

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G317	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2013
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 580 MAIN ST LAWRENCEBURG, IN 47025
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: December 5, 6, 9, 10, 11 and 19, 2013.</p> <p>Facility Number: 000835 Provider Number: 15G317 AIMS Number: 100243660</p> <p>Surveyors: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed December 30, 2013 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility's governing body failed to exercise general policy and operating direction over the facility to ensure: ___The day program was provided and using client #2's and #3's current ISPs/BSPs (Individualized Support Plans/Behavior Support Plans).</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over facility. NOTE: See W120 W149 W153 W154 Corrective action: Adequate seating has been purchased and delivered to Group Home (Attachment A). Maintenance requests have been submitted for all needed repairs, and reviewed for</p>	03/31/2014

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

TITLE

(X6) DATE

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

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	<p>__ A system for monitoring abuse which identified and/or prevented possible abuse to clients #1, #2, #3, #4, #6, #7 and #8.</p> <p>__ All allegations of abuse were reported immediately to the administrator and thoroughly investigated for clients #5 and #7.</p> <p>__ The group home was maintained and in good repair.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the day service program was provided with and using client #2's and #3's updated ISPs/BSPs. Please see W120.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure a system for monitoring abuse which identified and prevented abuse of clients #1, #2, #3, #4, #6, #7 and #8, to ensure all allegations of client to client abuse were reported immediately to the administrator and thoroughly investigated for clients #5 and #7. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction</p>		<p>completion of old requests (Attachment B). · Cleaning protocol has been implemented (Attachment C). How we will identify others: Clinical Supervisors will ensure that common areas have enough seating for the number of clients in the home. Program Manager will review Maintenance requests for completion. Clinical Supervisors will review cleaning schedules and ensure that cleaning duties have been done. Measures to be put in place: New Maintenance Request protocol, revised Maintenance request, Maintenance checklist, and weekly Preventative Maintenance checklists have been implemented (Attachment D). Monitoring of Corrective Action: EDOM Site Visit Checklist will be completed bi monthly by Operations Manager to ensure that furniture is sufficient and in good repair, cleaning schedules are being followed, and maintenance requests are completed (Attachment E). W 104 Addendum, 1-28-2014: Operations Manager received a Corrective Action, 1-7-2014 Estimates have been compiled for removal of wallpaper, and painting of the Group Home. Estimates for the construction work need are being obtained. Operations Manager will perform weekly observations</p>				

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	<p>over the facility to ensure abuse was reported immediately to the administrator for clients #5 and #7. Please see W153.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse in regard to clients #5 and #7 were investigated. Please see W154.</p> <p>5. During observations at the group home on 12/10/13 between 6 AM and 8 AM and on 12/11/13 between 4 PM and 5 PM, the following was observed: ___The home was a two story older home. The living room, which also served as the medication room, contained matching furniture of a dark blue couch, a love seat and a chair. One of the couch cushions was torn and the stuffing was exposed. The bottom of the love seat was broken and the fabric torn and the fabric on the chair was torn. The living room also had 2 large desks for client records and the passing of medications and a large entertainment center with a small flat screen television. The living room did not provide enough space/seating for all eight clients (clients #1, #2, #3, #4, #5, #6, #7 and #8 to watch television at the same time. Three of the four bulbs in the overhead light in the living room didn't work and</p>		<p>at Main Street until needed repairs have been completed. Final completion date cannot be estimated at this time, updates can be provided. Completion Date: A concrete completion date cannot be given due to the remodeling and repairs needed. Updates can be provided. W 104 Addendum: 2-4-2014: Ladder was purchased, 1-8-2014 (Attachment A). Light fixtures, heat registers have been cleaned (Attachment B). CER has been submitted for furniture items needed (Attachment C). 1 estimate for repairs has been obtained and we are awaiting 2 other estimates from Contractors that have already visited home. (Attachment D). Operations Manager has and will continue to perform weekly observations at Main Street until needed repairs have been completed (Attachment B, E). Final completion date is expected to not exceed past 3-31-2014.</p>				

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	<p>the floor lamp did not work.</p> <p>___ The kitchen was a square design. The washer, dryer and the chest freezer were in the kitchen. One of the cabinet doors in the kitchen under the sink was missing. The shelves were missing inside some of the cabinets and some of the doors were uneven. Some of the kitchen drawers were difficult to pull out. The cabinet doors between the kitchen and bathroom were mismatched wood and did not fit together.</p> <p>___ The downstairs tub was stained with rust, the faucet leaked, the trim around the tub was black/brown with a brown/black substance around the trim, the sink had a large rust stain, the toilet was cracked, tiles were broken, some of the molding was missing, the shelves behind the toilet were stained and discolored, the cabinet below the sink was nailed shut, Plexiglas was nailed to the window and one of the lights did not work.</p> <p>___ The wall paper covering the stairs and the upstairs walls was peeling. There were several cracks and small holes noted in several of the walls throughout the home. The paint on the walls was chipped with black scrape marks throughout the walls. The stairs and upstairs hallway walls had a yellow/brown substance that had dripped down the walls and dried.</p>			

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	<p>__ The light switch at the bottom and top of the stairs did not function properly and the clients had to go up the stairs and/or come down the stairs without sufficient lighting. The light at the bottom of the stairs did not work. The light fixtures were covered in dust.</p> <p>__ The carpet on the bottom steps of the stairs was stained with a black substance. The carpet in the hall at the top of the stairs had large round dark stains on it.</p> <p>__ Clients #4 and #6 were both young females sharing a small bedroom that was crowded with two twin beds and three dressers. Client #6's dresser drawers were broken and falling out. The floor had three spots, each 6 to 10 inches in diameter where the laminate flooring was broken. The two large windows in the room had a black wet substance around the windows and moisture on and around the glass. The top pane of glass in the window in front of client #4's bed was broken. The walls had numerous holes where objects had been nailed to the walls. The paint was peeling and was marred with several black marks.</p> <p>__ Clients #7 and #8 shared an upstairs bedroom. The bedroom closet did not have a shelf, a curtain hung at the closet and the doors were missing. There were three large windows in the bedroom</p>						

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	<p>with Plexiglas screwed to the frames and the window frames and glass were wet with moisture. There was a black substance around the window frames. At 8 AM client #8 stated, "Our room is always cold in here. And that's mold on the windows." Client #8 was shivering while talking and had a blanket wrapped around her. An air conditioner was in the upstairs window that was directly outside of client #7's and #8's bedroom. Cold air could be felt coming around the air conditioner as well as cold air around the windows in client #7's and #8's room. At 8 AM the temperature of client #7's and #8's bedroom was 64 degrees.</p> <p>__The heating/cooling air vents throughout the house were rusted and caked with dust and debris.</p> <p>Review of the Maintenance Request/Work Orders (WO) for 2013 indicated on 12/10/13 at 7 AM indicated:</p> <p>12/30/12 "Requesting two new identically sized couches for the living room. Our only couch is filthy, rotting, and has been urinated (on) beyond sanitation. Please help us with this." The WO indicated a response 1/15/13 "Let me know when you want to rent a steam cleaner."</p>						

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	<p>1/5/13 "In [client #2's and client #5's] room their ceiling light needs to be changed. They have no light in their room." The WO indicated a response on 1/15/13 "Fixed light."</p> <p>1/22/13 "Mice infestation. You can hear in the walls, ceiling. Basement stored emergency foods are destroyed. Maintenance tried glue traps, reg. (regular) traps did not work. Very unsanitary." The WO indicated 1/29/13 "Told them to add the mice to the bug man when he comes."</p> <p>2/4/13 "A leak in the basement needs checked ASAP (as soon as possible). It's a steady drip coming from a small pipe in the middle room on the wall." The WO indicated no response.</p> <p>3/13/13 "Floor in small downstairs bathroom needs the subfloor replaced. Area around vanity and toilet has rotted and is unsafe. Maintenance recommends it be fixed as soon as possible." The WO indicated no response.</p> <p>3/15/13 "Outside on the side of the house the water has been constantly running from the water hose hook-up. Staff tried to tighten it up, can't get the water flow to stop." The WO indicated</p>			

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	<p>an undated response of "Replaced faucet."</p> <p>3/25/13 "Basement door needs fixed. It closes and doesn't catch anymore. It shuts right through the frame. Bathroom light upstairs flickers like it has a short in it, needs checked out." The WO indicated an undated response of "Nailed a block in place. Will reframe in future."</p> <p>3/29/13 "Home needs dishes. Plates mainly are needed. Home also needs washrags. Out of wash rags, all are wore out. Also requesting a couch cover. Couch itself needs replaced, but if that's not possible a couch cover would help to cover the tears, stains." The WO indicated no response.</p> <p>5/3/13 "Seal on oven door is coming off back/inside of it. Need batteries for weight scale - ASAP (as soon as possible)! Cannot do monthly weights on clients...." The WO indicated no response.</p> <p>6/12/13 "Dresser broke. Needs a new one or fixed. (dresser in big room) (sic)." The WO indicated no response.</p> <p>7/23/13 "Wash (washing) machine (the rinse) cycle isn't working. It isn't rinsing</p>						

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	<p>out the laundry." The WO indicated no response.</p> <p>8/9/13 "Microwave doesn't sound good and somehow they have melted the inside of the microwave." The WO indicated no response.</p> <p>9/6/13 "Front window in the living room is falling out!!! It has tape holding it in. It's Plexiglas. The window frame around it is weather damaged, cracked, broken wood." The WO indicated no response.</p> <p>9/16/13 "Tub faucet is NOW running in a steady stream." The WO indicated no response.</p> <p>9/20/13 "The inside top of microwave is rusted out and falling in food. Need a new one. And the electric can opener is not wanting to open the cans." The WO indicated an undated response of "Replaced but new unit is now bad."</p> <p>9/29/13 "Our home is running very low on silver wear (sic). We don't have enough for a (sic) clients and staff at meal times." The WO indicated an undated response of "done."</p> <p>10/12/13 "We need a new electric can opener. It won't open the cans and neither will the hand held one." The WO</p>						

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	<p>indicated an undated response of "done."</p> <p>10/19/13 "We need slip guards on the porch steps before winter." The WO indicated an undated response of "done."</p> <p>10/22/13 "We (a direct care staff) need a ladder for different maintenance around the home." The WO indicated an undated response of "Need more info! 2-step; stepping stool? Step ladder? Extension ladder? Have your CS (Clinical Supervisor) get in touch with me in regards."</p> <p>10/22/13 "Light bulb needs to be put in as you are going upstairs. Light bulb is at the top of the landing." 10/29/13 "Replaced light bulb."</p> <p>10/23/13 "Microwave is broken. It runs, but doesn't heat." A 10/23/13 response indicated "Replaced with new stainless steel microwave."</p> <p>11/14/13 "Washer is struck (sic) on spin and won't work. Also dryer not really working very well. Takes a long time to dry clothes." The WO indicated an undated response "Washer replaced. Dryer vent needs cleaned out."</p> <p>11/21/13 "The washing machine is washing the clothes but it's not rinsing</p>				

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	<p>them out or spinning them all the way out." The WO indicated an undated response of "replaced."</p> <p>12/4/13 "Cabinet door in front of sink is broke (sic)." The WO indicated an undated response of "Glued and needs to be put back on."</p> <p>12/5/13 "Dryer hose was not in the vent to go out of the house and was blowing the lent (sic) inside of the kitchen." "Ceiling light in the med room doesn't work." New lamps were needed, "the other ones are broke (sic)." Need new living room furniture "due to an inadequate seating for all eight clients." The WO indicated no response.</p> <p>12/10/13 The glass in the front door was coming out letting in a lot of cold air. Also had nails sticking out of the frame, which was broken, that keeps glass in door frame.</p> <p>During interview with client #7 on 12/6/13 at 11:30 AM, client #7 indicated the previous year when she had hurt her knee she had to sleep on the downstairs couch. Client #7 indicated the couch cushion had ripped and came off exposing the stuffing and the cotton batting inside the cushion. Client #7 stated, "They never fixed it. We just</p>						

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	<p>cover it up sometimes." Client #7 indicated the couch had been urinated on in the past by another client.</p> <p>During interview with clients #7 and #8 on 12/10/13 at 8 AM, client #8 stated, "We need a shelf in the closet to be able to put some of our stuff on." Client #8 indicated the closet doors had been removed due to the behaviors of a previous client that had been in the home but was no longer there. Client #7 indicated the downstairs bathroom cabinet doors had also been nailed shut due to a previous client's behaviors.</p> <p>During interview with clients #4 and #6 on 12/10/13 at 8:30 AM indicated their room was small and they did not have enough room for all of their personal items. Client #6 stated, "I'm ashamed to have anybody come to visit and see our room like this. We've tried to hang some things on the walls to make it look better, but it didn't help." Client #4 indicated she and her roommate did not have enough space for all of their personal items. Client #6 stated, "It would help if they would just fix and paint the walls." Client #4 stated, "This house is falling down. Look at my windows." Client #4 pointed to the black around the window frames and stated, "That's black mold." Client #4 stated the</p>			

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	<p>upper pane of her window had been broken for "a long time." Client #4 indicated the staff were aware of the condition of the windows because, "They're (the windows) just as bad downstairs."</p> <p>During interview with staff #3 on 12/10/13 at 7:30 AM, staff #3 stated maintenance requests had been submitted "but it doesn't seem like anything ever gets done." Staff #3 stated, "I tried to clean the vents (heating/air conditioning), but some of them I couldn't even get out to clean." Staff #3 stated the entire home needed a "thorough cleaning and numerous repairs" as well as all the walls and doors needed to be repainted. Staff #3 stated "many" repair requests had been turned in and they were often just ignored as there was never a response to them. Staff #3 stated "It would be so nice if they would just move them to a different more modern home." Staff #3 indicated the house was cold, the windows needed to be replaced and there were drafts throughout the home. Staff #3 stated the home was infested with mice "sometime last year. We could hear them in the walls. It was awful." Staff #3 indicated the home had been treated for rodents.</p>						

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	<p>During interview with staff #1 on 12/11/13 at 5 PM, staff #1 stated the home was "old and needs a major overhaul." Staff #1 stated, "I thought they were thinking of moving them (clients #1, #2, #3, #4, #5, #6, #7 and #8) into another home, but I'm not sure what happened with that. Staff #1 stated the wall paper was "old, peeling and needed to be replaced." Staff #1 stated the stairs were "narrow" and "dark."</p> <p>Telephone interview with the Operations Manager (OM) on 12/12/13 at 11:30 AM indicated the maintenance man had been ill and off work and the facility had just recently filled the maintenance position. The OM stated the home "Is old and need of a facelift. We put all the repairs on hold during the push to waiver." The OM stated, "It would be nice if we could get them into a newer home and there was some talk about it, but I'm not sure what happened with that." The OM stated the window air conditioner "should have" been removed and the heat in the home was to be maintained at a comfortable temperature for the clients. The OM stated the maintenance requests were to be responded to "as quickly as possible depending on the request" and the group home was to be maintained and in good repair.</p>						

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W000120	<p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on record review and interview for 2 of 4 sample clients (#2 and #3), the facility failed to ensure the day service program was provided with the clients' updated ISPs/BSPs (Individualized Support Plans/Behavior Support Plans).</p> <p>Findings include:</p> <p>Client #2's and #3's records were reviewed at the day program on 12/11/13 at 10 AM.</p> <p>__ Client #2's records indicated an ISP dated 10/10/12 and a BSP of 9/20/12.</p> <p>__ Client #3's records indicated an ISP dated 10/2012 and a BSP dated 10/2011.</p> <p>Interview with the PM (Program Manager) of the day services on 12/11/13 at 10:10 AM indicated she had found some of the clients' plans under a pile of papers and was late getting them updated. The PM indicated client #2's and #3's ISPs and BSPs were not current and she would have to get the updated plans from the group home.</p>	W000120	<p>W120: The facility must assure that outside services meet the needs of each client. Corrective action: Client #2, #3's ISP's have been given to workshop (Attachment F). Clinical Supervisor will be inserviced on completion and delivery to workshop. How we will identify others: Clinical Supervisors will check ISPs to ensure that plans have been given to the workshop and documentation is present. Measures to be put in place: Annual ISP Workshop receipt form has been implemented (Attachment G). Monitoring of Corrective Action: Clinical Supervisor or Operations Manager will perform weekly Day Training observations; including ensuring current ISP plans are available at workshop (Attachment H). Completion Date: 1-18-2014</p>	01/18/2014			

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W000149	<p>Telephone interview with the Operations Manager (OM) on 12/12/13 at 11:30 AM indicated the day program was to be provided with each clients' current plan of care. The OM stated, "We give them the plans and they lose them."</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility neglected to develop/ implement its policy and procedures:</p> <p>___To ensure a system for monitoring abuse which identified and/or prevented possible verbal and physical abuse of clients #1, #2, #3, #4, #6, #7 and #8. ___To ensure all allegations of client to client abuse were reported immediately to the administrator and thoroughly investigated for clients #5 and #7. ___To ensure a system of corrective action was taken to prevent further abuse.</p> <p>Findings include:</p>	W000149	W149: Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of clients. Corrective action: Client on Client Aggression Protocol has been revised, including and investigation of verbal aggression, and reporting verbal aggression to Executive Director, staff will be inserviced (Attachment I). An addendum to Client #5's Behavior Support Plan will be implemented and staff will be inserviced (Attachment B). How we will identify others: Quality Assurance will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression to ensure that BSP has been followed and all safeguards have been	01/18/2014

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	<p>The facility's reportable records were reviewed on 12/5/13 at 11:30 AM. The facility records indicated no incidents of client to client abuse.</p> <p>Client #5's record was reviewed on 12/9/13 at 3:30 PM. Client #5's BSP (Behavior Support Plan) of 6/11/13 indicated client #5 had targeted behaviors of physical and verbal aggression. The BSP indicated verbal aggression to be yelling, cursing or threatening others and physical aggression to be hitting, slapping, biting, kicking, pinching or choking others and property destruction.</p> <p>Client #5's BDRs (Behavior Data Records) indicated: 7/1/13 "[Client #5] was yelling at clients (unknown names) in the AM being bossy." 7/4/13 "[Client #5] very rude in AM yelling she wasn't going anywhere and clients couldn't either because she was going to go see boyfriend." 7/6/13 "[Client #5] has been moody all day. [Client #5] pushed her way past [client #7] on the stairs knocking her into the wall...." No injuries were documented. 7/21/13 "Yelled at, bossed, manipulated and threatened (or attempted to) staff and clients (clients #1, #2, #3, #4, #6, #7</p>		<p>implemented. Measures to be put in place: Client on Client Aggression Protocol has been revised, including adding investigation and notifying Executive Director. Abuse/Neglect training will continue to be performed monthly and annually. Monitoring of Corrective Action: Quality Assurance Program Manager will review all investigations, including witness statements to ensure that all allegations have been investigated. Completion Date: 1-18-2014</p>				

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	<p>and #8) all morn (morning) until her B-day (birthday) party." 7/22/13 "Yelled at clients (unknown names) this morn, ordering them to sit where she demanded so she could sit with boyfriend...." 9/9/13 "[Client #5] yelled and cursed at another client (name unknown). [Client #5] was going out of her way to irritate others. She called the client (name unknown) a curse word and said she would slap her if she wasn't living at the group home." 9/15/13 "Yelled at and bossed another client (name unknown)." October (date illegible) "Yelled at [client #7] because client #5 would not give [client #7] enough time to sit down to clear the aisle." 10/27/13 - "[Client #5] told another client (name unknown) that she better move before she knocks her down." 10/30/13 "Was consistently rude and abusive to two staff and four clients (names unknown) throughout eve (evening)." 11/5/13 - Client #5 spit on another client (name unknown) five times because the other client didn't do what client #5 "wanted, how she wanted and when she wanted." Client #5 was yelling at another client (name unknown) while on the van "for no reason, at staff when training with her, and at same client in</p>						

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	<p>obvious attempt to provoke that client."</p> <p>The 2013 BDRs indicated 15 incidents of verbal aggression in October, 12 incidents of verbal aggression in September, 5 incidents of verbal aggression in August and 26 incidents of verbal aggression in July. No staff documentation and/or staff progress notes in regard to each incident of aggression. The BDRs indicated 2 incidents of physical aggression in August with no staff documentation and/or staff progress note in regard to each incident of aggression. An email from the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 12/17/13 indicated no IDT notes in regard to client #5's behaviors documented from July through November 2013.</p> <p>During interview with client #7 on 12/6/13 at 11:30 AM, client #7 stated while on the facility van on 11/5/13 "She [client #5] made me climb over her and when I did, she spit in my face and cussed at me. She deliberately does things to make me mad." When asked if she told the staff, client #7 indicated the staff driving the van was watching in the mirror and saw and heard what happened. Client #7 indicated she remembered the date because it was the</p>						

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	<p>day after her birthday. Client #7 stated, "She (client #5) yells at us (clients #1, #2, #3, #4, #6, #7 and #8) all the time and threatens everyone if she doesn't get her way."</p> <p>During interview with client #2 on 12/11/13 at 9:30 AM, client #2 indicated client #5 was verbally abusive. Client #2 stated, "She (client #5) calls us (clients #1, #2, #3, #4, #6, #7 and #8) names and cusses at us and the staff all the time. I don't like it." Client #2 indicated client #5 had not hurt her or any of her housemates that she remembered. When asked if she was afraid of client #5, client #2 slowly stated, "Not really, well sometimes, maybe." Client #2 indicated sometimes she yells back at client #5 but "Usually I just try to stay out of her way."</p> <p>Interview with client #6 on 12/11/13 at 9 AM indicated client #5 was often rude and cussed at "everyone in the house (clients #1, #2, #3, #4, #6, #7 and #8)." Client #6 stated when client #5 didn't get her way, client #5 would start "yelling and threatening" the clients.</p> <p>Confidential interview #1 indicated a concern for the way client #5 treated (clients #1, #2, #3, #4, #6, #7 and #8). CI #1 stated, "She cusses at them</p>						

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	<p>(clients #1, #2, #3, #4, #6, #7 and #8). She's loud and threatening sometimes." CI #1 stated, "I don't know if she would hurt anyone, but I know everyone is fed up with her screaming and yelling at them." When asked if client #5's threats and abuse were reported, CI #1 indicated not formally, "But they know she does this. I just don't think they (the clients) should have to put up with it all the time."</p> <p>During telephone interview with the OM (Operations Manager) and the PM (Program Manager) on 12/17/13 at 3:15 PM, the OM stated spitting was addressed in client #5's behavior plan and "I don't consider spitting to be abusive." The OM indicated client to client abuse was not reported to the administrator unless there was significant injury to one of the clients. The OM stated the facility policy was "geared more to client to staff abuse." When asked if there were any reports and/or investigations of physical and/or verbal abuse in regard to client #5, the OM stated, "Again, we would not be notified unless there was significant injury or if it was staff to client abuse. So probably, no." The PM stated there was an incident on the facility van, "but they wouldn't have filled out an incident report unless there was an injury." The</p>			

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	<p>OM indicated the facility followed the guidelines of the BQIS (Bureau of Quality Improvement Services) reporting. When asked if the facility investigated all allegations of abuse, the OM stated, "Yes, when there is significant injury or if it's staff to client abuse." The OM indicated client #5 was involved in weekly therapy, individual and group and no IDT (Interdisciplinary Team) meetings had been held in regard to client #5's verbal/threatening behavior toward clients #1, #2, #3, #4, #6, #7 and #8.</p> <p>The facility's policies and procedures were reviewed on 12/5/13 at 11:30 AM. The revised 7/18/11 facility policy entitled "Abuse, Neglect, Exploitation" indicated "CASC (Community Alternatives South Central) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Community Alternatives South Central, local, state and federal guidelines.... Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should</p>			

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W000153	<p>immediately notify the direct supervisor, who will then notify the Director of Supported Group Living or director of Supported Living. Staff will then complete an Incident Report.... The Executive Director or designee will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review for 2 of 4 allegations of abuse/neglect, the facility failed to ensure all allegations of client to client abuse in regard to clients #5 and #7 were reported immediately to the administrator.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 12/5/13 at 11:30 AM. The facility records indicated no incidents of client to client abuse.</p>	W000153	W153: 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. Corrective action: Client on Client Aggression Protocol has been revised, including and investigation of verbal aggression, and reporting verbal aggression to Executive Director, staff will be inserviced (Attachment I). An addendum	01/18/2014			

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	<p>Client #5's BDRs (Behavior Data Records) were reviewed on 12/9/13 at 3:30 PM. Client #5's BDRs indicated:</p> <p>__ On 7/6/13 client #5 "pushed her way past [client #7] on the stairs knocking her (client #7) into the wall...." The BDR indicated no injury.</p> <p>__ On 11/5/13 client #5 spit on another client (#7) five times because the other client (#7) didn't do what client #5 "wanted, how she wanted and when she wanted."</p> <p>During interview with client #7 on 12/6/13 at 11:30 AM, client #7 stated while on the facility van on 11/5/13 "She [client #5] made me climb over her and when I did, she spit in my face and cussed at me. She deliberately does things to make me mad." When asked if she told the staff, client #7 indicated the staff driving the van was watching in the mirror and saw and heard what happened. Client #7 indicated she remembered the date because it was the day after her birthday.</p> <p>During telephone interview with the OM (Operations Manager) and the PM (Program Manager) on 12/17/13 at 3:15 PM, the OM stated spitting was addressed in client #5's behavior plan and "I don't consider spitting to be</p>		<p>to Client #5's Behavior Support Plan will be implemented and staff will be inserviced (Attachment B). How we will identify others: Quality Assurance will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression to ensure that BSP has been followed and all safeguards have been implemented. Measures to be put in place: Client on Client Aggression Protocol has been revised, including adding investigation and notifying Executive Director. Abuse/Neglect training will continue to be performed monthly and annually. Monitoring of Corrective Action: Quality Assurance Program Manager will review all investigations, including witness statements to ensure that all allegations have been investigated. Completion Date: 1-18-2014</p>				

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W000154	<p>abusive." The OM indicated client to client abuse was not reported to the administrator unless there was significant injury to one of the clients. The OM stated the facility policy was "geared more to client to staff abuse." When asked if there were any reports of physical and/or verbal abuse in regard to clients #5 and #7, the OM stated, "Again, we would not be notified unless there was significant injury or if it was staff to client abuse. So probably, no." The PM stated there was an incident on the facility van, "but they wouldn't have filled out an incident report unless there was an injury." The OM indicated the facility followed the guidelines of the BQIS (Bureau of Quality Improvement Services) reporting.</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 on interview and record review for 2 of 4 allegations of abuse/neglect, the facility failed to ensure all allegations of client to client abuse in regard to clients #5 and #7 were investigated.</p> <p>Findings include:</p>	W000154	W154: The facility will have evidence that all alleged violations are thoroughly investigated. Corrective action: Client on Client Aggression Protocol has been revised, including and investigation of verbal aggression, and reporting verbal aggression to Executive Director,	01/18/2014

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	<p>The facility's reportable records were reviewed on 12/5/13 at 11:30 AM. The facility records indicated no incidents of client to client abuse.</p> <p>Client #5's BDRs (Behavior Data Records) were reviewed on 12/9/13 at 3:30 PM. Client #5's BDRs indicated: ___ On 7/6/13 client #5 "pushed her way past [client #7] on the stairs knocking her (client #7) into the wall...." The BDR indicated no injury. ___ On 11/5/13 client #5 spit on another client (#7) five times because the other client (#7) didn't do what client #5 "wanted, how she wanted and when she wanted."</p> <p>During interview with client #7 on 12/6/13 at 11:30 AM, client #7 stated while on the facility van on 11/5/13 "She [client #5] made me climb over her and when I did, she spit in my face and cussed at me. She deliberately does things to make me mad." When asked if she told the staff, client #7 indicated the staff driving the van was watching in the mirror and saw and heard what happened. Client #7 indicated she remembered the date because it was the day after her birthday.</p> <p>During telephone interview with the OM</p>		<p>staff will be inserviced (Attachment I). An addendum to Client #5's Behavior Support Plan will be implemented and staff will be inserviced (Attachment B). How we will identify others: Quality Assurance will review all investigations to ensure that all allegations have been thoroughly investigated. Clinical Supervisors will review client on client aggression to ensure that BSP has been followed and all safeguards have been implemented. Measures to be put in place: Client on Client Aggression Protocol has been revised, including adding investigation and notifying Executive Director. Abuse/Neglect training will continue to be performed monthly and annually. Monitoring of Corrective Action: Quality Assurance Program Manager will review all investigations, including witness statements to ensure that all allegations have been investigated. Completion Date: 1-18-2014</p>				

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W000227	<p>(Operations Manager) and the PM (Program Manager) on 12/17/13 at 3:15 PM, the OM stated spitting was addressed in client #5's behavior plan and "I don't consider spitting to be abusive." The OM stated the facility policy was "geared more to client to staff abuse." When asked if there were any investigations of physical and/or verbal abuse in regard to clients #5 and #7, the PM stated she remembered an incident on the facility van but there was no need for an investigation because there was no injury. When asked if the facility investigated all allegations of abuse, the OM stated, "Yes, when there is significant injury or if it's staff to client abuse."</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 sampled clients (#2), the ISP (Individual Support Plan) failed to address the client's identified need in regard to the education of the health risks related to smoking cigarettes, STDs (sexually transmitted diseases),</p>	W000227	W227: The individuals program plan states the specific objectives necessary to meet the client needs, as identified by the comprehensive assessment required by paragraph © (3) of this section. Corrective action:· 2 goals for Client #2 will be implemented and staff inserviced	01/18/2014

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	<p>safe sex and birth control.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/9/13 at 12 PM. Client #2's record indicated client #2 was a young woman born in 1989.</p> <p>__ Client #2's ISP of 9/13/13 indicated "[Client #2] had one child. After giving birth, the baby was removed from her care at the hospital.... She (client #2) is vulnerable to exploitation financially, emotionally and sexually. She has a history of engaging in risky behaviors including drugs and police involvement. She tends to gravitate towards older people as she feels they are easier to talk to. She has been exploited by older men...."</p> <p>__ Client #2's nursing admission assessment of 9/7/12 indicated client #2 was admitted with the diagnoses of, but not limited to, STD (Sexually Transmitted Disease), Trichomoniasis and history of UTIs (Urinary Tract Infections). The assessment indicated client #2 was allergic to cigarettes.</p> <p>__ Client #2's staff progress note of 11/19/13 indicated "Staff trained with [client #2] in her digging through the old cig (cigarette) butts to look for a cig to smoke...."</p> <p>__ Client #2's Risk Plan dated 10/1/10</p>		<p>(Attachment K). How we will identify others: Clinical Supervisors will review Comprehensive Functional Assessments to ensure that needed goals have been implemented. Measures to be put in place: New goals will be implemented for Client #2, and quarterly reviews will continue to be performed, including discussion of goals. Monitoring of Corrective Action: Operations Manger will perform bi-monthly reviews to ensure that goals have been implemented per client needs. Completion Date: 1-18-2014</p>				

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	<p>indicated in regard to her history of STDs, the staff were to discourage client #2 from sex and to use precautions when having sexual intercourse.</p> <p>Client #2's record indicated no education in regard to safe sex, sexually transmitted disease, birth control and/or the health risk related to smoking cigarettes.</p> <p>Interview with staff #3 on 12/10/13 at 7:30 AM indicated client #2 smoked cigarettes. When asked if client #2 had a plan in place to assist her with quitting and/or to teach client #2 the hazards of smoking, staff #3 stated, "No, not that I know of."</p> <p>Telephone interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 12/12/13 at 11:30 AM indicated client #2's ISP indicated no education/training in regard to the hazards of smoking cigarettes, STDs, safe sex and birth control.</p> <p>9-3-4(a)</p>						

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 4 of 4 sampled clients receiving medications to control behaviors (#1, #2, #3 and #4), the facility failed to ensure:</p> <p>__ Client #1's, #2's, #3's and #4's BSPs (Behavior Support Plans) indicated the maladaptive behavior/behaviors for which the medications were given.</p> <p>__ The use of all behavior modification medications were included in client #3's and #4's BSP.</p> <p>__ A specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target for clients #1, #2, #3 and #4.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/9/13 at 1 PM. Client #1's physician's orders dated 8/29/13 indicated client #1 took Risperidone (an antipsychotic medication) 2 mg (milligrams) a day. Client #1's BSP of 5/17/13 indicated client #1 had targeted behaviors of</p>	W000312	<p>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Corrective action:</p> <ul style="list-style-type: none"> Behavior Support Plans for Clients #1, #2, #3, and #4 have been revised (Attachment L). Staff will be inserviced on revisions of Behavior Support plans.. How we will identify others: Clinical Supervisors will review Behavior Support Plans to ensure that all medications are included and reduction plans are in place for all psychotropic medications.. Measures to be put in place: CLINICAL SUPERVISOR, Operations Manager East, will review Behavior Support Plans and sign IDT to ensure that all medications are included and reduction plans are correct.. Monitoring of Corrective Action: Operations Manager will perform bi-monthly EDOM checklist, including review of Behavior Support Plans to ensure that all 	01/18/2014			

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	<p>non-compliance, Schizophrenia, depression, elopement, stealing and exaggerated truths. Client #1's BSP indicated "When [client #1] has achieved overall objective of 15 episodes per month, Risperdal may be reduced up to 10% per psychiatric recommendations and IDT (Interdisciplinary Team) consensus." Client #1's BSP did not define "episodes." Client #1's BSP did not specify which of the maladaptive behaviors the Risperidone was to target.</p> <p>Client #2's record was reviewed on 12/9/13 at 12 PM. Client #2's physician's orders dated 9/16/13 indicated client #2 took Sertraline (an antidepressant) 100 mg a day. Client #2's BSP of 9/13/13 indicated client #2 had targeted behaviors of verbal/physical aggression, elopement, non-compliance and exaggerated truths. Client #2's BSP indicated "When she [client #2] has achieved overall objective of 30 episodes per month, Sertraline may be considered for a reduction up to 10% per psychiatric recommendations and IDT consensus." Client #2's BSP did not define "episodes." Client #2's BSP did not indicate which of the maladaptive behaviors the Sertraline was to target.</p> <p>Client #3's record was reviewed on</p>		<p>medications are included and plans of reduction are in place. Completion Date: 1-18-2014</p>		

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	<p>12/11/13 at 2 PM. Client #3's physician's orders dated 8/29/13 indicated client #3 took Buspirone (an anti-anxiety medication) 45 mg, Lithium Carb (an anti psychotic medication) 900 mg and Zyprexa (an anti psychotic medication) 25 mg a day. Client #3's BSP of 10/8/13 indicated client #3 had targeted behaviors of verbal aggression, self injurious behaviors, non compliance, exaggerated truths, suicidal threats, OCD (Obsessive Compulsive Disorder) and Bulimia (overeating and placing fingers down her throat to make self purge). Client #3's BSP indicated "When [client #3] has achieved overall objective of 30 episodes of maladaptive behaviors per month for 6 consecutive months, Lithium ER may be considered for a reduction up to 10% per psychiatric recommendations and IDT consensus.... When [client #3] has achieved overall objective of 30 episodes of maladaptive behaviors per month for 6 consecutive months, Zyprexa may be considered for a reduction up to 10% per psychiatric recommendations and IDT consensus." Client #3's BSP did not define "episodes." Client #3's BSP had not been revised to include the use of and a plan of withdrawal from the Buspirone. Client #3's BSP did not indicate which of the maladaptive behaviors the Buspirone, the Lithium Carb and the</p>			

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	<p>Zyprexa were to target.</p> <p>Client #4's record was reviewed on 12/9/13 at 3 PM. Client #4's physician's orders dated 8/29/13 indicated client #4 took Saphris (an antipsychotic medication) 5 mg and Wellbutrin (an antidepressant) 150 mg a day. Client #4's BSP of 7/30/13 indicated client #4 had targeted behaviors of verbal aggression, non compliance, lying, elopement and inappropriate sexual behavior. Client #4's BSP indicated "When she [client #4] has achieved overall objective of 30 episodes per month Saphris may be reduced up to 10% per psychiatric recommendations and IDT consensus and guardian approval." Client #4's BSP did not define "episodes." Client #4's BSP had not been revised to include the use of and a plan of withdrawal from the Wellbutrin. Client #4's BSP did not indicate which of the maladaptive behaviors the Saphris and the Wellbutrin were to target.</p> <p>Telephone interview with the Operations Manager (OM) on 12/12/13 at 11:30 AM indicated all medications given for maladaptive behavior control was to be included in each client's BSP along with a plan of reduction. The OM indicated client #1's, #2's, #3's and #4's BSPs did</p>						

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W000429	<p>not specify which of the maladaptive behaviors each behavior medication was to target. The OM stated, "I understand what you are saying and we will add the specific behaviors for each medication to the behavior plans."</p> <p>9-3-5(a)</p> <p>483.470(e)(2)(i) HEATING AND VENTILATION The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation and interview, for 2 of 8 clients (#7 and #8) living in the group home, the facility failed to maintain the heat above 68 degrees F (Fahrenheit) inside the clients" bedroom.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/10/13 between 6 AM and 8 AM. Clients #7 and #8 shared an upstairs bedroom. At 8 AM, while standing in her bedroom with client #7, client #8 stated, "Our room is always cold in here. And that's mold on the windows." Client #8 was shivering while talking and had a blanket wrapped around her. An air conditioner was in the upstairs window that was directly outside client #7's and #8's bedroom. Cold air could be felt coming around the</p>	W000429	<p>W429: The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Corrective action: Maintenance request has been completed for removal of window air conditioner (Attachment B). · Staff have been inserviced on performing temperature checks in client rooms (Attachment M). How we will identify others: Clinical Supervisors will ensure that all window air conditioners have been removed from window. Measures to be put in place: Daily Temperature checks (Attachment M) and revised maintenance request protocol (Attachment D). Monitoring of Corrective Action: Program Manager will review Maintenance Requests weekly to ensure that all requests have been completed.. Completion</p>	01/18/2014			

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W009999	<p>air conditioner as well as cold air around the windows in client #7's and #8's bed room. At 8 AM the temperature of client #7's and #8's bedroom was 64 degrees F.</p> <p>During interview with staff #3 on 12/10/13 at 7:30 AM, staff #3 indicated the group home was cold, the windows needed to be replaced and there were drafts throughout the home.</p> <p>Telephone interview with the Operations Manager (OM) on 12/12/13 at 11:30 AM stated the air conditioner "should not" have been left in the window and would be removed. The OM indicated the clients' bedrooms were to be maintained at a comfortable temperature and "The heat situation will be looked at immediately."</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body</p>	W009999	<p>Date: 1-18-2014</p> <p>W999: 460 IAC 9-3-1 Governing Body(b) The residential provider shall report the following circumstances to the division by telephone no later that the first business day followed by written summaries as requested by the division (6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or</p>	01/10/2014			

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	<p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>__ A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to notify the Bureau of Developmental Disabilities Services (BDDS) within 24 hours of an infestation of mice within the group home.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 12/5/13 at 11:30 AM. The facility records indicated no reports of a mice infestation and/or the need for exterminators.</p> <p>Review of the Maintenance Request/Work Order dated 1/22/13 on 12/10/13 at 7 AM indicated "Mice infestation. You can hear in the walls,</p>		<p>welfare of an individual.). Corrective action: Quality Assurance Manager has been inserviced on reporting procedures for infestations (Attachment N). BDDS report was submitted (Attachment O). How we will identify others: Quality Assurance Manager will review all incidents to ensure that infestations have been reported. Measures to be put in place: Quality Assurance Program Manager has been inserviced to report infestations. Monitoring of Corrective Action: Safety Committee will review infestations to ensure that reporting procedures have been completed. Completion Date: 1-10-2014</p>				

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	<p>ceiling. Basement stored emergency foods are destroyed. Maintenance tried glue traps, reg. (regular) traps did not work. Very unsanitary." The work order indicated a response from maintenance of "Told them to add the mice to the bug man when he comes."</p> <p>An email received from the OM on 12/13/13 indicated a receipt from a professional exterminator dated 2/12/13 for a work order for pest control.</p> <p>During interview with staff #2 and #3 on 12/10/13 at 7 AM, staff #2 stated "They (the mice) could be heard in the walls. It was awful. They set traps and stuff, but it didn't help. They finally called an exterminator."</p> <p>During telephone interview with the Operations Manager (OM) on 12/12/13 at 11:30 AM, the OM indicated the infestation of mice was not reported to BDDS. The OM stated, "We have changed our procedure to include things like this in our reportables and it will be reported in the future."</p> <p>9-3-1(b)</p>				