensure that specific client protections requirements are met.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> </ul>	06/20/2015

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	<p>and treatment to address a pressure ulcer involving client C.</p> <p>Findings include:</p> <p>1. The facility neglected to provide oversight and direction to implement policy and procedures which prohibited abuse/neglect to protect 4 of 4 sampled clients (clients A, B, C and D). The facility failed to provide staff supervision to prevent physical assault and physical interaction for clients A and D.. The facility failed to timely report 1 allegation of abuse involving client A. The facility failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The facility failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The facility failed ensure protective measures were implemented after an allegation of staff abuse involving client A to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The facility and neglected to provide nursing assessment and treatment to address a pressure ulcer involving client C. Please see W149.</p>		<ul style="list-style-type: none"> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved</li> </ul>				

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	<p>2. The facility failed for 1 of 4 sampled clients (clients A) to ensure staff timely reported 1 of 5 allegations of abuse in accordance with state law. Please see W153.</p> <p>3. The facility failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). Please see W154.</p> <p>4. The facility body failed to ensure protective measures were implemented after an allegation of staff abuse involving client A to prevent potential for further abuse. Please see W155.</p> <p>5. The facility failed to provide oversight and direction to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). Please see W156.</p> <p>6. The facility failed to provide oversight and direction to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D, and to provide medical treatment to address a pressure ulcer for client C. Please see W157.</p> <p>7. The facility failed to provide oversight</p>		<p>Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</p> <ul style="list-style-type: none"> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> </ul>	

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	<p>and direction for 2 of 4 sampled clients (clients A and D), to ensure there were adequate staff to meet the clients' safety needs. Please see W186.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other</b></p>		

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			<p><b>residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> </ul>	

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			<ul style="list-style-type: none"> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and</li> </ul>	

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			<p>daily logs) will be reviewed with staff by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator</li> </ul>	

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			<p>who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</p> <ul style="list-style-type: none"> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to</li> </ul>	

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			<p>ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound</li> </ul>	

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			<p>care that staff is assisting her with to promote healing of the pressure sore.</p> <ul style="list-style-type: none"> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's</li> </ul>	

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W 0149  Bldg. 00	483.420(d)(1) <b>STAFF TREATMENT OF CLIENTS</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon observation, record review and interview, the facility failed to implement policy and procedures which prohibited abuse and neglect to protect 4 of 4 sampled clients (clients A, B,C and D). The facility failed to provide staff supervision to prevent physical assault and inappropriate interaction for clients A and D. The facility failed to timely report 1 allegation of abuse involving client A. The facility failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C). The facility failed to complete 3 of 5 investigations of abuse/neglect within 5 business days for 3 of 4 sampled clients (clients A, B and C). The facility failed to ensure protective measures were implemented after an allegation of staff abuse involving client A to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D. The facility neglected to provide nursing assessment and treatment to address a pressure ulcer	W 0149	wound.  <b>W 149 Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  <b>1. What corrective action will be accomplished?</b> · The staffing pattern for the site will be reviewed. · The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015. · The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated. · The DSP staff who was involved in the incident at day service with Client A was terminated. · The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015 · The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015. · All investigations involving allegations of abuse and neglect will	06/20/2015	

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	<p>involving client C.</p> <p>Findings include:</p> <p>1. Client D was interviewed on 5/15/15 at 6:10 PM, during facility observations, and stated client B had previously "viciously attacked me. Bruised me up pretty bad. He had me pinned up against the wall." She indicated staff #2 and client H had helped her during the incident. Client D indicated she had bruising to her eye as a result of the incident. She indicated she was afraid of client B after the incident occurred.</p> <p>Staff #2 was interviewed on 5/15/15 at 6:02 PM and indicated she was aware of the incident involving clients D and B. Staff #2 stated client B "was already having issues" on 2/11/15 as he wanted more money than was allotted for his budget. She stated client B's girlfriend "called every 5 minutes," and as a result of needing to keep the group home phone lines open for other group home staff to conduct business of the group home, and for clients' personal privacy, clients now had their own cell phones. She stated client B had become "upset" as client D had allegedly told his girlfriend to stop calling the house. Staff #2 stated, "He (client B) was waiting for her" as she arrived home from workshop. Staff #2</p>		<p>be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</p> <ul style="list-style-type: none"> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> </ul>		

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	<p>indicated she was talking to the staff who had transported client D home at the transporting staff's request and stated, "I heard a scuffle. [Client B] had [client D] pinned up against the wall and whaling on her." She indicated client B was punching client D using an overhanded closed fist motion. Staff #2 indicated client D was taken to the emergency room to examine her for injury. Staff #2 indicated client D was asked if she wanted to press charges by hospital staff, but she declined. She indicated she was the only staff on duty and was unable to prevent client B from physically aggressing upon client D. Staff #2 indicated she pulled client B away from client D and stated "I immediately told him it was inappropriate behavior."</p> <p>A report to the Bureau of Developmental Disabilities Services (BDDS) dated 2/11/15 was reviewed on 5/20/15 at 10:15 AM and indicated clients B and D "engaged in a physical altercation with one another. [Client B's] girlfriend call (sic) to discuss [client D's] conversation with his girlfriend while at workshop. A verbal argument began and [client B] closed fist punched [client D] in her left eye. [Client D] returned punches with him. [Client D] was taken to [urgent care medical facility] to address her injuries." No eye issues related to the incident were</p>		<ul style="list-style-type: none"> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks</li> </ul>	

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	<p>identified, but client D's vision was found to be 20/50 and it was recommended client D follow up with an optometrist to address her vision. the BDDS report's plan to address the incident indicated client D would be monitored for visual changes, pain in the eye and severe headaches. "Staff will also conduct 5 minute checks on [client B] whenever in common areas of the home. Staff will not permit clients B and D to be left unsupervised together."</p> <p>An investigation summary of the incident dated 2/16/15 indicated client B had a history of physical aggression including pushing, hitting and shoving. Staff were directed to complete 5 minute checks at any time client B was in the common areas of the home. IDT (interdisciplinary team) minutes dated 2/16/15, included in the investigation, indicated client B's plan would be revised to include more reinforcement and additional community opportunities to "help tension between" clients B and D.</p> <p>The PC/HM (program coordinator/house manager) was interviewed on 5/18/15 at 4:05 PM and indicated after client B's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time, but he had since been placed on 15 minute checks.</p>		<p>need to continue for Client A, B and D they will be included in their BSP.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient</b></p>				

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	<p>The Area Director (AD) indicated in an e-mail on 5/19/15 at 4:16 PM she had attached the documentation provided of client B and D's checks.</p> <p>Client B's February, 2015 15 minute checks were reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was checked every 15 minutes from 2/12/15-2/13/15. Entries on 2/12/15 from 12:00 AM-4:00 AM indicated client B was sleeping, and indicated he went back to bed at 4:30 AM until 6:45 AM-8:00 AM, then checks were completed from 4:30 PM until 8:30 PM every 5 minutes. No other documentation was in the record client B was checked every 5 minutes on 2/12/15 and on 2/13/15. Records for 2/13/15 indicated client B was checked every 5 minutes from 12:00 AM until 9:00 AM and not again until 4:00 PM. There was no record client B was checked every 5 minutes from 8:00 AM until 11:45 AM on 2/13/15. No other documentation was provided of client B's checks every 5 minutes.</p> <p>2. Staff #2 indicated upon arrival for observations at the group home on 5/15/15 at 3:10 PM, client B had been transferred to another group home. She indicated she was not aware of the specific details of the incident prior to</p>		<p><b>practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the</li> </ul>		

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	<p>client B's move to another group home, but it involved client A.</p> <p>A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/24/15 was reviewed on 5/15/15 at 5:05 PM. The report indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." The BDDS report's plan to resolve indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination. Staff are conducting 15 minute checks on [client B]. [Client B's] workshop was notified that they are to add extra supervision to his care. Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the incident on 4/24/15 dated 5/12/15 was reviewed on 5/15/15 at 6:00 PM. The investigation indicated client B's diagnosis included, but was not limited to, mild intellectual</p>		<p>Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's</li> </ul>		

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	<p>disability. He was able to communicate verbally. Client A's diagnoses included, but were not limited to, Down's Syndrome, profound intellectual disability, scoliosis, microcephaly (small head) and osteoporosis. The investigation indicated staff #4 and #9 found client B with his hands under client A's nightgown after the staff assisted client C with toileting. The following interviews were included in the investigation:</p> <p>The PC/HM (Program Coordinator, House Manager) stated in an interview dated 4/29/15 she had received a text from staff #9 at 6:50 AM on 4/24/15 "saying [staff #9] and [staff #4] 'caught [client B] with [client A].'" The interview indicated staff #9 stated client A "was sitting on [client B's] forearm and his hand was in her vagina...states she assisted [client A] in the restroom and observed blood on her panties...." The interview indicated the PC/HM had been instructed by the Program Director (PD) to take client A to the emergency room for an evaluation and to contact the police regarding the incident. The interview indicated hospital staff had examined client A and there was evidence of "insertion" and "a small scratch in the wall of her vagina." The interview indicated the HM/PC had taken</p>		<p>wound care needs and treatment was reviewed with the staff.</p> <ul style="list-style-type: none"> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of</li> </ul>		

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	<p>client B's belongings to another group home and the PD had spent "approximately 30 minutes to explain what was happening" and met with client B and his temporary roommate at another group home.</p> <p>Staff #9 indicated in an interview dated 5/1/15, client B "had [client A] pinned up against him and his whole hand was up her nightgown," and client A's "body was between [client B's] legs as he was seated in his wheelchair." Staff #9 indicated client B rolled over client A's foot as he "jumped back" upon discovery of clients A and B by staff #4 and #9. Staff #9 "states he thinks [client A] was scared because as he picked her up she was squeezing tight as if to say don't let her go," and client A "made a high pitched sound-not a scream, but not typical vocalization for [client A]." Staff #9 "states that he could not see [client B's] hand touching [client A]...states [client A's] peers treat her like a baby (pat her on the back and say things like 'good job [client A]' or 'come on [client A]'...." and "[client B] is playful with [client A]." Staff #9 "states he has seen [client B] tease her (client A) and hug her which he reports he tells [client B] he can't do that as it's too much touching."</p> <p>Staff #4 indicated in an interview dated</p>		<p>documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was</li> </ul>				

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	<p>5/4/15 client C "uses a lift and mobile wheelchair adding it takes two people to dress her, clean her, change her clothing...states if [client A] wakes up (she and [client C] share a bedroom) she sometimes stays in bed, sometimes walks around the house and sometimes goes to sit in the living room." Staff #4 stated after she and staff #9 assisted client C, staff #4 "saw that [client B] had [client A]." Staff #4 stated client A was "standing in between [client B's] legs (client B was seated in wheelchair)...one of [client B's] hands was pushing [client A's] head to his face...[client B's] other hand was under [client A's] nightgown, maybe on her bottom holding her to him but she did not know for sure as all she could recall was the way he was kissing her...."</p> <p>Staff #1 indicated in an interview dated 5/5/15 she had arrived at the group home on 4/24/15 at 7:00 AM and stated "she usually comes in to work at 6:00 AM..." She indicated she did not observe the incident.</p> <p>Client B indicated in an interview dated 4/30/15 he had kissed client A, and stated "he is not interested in [client A] sexually." He stated "there are a few people that kiss her and stuff. Some of the staff have kissed [client A]. They</p>		<p>terminated.</p> <ul style="list-style-type: none"> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator</li> </ul>				

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	<p>don't say anything to them." Client B indicated the PC/HM had kissed client A in the past. Client B indicated he had taken client A "for rides on his wheelchair from the dining room to the kitchen and that is it...states he has never done anything sexual (touched or fondled) to [client A]...." Client B stated he had kissed client A before "2-3 times in the living room (no reports to support this statement)...." Client B indicated he did not give client A a ride on his wheelchair and client A did not sit on his lap on 4/24/15.</p> <p>The investigation indicated review of documentation of client A's visit to the hospital on 4/24/15 which indicated a "very small red area" in client A's vagina.</p> <p>The conclusion of the investigation dated 5/12/15 indicated "evidence supports [client B] kissed [client A]. Evidence supports two staff report [client B's] hand was under [client A's] night gown. Evidence supports immediate measures were implemented for both [client B] and [client A's] safety. Evidence supports [client A] had a very small red area at the Fossa Navicularis (part of the vaginal area). Evidence does not support penile penetration. Evidence supports law enforcement was notified." The investigation failed to indicate evidence</p>		<p>will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to</li> </ul>	

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	<p>staff supervision levels were considered as a factor in the investigation or considered for corrective action. The investigation failed to address the discrepancies regarding the observation of the location of client B's hands on client A based upon conflicting statements of the PC/HM and staff #9's interviews. The investigation failed to investigate client B's statement that the PC/HM had previously kissed client A. Undated Recommendations Resulting from an Investigation as part of the investigation indicated "Continue current living arrangements to support both [client B] and [client A's] safety, continue to provide emotional support as needed, update records to indicate incident information, for future reference, continue to cooperate with law enforcement as needed, formal programming for [client B] regarding individual's ability to consent or not consent, and discussion with PC/HM regarding modeling appropriate behavior for staff and clients." The recommendation failed to indicate specific recommendations regarding the PC modeling appropriate behavior.</p> <p>Confidential interview #1 indicated he/she had attempted to ensure clients A and B were supervised at all times due to observations of client A's interactions</p>		<p>her MAR.</p> <ul style="list-style-type: none"> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> </ul>				

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	<p>with each other that involved touching and playing to ensure client A's safety. Confidential interviewee #1 indicated it was difficult at times to ensure staff was available at all times to keep them within eyesight during medication administration, bathing and meal preparation when there were only two staff in the home.</p> <p>Confidential interview #2 indicated he/she was not present when the incident between clients A and B occurred. When asked if there had been previous incidents with clients A and B, he/she stated, "I've heard he was in her room. Confidential Interviewee #2 stated client B, "Was touching her too much, and wanted to play patty cake with her and may have wanted to build up trust with her... [inappropriate language] would come out of his mouth-he would make (inappropriate) remarks about college girls when he would see them...."</p> <p>Client A's record was reviewed on 5/18/15 at 9:53 AM. An ISP (Individual Support Plan) updated 12/13/14 indicated she "had no purposeful speech," and "her actions, and the noises she makes, lets you know if she does not want to do something requested...[Client A] does make vocalization when upset or exited..." The ISP indicated client A was</p>		<ul style="list-style-type: none"> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Quality Assurance department or designee will review all investigations with allegations of abuse and neglect.</li> <li>· The Program Director will review the staff schedule to ensure all scheduled shifts are covered.</li> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator</li> </ul>				

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	<p>fifty inches tall, weighed 78 pounds and was unable to understand her rights. Client A required staff on premises at all times, and was unable to communicate to staff when she was in pain. The ISP indicated client A had a behavior support plan to address physical aggression, self-injurious behavior and sensory integration. She has health care deficits for inducing vomiting and placing her head in the toilet, and will undress in public areas. The ISP indicated client A was "on 15 minute checks."</p> <p>Client B's record was reviewed on 5/18/15 at 9:41 AM. An ISP dated 7/25/14 indicated client B used a wheelchair due to an amputated toe and had "some problems with anger management," and in the past "would ask if it was okay to beat up or kill people for intruding upon his property, but did not act on these thoughts after he was told it would be illegal." A behavior support plan/BSP dated 4/29/15 indicated he had a plan to address physical aggression (pushing, hitting, shoving), verbal aggression, inappropriate social behavior (going into female rooms, touching, inappropriate comments that may include vulgar gestures, name calling, teasing/taunting housemates), noncompliance, verbal aggression, inappropriate comments, and cell phone</p>		<p>will monitor to ensure the clients plans and needs are being met during their weekly observations.</p> <ul style="list-style-type: none"> <li>· Client C has a wound care nurse that meets with her weekly currently.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> </ul>	

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	<p>misuse (taking pictures of peers without guardian/peer permission at the workshop and the group home). The BSP did not include specific supervision needs for client B. The record indicated client B required staff on the premises at all times.</p> <p>Behavior rates for client B for 5/18/14-5/18/15 were reviewed on 5/20/15 at 5:00 PM and failed to indicate the incident involving client B on 4/24/15. An entry dated 4/3/15 at 6:20 PM indicated "[client B] had another housemate bouncing on his lap. He stopped and left the area when staff asked him to." An entry dated 10/24/14 indicated "[client B] came into the dining area with [client A] on his lap, hugging him. PD redirected [client B] and discussed that it is inappropriate for him to have [client A] on his lap, as well as to hug her."</p> <p>Daily support records for client B were reviewed on 5/18/15 at 10:13 AM and failed to indicate the incident on 4/24/15 involving client A. A single comment for the time period from 1:00 AM until 9:00 AM indicated "staff observe client taking meds (medications)."</p> <p>Client B's daily support records were reviewed on 5/18/15 at 10:29 AM and failed to indicate documentation of the</p>			

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	<p>incident for the time involving client B on 4/24/15 for the time period of 1:00 AM until 9:00 AM. Comments indicated "client had no behaviors."</p> <p>The PD/Program Director was interviewed on 5/18/15 at 3:15 PM. She indicated there was no history of client B sexually abusing client A in the past. The PD indicated she had been notified of an incident involving client A and B in the past of client B going into client A's room, but stated she was not sure if it was accurate or "hearsay." The PD indicated the removal of client B from the home was necessary due to the severity of the incident. The PD indicated client B had placed client A on his lap before in the past and it had been discussed in past staff meetings that this was inappropriate. The PD was uncertain if the discussion was documented. The PD indicated client B was placed on 15 minute checks after the previous PD had found client A sitting on client B's lap and clients A and B were not to be left alone. She indicated the 15 minute checks were implemented and discussed at a meeting on 11/10/14.</p> <p>The PC/HM (Program Coordinator/House Manager) was interviewed on 5/18/15 at 4:05 PM and indicated there was an instance where</p>			

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	<p>client B had been found in client A's room, but it was brought to her attention while she was still in orientation on 10/25/14 and she was uncertain as to whether the incident was documented. She stated client A and client B had "a friend relationship" and client B liked to play "patty cake" with client A. The PC/HM indicated after client B's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time, but he had been placed back to 15 minute checks at the time of the incident with client A on 4/24/15. She indicated client B was very playful with client A and would take client A for rides on his lap in his wheelchair.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and when asked if client A and B's supervision level was followed at the time of the incident on 4/24/15, she stated, "I can't say. The staff were still within a 15 minute time frame." She stated, "We couldn't foresee it. Is it a learning situation for us? Yes." She indicated staff were working with clients to ensure they treated client A as an adult woman, rather than as a child. When asked about the discrepancies in the investigation for clients A and B, she indicated she had passed the investigation to another PD who didn't work in the home, and the process for completing</p>			

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	<p>investigations involved gathering information and statements and the quality assurance department completed the investigation for conclusions and recommendations. She indicated the investigation involving the incident on clients A and B on 4/24/15 was not completed within 5 business days and the police investigation had not been completed and provided to the facility at the time of the survey due to failure of the police department. She indicated when she called the police department (date unspecified), the detective in charge indicated the case had not been assigned to an officer, but was now in progress. She indicated she had not completed the corrective action indicated in the recommendations of the investigation as she had just received the recommendations on 5/14/15 and she would need to verify what specific correction was needed with the PC/HM.</p> <p>Staff time sheets were reviewed on 5/20/15 at 10:26 AM and indicated staff #4 and #9 were the only staff on duty at 6:50 AM when the incident occurred between clients A and B.</p> <p>A log of client B's 15 minute checks on 4/24/15 was reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was monitored after receiving his</p>			

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	<p>medications at 6:00 AM.</p> <p>Interdisciplinary Team/IDT Minutes dated 4/29/15 were reviewed on 5/20/15 at 10:37 AM and indicated client B would not be returning to the group home.</p> <p>The Area Director (AD) was interviewed on 5/19/15 at 11:50 AM and indicated staff should have documented the incident with clients A and B in the daily logs and on a general events report (incident report). She indicated staff #1 had come to work at 7:00 AM instead of 6:00 AM because she was needed to work later in the day. The AD indicated there were usually 3 staff who worked in the home at the time of the incident. She stated "Prior to [client C] moving in they would have been fine with two staff working, but [client C] needs more assistance. Their needs (clients) were being met, but we couldn't foresee this incident." She indicated she was unaware of previous instances of client B's inappropriate behavior with client A and if his plan was not effective to address his behavior, the behavior clinician should have been contacted to revise the plan and she should have been notified. She indicated the staff supervision level of the clients was not addressed in the investigations involving clients A, B and</p>			

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	<p>D. The AD indicated she was aware of the incident involving client B going into client A's room in October, 2014, but no inappropriate behavior had occurred and it was not reported or investigated. She indicated the investigation did not address how clients A and B arrived in the living room without staff knowledge on 4/24/15.</p> <p>The AD indicated in an e-mail dated 5/19/15 at 3:36 PM that the recommendation to discuss with the PC/HM regarding modeling appropriate behavior was intended to ensure the PC is modeling appropriate interactions with the clients for the staff and other clients. She indicated client B had "made a few comments in his interview statement that the PD should be addressing to ensure the PC was not communicating mixed messages to the staff and other clients."</p> <p>Staff meeting notes dated 12/5/14 were reviewed on 5/21/15 at 11:09 AM and indicated all clients were to be monitored every 15 minutes, monitored in the restroom and "that you know where they are at all times; that staff are not in the med room and bathroom while clients are left unsupervised in the house...."</p> <p>3. A BDDS report dated 3/30/15 and reported 4/3/15 indicated "During an</p>			

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	<p>investigation regarding another client, it was revealed that there has been a possible incident involving [client A]. It was reported that the incident may have included [client A] being smacked on the wrist and arms restrained at her wrist while in the process of [client A] attempting to hit staff." The report indicated staff had been suspended pending an investigation.</p> <p>A Summary of Internal Investigation Report Neglect of Supervision Report dated 4/8/15 indicated day services staff (DS) #10 saw DS staff #11 slap clients A on 3/30/15 and day service client I on 4/2/15. DS #10 indicated she reported the incident to the DS PC (date reported not indicated) and DS #11's "grabbing and slapping of [client A] were done with force and purpose." DS #10 and DS #13 reported to the DS PC that DS #11 "yelled at [client A], slapped [client A], and pinned [client A] against the wall." DS #10 stated DS #11 had also "yelled" at client A and indicated DS #11 had raised her arm as if she were going to hit client A prior to slapping client A. DS #10 stated the DS PC stated, "she had talked to someone at the office and they had told her (DS PC) it was OK to slap clients on the wrist." DS #11 stated "that she did smack [client A's] wrists 'like a child'" after client A knocked off her</p>			

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	<p>glasses. Conclusion of the investigation dated 4/14/15 indicated, "Evidence supports that both [client A] and [client I] had been inappropriately redirected while at day services by [DS #11]. Evidence supports that [DS #11] failed to follow the BSPs for [client A] and [client I]. Evidence supports that [DS #11] admitted to smacking the wrists of both clients and knew this was not appropriate. Evidence supports that [DS PC] was made aware of the incidents through eye witness accounts and failed to accurately report the concerns regarding [client A] to the PD." Recommendations included disciplinary action which was not specified and staff retraining on client plans, physical redirection, and reporting requirements.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated the allegation of abuse involving client A on 3/30/15 was not completed within 5 business days.</p> <p>The PD was interviewed on 5/18/15 at 5:00 PM and indicated DS #11 and DS PC were terminated as a result of the incidents involving clients A and I.</p> <p>4. A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/1/15 indicated client C</p>			

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	<p>was admitted to the group home on 3/31/15. "HM (house manager) found a pressure sore on the left thigh (sic) near the buttocks of the client. The sore appears to be old and open. [Client C] had a consult with her new PCP (primary care physician) on 4/1/15 and will return on 4/6/15. [Client C] advised that this sore occurred in her previous placement [name]. [Client C] advised that she did notify staff at the facility of the sore." Plan of correction indicated the sore would be monitored and any changes in the condition would be reported immediately. Staff will continue to complete skin/wound checks. [Client C] will attend her PCP appointment on 4/6/15 and check on the progress of this sore."</p> <p>An Investigation Summary dated 4/1/15-4/3/15 indicated a pressure ulcer was located on client C's left buttocks, "red in color, blistered and broken." PCP appointment notes dated 4/6/15 indicated client C's PCP indicated client C should receive toileting every 2 hours during waking hours and awaken at 2:00 AM to toilet, client C should have daily skin checks and staff are to follow skin integrity protocol. Interview of staff at client C's previous placement on 4/3/15 indicated client C's pressure sore was not open (date not indicated)" and "the last</p>			

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	<p>time the area was observed by the nurse it was red in color (date and time not indicated)." The HM was interviewed on 4/1/15 and indicated staff had found the pressure ulcer on her left buttocks while toileting client C that morning (time not indicated). The HM indicated a "fill in" nurse consultant had "been to the home the previous day. Stated that it was unknown if the nurse had observed this sore... Stated the PCP was unable to observe this area on 4/1/15 due to not having a lift at the office. Stated that [unidentified name/title] was returning to the home to conduct a physical on 4/2/15. Stated that a follow up physical is scheduled for 4/6/15 with PCP." The nurse consultant was interviewed on 4/1/15 and "stated that she had not completed a full body skin check upon arrival to the home. Stated that there had been a doctor's appointment scheduled for [client C] on 4/2/15...." Client C stated in an interview on 4/3/15 the pressure ulcer had developed "approximately one month prior to her move." The investigation failed to indicate recommendations or a conclusion.</p> <p>Client C's April, 2015 MAR/Medication Administration Record was reviewed on 5/20/15 at 11:17 AM and failed to indicate documentation client C received</p>			

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	<p>treatment for her pressure ulcer until an entry dated 4/25/15 indicated wound care treatment "cleanse the gluteal area (buttocks) with Aloe wipes, apply anti-fungal powder and dust off excess. Apply Vaseline for skin protection. Wound care is to be done BID (twice daily) and PRN (as needed). Document appearance in skin/wound module."</p> <p>A physical form dated 4/3/15, completed by the group home nurse, was provided via e-mail and reviewed on 5/20/15 at 10:38 AM. The form indicated client C was admitted to the group home on 3/31/15. "Unable to do complete skin assessment that day." The form indicated on 4/3/15 client was assessed with an "open area appears to be a old (sic) scar tissue. Cleansed with soap and water. Instructed staff to help [client C] change positions every 2 hours...."</p> <p>A physical form dated 4/7/15 indicated client C was assessed by the nurse "Open wound on gluteal area. Unable to measure due to not having wound measurement tool. Home health to assess: under wound care management...MD (medical doctor) rec (recommended) wound care to assess and treat...Will continue to monitor...."</p> <p>A physical form completed by client C's</p>			

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	<p>physician dated 4/8/15 was provided by e-mail and reviewed on 5/20/15 at 10:12 AM. It indicated a prescription dated 4/8/15 for "HHC (home health care) to eval (evaluate) &amp; (and) tx (treat) dx (diagnosis) pressure wound buttocks."</p> <p>A Health Care Report dated 3/31/14-4/5/15 provided by e-mail was reviewed on 5/20/15 at 12:11 PM and indicated an appointment scheduled with a physician for 4/1/15. No results were documented of the visit. A Skin/Wound Assessment dated 4/1/15 at 10:08 AM indicated a "pressure sore, blister with skin break 2.54 cm (centimeters) in length, 2.54 cm in width and 2.0 in length." On 4/1/15 at 9:40 PM, the pressure sore blister with skin break measured 2.0 in width and 0.5 in depth, with protective cream used. An entry on 4/1/15 at 9:44 PM indicated "healing" length 3.0 cm, width 2.0 cm. An entry dated 4/3/15 at 10:08 PM indicated a pressure sore "blister with skin break" 2.54 cm in length, 2.54 cm in width, and 0.2 cm in depth. An entry dated 4/4/15 at 10:00 PM indicated a pressure sore "shiny or darkened area" which was not measured, and first aid ointment provided. An entry dated 4/5/15 at 10:59 PM indicated "multiple see notes" for wound type and "multiple- see notes" in the column for measurements. No</p>			

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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	<p>treatment was indicated in the notes provided.</p> <p>An e-mail dated 5/19/15 at 4:20 PM from the AD (Area Director) was reviewed on 5/20/15 at 10:31 AM. The AD indicated the PC/HM (program coordinator/house manager) had contacted the physician's office "when it was first found. He was on vacation which is why there was the delay. The nurse assigned to our home was also on PTO (paid time off) when she (client C) moved in." The AD indicated she would provide the nursing notes.</p> <p>Health notes dated 4/15/15 were reviewed on 5/20/15 at 10:13 AM and indicated a community health provider was contacted on 4/15/15 to "discuss order from PCP to be seen for wound care...."</p> <p>Skin/Wound documentation from 4/1/15 to 5/19/15 was reviewed on 5/21/15 at 8:58 AM and indicated documentation of a pressure "sore" measuring length 2.54 (unit of measurement not indicated), width 2.54 and depth 0. The documentation measured the pressure wound size through 5/19/15. The entry for 5/19/15 indicated "pressure sore, blister with skin break, measuring length 1.5,</p>			

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	<p>width, .7 and depth, 0.</p> <p>Nursing notes from a community health care agency form with encounter dates 4/24/15 until 5/12/15 were reviewed on 5/21/15 at 9:15 AM and indicated a primary diagnosis of "pressure ulcer, buttock...start of care 4/24/15." No further evidence of nursing assessment or treatment for client C's pressure ulcer identified on 4/1/15 prior to 4/24/15 was provided.</p> <p>Client C's Risk Plan created on 3/24/15 and updated 5/4/15 indicated on 3/24/15 client C had a risk of impaired skin integrity including open wounds and pressure sores, infection and pain. Preventive measures to keeping skin intact included "keeping it dry and pressure free...pressure can be relieved by repositioning the client or prompting to reposition....[client C] is continent, however uses adult incontinent products in case of accidents. Staff will assist her with changing, as needed. [Client C] is able to tell staff when she needs to use the restroom. Staff will ensure they respond promptly to [client C] when she needs to use the restroom and will assist in cleaning her thoroughly after using the restroom....[Client C] utilizes a standing lift (device) for transfers...."</p>			

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	<p>5. A BDDS report dated 4/24/15 at 6:00 AM was reviewed on 5/18/15 at 10:18 AM and indicated an allegation made by client C she had requested to go to the restroom on the morning of 4/24/15, and staff #4 "was reported to have advised [client C] that she had a depends on and that she could go in the bed. Additional staff [staff #9], later entered the room to find [client C] wet and in need of changing. Staff immediately began procedure to toilet and change [client C]." Corrective action indicated staff #4 had been suspended pending outcome of the investigation.</p> <p>A Summary of Internal Investigation Report dated 5/7/15 was reviewed on 5/18/15 at 11:40 AM. Interview statements by client C indicated client C "can communicate verbally but has difficulty with memory recall. She requires full staff assistance with all daily living skills." The summary indicated client C had a BSP (Behavior Support Plan) (date unspecified) with target behaviors of verbal aggression, physical aggression, property destruction, tantrum, defined as crying, making false accusations, making inappropriate remarks to staff, leaving assigned area, and making suicidal threats or comments. The investigation included the following interview statements:</p>			

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	<p>Interview with staff #4 on 5/4/15 and 5/7/15 indicated client C "rang her bell" to inform staff of her need to use the restroom twice. She indicated she was on her way to assist client C after she rang the bell the first time, when she rang the bell the second time. "States when she got to [client C's] bedroom she was soaked from top to bottom." Staff #4 indicated she worked with staff #5 on the overnight shift on 4/24/15 and the evening shift had indicated at the start of her shift at 12:00 AM, client C had been toileted and would not need to be toileted. Staff #4 indicated client C "began ringing her bell and stated she had to go to the restroom really bad" and when staff #4 and #5 entered client C's bedroom, client C "was soaked from head to toe," and the incident occurred "around 1 am." Client C's interview statement dated 5/5/15 indicated she had identified staff #5 "had told [client C] that she could go in the bed," and "I get tired of lifting you up and taking you to the bathroom,...I get tired of getting you dressed." Client C stated she "went in the bed as she was told that she could," and stated she "didn't want to but had no other choice." During her statement, client C indicated staff #9 was not at home that day and then stated "[staff #9] came in to clean her up." Staff #9 indicated in an interview statement</p>			

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	<p>dated 5/7/15, client C had rung her bell to ask to be assisted to the toilet at 5:00 AM on 4/24/14, and client C was dry at that time. Staff #5 indicated in a statement on 5/7/15 she had not worked on 4/24/15, but had worked on 4/25/15 from 12:00 AM until 8:00 AM with staff #4. Staff #5 indicated client C rang her bell "approximately 1:30-2:00 am," and staff had "noticed the bed wet." Client C indicated she had not been previously toileted (time and date not specified). Conclusion dated 5/8/15 indicated evidence did not support staff #4 and #5 were neglectful of client C's care. Undated Recommendations indicated the HR (human resource) and RD (residential director) were to review investigation findings to make recommendations for staff disciplinary actions and a toileting and repositioning schedule every 2 hours would be added to client C's MAR, and staff would be retrained regarding "expectations for customer service with regards to these concerns." There was no evidence the discrepancies in the dates and times of witness statements were addressed in the investigation, conclusion or recommendations.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated the conclusion and recommendations of the investigation did not address the inconsistencies</p>			

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	<p>identified during the investigation.</p> <p>Client C's April, 2015 and May, 2015 MARs were reviewed on 5/20/15 at 11:17 AM. The April, 2015 MAR failed to indicate documentation of "Re-position every 2 hours, begin date 4/22/15." Client C's May, 2015 MAR indicated documentation for client C's repositioning and toileting schedules was documented 5/1/15-5/7/15, but failed to indicate documentation after that date for the nursing measure, "Assist with toileting every 2 hours while awake and at 2:00 am to prevent incontinence and skin breakdown."</p> <p>The group home nurse was interviewed on 5/21/15 at 12:35 PM. She indicated she was on vacation when client C was admitted and was uncertain of nursing assessments or the status of an initial physical assessment as client C's physician was also on vacation at the time of client C's admission. She indicated she had not been made aware that the physician's orders for home health care had not been specific enough to provide treatment when they were signed on 4/8/15 and she was not aware the order had not been acted upon as a result. When asked whose responsibility it was to ensure the order was completed, she stated, "It was mine."</p>			

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	<p>The Area Director was interviewed on 5/21/15 at 2:47 PM and indicated the initial report made on 3/30/15 of the incident involving DS #11 and client A did not indicate an abusive situation. She indicated it was discovered on an investigation on 4/3/15. The incident had not been reported correctly and resulted in DS #11 being available to have contact with client A after the alleged abuse on 3/30/15. She indicated the investigation regarding the incident involving clients A and B on 4/24/15 could substantiate inappropriate physical interaction, but not sexual assault. She indicated failure to timely report, complete thorough investigations of incidents, implement identified supervision levels to provide safety for clients A and D and provide timely nursing assessment and treatment for client C was failure of the facility's policy and procedures to prevent abuse and neglect. She indicated it was the responsibility of the management team including the PC/HM, PD, AD, RD (Residential Director) to ensure staff had the tools necessary to implement the policy and procedures to protect clients.</p> <p>The facility's Quality and Risk Management policy dated April, 2011 was reviewed on 5/20/15 at 10:00 AM and indicated, "Indiana MENTOR</p>			

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	<p>promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process identifying, evaluating and reducing risk to which individuals are exposed." Incidents reported to BDDS included, "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...Failure to provide appropriate supervision, care or training..."</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p>			

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W 0153  Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as			

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	<p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based upon record review and interview, the facility failed for 1 of 4 sampled clients (clients A) to ensure staff timely reported 1 of 5 allegations of abuse in accordance with state law.</p> <p>Findings include:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report dated 3/30/15 indicated "During an investigation regarding another client, it was revealed that there has been a possible incident involving [client A]. It was reported that the incident may have included [client A] being smacked on the wrist and arms and restrained at her wrist while in the process of [client A] attempting to hit staff." The report indicated staff had been suspended pending an investigation.</p> <p>A Summary of Internal Investigation Report Neglect of Supervision Report dated 4/8/15 indicated facility operated day services staff (DS) #10 saw DS staff #11 slap clients A on 3/30/15 and day service client I on 4/2/15. DS #10 indicated she reported the incident to the DS PC (date reported not indicated) and DS #11's "grabbing and slapping of</p>	W 0153	<p><b>W 153 Staff Treatment of Clients</b></p> <p>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.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· Training with direct support staff in regard reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director to complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the</li> </ul>	06/20/2015			

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	<p>[client A] were done with force and purpose." DS #10 and DS #13 reported to the DS PC that DS #11 "yelled at [client A], slapped [client A], and pinned [client A] against the wall." DS #10 stated DS #11 had also "yelled" at client A and indicated DS #11 had raised her arm as if she were going to hit client A prior to slapping client A. DS #10 stated the DS PC stated, "she had talked to someone at the office and they had told her (DS PC it was OK to slap clients on the wrist." DS #11 stated "that she did smack [client A's] wrists 'like a child'" after client A knocked off her glasses. Conclusion of the investigation dated 4/14/15 indicated, "Evidence supports that both [client A] and [client I] had been inappropriately redirected while at day services by [DS #11]. Evidence supports that [DS #11] failed to follow the BSPs (Behavior Support Plans) for [client A] and [client I]. Evidence supports that [DS #11] admitted to smacking the wrists of both clients and knew this was not appropriate. Evidence supports that [DS PC] was made aware of the incidents through eye witness accounts and failed to accurately report the concerns regarding [client A] to the PD." Recommendations included disciplinary action which was not specified and staff retraining on client plans, physical redirection, and reporting requirements.</p>		<p>potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· Training with direct support staff in regard reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director to complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· Training with direct support staff in regard reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director to complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director</li> </ul>		

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W 0154 Bldg. 00	<p>The Area Director was interviewed on 5/21/15 at 2:47 PM and indicated the allegation of abuse involving client A on 3/30/15 was not reported timely (4/3/15) to the administrator or to BDDS.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based upon record review and interview, the facility failed to thoroughly investigate 3 of 5 allegations of abuse and neglect for 3 of 4 sampled clients (clients A, B and C).  Findings include:</p>	W 0154	<p>regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</p> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Quality Assurance department or designee will review all investigations with allegations of abuse and neglect.</li> <li>· The Area Director will monitor via Mentor's incident report summary as incidents are reported.</li> <li>· The Program Director will monitor as they submit incident reports to BDDS.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p> <p><b>W 154 Staff Treatment of Clients</b> The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Director (QIDP) and Quality Assurance Specialist will</li> </ul>	06/20/2015	

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	<p>1. A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/24/15 was reviewed on 5/15/15 at 5:05 PM and indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." The BDDS report's Plan to resolve indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination...Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the 4/24/15 incident dated 5/12/15 was reviewed on 5/15/15 at 6:00 PM. The investigation indicated client B had mild intellectual disability and was able to communicate verbally. Client A diagnoses included, but were not limited to, Down's Syndrome, profound intellectual disability, scoliosis, microcephaly (small head) and osteoporosis. The investigation indicated</p>		<p>complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· A competency test will be developed for the Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· A competency test will be</li> </ul>		

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	<p>staff #4 and #9 found client B with his hands under client A's nightgown after the staff assisted client C with toileting. The following interviews were included in the investigation:</p> <p>The PC/HM (Program Coordinator, House Manager) stated in an interview dated 4/29/15 she had received a text from staff #9 at 6:50 AM on 4/24/15 "saying [staff #9] and [staff #4] 'caught [client B] with [client A]'." The interview indicated staff #9 stated client A "was sitting on [client B's] forearm and his hand was in her vagina...states she assisted [client A] in the restroom and observed blood on her panties...." The interview indicated the PC/HM had been instructed by the Program Director (PD) to take client A to the emergency room for an evaluation and to contact the police regarding the incident. The interview indicated hospital staff had examined client A and there was evidence of "insertion" and "a small scratch in the wall of her vagina."</p> <p>Staff #9 stated in an interview dated 5/1/15, client B "had [client A] pinned up against him and his whole hand was up her nightgown," and client A's "body was between [client B's] legs as he was seated in his wheelchair." Staff #9 indicated client B rolled over client A's foot as he</p>		<p>developed for the Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</p> <ul style="list-style-type: none"> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director (QIDP) and Quality Assurance Specialist will complete training regarding how to thoroughly investigate incidents of abuse and neglect by June 20th, 2015.</li> <li>· All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly.</li> <li>· A competency test will be developed for the Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· A review of the 3 investigations that were considered not to be investigated thoroughly will be completed.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p>		

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	<p>"jumped back" upon discovery of clients A and B by staff #4 and #9. Staff #9 "states he thinks [client A] was scared because as he picked her up she was squeezing tight as if to say don't let her go," and client A "made a high pitched sound-not a scream, but not typical vocalization for [client A]." Staff #9 "states that he could not see [client B's] hand touching [client A]...."</p> <p>Staff #4 stated in an interview dated 5/4/15 client C "uses a lift and mobile wheelchair adding it takes two people to dress her, clean her, change her clothing...states if [client A] wakes up (she and [client C] share a bedroom) she sometimes stays in bed, sometimes walks around the house and sometimes goes to sit in the living room." Staff #4 stated after she and staff #9 assisted client C, staff #4 "saw that [client B] had [client A]." Staff #4 stated client A was "standing in between [client B's] legs [client B] was seated in wheelchair)...one of [client B's] hands was pushing [client A's] head to his face and the other hand was on her bottom...[client B's] face was pushed on [client A's] face and the other hand was on her bottom...[client B's] face was pushed on [client A's] face like he was kissing her...[client A's] other hand was under [client A's] nightgown, maybe on her bottom holding her to him but she</p>		<p>The Quality Assurance department or designee will review all investigations with allegations of abuse and neglect.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>	

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	<p>did not know for sure as all she could recall was the way he was kissing her...."</p> <p>Client B indicated in an interview dated 4/30/15 he had kissed client A, and "he is not interested in [client A] sexually." He stated "there are a few people that kiss her and stuff. Some of the staff have kissed [client A]. They don't say anything to them." Client B indicated the PC/HM had kissed client A in the past. Client B indicated he had taken client A "for rides on his wheelchair from the dining room to the kitchen and that is it...states he has never done anything sexual (touched or fondled) to [client A]...." Client B stated he had kissed client A before "2-3 times in the living room (no reports to support this statement)...." Client B indicated he did not give client A a ride on his wheelchair and client A did not sit on his lap on 4/24/15.</p> <p>The investigation indicated review of documentation of client A's visit to the hospital on 4/24/15 which indicated a "very small red area" in client A's vagina.</p> <p>The conclusion of the investigation dated 5/12/15 indicated "evidence supports [client B] kissed [client A]. Evidence supports two staff report [client B's] hand was under [client A's] night gown. Evidence supports immediate measures</p>			

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	<p>were implemented for both [client B] and [client A's] safety. Evidence supports [client A] had a very small red area at the Fossa Navicularis (part of the vaginal area). Evidence does not support penile penetration. Evidence supports law enforcement was notified." The investigation failed to indicate evidence staff supervision levels were considered as a factor in the investigation or considered for corrective action. The investigation failed to address the discrepancies regarding the observation of the location of client B's hands on client A based upon conflicting statements of the PC/HM and staff #9's interviews. The investigation failed to indicate if client B's statement that the PC/HM had previously kissed client A was investigated.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM. When asked about the discrepancies in the investigation for clients A and B, she indicated she had passed the investigation to another PD who didn't work in the home, and that the process for completing investigations involved gathering information and statements and the quality assurance department completed the investigation for conclusions and recommendations.</p> <p>The Area Director (AD) was interviewed</p>			

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	<p>on 5/19/15 at 11:50 AM and indicated the staff supervision level of the clients was not addressed in the investigation involving clients A, B and D. The AD indicated she was aware of the incident involving client B going into client A's room in October, 2014, but no inappropriate behavior had occurred and it was not reported or investigated. She indicated the investigation did not address how clients A and B arrived in the living room without staff knowledge on 4/24/15.</p> <p>Staff meeting notes dated 12/5/14 were reviewed on 5/21/15 at 11:09 AM and indicated all clients were to be monitored every 15 minutes, monitored in the restroom and "that you know where they are at all times; that staff are not in the med room and bathroom while clients are left unsupervised in the house...."</p> <p>2. A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/1/15 indicated client C was admitted to the group home on 3/31/15. "HM (house manager) found a pressure sore on the left thigh (sic) near the buttocks of the client. The sore appears to be old and open. [Client C] had a consult with her new PCP (primary care physician) on 4/1/15 and will return on 4/6/15. [Client C] advised that this</p>			

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	<p>sore occurred in her previous placement [name]. [Client C] advised that she did notify staff at the facility of the sore." Plan of correction indicated the sore would be monitored and any changes in the condition would be reported immediately. "Staff will continue to complete skin/wound checks. [Client C] will attend her PCP appointment on 4/6/15 and check on the progress of this sore."</p> <p>An Investigation Summary dated 4/1/15-4/3/15 indicated a pressure ulcer was located on client C's left buttocks, "red in color, blistered and broken." PCP appointment notes dated 4/6/15 indicated client C's PCP indicated client C should receive toileting every 2 hours during waking hours and awaken at 2:00 AM to toilet, client C should have daily skin checks and staff are to follow skin integrity protocol. Interview of staff at client C's previous placement on 4/3/15 indicated client C's pressure sore was not open (date not indicated)" and "the last time the area was observed by the nurse it was red in color (date and time not indicated)." The HM was interviewed on 4/1/15 and indicated staff had found the pressure ulcer on her left buttocks while toileting client C that morning (time not indicated). The HM indicated a "fill in" nurse consultant had "been to the home</p>			

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	<p>the previous day. Stated that is was unknown if the nurse had observed this sore... Stated the PCP was unable to observe this area on 4/1/15 due to not having a lift at the office. Stated that [unidentified name/title] was returning to the home to conduct a physical on 4/2/15. Stated that a follow up physical is scheduled for 4/6/15 with PCP." The nurse consultant was interviewed on 4/1/15 and "stated that she had not completed a full body skin check upon arrival to the home. Stated that there had been a doctor's appointment scheduled for [client C] on 4/2/15...." Client C stated in an interview on 4/3/15 the pressure ulcer had developed "approximately one month prior to her move." The investigation failed to indicate recommendations or a conclusion.</p> <p>3. A BDDS report dated 4/24/15 at 6:00 AM was reviewed on 5/18/15 at 10:18 AM and indicated an allegation made by client C she had requested to go to the restroom on the morning of 4/24/15, and staff #4 "was reported to have advised [client C] that she had a depends on and that she could go in the bed. Additional staff [staff #9], later entered the room to find [client C] wet and in need of changing. Staff immediately began procedure to toilet and change [client</p>			

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	<p>C]." Corrective action indicated staff #4 had been suspended pending outcome of the investigation.</p> <p>A Summary of Internal Investigation Report dated 5/7/15 was reviewed on 5/18/15 at 11:40 AM. Interview statements by client C indicated client C "can communicate verbally but has difficulty with memory recall. She requires full staff assistance with all daily living skills." The summary indicated client C had a BSP/Behavior Support Plan (date unspecified) with target behaviors of verbal aggression, physical aggression, property destruction, tantrum defined as crying, making false accusations, making inappropriate remarks to staff, leaving assigned area, and making suicidal threats or comments. The investigation included the following interview statements:</p> <p>Interview with staff #4 on 5/4/15 and 5/7/15 indicated client C "rang her bell" to inform staff of her need to use the restroom twice. She indicated she was on her way to assist client C after she rang the bell the first time, when she rang the bell the second time. "States when she got to [client C's] bedroom she was soaked from top to bottom." Staff #4 indicated she worked with staff #5 on the overnight shift on 4/24/15 and the</p>						

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	<p>evening shift had indicated at the start of her shift at 12:00 AM, client C had been toileted and would not need to be toileted. Staff #4 indicated client C "began ringing her bell and stated she had to go to the restroom really bad" and when staff #4 and #5 entered client C's bedroom, client C "was soaked from head to toe," and the incident occurred "around 1 am." Client C's interview statement dated 5/5/15 indicated she had identified staff #5 "had told [client C] that she could go in the bed," and "I get tired of lifting you up and taking you to the bathroom,...I get tired of getting you dressed." Client C stated she "went in the bed as she was told that she could," and stated she "didn't want to but had no other choice." During her statement, client C indicated staff #9 was not at home that day and then stated "[staff #9] came in to clean her up." Staff #9 indicated in an interview statement dated 5/7/15, client C had rung her bell to ask to be assisted to the toilet at 5:00 AM on 4/24/14, and client C was dry at that time. Staff #5 indicated in a statement on 5/7/15 she had not worked on 4/24/15, but had worked on 4/25/15 from 12:00 AM until 8:00 AM with staff #4. Staff #5 indicated client C rang her bell "approximately 1:30-2:00 am," and staff "noticed the bed wet." Client C indicated she had not been previously toileted (time</p>			

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	<p>and date not specified). Conclusion dated 5/8/15 indicated evidence did not support staff #4 and #5 were neglectful of client C's care. Undated Recommendations indicated the HR (human resource) and RD (residential director) were to review investigation findings to make recommendations for staff disciplinary actions and a toileting and repositioning schedule every 2 hours would be added to client C's MAR/Medication Administration Record, and staff would be retrained regarding "expectations for customer service with regards to these concerns." There was no evidence the discrepancies in the dates and times of witness statements were addressed in the investigation, conclusion or recommendations.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated the conclusion and recommendations of the investigation did not address the inconsistencies identified during the investigation.</p> <p>The Area Director was interviewed on 5/21/15 at 2:47 PM and indicated the investigations involving clients A, B and C had inconsistencies that were not addressed.</p> <p>This federal tag relates to complaint</p>			

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	#IN00172930.  9-3-2(a)			
W 0155 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client A) to implement protective measures after an allegation of staff abuse involving client A to prevent potential for further abuse.  Findings include:  A report to the Bureau of Developmental Disabilities Services (BDDS) was reviewed on 5/18/15 at 10:28 AM and indicated an incident dated 3/30/15. "During an investigation regarding	W 0155	<b>W 155 Staff Treatment of Clients</b> The facility must prevent further potential abuse while the investigation is in progress.  <b>1. What corrective action will be accomplished?</b> · The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated. · The DSP staff who was involved in the incident at day service with Client A was terminated. · Training with direct support staff in regard to reporting abuse and neglect will be completed by June	06/20/2015

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	<p>another client, it was revealed that there has been a possible incident involving [client A]. It was reported that the incident may have included [client A] being smacked on the wrist and arms (and) restrained at her wrist while in the process of [client A] attempting to hit staff." The report indicated staff had been suspended pending an investigation.</p> <p>A Summary of Internal Investigation Report Neglect of Supervision Report dated 4/8/15 indicated facility operated day services staff (DS) #10 saw DS staff #11 slap clients A on 3/30/15 and day service client I on 4/2/15. DS #10 indicated she reported the incident to the DS PC (Day service program Coordinator) (date reported not indicated) and DS #11's "grabbing and slapping of [client A] were done with force and purpose." DS #10 and DS #13 reported to the DS PC that DS #11 "yelled at [client A], slapped [client A], and pinned [client A] against the wall." DS #10 stated DS #11 had also "yelled" at client A and indicated DS #11 had raised her arm as if she were going to hit client A prior to slapping client A. DS #10 stated the DS PC stated, "she had talked to someone at the office and they had told her (DS PC it was OK to slap clients on the wrist." DS #11 stated "that she did smack [client A's] wrists 'like a child'" after client A</p>		<p>20th, 2015.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· Training with direct support staff in regard to reporting abuse and neglect will be completed by June 20th, 2015.</li> </ul>		

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	<p>knocked off her glasses. Conclusion of the investigation dated 4/14/15 indicated, "Evidence supports that both [client A] and [client I] had been inappropriately redirected while at day services by [DS #11]. Evidence supports that [DS #11] failed to follow the (Behavior Support Plans) BSPs for [client A] and [client I]. Evidence supports that [DS #11] admitted to smacking the wrists of both clients and knew this was not appropriate. Evidence supports that [DS PC] was made aware of the incidents through eye witness accounts and failed to accurately report the concerns regarding [client A] to the PD/Program Director." Recommendations included disciplinary action which was not specified and staff retraining on client plans, physical redirection, and reporting requirements.</p> <p>The Area Director was interviewed 5/21/15 at 2:47 PM and indicated DS staff #11 continued to work at the same location with client A after she allegedly slapped client A's wrist on 3/30/15.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· Training with direct support staff in regard to reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>				

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W 0156  Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based upon record review and interview,	W 0156	<ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p> <p><b>W 156 Staff Treatment of Clients</b></p>	06/20/2015	

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	<p>the facility failed to complete 3 of 5 investigations of abuse/neglect and report the results within 5 business days for 3 of 4 sampled clients (clients A, B and C).</p> <p>Findings include:</p> <p>1. A report dated 4/24/15 to the Bureau of Developmental Disabilities Services (BDDS) was reviewed on 5/15/15 at 5:05 PM. The report indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." The BDDS plan to resolve indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination. Staff are conducting 15 minute checks on [client B]. [Client B's] workshop was notified that they are to add extra supervision to his care. Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the 4/24/15 incident dated 5/12/15 was reviewed on 5/15/15 at</p>		<p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> </ul>		

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	<p>6:00 PM. The conclusion was dated 5/12/15.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM. She indicated the investigation involving clients A and B on 4/24/15 was not completed within 5 business days and the police investigation had not been completed and results provided to the facility at the time of the survey due to failure of the police department. She indicated when she called the police department (date unspecified), the detective in charge indicated the case had not been assigned to an officer, but was now in progress.</p> <p>2. A BDDS report indicated an incident dated 3/30/15. "During an investigation regarding another client, it was revealed that there has been a possible incident involving [client A]. It was reported that the incident may have included [client A] being smacked on the wrist and arms (and) restrained at her wrist while in the process of [client A] attempting to hit staff." The report indicated staff had been suspended pending an investigation and the incident had occurred at the facility operated day services.</p> <p>A Summary of Internal Investigation Report Neglect of Supervision Report dated 4/8/15 indicated day services staff</p>		<p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The importance of completing investigations within 5 business days will be reviewed Program Director and Quality Assurance Specialist by June 20th, 2015.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Area Director will monitor via Mentor's incident report summary as incidents are reported and investigations are completed.</li> <li>· The Quality Assurance Department will monitor the investigation timeliness on a monthly basis.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>		

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	<p>(DS) #10 saw DS staff #11 slap client A on 3/30/15 and day service client I on 4/2/15. Conclusion of the investigation dated 4/14/15 indicated, "Evidence supports that both [client A] and [client I] had been inappropriately redirected while at day services by [DS #11]. Evidence supports that [DS #11] failed to follow the BSPs for [client A] and [client I]. Evidence supports that [DS #11] admitted to smacking the wrists of both clients and knew this was not appropriate. Evidence supports that [DS PC] was made aware of the incidents through eye witness accounts and failed to accurately report the concerns regarding [client A] to the PD." Recommendations included disciplinary action which was not specified and staff retraining on client plans, physical redirection, and reporting requirements.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated the allegation of abuse involving client A on 3/30/15 was not completed within 5 business days.</p> <p>3. A BDDS report dated 4/24/15 at 6:00 AM was reviewed on 5/18/15 at 10:18 AM and indicated an allegation made by client C she had requested to go to the restroom on the morning of 4/24/15, and staff #4 "was reported to have advised</p>				

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	<p>[client C] that she had a depends on and that she could go in the bed. Additional staff [staff #9], later entered the room to find [client C] wet and in need of changing. Staff immediately began procedure to toilet and change [client C]." Corrective action indicated staff #4 had been suspended pending outcome of the investigation.</p> <p>A Summary of Internal Investigation Report dated 5/7/15 was reviewed on 5/18/15 at 11:40 AM. The conclusion dated 5/8/15 indicated evidence which did not support staff #4 and #5 were neglectful of client C's care.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated the investigation was not completed within 5 business days.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p>						

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W 0157  Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon observation, record review and interview, the facility failed to develop and implement effective corrective action to prevent physical assault and inappropriate physical interaction involving clients A, B and D, and to provide medical treatment to address a pressure ulcer for client C.</p> <p>Findings include:</p> <p>1. Observations and interviews were completed at the group home on 5/15/15 from 3:35 PM until 6:30 PM. Client D was interviewed on 5/15/15 at 6:10 PM and stated client B had previously "viciously attacked me. Bruised me up pretty bad. He had me pinned up against the wall." She indicated staff #2 and client H had helped her during the incident. Client D indicated she had bruising to her eye as a result of the incident. Staff #2 indicated she was afraid of client B after the incident occurred.</p> <p>Staff #2 was interviewed on 5/15/15 at 6:02 PM and indicated she was aware of</p>	W 0157	<p><b>W 157 Staff Treatment of Clients</b> If the alleged violation is verified, appropriate corrective action must be taken.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event</li> </ul>	06/20/2015

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	<p>the incident involving clients A and B. Staff #2 stated client B "was already having issues" on 2/11/15 as he wanted more money than was allotted for his budget. She stated client B's girlfriend "called every 5 minutes," and as a result of needing to keep the group home phone lines open for other group home staff to conduct business of the group home, and for clients' personal privacy, clients now had their own cell phones. She stated client B had become "upset" as client D had allegedly told his girlfriend to stop calling the house. Staff #2 stated, "He (client B) was waiting for her" as she arrived home from workshop. Staff #2 indicated she was talking to the staff who had transported client D home at the transporting staff's request and stated, "I heard a scuffle. [Client B] had [client D] pinned up against the wall and whaling on her." She indicated client B was punching client D using an overhanded closed fist motion. Staff #2 indicated client D was taken to the emergency room to examine her for injury. Staff #2 indicated client D was asked if she wanted to press charges by hospital staff, but she declined. She indicated she was the only staff on duty and was unable to prevent client B from physically aggressing upon client D.</p> <p>A report to the Bureau of Developmental</p>		<p>that the coverage cannot be found, the Program Coordinator will cover the shift.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being</li> </ul>				

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	<p>Disabilities Services (BDDS) dated 2/11/15 was reviewed on 5/20/15 at 10:15 AM and indicated clients B and D "engaged in a physical altercation with one another. [Client B's] girlfriend call (sic) to discuss [client D's] conversation with his girlfriend while at workshop. A verbal argument began and [client B] closed fist punched [client D] in her left eye. [Client D] returned punches with him. [Client D] was taken to [urgent care medical facility] to address her injuries." No issues related to the incident were identified, but client D's vision was found to be 20/50 and it was recommended client D follow up with an optometrist to address her vision. Corrective action indicated client D would be monitored for visual changes, pain in the eye and severe headaches. "Staff will also conduct 5 minute checks on [client B] whenever in common areas of the home. Staff will not permit clients B and D to be left unsupervised together."</p> <p>An investigation summary of the incident dated 2/16/15 indicated client B had a history of physical aggression including pushing, hitting and shoving, and staff were directed to complete 5 minute checks at any time that client B was in the common areas of the home. IDT (interdisciplinary team) minutes dated 2/16/15, included in the investigation,</p>		<p>completed for Client C.</p> <ul style="list-style-type: none"> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and</li> </ul>	
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	<p>indicated client B's plan would be revised to include more reinforcement and additional community opportunities to "help tension between" clients B and D.</p> <p>The PC/HM (Program Coordinator/House Manager) was interviewed on 5/18/15 at 4:05 PM and indicated after client B's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time, but he had since been placed on 15 minute checks.</p> <p>The Area Director (AD) indicated in an e-mail on 5/19/15 at 4:16 PM she had attached the documentation provided of client B and D's checks.</p> <p>Client B's February, 2015 15 minute checks were reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was checked every 15 minutes from 2/12/15-2/13/15. Entries on 2/12/15 from 12:00 AM-4:00 AM indicated client B was sleeping, and indicated he went back to bed at 4:30 AM until 6:45 AM-8:00 AM, then checks were completed from 4:30 PM until 8:30 PM every 5 minutes. No other documentation was in the record client B was checked every 5 minutes on 2/12/13 and on 2/13/15. Records for 2/13/15 indicated client B was checked every 5 minutes from 12:00</p>		<p>how to complete an admission assessment of a new client.</p> <ul style="list-style-type: none"> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day</li> </ul>		

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	<p>AM until 9:00 AM and not again until 4:00 PM. There was no record client B was checked every 5 minutes from 8:00 AM until 11:45 AM on 2/13/15. No other documentation was provided of client B's checks every 5 minutes.</p> <p>2. A report to the Bureau of Developmental Disabilities Services/BDDS dated 4/24/15 was reviewed on 5/15/15 at 5:05 PM. The report indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." Corrective action indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination. Staff are conducting 15 minute checks on [client B]. [Client B's] workshop was notified that they are to add extra supervision to his care. Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the 4/24/15 incident</p>		<p>service with Client A was terminated.</p> <ul style="list-style-type: none"> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> </ul>		

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	<p>dated 5/12/15 was reviewed on 5/15/15 at 6:00 PM. The following interviews were included in the investigation:</p> <p>The PC/HM (Program Coordinator, House Manager) stated in an interview dated 4/29/15 she had received a text from staff #9 at 6:50 AM on 4/24/15 "saying [staff #9] and [staff #4] 'caught [client B]with [client A].'" The interview indicated staff #9 stated client A "was sitting on [client B's] forearm and his hand was in her vagina...states she assisted [client A] in the restroom and observed blood on her panties...." The interview indicated the PC/HM had been instructed by the Program Director (PD) to take client A to the emergency room for an evaluation and to contact the police regarding the incident. The interview indicated hospital staff had examined client A and there was evidence of "insertion" and "a small scratch in the wall of her vagina." The interview indicated the HM/PC had taken client B's belongings to another group home and the PD had spent "approximately 30 minutes to explain what was happening" and met with client B and his temporary roommate at another group home.</p> <p>Staff #9 indicated in an interview dated 5/1/15, client B "had [client A] pinned up</p>		<ul style="list-style-type: none"> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the</li> </ul>				

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	<p>against him and his whole hand was up her nightgown," and client A's "body was between [client B's] legs as he was seated in his wheelchair." Staff #9 indicated client B rolled over client A's foot as he "jumped back" upon discovery of clients A and B by staff #4 and #9. Staff #9 "states he thinks [client A] was scared because as he picked her up she was squeezing tight as if to say don't let her go," and client A "made a high pitched sound-not a scream, but not typical vocalization for [client A]." Staff #9 "states that he could not see [client B's] hand touching [client A]...states [client A's] peers treat her like a baby (pat her on the back and say things like 'good job [client A]' or 'come on [client A]' and [client B] is playful with [client A]." Staff #9 "states he has seen [client B] tease her and hug her (client A) which he reports he tells [client B] he can't do that as it's too much touching."</p> <p>Staff #4 indicated in an interview dated 5/4/15 client C "uses a lift and mobile wheelchair adding it takes two people to dress her, clean her, change her clothing...states if [client A] wakes up (she and [client C] share a bedroom) she sometimes stays in bed, sometimes walks around the house and sometimes goes to sit in the living room." Staff #4 stated after she and staff #9 assisted client C,</p>		<p>behaviors are included based on Client B's behavior incidents that are being reported by staff.</p> <ul style="list-style-type: none"> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the</li> </ul>				

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	<p>staff #4 "saw that [client B] had [client A]." Staff #4 stated client A was "standing in between [client B's] legs ([client B was seated in wheelchair)...one of [client B's] hands was pushing [client A's] head to his face and the other hand was on her bottom...[client B's] face was pushed on [client A's] face and the other hand was on her bottom...[client B's] face was pushed on [client A's] face like he was kissing her...[client A's] other hand was under [client A's] nightgown, maybe on her bottom holding her to him but she did not know for sure as all she could recall was the way he was kissing her...."</p> <p>Staff #1 indicated in an interview dated 5/5/15 she had arrived at the group home on 4/24/15 at 7:00 AM and stated "she usually comes in to work at 6:00 AM..." She indicated she did not observe the incident.</p> <p>Client B indicated in an interview dated 4/30/15 he had kissed client A, and "he is not interested in [client A] sexually." He stated "there are a few people that kiss her and stuff. Some of the staff have kissed [client A]. They don't say anything to them." Client B indicated the PC/HM had kissed client A in the past. Client B indicated he had taken client A "for rides on his wheelchair from the dining room to the kitchen and that is it...states he has</p>		<p>site will be reviewed.</p> <ul style="list-style-type: none"> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· The Program Coordinator who failed to report the 1 allegation of abuse involving Client A at day service was terminated.</li> <li>· The DSP staff who was involved in the incident at day service with Client A was terminated.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· A competency test will be developed for DSP staff, Program</li> </ul>	

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	<p>never done anything sexual (touched or fondled) to [client A]...." Client B stated he had kissed client A before "2-3 times in the living room (no reports to support this statement)...." Client B indicated he did not give client A a ride on his wheelchair and client A did not sit on his lap on 4/24/15.</p> <p>The investigation indicated review of documentation of client A's visit to the hospital on 4/24/15 which indicated a "very small red area" in client A's vagina.</p> <p>The conclusion of the investigation dated 5/12/15 indicated "evidence supports [client B] kissed [client A]. Evidence supports two staff report [client B's] hand was under [client A's] night gown. Evidence supports immediate measures were implemented for both [client B] and [client A's] safety. Evidence supports [client A] had a very small red area at the Fossa Navicularis (part of the vaginal area). Evidence does not support penile penetration. Evidence supports law enforcement was notified." The investigation failed to indicate evidence staff supervision levels were considered as a factor in the investigation or considered for corrective action. The investigation failed to address the discrepancies regarding the observation of the location of client B's hands on</p>		<p>Coordinator and Program Director complete regarding abuse, neglect and exploitation reporting and investigations.</p> <ul style="list-style-type: none"> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Client B has moved to another home.</li> <li>· A consumer meeting will be held by June 20th with the residents to address appropriate interactions with each other.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· The need for supervision</li> </ul>	

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	<p>client A based upon conflicting statements of the PC/HM and staff #9's interviews. The investigation failed to investigate client B's statement that the PC/HM had previously kissed client A. Undated Recommendations Resulting from an Investigation as part of the investigation indicated "Continue current living arrangements to support both [client B] and [client A's] safety, continue to provide emotional support as needed, update records to indicate incident information, for future reference, continue to cooperate with law enforcement as needed, formal programming for [client B] regarding individual's ability to consent or not consent, and discussion with PC/HM regarding modeling appropriate behavior for staff and clients." The recommendation failed to indicate specific recommendations regarding the PC modeling appropriate behavior.</p> <p>Client A's record was reviewed on 5/18/15 at 9:53 AM. An ISP (Individual Support Plan) updated 12/13/14 indicated she "had no purposeful speech," and "her actions, and the noises she makes, lets you know if she does not want to do something requested...[Client A] does make vocalization when upset or exited..." The ISP indicated client A was fifty inches tall, weighed 78 pounds and</p>		<p>checks will be reviewed by the IDT for Client A, B and D.</p> <ul style="list-style-type: none"> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> <li>· The BSP for Client B will be reviewed to ensure appropriate target behaviors and steps to address the behaviors are included based on Client B's behavior incidents that are being reported by staff.</li> <li>· The importance of documenting incidents and where to document (i.e. GER, Bx data and daily logs) will be reviewed with staff by June 20th, 2015.</li> <li>· Group Home Staff will be retrained on Client A, B, C and D's BSP's.</li> <li>· Day Service Staff will be retrained on Client A's BSP.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· Client C's BSP will be revised to include a target behavior for not reporting events accurately.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul>		

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	<p>was unable to understand her rights. Client A required staff on premises at all times, and was unable to communicate to staff when she was in pain. The ISP indicated client A had a behavior support plan to address physical aggression, self-injurious behavior and sensory integration. She has health care deficits for inducing vomiting and placing her head in the toilet, and will undress in public areas. The ISP indicated client A was "on 15 minute checks."</p> <p>Client B's record was reviewed on 5/18/15 at 9:41 AM. An ISP dated 7/25/14 indicated client B used a wheelchair due to an amputated toe and had "some problems with anger management," and in the past "would ask if it was okay to beat up or kill people for intruding upon his property, but did not act on these thoughts after he was told it would be illegal." A behavior plan dated 4/29/15 indicated he had a plan to address physical aggression (pushing, hitting, shoving), verbal aggression, inappropriate social behavior (going into female rooms, touching, inappropriate comments that may include vulgar gestures, name calling, teasing/taunting housemates), noncompliance, verbal aggression, inappropriate comments, and cell phone misuse (taking pictures of peers without guardian/peer permission at</p>		<ul style="list-style-type: none"> <li>· Training with the Program Coordinator and Program Director regarding reporting incidents immediately and thoroughly will be completed by June 20th, 2015.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will review the staff schedule to ensure all scheduled shifts are covered.</li> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C has a wound care nurse that meets with her weekly currently.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>				

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	<p>the workshop and the group home). The BSP did not include specific supervision needs for client B. The record indicated client B required staff on the premises at all times.</p> <p>Behavior rates for client B for 5/18/14-5/18/15 were reviewed on 5/20/15 at 5:00 PM and failed to indicate the incident involving client A on 4/24/15. An entry dated 4/3/15 at 6:20 PM indicated "[client B] had another housemate bouncing on his lap. He stopped and left the area when staff asked him to." An entry dated 10/24/14 indicated "[Client B] came into the dining area with [client A] on his lap, hugging him. PD redirected [client B] and discussed that it is inappropriate for him to have [client A] on his lap, as well as to hug her."</p> <p>The PD was interviewed on 5/18/15 at 3:15 PM. She indicated there was no history of client B sexually abusing client A in the past. The PD indicated she had been notified of an incident involving clients A and B in the past of client B going into client A's room, but stated she was not sure if it was accurate or "hearsay." The PD indicated the removal of client B from the home was necessary due to the severity of the incident. The PD indicated client B had placed client A</p>			

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	<p>on his lap before in the past and it had been discussed in past staff meetings that this was inappropriate. The PD was uncertain if the discussion was documented. The PD indicated client B was placed on 15 minute checks after the previous PD had found client A sitting on client B's lap and clients A and B were not to be left alone. She indicated the 15 minute checks were implemented and discussed at a meeting on 11/10/14.</p> <p>The PC/HM was interviewed on 5/18/15 at 4:05 PM and indicated there was an instance where client B had been found in client B's room, but it was brought to her attention while she was still in orientation on 10/25/14 and she was uncertain as to whether the incident was documented. She stated clients A and B had "a friend relationship" and client B liked to play patty cake with client A. The PC/HM indicated after client B's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time, but client B had been placed back to 15 minute checks at the time of the incident with client A on 4/24/15. She indicated client B was very playful with client A and would take client A for rides on his lap in his wheelchair.</p> <p>The PD was interviewed again on</p>			
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	5/18/15 at 4:25 PM and when asked if client A and B's supervision level was followed at the time of the incident on 4/24/15, she stated, "I can't say. The staff were still within a 15 minute time frame." She stated, "We couldn't foresee it. Is it a learning situation for us? Yes." She indicated staff were working with clients to ensure they treated client A as an adult woman, rather than as a child. When asked about the discrepancies in the investigation for clients A and B, she indicated she had passed the investigation to another PD who didn't work in the home, and that the process for completing investigations involved gathering information and statements and the quality assurance department completed the investigation for conclusions and recommendations. She indicated the investigation involving clients A and B on 4/24/15 was not completed within 5 business days. The PD indicated the police investigation had not been completed/provided to the facility at the time of the survey due to failure of the police department. She indicated when she called the police department (date unspecified), the detective in charge indicated the case had not been assigned to an officer, but was now in progress. She indicated she had not completed the corrective action indicated in the recommendations of the				

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	<p>investigation as she had just received the recommendations on 5/14/15 and she would need to verify what specific correction was need with the PC/HM.</p> <p>Staff time sheets were reviewed on 5/20/15 at 10:26 AM and indicated staff #4 and #9 were the only staff on duty at 6:50 AM when the incident occurred between clients A and B.</p> <p>A log of client B's 15 minute checks on 4/24/15 was reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was monitored after receiving his medications at 6:00 AM.</p> <p>Interdisciplinary Team Minutes dated 4/29/15 were reviewed on 5/20/15 at 10:37 AM and indicated client B would not be returning to the group home.</p> <p>The Area Director (AD) was interviewed on 5/19/15 at 11:50 AM. She indicated staff #1 had come to work at 7:00 AM instead of 6:00 AM because she was needed to work later in the day. The AD indicated there were usually 3 staff who worked in the home at the time of the incident. She stated "Prior to [client C] moving in they would have been fine with two staff working, but [client C] needs more assistance. Their needs (clients) were being met, but we couldn't</p>			

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	<p>foresee this incident." She indicated she was unaware of previous instances of client B's inappropriate behavior with client A. If his plan was not effective to address his behavior, the behavior clinician should have been contacted to revise the plan and she should have been notified. She indicated the staff supervision level of the clients was not addressed in the investigation involving clients A, B and D. The AD indicated she was aware of the incident involving client B going into client A's room in October, 2014, but no inappropriate behavior had occurred and it was not reported or investigated. She indicated the investigation did not address how clients A and B arrived in the living room without staff knowledge on 4/24/15.</p> <p>The AD indicated in an e-mail dated 5/19/15 at 3:36 PM that the recommendation to discuss with the PC/HM regarding modeling appropriate behavior was intended to ensure the PC is modeling appropriate interactions with the clients for the staff and other clients. She indicated client B had "made a few comments in his interview statement that the PD should be addressing to ensure the PC is not communicating mixed messages to the staff and other clients."</p> <p>Staff meeting notes dated 12/5/14 were</p>			

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	<p>reviewed on 5/21/15 at 11:09 AM and indicated all clients were to be monitored every 15 minutes, monitored in the restroom and "that you know where they are at all times; that staff are not in the med room and bathroom while clients are left unsupervised in the house...."</p> <p>3. A BDDS report dated 4/24/15 at 6:00 AM was reviewed on 5/18/15 at 10:18 AM and indicated an allegation made by client C that she had requested to go to the restroom on the morning of 4/24/15, and staff #4 "was reported to have advised [client C] that she had a depends on and that she could go in the bed. Additional staff [staff #9], later entered the room to find [client C] wet and in need of changing. Staff immediately began procedure to toilet and change [client C]." Corrective action indicated staff #4 had been suspended pending outcome of the investigation.</p> <p>A Summary of Internal Investigation Report dated 5/7/15 was reviewed on 5/18/15 at 11:40 AM. Interview statements by client C indicated client C "can communicate verbally but has difficulty with memory recall. She requires full staff assistance with all daily living skills." The summary indicated client C had a BSP (date unspecified) with target behaviors of verbal</p>			

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015
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	<p>aggression, physical aggression, property destruction and tantrum defined as crying, making false accusations, making inappropriate remarks to staff, leaving assigned area, and making suicidal threats or comments. The investigation included the following interview statements:</p> <p>Interviews with staff #4 on 5/4/15 and 5/7/15 indicated client C "rang her bell" to inform staff of her need to use the restroom twice. She indicated she was on her way to assist client C after she rang the bell the first time, when she rang the bell the second time. "States when she got to [client C's] bedroom she was soaked from top to bottom." Staff #4 indicated she worked with staff #5 on the overnight shift on 4/24/15 and the evening shift had indicated at the start of her shift at 12:00 AM, client C had been toileted and would not need to be toileted. Staff #4 indicated client C "began ringing her bell and stated she had to go to the restroom really bad" and when staff #4 and #5 entered client C's bedroom, client C "was soaked from head to toe," and the incident occurred "around 1 am." Client C's interview statement dated 5/5/15 indicated she staff #5 "had told [client C] that she could go in the bed," and "I get tired of lifting you up and taking you to the bathroom,...I get tired of</p>			

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	<p>getting you dressed." Client C stated she "went in the bed as she was told that she could," and stated she "didn't want to but had no other choice." During her statement, client C indicated staff #9 was not at home that day and then stated "[staff #9] came in to clean her up." Staff #9 indicated in an interview statement dated 5/7/15, client C had rung her bell to ask to be assisted to the toilet at 5:00 AM on 4/24/15, and client C was dry at that time. Staff #5 indicated in a statement on 5/7/15 she had not worked on 4/24/15, but had worked on 4/25/15 from 12:00 AM until 8:00 AM with staff #4. Staff #5 indicated client C rang her bell "approximately 1:30-2:00 am," and staff had "noticed the bed wet." Client C indicated she had not been previously toileted (time and date not specified). Conclusion dated 5/8/15 indicated evidence did not support staff #4 and #5 were neglectful of client C's care.</p> <p>Client C's April, 2015 and May, 2015 MAR were reviewed on 5/20/15 at 11:17 AM. The April, 2015 MAR failed to indicate documentation of "Re-position every 2 hours, begin date 4/22/15." Client C's May, 2015 MAR indicated documentation for client C's repositioning and toileting scheduled was documented 5/1/15-5/7/15, but failed to indicate documentation after that date for</p>			

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	<p>the nursing measure "Assist with toileting every 2 hours while awake and at 2:00 am to prevent incontinence and skin breakdown."</p> <p>The group home nurse was interviewed on 5/21/15 at 12:35 PM. She indicated she was on vacation when client C was admitted and was uncertain of nursing assessments or the status of an initial physical assessment as client C's physician was also on vacation at the time of client C's admission. She indicated she had not been made aware that the physician's orders for home health care had not been specific enough to provide treatment when they were signed on 4/8/15 and she was not aware the order had not been acted upon as a result. When asked whose responsibility it was to ensure the order was completed, she stated, "It was mine."</p> <p>The Area Director was interviewed on 5/21/15 at 2:47 PM and indicated the initial report made on 3/30/15 of the incident involving workshop staff DS #11 and client A did not indicate an abusive situation. She indicated it was discovered in an investigation on 4/3/15 and the incident had not been reported correctly, resulting in DS #11 being available to have contact with client A after the alleged abuse on 3/30/15. She</p>				

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	<p>indicated the investigation regarding the incident involving clients A and B on 4/24/15 could substantiate physical interaction, but not sexual assault. She indicated the failure of ensuring clients were supervised and the delay in treatment for client C's wound was a failure to implement corrective action.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-2(a)</p>			

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W 0186  Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (clients A, B and D), the facility failed to ensure there were adequate staff to meet the clients' safety and supervision needs.</p> <p>Findings include:</p> <p>1. Observations and interviews were completed at the group home on 5/15/15 from 3:35 PM until 6:30 PM. Client D was interviewed on 5/15/15 at 6:10 PM and stated client B had previously "viciously attacked me. Bruised me up pretty bad. He had me pinned up against the wall." She indicated staff #2 and client H had helped her during the incident. Client D indicated she had bruising to her eye as a result of the incident. She indicated she was afraid of client B after the incident occurred.</p> <p>Staff #2 was interviewed on 5/15/15 at</p>	W 0186	<p><b>W 186 Direct Care Staff</b></p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to</li> </ul>	06/20/2015	

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	6:02 PM and indicated she was aware of the incident involving clients D and B. Staff #2 stated client B "was already having issues" on 2/11/15 as he wanted more money than was allotted for his budget. She stated client B's girlfriend "called every 5 minutes," and as a result of needing to keep the group home phone lines open for other group home staff to conduct business of the group home, and for clients' personal privacy, clients now had their own cell phones. She stated client B had become "upset" as client D had allegedly told his girlfriend to stop calling the house. Staff #2 stated, "He (client B) was waiting for her" as she arrived home from workshop. Staff #2 indicated she was talking to the staff who had transported client D home at the transporting staff's request and stated, "I heard a scuffle. [Client B] had [client D] pinned up against the wall and whaling on her." She indicated client B was punching client D using an overhanded closed fist motion. Staff #2 indicated client D was taken to the emergency room to examine her for injury. Staff #2 indicated client D was asked if she wanted to press charges by hospital staff, but she declined. She indicated she was the only staff on duty and was unable to prevent client B from physically aggressing upon client D.		<p>ensure that proper staffing coverage is in place.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program</li> </ul>	

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	<p>A report to the Bureau of Developmental Disabilities Services (BDDS) dated 2/11/15 was reviewed on 5/20/15 at 10:15 AM and indicated clients B and D "engaged in a physical altercation with one another. [Client B's] girlfriend call (sic) to discuss [client D's] conversation with his girlfriend while at workshop. A verbal argument began and [client B] closed fist punched [client D] in her left eye. [Client D] returned punches with him. [Client D] was taken to [urgent care medical facility] to address her injuries." No issues related to the incident were identified, but client D's vision was found to be 20/50 and it was recommended client D follow up with an optometrist to address her vision. Plan to address indicated client D would be monitored for visual changes, pain in the eye and severe headaches. "Staff will also conduct 5 minute checks on [client B] whenever in common areas of the home. Staff will not permit clients B and D to be left unsupervised together."</p> <p>An investigation summary of the incident dated 2/16/15 indicated client B had a history of physical aggression including pushing, hitting and shoving, and staff were directed to complete 5 minute checks at any time that client B was in the common areas of the home. IDT (interdisciplinary team) minutes dated</p>		<p>Coordinator by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and D they will be included in their BSP.</li> <li>· Staff will be retrained on how to document supervision checks.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure</b></p>		

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	<p>2/16/15, included in the investigation indicated client B's plan would be revised to include more reinforcement and additional community opportunities to "help tension between" clients B and D.</p> <p>The PC/HM was interviewed on 5/18/15 at 4:05 PM and indicated after client A's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time, but had since been placed on 15 minute checks.</p> <p>The Area Director (AD) indicated in an e-mail on 5/19/15 at 4:16 PM she had attached the documentation provided of client B and D's checks.</p> <p>Client B's February, 2015 15 minute checks were reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was checked every 15 minutes from 2/12/15-2/13/15. Entries on 2/12/15 from 12:00 AM-4:00 AM indicated client B was sleeping, and indicated he went back to bed at 4:30 AM until 6:45 AM-8:00 AM Checks were completed from 4:30 PM until 8:30 PM every 5 minutes. No other documentation was in the record client B was checked every 5 minutes on 2/12/15 and on 2/13/15. Records for 2/13/15 indicated client B was checked every 5 minutes from 12:00 AM until 9:00 AM and not again until 4:00 PM.</p>		<p><b>that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· The staffing pattern for the site will be reviewed.</li> <li>· The importance of ensuring the scheduled shifts are covered will be reviewed with the Program Coordinator by June 20th, 2015.</li> <li>· Training with direct support staff in regard to clients' needs, behavior plans, risk plans, and reporting abuse and neglect will be completed by June 20th, 2015.</li> <li>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</li> <li>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The need for supervision checks will be reviewed by the IDT for Client A, B and D.</li> <li>· In the event that it is determined that supervision checks need to continue for Client A, B and</li> </ul>	

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	<p>There was no record client B was checked every 5 minutes from 8:00 AM until 11:45 AM on 2/13/15. No other documentation was provided of client B's checks every 5 minutes.</p> <p>2. A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/24/15 was reviewed on 5/15/15 at 5:05 PM and indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." Corrective action indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination. Staff are conducting 15 minute checks on [client B]. [Client B's] workshop was notified that they are to add extra supervision to his care. Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the incident dated 5/12/15 was reviewed on 5/15/15 at 6:00</p>		<p>D they will be included in their BSP.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained on how to document supervision checks.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will review the staff schedule to ensure all scheduled shifts are covered.</li> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· The Program Director will review the supervision checks for completeness during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor the supervision checks for completeness during their weekly observations.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>		

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	<p>PM. The following interviews were included in the investigation:</p> <p>The PC/HM (Program Coordinator, House Manager) stated in an interview dated 4/29/15 she had received a text from staff #9 at 6:50 AM on 4/24/15 "saying [staff #9] and [staff #4] 'caught [client B] with [client A].'" The interview indicated staff #9 stated client A "was sitting on [client B's] forearm and his hand was in her vagina...states she assisted [client A] in the restroom and observed blood on her panties...." The interview indicated the PC/HM had been instructed by the Program Director (PD) to take client A to the emergency room for an evaluation and to contact the police regarding the incident. The interview indicated hospital staff had examined client B and there was evidence of "insertion" and "a small scratch in the wall of her vagina." The interview indicated the HM/PC had taken client B's belongings to another group home and the PD had spent "approximately 30 minutes to explain what was happening" and met with client B and his temporary roommate at another group home.</p> <p>Staff #9 indicated in an interview dated 5/1/15, client B "had [client A] pinned up against him and his whole hand was up</p>			

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	<p>her nightgown," and client A's "body was between [client B's] legs as he was seated in his wheelchair." Staff #9 indicated client B rolled over client A's foot as he "jumped back" upon discovery of clients A and B by staff #4 and #9. Staff #9 "states he thinks [client A] was scared because as he picked her up she was squeezing tight as if to say don't let her go," and client A "made a high pitched sound-not a scream, but not typical vocalization for [client A]."</p> <p>Staff #4 indicated in an interview dated 5/4/15 client C "uses a lift and mobile wheelchair adding it takes two people to dress her, clean her, change her clothing...states if [client A] wakes up (she and [client C] share a bedroom) she sometimes stays in bed, sometimes walks around the house and sometimes goes to sit in the living room." Staff #4 stated after she and staff #9 assisted client C, staff #4 "saw that [client B] had [client A]."</p> <p>Staff #1 indicated in an interview dated 5/5/15 she had arrived at the group home on 4/24/15 at 7:00 AM and stated "she usually comes in to work at 6:00 AM..." She indicated she did not observe the incident.</p> <p>The investigation indicated review of</p>			

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	<p>documentation of client A's visit to the hospital on 4/24/15 which indicated a "very small red area" in client A's vagina.</p> <p>The conclusion of the investigation dated 5/12/15 failed to indicate evidence staff supervision levels were considered as a factor in the investigation or considered for corrective action.</p> <p>Confidential interview #1 indicated he/she had attempted to ensure client A and B were supervised at all times due to observations of client A's interactions with each other that involved touching and playing to ensure client B's safety. Confidential interviewee #1 indicated it was difficult at times to ensure staff was available at all times to keep them within eyesight during medication administration, bathing and meal preparation when there were only two staff in the home.</p> <p>Client A's record was reviewed on 5/18/15 at 9:53 AM. An ISP (Individual Support Plan) updated 12/13/14 indicated she "had no purposeful speech," and "her actions, and the noises she makes, lets you know if she does not want to do something requested...[Client A] does make vocalization when upset or exited..." The ISP indicated client A was fifty inches tall, weighed 78 pounds and</p>			

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	<p>was unable to understand her rights. Client A required staff on premises at all times, and was unable to communicate to staff when she was in pain. The ISP indicated client A had a behavior support plan to address physical aggression, self-injurious behavior and sensory integration. She has health care deficits for inducing vomiting and placing her head in the toilet, and will undress in public areas. The ISP indicated client A was "on 15 minute checks."</p> <p>Client B's record was reviewed on 5/18/15 at 9:41 AM. An ISP dated 7/25/14 indicated client B used a wheelchair due to an amputated toe and had "some problems with anger management." In the past "would ask if it was okay to beat up or kill people for intruding upon his property, but did not act on these thoughts after he was told it would be illegal." A behavior plan dated 4/29/15 indicated he had a plan to address physical aggression (pushing, hitting, shoving), verbal aggression, inappropriate social behavior (going into female rooms, touching, inappropriate comments that may include vulgar gestures, name calling, teasing/taunting housemates), noncompliance, verbal aggression, inappropriate comments, and cell phone misuse (taking pictures of peers without guardian/peer permission at</p>			

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	<p>the workshop and the group home). The BSP did not include specific supervision needs for client B. The record indicated client B required staff on the premises at all times.</p> <p>Behavior rates for client B for 5/18/14-5/18/15 were reviewed on 5/20/15 at 5:00 PM and failed to indicate the incident involving client B on 4/24/15. An entry dated 4/3/15 at 6:20 PM indicated "[client B] had another housemate bouncing on his lap. He stopped and left the area when staff asked him to." An entry dated 10/24/14 indicated "[Client B] came into the dining area with [client A] on his lap, hugging him. PD redirected [client B] and discussed that it is inappropriate for him to have [client A] on his lap, as well as to hug her."</p> <p>The PD/Program Director was interviewed on 5/18/15 at 3:15 PM. She indicated there was no history of client B sexually abusing client A in the past. The PD indicated she had been notified of an incident involving clients A and B in the past of client B going into client A's room, but stated she was not sure if it was accurate or "hearsay." The PD indicated the removal of client B from the home was necessary due to the severity of the incident. The PD indicated</p>			

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	<p>client B had placed client A on his lap before in the past and it had been discussed in past staff meetings that this was inappropriate. The PD was uncertain if the discussion was documented. The PD indicated client B was placed on 15 minute checks after the previous PD had found client A sitting on client B's lap and clients A and B were not to be left alone. She indicated the 15 minute checks were implemented and discussed at a meeting on 11/10/14.</p> <p>The PC/HM (Program Coordinator/House Manager) was interviewed on 5/18/15 at 4:05 PM and indicated there was an instance where client B had been found in client A's room. It was brought to her attention while she was still in orientation on 10/25/14 and she was uncertain as to whether the incident was documented. She stated clients A and client B had "a friend relationship" and that client B liked to play patty cake with client A. The PC/HM indicated after client B's altercation with client D on 2/11/15, he was placed on 5 minute checks for a period of time. Client B had been placed back to 15 minute checks at the time of the incident with client A on 4/24/15. She indicated client B was very playful with client A and would take client A for rides on his lap in his wheelchair.</p>			

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	<p>The PD was interviewed again on 5/18/15 at 4:25 PM and when asked if clients A and B's supervision level was followed at the time of the incident on 4/24/15, she stated, "I can't say. The staff were still within a 15 minute time frame." She stated, "We couldn't foresee it. Is it a learning situation for us? Yes."</p> <p>Staff time sheets were reviewed on 5/20/15 at 10:26 AM and indicated staff #4 and #9 were the only staff on duty at 6:50 AM when the incident occurred between clients A and B.</p> <p>A log of client B's 15 minute checks on 4/24/15 was reviewed on 5/20/15 at 10:29 AM and failed to indicate client B was monitored after receiving his medications at 6:00 AM.</p> <p>The Area Director (AD) was interviewed on 5/19/15 at 11:50 AM. She indicated staff #1 had come to work at 7:00 AM instead of 6:00 AM because she was needed to work later in the day. The AD indicated there were usually 3 staff who worked in the home at the time of the incident. She stated "Prior to [client C] moving in they would have been fine with two staff working, but [client C] needs more assistance. Their needs (clients) were being met, but we couldn't</p>			

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	<p>foresee this incident." She indicated she was unaware of previous instances of client B's inappropriate behavior with client A and if his plan was not effective to address his behavior, the behavior clinician should have been contacted to revise the plan and she should have been notified. She indicated the staff supervision level of the clients was not addressed in the investigation involving clients A, B and D. The AD indicated she was aware of the incident involving client B going into client A's room in October, 2014, but no inappropriate behavior had occurred and it was not reported or investigated. She indicated the investigation did not address how clients A and B arrived in the living room without staff knowledge on 4/24/15.</p> <p>Staff meeting notes dated 12/5/14 were reviewed on 5/21/15 at 11:09 AM and indicated all clients were to be monitored every 15 minutes, monitored in the restroom and "that you know where they are at all times; that staff are not in the med room and bathroom while clients are left unsupervised in the house...."</p> <p>The Area Director was interviewed on 5/21/15 at 2:47 PM and indicated the supervision needs of clients B and D were not met after reviewing documentation of 15 minute checks after</p>			

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	<p>the incident involving clients B and D on 2/11/15. The supervision level to provide safety for client A was not met on 4/24/15 when staff were not available to supervise clients A and B.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-3(a)</p>			
W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client A), to promote her dignity by failing to ensure clients and staff treated her in an age appropriate</p>	W 0268	<p><b>W 268 Conduct Toward Client</b></p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p><b>1. What corrective action will be accomplished?</b></p>	06/20/2015

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	<p>manner with respect.</p> <p>Findings include:</p> <p>A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/24/15 was reviewed on 5/15/15 at 5:05 PM. The report indicated staff had reported to the PC (Program Coordinator) the staff "had walked into the living room after waking clients to see [client A] sitting on the lap of [client B]. Staff advised that [client A] still had her night gown on and was without underwear. Staff also reported that they observed [client B] with his hands between [client A's] legs. Staff immediately separated the individuals and contacted the PC." Plan to resolve indicated client B "had been removed from the home and placed into an all male group home. [Client A] was taken to [hospital] for an examination. Staff are conducting 15 minute checks on [client B]. [Client B's] workshop was notified that they are to add extra supervision to his care. Police were contacted and an investigation is pending with [city] police."</p> <p>An investigation into the 4/24/15 incident dated 5/12/15 was reviewed on 5/15/15 at 6:00 PM. The investigation indicated client B had mild intellectual disability and was able to communicate verbally.</p>		<ul style="list-style-type: none"> <li>· A record of discussion will be completed with the Program Coordinator regarding professional boundaries.</li> <li>· The Program Coordinator will receive training regarding modeling appropriate interactions with the clients by June 20th, 2015.</li> <li>· Staff will be retrained regarding age appropriate interactions with the clients by June 20th, 2015.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· Age appropriate activities will be available for Client A to participate in.</li> <li>· A consumer meeting will be held with the residents to discuss treating all clients according to their age by June 20th, 2015.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· A record of discussion will be</li> </ul>				

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	<p>Client A's diagnoses included, but were not limited to, Down's Syndrome, profound intellectual disability, scoliosis, microcephaly (small head) and osteoporosis. The investigation indicated staff #4 and #9 found client B with his hands under client A's nightgown after the staff assisted client C with toileting. The following interviews were included in the investigation:</p> <p>The PC/HM (Program Coordinator/House Manager) stated in an interview dated 4/29/15 she had received a text from staff #9 at 6:50 AM on 4/24/15 "saying [staff #9] and [staff #4] 'found [client B] with [client A].'" The interview indicated staff #9 stated client A "was sitting on [client B's] forearm and his hand was in her vagina...states she assisted [client A] in the restroom and observed blood on her panties...."</p> <p>Staff #9 indicated in an interview dated 5/1/15, client B "had [client A] pinned up against him and his whole hand was up her nightgown," and client A's "body was between [client B's] legs as he was seated in his wheelchair." Staff #9 states client A's peers "treat her like a baby, pat her on the back and say things like 'good job [client A]' or 'come on [client A]' and [client B] is playful with [client A]." Staff #9 "states he has seen [client B]</p>		<p>completed with the Program Coordinator regarding professional boundaries.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will receive training regarding modeling appropriate interactions with the clients by June 20th, 2015.</li> <li>· Staff will be retrained regarding age appropriate interactions with the clients by June 20th, 2015.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· Age appropriate activities will be available for Client A to participate in.</li> <li>· A consumer meeting will be held with the residents to discuss treating all clients according to their age by June 20th, 2015.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· A record of discussion will be completed with the Program Coordinator regarding professional boundaries.</li> <li>· The Program Coordinator will</li> </ul>		

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	<p>tease her and hug her which he reports he tells [client B] he can't do that as it's too much touching."</p> <p>Client B indicated in an interview dated 4/30/15 he had kissed client A, and stated "he is not interested in [client A] sexually." He stated "there are a few people that kiss her and stuff. Some of the staff have kissed [client A]. They don't say anything to them." Client B indicated the PC/HM (Program Coordinator/House Manager) had kissed client A in the past. Client B indicated he had taken client A "for rides on his wheelchair from the dining room to the kitchen and that is it...states he has never done anything sexual (touched or fondled) to [client A]...." Client B stated he had kissed client A before "2-3 times in the living room (no reports to support this statement)...." Client B indicated he did not give client A a ride on his wheelchair and client A did not sit on his lap on 4/24/15.</p> <p>The investigation indicated review of documentation of client A's visit to the hospital on 4/24/15 which indicated a "very small red area" in client A's vagina.</p> <p>The conclusion of the investigation dated 5/12/15 indicated "evidence supports [client B] kissed [client A]. Evidence</p>		<p>receive training regarding modeling appropriate interactions with the clients by June 20th, 2015.</p> <ul style="list-style-type: none"> <li>· Staff will be retrained regarding age appropriate interactions with the clients by June 20th, 2015.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· Age appropriate activities will be available for Client A to participate in.</li> <li>· A consumer meeting will be held with the residents to discuss treating all clients according to their age by June 20th, 2015.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are occurring.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and to ensure appropriate age interactions are</li> </ul>				

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	<p>supports two staff report [client B's] hand was under [client A's] night gown. Undated Recommendations Resulting from an Investigation as part of the investigation indicated in part, "discussion with PC/HM regarding modeling appropriate behavior for staff and clients." The recommendation failed to indicate specific recommendations regarding the PC modeling appropriate behavior.</p> <p>Confidential interview #2 indicated he/she was not present when the incident between client A and B occurred. When asked if there had been previous incidents with clients A and B, he/she stated, "I've heard he was in her room. Confidential Interviewee #2 stated client B, "Was touching her too much, and wanted to play patty cake with her and may have wanted to build up trust with her... [inappropriate language] stuff would come out of his mouth-he would make (inappropriate) remarks about college girls when he would see them...."</p> <p>Behavior rates for client B for 5/18/14-5/18/15 were reviewed on 5/20/15 at 5:00 PM and failed to indicate the incident involving client B on 4/24/15. An entry dated 4/3/15 at 6:20 PM indicated "[client B] had another housemate bouncing on his lap. He</p>		<p>occurring.</p> <ul style="list-style-type: none"> <li>The Behavioral Clinician will monitor to ensure appropriate age interactions are occurring when doing observations within the home.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>				

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	<p>stopped and left the area when staff asked him to." An entry dated 10/24/14 indicated "[Client B] came into the dining area with [client A] on his lap, hugging him. PD redirected [client B] and discussed that it is inappropriate for him to have [client A] on his lap, as well as to hug her."</p> <p>The PD was interviewed on 5/18/15 at 3:15 PM. The PD indicated client B had placed client A on his lap before in the past and it had been discussed in past staff meetings that this was inappropriate. The PD was uncertain if the discussion was documented.</p> <p>The PC/HM was interviewed on 5/18/15 at 4:05 PM and indicated there was an instance where client B had been found in client A's room, but it was brought to her attention while she was still in orientation on 10/25/14 and she was uncertain as to whether the incident was documented. She stated client A and client B had "a friend relationship" and that client B liked to "play patty cake" with client A. She indicated client B was very playful with client A and would take client A for rides on his lap in his wheelchair.</p> <p>The PD was interviewed again on 5/18/15 at 4:25 PM and indicated staff</p>			

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	<p>were working with clients to ensure they treated client A as an adult woman, rather than as a child.</p> <p>The Area Director (AD) was interviewed on 5/19/15 at 11:50 AM and indicated she was unaware of previous instances of client B's inappropriate behavior with client A and if his plan was not effective to address his behavior, the behavior clinician should have been contacted to revise the plan and she should have been notified.</p> <p>The AD indicated in an e-mail dated 5/19/15 at 3:36 PM the recommendation to discuss with the PC/HM regarding modeling appropriate behavior was intended to ensure the PC is modeling appropriate interactions with the clients for the staff and other clients. She indicated client B had "made a few comments in his interview statement that the PD (Program Director) should be addressing to ensure the PC is not communicating mixed messages to the staff and other clients."</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-5(a)</p>			

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W 0331  Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client C), to provide timely nursing evaluation and treatment to address a pressure ulcer.</p> <p>Findings include:</p> <p>A report to the Bureau of Developmental Disabilities Services (BDDS) dated 4/1/15 indicated client C was admitted to the group home on 3/31/15. "HM (house manager) found a pressure sore on the left thigh (sic) near the buttocks of the client. The sore appears to be old and open. [Client C] had a consult with her new PCP (primary care physician) on 4/1/15 and will return on 4/6/15. [Client C] advised that this sore occurred in her previous placement [name]. [Client C] advised that she did notify staff at the facility of the sore." Corrective action indicated the sore would be monitored and any changes in the condition would</p>	W 0331	<p><b>W 331 Nursing Services</b></p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to</li> </ul>	06/20/2015

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 511 COUNTRY CLUB LN ANDERSON, IN 46015		
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	<p>be reported immediately. "Staff will continue to complete skin/wound checks. [Client C] will attend her PCP appointment on 4/6/15 and check on the progress of this sore."</p> <p>An Investigation Summary dated 4/1/15-4/3/15 indicated a pressure ulcer was located on client C's left buttock, "red in color, blistered and broken." PCP appointment notes dated 4/6/15 indicated client C's PCP indicated client C should receive toileting every 2 hours during waking hours and awoken at 2:00 AM to toilet, client C should have daily skin checks and staff are to follow skin integrity protocol. Interview of staff at client C's previous placement on 4/3/15 indicated client C's pressure sore was not open (date not indicated)" and "the last time the area was observed by the nurse it was red in color (date and time not indicated)." The HM was interviewed on 4/1/15 and indicated staff had found the pressure ulcer on her left buttock while toileting client C that morning (time not indicated). The HM indicated a "fill in" nurse consultant had "been to the home the previous day. Stated that it was unknown if the nurse had observed this sore... Stated the PCP was unable to observe this area on 4/1/15 due to not having a lift (device to position client) at the office. Stated that [unidentified</p>		<p>promote healing of the pressure sore.</p> <ul style="list-style-type: none"> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Client C is currently being monitored by a wound care nurse weekly.</li> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> </ul>		

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	<p>name/title] was returning to the home to conduct a physical on 4/2/15. Stated that a follow up physical is scheduled for 4/6/15 with PCP." The nurse consultant was interviewed on 4/1/15 and "stated that she had not completed a full body skin check upon arrival to the home. Stated that there had been a doctor's appointment scheduled for [client C] on 4/2/15...." Client C stated in an interview on 4/3/15 the pressure ulcer had developed "approximately one month prior to her move."</p> <p>Client C's April, 2015 MAR (medication administration record) was reviewed on 5/20/15 at 11:17 AM. It failed to indicate documentation client C received treatment for her pressure ulcer until an entry dated 4/23/15 indicated wound care treatment "cleanse the gluteal area (buttocks) with Aloe wipes, apply anti-fungal powder and dust off excess. Apply Vaseline for skin protection. Wound care is to be done BID (twice daily) and PRN (as needed). Document appearance in skin/wound module."</p> <p>A physical form dated 4/3/15 completed by the group home nurse was reviewed on 5/20/15 at 10:38 AM. The form indicated client C was admitted to the group home on 3/31/15. "Unable to do complete skin assessment that day." The</p>		<ul style="list-style-type: none"> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and communication expectations with the nurse on 6-10-15.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· Client C is currently being</li> </ul>		

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	<p>form indicated on 4/3/15 client was assessed with an "open area appears to be a old (sic) scar tissue. Cleansed with soap and water. Instructed staff to help [client C] change positions every 2 hours...."</p> <p>A physical form dated 4/7/15 indicated client C was assessed by the nurse "Open wound on gluteal area. Unable to measure due to not having wound measurement tool. Home health to assess: under wound care management...MD (medical doctor) rec (recommended) wound care to assess and treat...Will continue to monitor...."</p> <p>A physical form completed by client C's physician dated 4/8/15 was reviewed on 5/20/15 at 10:12 AM and indicated a prescription dated 4/8/15: "HHC (home health care) to eval (evaluate) &amp; (and) tx (treat) dx (diagnosis) pressure wound buttocks."</p> <p>A Health Care Report completed by the group home nurse dated 3/31/15-4/5/15 was reviewed on 5/20/15 at 12:11 PM and indicated an appointment scheduled with a physician for 4/1/15. No results were documented of the visit. A Skin/Wound Assessment dated 4/1/15 at 10:08 AM indicated a "pressure sore, blister with skin break 2.54 cm (centimeters) in length, 2.54 cm in width</p>		<p>monitored by a wound care nurse weekly.</p> <ul style="list-style-type: none"> <li>· Wound care has involved Client C's PCP regarding recommendations to help treat the pressure sore found on Client C.</li> <li>· Staff were trained by Mentor's nurse on Client C's wound care needs on 6-5-15.</li> <li>· How to document Client C's wound care needs and treatment was reviewed with the staff.</li> <li>· Repositioning Client C every 2 hours has been added to her MAR.</li> <li>· Daily skin checks are being completed for Client C.</li> <li>· A toileting schedule has been added for Client C to assist in the prevention of skin breakdown.</li> <li>· Client C now has daily wound care that staff is assisting her with to promote healing of the pressure sore.</li> <li>· Client C's risk plan for skin integrity has been revised.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> <li>· Mentor's nurse will be retrained on the expectations and how to complete an admission assessment of a new client.</li> <li>· Wound measurement tools have been provided to the staff to help monitor the size of Client C's wound.</li> <li>· The Program Coordinator and Program Director will be retrained on following physician recommendations and</li> </ul>		

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	<p>and 2.0 in length. on 4/1/15 at 9:40 PM, the pressure sore blister with skin break measured 2.0 in width and 0.5 in depth, with protective cream used. An entry on 4/1/15 at 9:44 PM indicated "healing" length 3.0 cm, width 2.0 cm. An entry dated 4/3/15 at 10:08 PM indicated a pressure sore "blister with skin break" 2.54 cm in length, 2.54 cm in width, and 0.2 cm in depth. An entry dated 4/4/15 at 10:00 PM indicated a pressure sore "shiny or darkened area" which was not measured, and first aid ointment provided. An entry dated 4/5/15 at 10:59 PM indicated "multiple see notes" for wound type and "multiple- see notes" in the column for measurements. No treatment was indicated in the notes provided.</p> <p>An e-mail dated 5/19/15 at 4:20 PM from the AD (Area Director) was reviewed on 5/20/15 at 10:31 AM in regards to client C's wound, and indicated the PC (program coordinator)/house manager had contacted the physician's office "when it was first found. He was on vacation which is why there was the delay. The nurse assigned to our home was also on PTO (paid time off) when she (client C) moved in." She indicated she would provide the nursing notes.</p> <p>Nursing notes from a community health</p>		<p>communication expectations with the nurse on 6-10-15.</p> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· Client C has a wound care nurse that meets with her weekly currently.</li> <li>· Mentor's nurse is involved with Client C and/or connecting with the Program Director/Program Coordinator about her needs on a weekly basis.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> June 20th, 2015</p>				

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	<p>care agency from encounter dates 4/24/15 until 5/12/15 were reviewed on 5/21/15 at 9:15 AM and indicated a primary diagnosis of "pressure ulcer, buttock...start of care 4/24/15." No further evidence of nursing assessment or treatment for client C's pressure ulcer identified on 4/1/15 was provided.</p> <p>The group home nurse was interviewed on 5/21/15 at 12:35 PM. She indicated she was on vacation when client C was admitted and was uncertain of nursing assessments or the status of an initial physical assessment as client C's physician was also on vacation at the time of client C's admission. She indicated she had not been made aware that the physician's orders for home health care had not been specific enough to provide treatment when they were signed on 4/8/15 and she was not aware the order had not been acted upon as a result. When asked whose responsibility it was to ensure the order was completed, she stated, "It was mine." She indicated she had assumed the PC/HM had followed up with contacting and arranging for the home health care services and as a nurse she was unable to recommend or prescribe treatment without a physician's order. She indicated client C was admitted to the hospital after becoming ill and home health care</p>			

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	<p>services to treat her pressure had begun while she was in the hospital and continued after her discharge.</p> <p>This federal tag relates to complaint #IN00172930.</p> <p>9-3-6(a)</p>			