

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/22/2015
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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
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W 000  Bldg. 00	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: April 13, 14, 15, 16, 20, 21 and 22, 2015.</p> <p>Facility Number: 000996 Provider Number: 15G482 AIM Number: 100235460</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon observation, interview and record review, the governing body failed for 3 of 3 sampled clients (clients #1, #2 and #3), and 1 additional client (client #7), to implement policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 5 of 9 incidents of allegations of mistreatment, abuse and neglect and</p>	W 104	<p>1.Damar Services, Inc. has a written Policy and Procedures in place for reporting and investigating abuse, neglect and mistreatment of clients. This policy follows the requirements established by BDDS. All Residential Manager and Lead Staff have been retrained on the policy and how to implement.</p> <p>Emphasis placed on</p> <ul style="list-style-type: none"> <li>·Identifying reportable incidents</li> <li>·Requirements of timely</li> </ul>	05/22/2015

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

TITLE

(X6) DATE

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

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	<p>failed to document a thorough investigation of an allegation of mistreatment. The facility failed to implement effective corrective action to address clients #2 and #3's physically aggressive behavior resulting in restraint and injury. The governing body failed to ensure facility procedures maintained an accounting of personal property (clothing) for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services, internal incident reports and investigations were reviewed on 4/10/15 at 4:55 PM and indicated the following.</p> <p>1. An incident report dated 11/6/14 indicated client #7 was placed in a basketball hold (physical restraint) after hitting staff in the arm and throwing items. There was no evidence the incident was reported to BDDS or to the administrator.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/14/15 at 2:30 PM and indicated the incident should have been reported to her.</p> <p>2. A BDDS report dated 3/3/15 indicated client #2 was restrained with a basket hold after throwing items, attempting to break a window, pulling a fire alarm and attempting to bite staff. "During the incident writer (residential manager) utilized self-defense and client does have three scratches on his wrist and neck and forearm..."</p>		<p>investigationand who implements</p> <ul style="list-style-type: none"> <li>·Initiation investigation and documentation of allegations made</li> <li>·Responsibility of investigation and reporting of incidents occurring at otherlocations</li> </ul> <p>2.All staff have been retrained on Abuse, Neglect and mistreatment policy Emphasis placed on:</p> <ul style="list-style-type: none"> <li>·Documenting all incidents ofaggression by clients on data sheet and incident reports as required</li> <li>·Restraint debriefing form</li> <li>·Clothing inventory to be completequarterly. In addition – reports ofmissing clothing or other personal items should documented on an incidentreport and investigated. If need the agencywill replace missing items.</li> </ul> <p>3. Residential Manager and Dir. ofGroup Home will continue to work with schools to ensure timely documentation ofincidents occurring at school are received and investigated. The schools have been updated with a list ofcontacts to reach if there is a delay to responding to a need. Minor injuries to occur after physicalmanagement has been implemented occur from time to time. All incidents of physical management willrequire <u>Restraint Debriefing form</u> to complete. In addition to this if needed other questionsuch as may be asked,</p> <ul style="list-style-type: none"> <li>·Were all proactive steps</li> </ul>				

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	<p>Client #2 was assessed by the group home nurse and "everything was fine." A follow up report dated 3/4/15 indicated physical intervention was no longer part of client #2's plan, though it had been in the past due to physically aggressive behavior, and staff were trained on physical management holds and de-escalation steps upon hire and semi-annually. Corrective action indicated client #2 stated he was "so mad at his teacher and only got more mad as the night wore on." The report indicated a school meeting was scheduled on 3/9/15 to discuss client #2's increase in non-compliance. "Possibility of decrease his school day; allowing naps and added reinforcers will be discussed. A follow up report dated 3/5/15 indicated staff was not suspended as a result of the incident. "It is not known if client received the scratches during the implementation of the restraint or were self produced throughout the behavioral incident." There was no evidence of corrective action to prevent future injuries for client #2 during incidents of physically aggressive behavior.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated client #2's injury was not addressed in an investigation to determine prevention of future injuries of client #2.</p> <p>3. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face,</p>		<p>followed</p> <ul style="list-style-type: none"> <li>·Was there any other steps that could have been tried to prevent restraint</li> <li>·Was physical management hold implemented correctly</li> <li>·Was injury a result of physical management hold and if so, what steps should be taken to prevent.</li> </ul> <p>4. All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed for severity and trends and plans developed to addressed. Dir. of Group Home has developed a checklist to ensure all components of a report are completed before submitted.</p> <p>1.</p>	
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	<p>slight (sic) about his right eye." Corrective action indicated staff were trained on Crisis Management (behavior management) techniques upon hire and annually, and client #3's behaviors and medications to treat them were monitored. There was no evidence of an investigation into client #3's injury.</p> <p>The QIDP was interviewed on 4/15/15 at 4:10 PM and indicated the injury to client #3 was not investigated.</p> <p>4. Client #2's record was reviewed on 4/14/15 at 3:15 PM. A note in the record dated 4/7/15 indicated client #2 had hit two peers while at the bus stop. There was no evidence the incident was reported to the administrator or to BDDS.</p> <p>The QIDP was interviewed on 4/15/15 at 3:05 PM and indicated she was not aware of the incident involving client #2 hitting peers at the bus stop on 4/7/15. She indicated she should have been informed of the incident so it could have been reported to BDDS and investigated.</p> <p>5. During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM client #2 did not get on the bus to school with clients #1, #3, #5 and #6.</p> <p>Staff #1 was interviewed on 4/14/15 at 6:45 AM. Staff #1 indicated client #2 was suspended from school due to an incident of physical aggression while at school on 4/10/15. Staff #1 indicated client #2 was sleepy after being awakened by storms at 2:00 AM on 4/10/15 and the school staff called later that day to take client #2 home after he fell asleep at school for more than 2 hours. Staff #1 indicated client #2 became physically aggressive to his teacher when he saw the group home van</p>			

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	<p>arrive at school to take him home. Staff #1 indicated client #2 liked school and did not want to go home. Staff #1 indicated she had not filled out an incident report for group home records, but the school had provided a report of the incident.</p> <p>A Notice of Student Suspension dated 4/10/15 was reviewed on 4/14/15 at 6:50 AM and indicated client #2 "would not listen to teacher aides, teachers or administrators when trying to get him to leave the building with the group home (sic). [Client #2] became physical and used profanity multiple times with staff members. [Client #2] hit [teacher] in the face, as well as kicked her while going down the stairs...While waiting for the group home to take him home, [client #2] continued to cuss out staff members in the hallway...." The notice indicated client #2 was suspended until 4/17/15.</p> <p>Client #2's teacher was interviewed on 4/14/15 at 11:50 AM. Client #2's teacher indicated client #2's physically aggressive behavior on 4/10/15 was not typical and required the use of physical restraint. Client #2's teacher indicated it took group home staff 45 minutes to arrive to assist in taking him home on 4/10/15, but she was uncertain of details as after client #2 hit her, she had to leave to seek medical care at a medical facility. She stated, "We have to have a crisis person (available group home staff) for [client #2]."</p> <p>The Assistant Principal was interviewed on 4/14/15 at 12:35 PM and indicated it had taken 45 minutes for group home staff to arrive to transport client #2 home and the school required access more quickly to group home staff to assist with client behaviors. He indicated he would provide an incident report of the incident involving client #2 on 4/10/15.</p>			

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	<p>A Staff Processing of Seclusion and Restraint Form dated 4/10/15 was reviewed on 4/15/14 at 12:30 PM and indicated "Describe any steps/procedures that could have been implemented which may prevent the use of seclusion/restraint: 1. [Client #2] not coming to school when he is too tired to function and group home knows he is struggling. 2. Having person [client #2] is mad at remove themselves from the situation to try and calm him down sooner. 3. Have group home staff get to the facility quicker and if back-up is needed have them arrive in a more timely fashion...."</p> <p>There was no evidence of a report to the administrator, to BDDS, or of an investigation into the incident. There was no description of the type of restraint used or of its duration.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated the incident involving client #2's being restrained at school after becoming physically aggressive to his teacher was not reported to BDDS as physical aggression to staff was not reported to BDDS. When asked about an investigation into the incident, she indicated the school personnel and group home staff were going to meet on 4/16/15. She indicated it had taken 45 minutes for a second group home staff to arrive at the school to assist with client #2 and it may have taken a parent that long to arrive if client #2 lived at home with family.</p> <p>6. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated on 4/12/15 she had notified the house manager of the group home of an incident on 4/12/15 involving client #1 alleging staff #4 had clapped loudly in his ear as he lay on his bed because client #1 did not want to go on an outing to the park and wanted to</p>			

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	<p>take a nap. She indicated while she spoke to client #1 on the phone she overheard staff #4 state to client #1, "Good job [client #1]. You ruined it for everyone. OK [client #1] we're not going to the park. You got your own way. You're done." She stated when she reported the incident to the house manager, he stated, "I'll tell [staff #4] you have to be nice to [client #1]." She indicated 6 weeks ago, client #1 reported to her staff #4 had told client #1 he "ate like a chipmunk." The guardian stated the comment had injured client #1's "psyche," and client #1 "was terrified he (staff #4) would say something like that to him again." She indicated client #1 had just started eating a variety of foods. She indicated she had reported the incident to the house manager who had spoken to staff #4 and staff #4 stated to the house manager "What should I have done?"</p> <p>The QIDP was interviewed on 4/15/15 at 3:32 PM and indicated she should have been notified by the house manager of the allegation on 4/12/15 made by client #1's guardian and stated, "It is a breakdown of our system to prevent abuse and neglect." She indicated the allegation should have been investigated. She indicated the statement allegedly made by staff #4 regarding client eating like a chipmunk had been informally investigated and staff had been informed during a staff meeting they were not to make comments that could be overheard by clients who may take their comments literally. She indicated the comment was based upon an observation that client #1 pocketed his food in his cheek and the investigation into the statement had not been documented and had not been reported to BDDS as it was not considered an allegation of abuse/mistreatment.</p> <p>7. During the interview with client #1's guardian on 4/15/15 at 11:14 AM, she indicated client #1</p>			

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W 122 Bldg. 00	<p>was missing 6-7 long sleeved shirts that were valued between \$30-\$40. She indicated she had asked the weekend staff where the shirts were located and was told they were in the laundry. Upon review of the contents of client #1's laundry and all other storage areas, client #1's possessions were not found.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated there was no system to monitor or inventory client belongings.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS 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 for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7). The facility failed to implement policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the</p>	W 122	1.DamarServices, Inc. has a written Policy and Procedures in placefor reporting and investigating abuse, neglect and mistreatment of clients.This policy follows the requirements established by BDDS. All ResidentialManager and Lead Staff have been retrained on the policy and how toimplement. Emphasis placed on	05/22/2015

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	<p>administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 7 of 9 incidents of allegations of mistreatment, abuse and neglect, failed to document a thorough investigation of an allegation of mistreatment and failed to investigate, develop and implement effective corrective action to address injuries during restraint for clients #2 and #3.</p> <p>Findings include:</p> <p>1. The facility neglected for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to implement policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 7 of 9 incidents of allegations of mistreatment, abuse and neglect and failed to document a thorough investigation of an allegation of mistreatment and failed to investigate, develop and implement effective corrective action to address injuries during restraint for clients #2 and #3. Please see W149.</p> <p>2. The facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to implement</p>		<ul style="list-style-type: none"> <li>·Identifying reportable incidents</li> <li>·Requirements of timely investigation and who implements</li> <li>·Initiation investigation and documentation of allegations made</li> <li>·Responsibility of investigation and reporting of incidents occurring at other locations</li> <li>·Timely reporting of an incident as required within 15 minutes of incident.</li> <li>·Chain of command to report if Residential Manager cannot be reached</li> <li>·Completion of Incident Report by end of shift</li> </ul> <p>2. All staff have been retrained on Abuse, Neglect and mistreatment policy. Emphasis placed on:</p> <ul style="list-style-type: none"> <li>a) Documenting all incidents of aggression by clients on data sheet and incident reports as required</li> <li>b) Restraint debriefing form</li> <li>c) All staff members are trained on how to correctly implement physical management (CMT) techniques upon hire and semiannually. One must demonstrate proper implementation of these techniques in order to be certified. Those that do not perform satisfactory are not approved for working with the residents. Restrictive interventions such as the use of CMT may be used on a regular, non-emergency basis only when part of a written Behavior</li> </ul>	

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	<p>policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 5 of 9 incidents of allegations of mistreatment, abuse and neglect. Please see W153.</p> <p>3. The facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to document a thorough investigation of an allegation of mistreatment and failed to investigate 2 of 2 incidents of restraint resulting in injury. Please see W154.</p> <p>4. The facility failed for 2 of 3 sampled clients (clients #2 and #3) to implement effective corrective action to address injuries during restraint. Please see W157.</p> <p>9-3-2(a)</p>		<p>Management Plan (BSP) and approved by guardian and HRC and client when appropriate. These procedures may be used only with behaviors that are physically harmful to the client or others and that have been documented to be unresponsive to nonrestrictive procedures alone. The use of CMT is not permitted at Damar unless it is specifically used to prevent harm to self or others. All staff members are currently up to date on training and considered competent in utilizing these methods. Without the use of physical management in all these incidents noted – the possibility for much greater injury to self or others was prevented. Slight superficial injuries as a result of physical management are not deemed as abusive if implementation of techniques was done correctly and for justifiable reasons. Furthermore, report submitted to BDDS indicated that no abuse was substantiated and no corrective action was taken. All reports were reviewed and “closed” therefore, verifying appropriate action was taken. Injuries as a result of a restraint are reported to CPS/APS. Investigations will occur if incident questionable. If needed to be investigated further, Damar’s Policy and Procedures for investigation would occur.</p> <p>3. All incidents of utilization of</p>		

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			<p>CMT must be documented on an incident report form and reported to governing body/BDDS. All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed to assess trends such as timeliness of reports, frequency, durations, staff involvement, and times of incidents and/or injuries resulting from restraints. Plans are developed to address and continued monitoring is done to ensure needed changes have been effective. All incidents of physical management will now require a <u>Restraint Debriefing form</u> to complete. In addition to this if needed other questions such as may be asked,</p> <ul style="list-style-type: none"> <li>·Were all proactive steps followed</li> <li>·Was there any other steps that could have been tried to prevent restraint</li> <li>·Was physical management hold implemented correctly</li> <li>·Was injury a result of physical management hold and if so, what steps should be taken to prevent.</li> </ul> <p>4 All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed for severity and trends and plans developed to address.</p>		

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W 125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2 and #3) and for 3 additional clients (clients #4, #5 and #6), the facility failed to provide unimpeded access to fruit and nutritional food.</p> <p>Findings include:</p> <p>During observations at the group home on 4/13/15 from 5:45 PM until 7:18 PM, clients #1, #2, #3, #4, #5 and #6's fruit and snacks were stored in the locked pantry and in the refrigerator in the locked medication administration room.</p> <p>Staff #2 was interviewed on 4/13/15 at 5:55 PM and when asked about the locked food in the pantry stated, "We have one who binge eats." She identified client #3 as the client who required the restricted food.</p> <p>During observations at the group home on 4/14/15 from 6:35 AM until 8:10 AM, clients #1, #2, #3, #4, #5 and #6's fruit</p>	W 125	<p>1. Client #3 does have a targeted behavior of bingeeating including fruits and/or vegetables. Results of binge eating have had negative effects on one's digestivesystem. Fruit bowel has been returned to a public area where it can be easily monitored. The amount of fruit in the container is limited to five pieces (enough for one piece a person) to reducechance digestive distress if consumed all at once.</p> <p>2. Restrictionof common items is included in individuals Behavioral Plan (BSP). Reason for the justification and how it'saddressed are will be included in the plan, approved by guardians and HumanRights Committee. Other residents thatmay be effective by the restriction(s) will have these listed in their BSP as"House Restriction". Guardian and HumanRights approval will be attained.</p> <p>3. Houserestriction such as removing items or having alarms in place will be monitoreddaily during the completion of daily environmental checks. Failure to</p>	05/22/2015	

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	<p>and snacks were stored in the locked pantry and in the refrigerator in the locked medication administration room.</p> <p>Client #1's record was reviewed on 4/14/15 at 3:30 PM. A BSP (behavior support plan) dated 2/6/15 indicated targeted behaviors of verbal aggression, elopement and physical aggression. There was no evidence in the record of an assessed need to restrict his access to food.</p> <p>Client #2's record was reviewed on 4/14/15 at 3:30 PM. A BSP dated 7/14-7/15 indicated targeted behaviors of verbal aggression, physical aggression, property destruction, stealing and non-compliance. There was no evidence in the record of an assessed need to restrict his access to food.</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. A BSP dated 9/14/-9/15 included targeted behaviors of physical aggression, verbal aggression, property destruction, self injurious behavior, non-compliance, elopement, excessive crying, agitation and "binge eating" defined as sneaking and taking food without permission and attempting or actually consuming it in a short time span.</p>		<p>have a restriction in place asdirected within one's BSP - will be documented on the environmental checklist andsubmitted to the Residential manager daily. Residential Manager will immediately take action to correct the issuewithin that day.</p> <p>AllResidential Managers have been updated on the procedure. All staff members will be update at nextprogram meeting to ensure understanding.</p> <p>4. Alldaily environmental checks are submitted to the Director of Maintenance forreview. Items not in compliance arerequired to have a corrective action included. Monthly house checks conducted by maintenance staff member and submittedto Dir. of Group Home for review to ensure all house restrictions are in place.</p>		

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W 126 Bldg. 00	<p>A Behavior Support Plan-Camby House Restrictions dated 1.1.2015-12.31.15 for clients #1, #2 and #3 in their records indicated "Locked food pantry and/or refrigerator. Currently there is one individual within the home that participates in a high level of binge eating. This includes stealing food from storage areas, people (sic) belongings (purse, office area) and common areas in the community...nutritional fruit and food items will remain out in the kitchen area."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/15/15 at 2:55 PM and indicated the clients' should have access to fruit and nutritional food.</p> <p>9-3-2(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent</p>			
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	<p>of their capabilities.</p> <p>Based upon record review and interview, the facility failed to provide weekly spending money for 2 of 3 sampled clients (clients #1 and #2) per clients' plans.</p> <p>Findings include:</p> <p>Clients #1 and #2's financial records incentives at the group home were reviewed on 4/13/15 at 6:35 PM and included the following:</p> <p>Client #1 received his allowance/spending money on 1/16/15 (\$5.00), 1/30/15 (\$6.25), 2/13/15 (\$5.75) and on 3/27/15 (\$6.50). Client #1 had \$24.75 in cash on hand.</p> <p>Client #2 received his allowance/spending money on 1/30/15 (\$5.75), on 2/13/15 (\$5.75) and on 3/27/15 (\$6.00). Client #2 had \$17.68 in cash on hand. An undated program incentive sheet indicated client #2 had earned \$5.15 in allowance for the week. There was no evidence in the records client #2 had received his earned allowance.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/13/15 at 6:40 PM and</p>	W 126	<p>1.All past Program Incentive monieearned has been handed out and documented on individuals allowance sheets.</p> <p>2.Program Incentive program is designedto provide weekly monetary reinforce for positive behavior and completion ofassigned task. Although programincentive money was given periodically – no weeks allowance was missed – just notgiven timely as a large amount of money was accumulating. Procedures have beenrevised and monies will be distributed with the week of earning.</p> <ul style="list-style-type: none"> <li>·If one's Program Incentive cash onhand exceeds \$25.00 – excess monies will be submitted into ones account</li> <li>·All Residential Managers and staffmembers have/will are update on these procedures at upcoming program meeting.</li> </ul> <p>·3. Dir. of Group Home will also have petty cash funds on hands and willutilized funds to pay weekly Program incentives in event that a ResidentialManager is unable to pay Program Incentive.</p> <p>4. PettyCash reimbursement is done roughly every month. Dir. of Group Home will review entries to ensure Program Incentive isbeing distributed timely. Failure to bein compliance will result in retraining and/or disciplinary actions.</p>	05/22/2015	

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	<p>stated, "I owe [clients #1 and #2] their weekly allowance." She indicated clients #1 and #2 were to bring program incentive sheets (completing chores, personal hygiene tasks) to her and she should have provided clients' money on a weekly basis based upon their adherence to tasks as an allowance. The QIDP indicated staff had access on each shift to clients' money which was locked for safe keeping.</p> <p>Client #1's record was reviewed on 4/14/15 at 3:30 PM and indicated a BSP (behavior support plan) dated 2/6/15. The plan indicated a "Program Incentive-[client #1] will have receive daily program incentive points for initiating and completing training/testing objective and daily routine tasks. Points will be tallied weekly and converted into a monetary value according to the percentage of points earned...."</p> <p>Client #2's record was reviewed on 4/14/15 at 3:15 PM and indicated a BSP dated 7/15/15. The plan indicated a "Program Incentive-[client #2] will have receive daily program incentive points for initiating and completing training/testing objective and daily routine tasks. Points will be tallied weekly and converted into a monetary value according to the percentage of points earned...."</p>			

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W 137 Bldg. 00	<p>Additional Program Incentive Sheets for clients #1 and #2 were reviewed on 4/20/15 at 1:30 PM and indicated client #1 should have received \$6.00 for incentives earned 4/3/15-4/9/15. Client #2 should have received \$4.50 for incentives earned 4/3/15-4/8/15 and \$5.75 for incentives earned 3/27/15-4/2/15.</p> <p>The QIDP was interviewed on 4/16/15 at 1:15 PM and indicated clients #1 and #2 received spending money that was not contingent upon earned incentives, and the money earned for incentives was part of an earned allowance program for clients' spending money.</p> <p>9-3-2(a)</p> <p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p>			
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	<p>Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2 and #3) and for 3 additional clients (clients #4, #5 and #6), the facility failed to provide unimpeded access to their personal electric shavers.</p> <p>Findings include:</p> <p>During observations at the group home on 4/14/15 from 6:35 AM until 8:10 AM, clients #1, #2, #3, #4, #5 and #6's electric shavers were stored in the locked medication administration room.</p> <p>Client #1's record was reviewed on 4/14/15 at 3:30 PM. A BSP (behavior support plan dated 2/6/15 indicated targeted behaviors of verbal aggression, elopement and physical aggression. There was no evidence in the record of an assessed need to secure his electric shaver.</p> <p>Client #2's record was reviewed on 4/14/15 at 3:30 PM. A BSP dated 7/14-7/15 indicated targeted behaviors of verbal aggression, physical aggression, property destruction, stealing and non-compliance. There was no evidence in the record of an assessed need to secure his electric shaver.</p> <p>Client #3's record was reviewed on</p>	W 137	<p>1. All Clients in need of an electric shaver have purchased one and now store them in personal hygiene box or bags located within ones bedroom.</p> <p>2. All Residential Managers and staff member have been or will be trained on resident rights and how to ensure they are in place. Emphasis placed on</p> <ul style="list-style-type: none"> <li>· Right to hold personal possessions</li> <li>· Rights to be provided with informally training on skills not custodial care</li> <li>· Rights to some food and drinks at their access</li> <li>· Expectation of staff responsibility to ensure dignity is upheld (hygiene acceptable, clothing fits and not torn)</li> <li>Expectation of staff to ensure reinforcers are tracked and distributed timely as earned</li> <li>· Expectation of staff to report all allegations</li> </ul> <p>3. All staff within all Group Homes be trained at upcoming program meeting regarding Residential rights and how to ensure they are in place (see above)</p> <p>4. Residential Manager, Lead staff and Dir of Group Home will monitor client rights are being upheld when out at the homes. Observations will be reviewed and documented on staff's yearly evaluation. Concerns will be addressed by retraining and disciplinary actions when warrant.</p>	05/22/2015			

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	<p>4/14/15 at 3:50 PM. A BSP dated 9/14/-9/15 included targeted behaviors of physical aggression, verbal aggression, property destruction, self injurious behavior, non-compliance, elopement, excessive crying and agitation. There was no evidence in the record of an assessed need to secure his electric shaver.</p> <p>The house manager and staff #1 were interviewed on 4/14/15 at 8:00 AM and indicated there were no assessed needs for the locked razors for the clients. The house manager indicated there were missing client razors when he started working at the group home and stated, "Maybe that's why." He indicated client #3 charged his razor in his room and stated, "He doesn't bother it."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/15/15 at 2:55 PM and indicated the clients' razors should not be locked and should be located in their bedrooms.</p> <p>9-3-2(a)</p>			

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W 149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon observation, record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to implement policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 7 of 9 incidents of allegations of mistreatment, abuse and neglect, failed to document a thorough investigation of an allegation of mistreatment and failed to document a thorough investigation or implement effective corrective action to prevent injuries during the use of restraint to address clients #2 and #3's physically aggressive behavior.</p> <p>Findings include:  The facility's reportable incidents to the Bureau of Developmental Disabilities</p>	W 149	<p>The facility must develop and implement written Policies and Procedures that prohibit mistreatment, neglect or abuse of the client</p> <p>1. Damar Services, Inc. has a written Policy and Procedures in place for reporting and investigating abuse, neglect and mistreatment of clients. This policy follows the requirements established by BDDS. All Residential Manager and Lead Staff have been retrained on the policy and how to implement.</p> <p>Emphasis placed on</p> <ul style="list-style-type: none"> <li>· Identifying reportable incidents</li> <li>· Requirements of timely investigation and who implements</li> <li>· Initiation investigation and documentation of allegations made</li> <li>· Responsibility of investigation and reporting of incidents occurring at other locations</li> </ul> <p>2. All staff have been retrained on</p>	05/22/2015

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	<p>Services, internal incident reports and investigations were reviewed on 4/10/15 at 4:55 PM and indicated the following.</p> <p>1. An incident report dated 11/6/14 indicated client #7 was placed in a basketball hold physical restraint after hitting staff in the arm and throwing items. There was no evidence the incident was reported to BDDS or to the administrator.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/14/15 at 2:30 PM and indicated the incident should have been reported to her.</p> <p>2. A BDDS report dated 3/3/15 indicated client #2 was restrained with a basket hold after throwing items, attempting to break a window, pulling a fire alarm and attempting to bite staff. "During the incident writer (residential manager) utilized self-defense and client does have three scratches on his wrist and neck and forearm..." Client #2 was assessed by the group home nurse and "everything was fine." A follow up report dated 3/4/15 indicated physical intervention was no longer part of client #2's plan though it had been in the past due to physically aggressive behavior and staff were trained on physical management holds</p>		<p>Abuse, Neglect and mistreatment policy Emphasis placed on:</p> <ul style="list-style-type: none"> <li>· Documenting all incidents of aggression by clients on data sheet and incident reports as required</li> <li>· Restraint debriefing form</li> </ul> <p>3. Residential Manager and Dir. of Group Home will continue to work with schools to ensure timely documentation of incidents occurring at school are received and investigated. The schools have been updated with a list of contacts to reach if there is a delay to responding to a need. Residential Manager and Dir. of Group Home have reviewed training offered by Steve Coya on how to complete a thorough investigation. Although common for minor injuries to occur after physical management has been implemented. All incidents of physical management will require <u>Restraint Debriefing form</u> to complete. In addition to this if needed other questions such as may be asked,</p> <ul style="list-style-type: none"> <li>· Were all proactive steps followed</li> <li>· Was there any other steps that could have been tried to prevent restraint</li> <li>· Was physical management hold implemented correctly</li> <li>· Was injury a result of physical management hold and if so, what steps should be taken to prevent.</li> </ul> <p>4. All Incident Reports, BDS reportables and investigation are</p>				

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	<p>and de-escalation steps upon hire and semi-annually. Corrective action indicated client #2 stated he was "so mad at his teacher and only got more mad as the night wore on." The report indicated a school meeting was scheduled on 3/9/15 to discuss client #2's increase in non-compliance. "Possibility of decrease his school day; allowing naps and added reinforcers will be discussed. A follow up report dated 3/5/15 indicated staff was not suspended as a result of the incident. "It is not known if client received the scratches during the implementation of the restraint or were self produced throughout the behavioral incident." There was no evidence of corrective action to prevent future injuries for client #2 during incidents of physically aggressive behavior.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated client #2's injury was not addressed in an investigation to determine prevention of future injuries of client #2.</p> <p>3. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3</p>		<p>reviewed weekly by IDT and member of Quality Assuranceteam (PQI). Documentations are reviewed for severity and trends and plans developed to addressed. Dir. of Group Home has developed a checklist to ensure all components of a report are completed before submitted.</p>		

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	<p>then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye." Corrective action indicated staff were trained on Crisis Management (behavior management) techniques upon hire and annually, and client #3's behaviors and medications to treat them were monitored. There was no evidence of an investigation into client #3's injury.</p> <p>The QIDP was interviewed on 4/15/15 at 4:10 PM and indicated the injury to client #3 was not investigated.</p> <p>4. Client #2's record was reviewed on 4/14/15 at 3:15 PM. A note in the record dated 4/7/15 indicated client #2 had hit two peers while at the bus stop. There was no evidence the incident was reported to the administrator or to BDDS.</p> <p>The QIDP was interviewed on 4/15/15 at 3:05 PM and indicated she was not aware of the incident involving client #2 hitting peers at the bus stop on 4/7/15. She indicated she should have been informed of the incident so it could be reported to BDDS and investigated.</p>			

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	<p>5. During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM client #2 did not get on the bus to school with clients #1, #3, #5 and #6.</p> <p>Staff #1 was interviewed on 4/14/15 at 6:45 AM. Staff #1 indicated client #2 was suspended from school due to an incident of physical aggression while at school on 4/10/15. Staff #1 indicated client #2 was sleepy after being awakened from storms at 2:00 AM on 4/10/15 and the school staff called to take client #2 home after he fell asleep at school for more than 2 hours. Staff #1 indicated client #2 became physically aggressive to his teacher when he saw the group home van arrive at school to take him home. Staff #1 indicated client #2 liked school and did not want to go home. Staff #1 indicated she had not filled out an incident report for group home records, but the school had provided a report of the incident.</p> <p>A Notice of Student Suspension dated 4/10/15 was reviewed on 4/14/15 at 6:50 AM and indicated client #2 "would not listen to teacher aides, teachers or administrators when trying to get him to leave the building with the group home (sic). [Client #2] became physical and used profanity multiple times with staff</p>			

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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--CAMBY RD	STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E CR 700 S CAMBY, IN 46113
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	<p>members. [Client #2] hit [teacher] in the face, as well as kicked her while going down the stairs...While waiting for the group home to take him home, [client #2] continued to cuss out staff members in the hallway...." The notice indicated client #2 was suspended until 4/17/15.</p> <p>Client #2's teacher was interviewed on 4/14/15 at 11:50 AM. Client #2's teacher indicated client #2's physically aggressive behavior on 4/10/15 was not typical and required the use of physical restraint. Client #2's teacher indicated it took group home staff 45 minutes to arrive to assist in taking him home on 4/10/15, but she was uncertain of details as after client #2 hit her, she had to leave to seek medical care at a medical facility. She stated, "We have to have a crisis person (available group home staff) for [client #2]."</p> <p>The Assistant Principal was interviewed on 4/14/15 at 12:35 PM and indicated it had taken 45 minutes for group home staff arrive to transport client #2 home and the school required access more quickly to group home staff to assist with client behaviors. He indicated he would provide an incident report of the incident involving client #2 on 4/10/15.</p> <p>A Staff Processing of Seclusion and Restraint Form dated 4/10/15 was</p>			

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	<p>reviewed on 4/15/14 at 12:30 PM and indicated "Describe any steps/procedures that could have been implemented which may prevent the use of seclusion/restraint: 1. [Client #2] not coming to school when he is too tired to function and group home knows he is struggling. 2. Having person [client #2] is mad at remove themselves from the situation to try and calm him down sooner. 3. Have group home staff get to the facility quicker and if back-up is needed have them arrive in a more timely fashion...."</p> <p>There was no evidence of a report to the administrator, to BDDS, or of an investigation into the incident. There was no description of the type of restraint used or of its duration.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated the incident involving client #2's being restrained at school after becoming physically aggressive to his teacher was not reported to BDDS as physical aggression to staff was not reported to BDDS. When asked about an investigation into the incident, she indicated the school personnel and group home staff were going to meet on 4/16/15. She indicated it had taken 45 minutes for a second group home staff to arrive at the school to assist with client</p>			

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	<p>#2 and it may have taken a parent that long to arrive if client #2 lived at home with family.</p> <p>6. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated on 4/12/15 she had notified the house manager of the group home of an incident on 4/12/15 involving client #1 alleging staff #4 had clapped loudly in his ear as he lay on his bed because client #1 did not want to go on an outing to the park and wanted to take a nap. She indicated while she spoke to client #1 on the phone she overheard staff #4 state to client #1, "Good job [client #1]. You ruined it for everyone. OK [client #1] we're not going to the park. You got your own way. You're done." She stated when she reported the incident to the house manager, he stated, "I'll tell [staff #4] you have to be nice to [client #1]."</p> <p>7. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated 6 weeks ago, client #1 reported to her staff #4 had told client #1 he "ate like a chipmunk." The guardian stated the comment had injured client #1's "psyche," and client #1 "was terrified he (staff #4) would say something like that to him again." She indicated client #1 had just started eating a variety of foods. She indicated she had reported the incident to</p>			

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	<p>the house manager who had spoken to staff #4 and staff #4 stated to the house manager "What should I have done?"</p> <p>The QIDP was interviewed on 4/15/15 at 3:32 PM and indicated she should have been notified by the house manager of the allegation on 4/12/15 made by client #1's guardian and stated, "It is a breakdown of our system to prevent abuse and neglect." She indicated the allegation should have been investigated. She indicated the statement allegedly made by staff #4 regarding client #1 eating like a chipmunk had been informally investigated and staff had been informed during a staff meeting they were not to make comments that could be overheard by clients who may take their comments literally. She indicated the comment was based upon an observation that client #1 pocketed his food in his cheek and the investigation into the statement had not been documented and had not been reported to BDDS as it was not considered an allegation of abuse/mistreatment.</p> <p>The facility's Operational Policies and Procedures Manual Policy #2CS.123 Abuse and Neglect of Children and Policy #2CS.124 Abuse and Neglect of Adults dated 11/1/22 were reviewed on 4/16/15 at 2:15 PM. The policies</p>			

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	<p>indicated "Damar's highest priority is to ensure the safety and to protect the well-being and human rights of all clients in care..." and indicated the following instances were reportable: "Physical abuse: ...A child/endangered adult may also be considered physically abused if the child/endangered adult is injured as a result of a parent or caregiver's failure to take appropriate action to prevent injury. Neglect: the failure of a parent or caregiver to provide a child/endangered adult with adequate food, clothing, shelter, medical care or supervision...Emotional abuse: a pattern of behavior that inhibits a child's/endangered adult's emotional development and sense of self-worth...Emotional abuse also includes failure to provide the psychological nurturing necessary for a child's/endangered adult's psychological growth and development...Mistreatment: treating someone badly, roughly, harshly, or inappropriately....." The policies indicated incidents of abuse, neglect and mistreatment should be reported immediately to the Program/Service Supervisor and investigated.</p> <p>9-3-2(a)</p>			

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W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS			

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Bldg. 00	<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>Based upon observation, record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to implement policy and procedures to protect clients from abuse, neglect and mistreatment by failing to report to the administrator and/or to the Bureau of Developmental Disabilities Services (BDDS) 5 of 9 incidents of allegations of mistreatment, abuse and neglect.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services, internal incident reports and investigations were reviewed on 4/10/15 at 4:55 PM and indicated the following.</p> <p>1. An incident report dated 11/6/14 indicated client #7 was placed in a basketball hold physical restraint after hitting staff in the arm and throwing items. There was no evidence the incident was reported to BDDS or to the administrator.</p> <p>The QIDP (Qualified Intellectual</p>	W 153	<p>1.Damar Services, Inc. has a written Policy and Procedures in placefor reporting and investigating abuse, neglect and mistreatment of clients.This policy follows the requirements established by BDDS. All ResidentialManager, Lead Staff and staff have been retrained on the policy. Emphasis placed on</p> <p>1.Timely reporting of an incident as required within 15 minutes ofincident.</p> <p>2.Chain of command to report if Residential Manager cannot be reached</p> <p>3.Completion of Incident Repot by end of shift</p> <p>2.Residential Manager has beenretrained on steps to take after receiving a report of an incident. Emphasiswas placed on steps to take when an allegation occurs. This includes immediately removal of staff ifallegations of abuse, neglect or mistreatment was reported. Immediatelyreporting any allegations to supervisor. Resident manager was reminded thateach and any allegation must be reported, investigated and documented even whenknown to be false to ensure policy is being followed. The allegation stated in the report wasinvestigated and</p>	05/22/2015

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	<p>Disabilities Professional) was interviewed on 4/14/15 at 2:30 PM and indicated the incident should have been reported to her.</p> <p>2. Client #2's record was reviewed on 4/14/15 at 3:15 PM. A note in the record dated 4/7/15 indicated client #2 had hit two peers while at the bus stop. There was no evidence the incident was reported to the administrator or to BDDS.</p> <p>The QIDP was interviewed on 4/15/15 at 3:05 PM and indicated she was not aware of the incident involving client #2 hitting peers at the bus stop on 4/7/15. She indicated she should have been informed of the incident so it could be reported to BDDS and investigated.</p> <p>3. During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM client #2 did not get on the bus to school with clients #1, #3, #5 and #6.</p> <p>Staff #1 was interviewed on 4/14/15 at 6:45 AM. Staff #1 indicated client #2 was suspended from school due to an incident of physical aggression while at school on 4/10/15. Staff #1 indicated client #2 was sleepy after being awakened from storms at 2:00 AM on 4/10/15 and the school staff called to take client #2 home after he fell asleep at</p>		<p>documented before the completion of the survey and was unsubstantiated.</p> <p>3.All staff, Lead staff and ResidentialManagers have been retrained on Abuse, Neglect and mistreatment policy .</p> <p>4.All Incident Reports, BDDSreportables and investigation are reviewed weekly by IDT and member of QualityAssurance team (PQI). Documentations arereviewed for severity and trends and plans developed to addressed. Dir. ofGroup Homes will ensure weekly that all allegations have been investigated anddocumented.</p>		

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	<p>school for more than 2 hours. Staff #1 indicated client #2 became physically aggressive to his teacher when he saw the group home van arrive at school to take him home. Staff #1 indicated client #2 liked school and did not want to go home. Staff #1 indicated she had not filled out an incident report for group home records, but the school had provided a report of the incident.</p> <p>A Notice of Student Suspension dated 4/10/15 was reviewed on 4/14/15 at 6:50 AM and indicated client #2 "would not listen to teacher aides, teachers or administrators when trying to get him to leave the building with the group home (sic). [Client #2] became physical and used profanity multiple times with staff members. [Client #2] hit [teacher] in the face, as well as kicked her while going down the stairs...While waiting for the group home to take him home, [client #2] continued to cuss out staff members in the hallway...." The notice indicated client #2 was suspended until 4/17/15.</p> <p>Client #2's teacher was interviewed on 4/14/15 at 11:50 AM. Client #2's teacher indicated client #2's physically aggressive behavior on 4/10/15 was not typical and required the use of physical restraint. Client #2's teacher indicated it took group home staff 45 minutes to arrive to assist</p>			

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	<p>in taking him home on 4/10/15, but she was uncertain of details as after client #2 hit her, she had to leave to seek medical care at a medical facility. She stated, "We have to have a crisis person (available group home staff) for [client #2]."</p> <p>The Assistant Principal was interviewed on 4/14/15 at 12:35 PM and indicated it had taken 45 minutes for group home staff to arrive to transport client #2 home and the school required access more quickly to group home staff to assist with client behaviors. He indicated he would provide an incident report of the incident involving client #2 on 4/10/15.</p> <p>A Staff Processing of Seclusion and Restraint Form dated 4/10/15 was reviewed on 4/15/14 at 12:30 PM and indicated "Describe any steps/procedures that could have been implemented which may prevent the use of seclusion/restraint: 1. [Client #2] not coming to school when he is too tired to function and group home knows he is struggling. 2. Having person [client #2] is mad at remove themselves from the situation to try and calm him down sooner. 3. Have group home staff get to the facility quicker and if back-up is needed have them arrive in a more timely fashion...."</p>			

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	<p>There was no evidence of a report to the administrator or to BDDS.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated the incident involving client #2's being restrained at school after becoming physically aggressive to his teacher was not reported to BDDS as physical aggression to staff was not reported to BDDS.</p> <p>4. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated on 4/12/15 she had notified the house manager of the group home of an incident on 4/12/15 involving client #1 alleging staff #4 had clapped loudly in his ear as he lay on his bed because client #1 did not want to go on an outing to the park and wanted to take a nap. She indicated while she spoke to client #1 on the phone she overheard staff #4 state to client #1, "Good job [client #1]. You ruined it for everyone. OK [client #1] we're not going to the park. You got your own way. You're done." She stated when she reported the incident to the house manager, he stated, "I'll tell [staff #4] you have to be nice to [client #1]."</p> <p>5. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated 6 weeks ago, client #1 reported to her staff #4 had told client #1 he "ate like a</p>			

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	<p>chipmunk." The guardian stated the comment had injured client #1's "psyche," and client #1 "was terrified he (staff #4) would say something like that to him again." She indicated client #1 had just started eating a variety of foods. She indicated she had reported the incident to the house manager who had spoken to staff #4 and staff #4 stated to the house manager "What should I have done?"</p> <p>The QIDP was interviewed on 4/15/15 at 3:32 PM and indicated she should have been notified by the house manager of the allegation on 4/12/15 made by client #1's guardian and stated, "It is a breakdown of our system to prevent abuse and neglect." She indicated the allegation should have been investigated. She indicated the statement allegedly made by staff #4 regarding client #1 eating like a chipmunk had been informally investigated and staff had been informed during a staff meeting they were not to make comments that could be overheard by clients who may take their comments literally. She indicated the comment was based upon an observation that client #1 pocketed his food in his cheek and indicated the investigation into the statement had not been documented and had not been reported to BDDS as it was not considered an allegation of abuse/mistreatment.</p>			

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W 154 Bldg. 00	<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 observation, record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to document a thorough investigation of an allegation of mistreatment and failed to investigate 3 of 3 incidents of restraint resulting in injury.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS), internal incident reports and investigations were reviewed</p>	W 154	<p>1.Damar Services, Inc. has a written Policy and Procedures in placefor Incidents Reporting to Governing Bodies (BDDS). Residential Manager willensure a complete investigation occurs within the 5 day requirement. Dir. Of Group Home will ensure that a complete and thorough investigation is done if the Residential Manager isinvolved</p> <p>2. All Residential Manager and Lead Staff havebeen retrained on the policy and how to implement. Emphasis placed on</p> <p>1. Identifying reportable incidents</p> <p>2. Requirements of timely investigation and who implements</p>	05/22/2015

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	<p>on 4/10/15 at 4:55 PM and indicated the following.</p> <p>1. A BDDS report dated 3/3/15 indicated client #2 was restrained with a basket hold after throwing items, attempting to break a window, pulling a fire alarm and attempting to bite staff. "During the incident writer (residential manager) utilized self-defense and client does have three scratches on his wrist and neck and forearm..." Client #2 was assessed by the group home nurse and "everything was fine." A follow up report dated 3/4/15 indicated physical intervention was no longer part of client #2's plan though it had been in the past due to physically aggressive behavior and staff were trained on physical management holds and de-escalation steps upon hire and semi-annually. Corrective action indicated client #2 stated he was "so mad at his teacher and only got more mad as the night wore on." The report indicated a school meeting was scheduled on 3/9/15 to discuss client #2's increase in non-compliance. "Possibility of decrease his school day; allowing naps and added reinforcers will be discussed. A follow up report dated 3/5/15 indicated staff was not suspended as a result of the incident. "It is not known if client received the scratches during the implementation of the restraint or were self produced</p>		<p>3. Initiation investigation and documentation of allegations made</p> <p>4. Responsibility of investigation and reporting of incidents occurring at other locations</p> <p>5. Completion and review of Restraint Debriefing form when physical management was utilized</p> <p>3. The agency policy regarding Incidents Reporting to governing bodies has been reviewed to ensure it complies with State and Federal regulations. Documented retraining for all Residential Manager and Lead Staff will receive from the Director of Group Home Additional review by Dir of Group Home during weekly incident report review meeting will be done to ensure investigation is completed and submitted with all incidents. Incidents of Physical Management report will include the Restraint Debriefing form and incidents occurring at school -efforts will be made to secure their documentation of the event to help with the investigation.</p> <p>4. All reportable incidents investigations will occur as directed by agency policy regarding Incidents Reporting. All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed for severity and trends and plans</p>				

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	<p>throughout the behavioral incident." There was no evidence of an investigation to determine corrective action to prevent future injuries for client #2 during incidents of physically aggressive behavior.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated client #2's injury was not addressed in an investigation to determine prevention of future injuries of client #2.</p> <p>2. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye." Corrective action indicated staff were trained on Crisis Management (behavior management) techniques upon hire and annually, and client #3's behaviors and medications to treat them were monitored. There was no evidence of an investigation into client</p>		developed to addressed. Dir. of Group Homes will ensure weekly that all allegations have been investigated and documented.		

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	<p>#3's injury.</p> <p>The QIDP was interviewed on 4/15/15 at 4:10 PM and indicated the injury to client #3 was not investigated.</p> <p>3. During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM client #2 did not get on the bus to school with clients #1, #3, #5 and #6.</p> <p>Staff #1 was interviewed on 4/14/15 at 6:45 AM. Staff #1 indicated client #2 was suspended from school due to an incident of physical aggression while at school on 4/10/15. Staff #1 indicated client #2 was sleepy after being awakened from storms at 2:00 AM on 4/10/15 and the school staff called to take client #2 home after he fell asleep at school for more than 2 hours. Staff #1 indicated client #2 became physically aggressive to his teacher when he saw the group home van arrive at school to take him home. Staff #1 indicated client #2 liked school and did not want to go home. Staff #1 indicated she had not filled out an incident report for group home records, but the school had provided a report of the incident.</p> <p>A Notice of Student Suspension dated 4/10/15 was reviewed on 4/14/15 at 6:50 AM and indicated client #2 "would not</p>			

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	<p>listen to teacher aides, teachers or administrators when trying to get him to leave the building with the group home (sic). [Client #2] became physical and used profanity multiple times with staff members. [Client #2] hit [teacher] in the face, as well as kicked her while going down the stairs...While waiting for the group home to take him home, [client #2] continued to cuss out staff members in the hallway...." The notice indicated client #2 was suspended until 4/17/15.</p> <p>Client #2's teacher was interviewed on 4/14/15 at 11:50 AM. Client #2's teacher indicated client #2's physically aggressive behavior on 4/10/15 was not typical and required the use of physical restraint. Client #2's teacher indicated it took group home staff 45 minutes to arrive to assist in taking him home on 4/10/15, but she was uncertain of details as after client #2 hit her, she had to leave to seek medical care at a medical facility. She stated, "We have to have a crisis person (available group home staff) for [client #2]."</p> <p>The Assistant Principal was interviewed on 4/14/15 at 12:35 PM and indicated it had taken 45 minutes for group home staff arrive to transport client #2 home and the school required access more quickly to group home staff to assist with client behaviors. He indicated he would</p>				

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	<p>provide an incident report of the incident involving client #2 on 4/10/15.</p> <p>A Staff Processing of Seclusion and Restraint Form dated 4/10/15 was reviewed on 4/15/14 at 12:30 PM and indicated "Describe any steps/procedures that could have been implemented which may prevent the use of seclusion/restraint: 1. [Client #2] not coming to school when he is too tired to function and group home knows he is struggling. 2. Having person [client #2] is mad at remove themselves from the situation to try and calm him down sooner. 3. Have group home staff get to the facility quicker and if back-up is needed have them arrive in a more timely fashion...."</p> <p>There was no evidence of a report to the administrator, to BDDS, or of an investigation into the incident. There was no description of the type of restraint used or of it's duration.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated the incident involving client #2's being restrained at school after becoming physically aggressive to his teacher was not reported to BDDS as physical aggression to staff was not reported to BDDS. When asked about an investigation into the incident,</p>			

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	<p>she indicated the school personnel and group staff were going to meet on 4/16/15. She indicated it had taken 45 minutes for a second group home staff to arrive at the school to assist with client #2 and it may have taken a parent that long to arrive if client #2 lived at home with family.</p> <p>4. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated on 4/12/15 she had notified the house manager of the group home of an incident on 4/12/15 involving client #1 alleging staff #4 had clapped loudly in his ear as he lay on his bed because client #1 did not want to go on an outing to the park and wanted to take a nap. She indicated while she spoke to client #1 on the phone she overheard staff #4 state to client #1, "Good job [client #1]. You ruined it for everyone. OK [client #1] we're not going to the park. You got your own way. You're done." She stated when she reported the incident to the house manager, he stated, "I'll tell [staff #4] you have to be nice to [client #1]."</p> <p>5. Client #1's guardian was interviewed on 4/15/15 at 11:14 AM. She indicated 6 weeks ago, client #1 reported to her staff #4 had told client #1 he "ate like a chipmunk." The guardian stated the comment had injured client #1's</p>			

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	<p>"psyche," and client #1 "was terrified he (staff #4) would say something like that to him again." She indicated client #1 had just started eating a variety of foods. She indicated she had reported the incident to the house manager who had spoken to staff #4 and staff #4 stated to the house manager "What should I have done?"</p> <p>The QIDP was interviewed on 4/15/15 at 3:32 PM and indicated she should have been notified by the house manager of the allegation on 4/12/15 made by client #1's guardian and stated, "It is a breakdown of our system to prevent abuse and neglect." She indicated the allegation should have been investigated. She indicated the statement allegedly made by staff #4 regarding client eating like a chipmunk had been informally investigated and staff had been informed during a staff meeting they were not to make comments that could be overheard by clients who may take their comments literally. She indicated the comment was based upon an observation that client #1 pocketed his food in his cheek and the investigation into the statement had not been documented as it was not considered an allegation of abuse/mistreatment.</p> <p>9-3-2(a)</p>			

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W 157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based upon observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #2 and #3), for 2 of 9 incidents reviewed, to implement effective corrective action to prevent injuries during the use of restraint to address their physically aggressive behavior.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS), internal incident reports and investigations were reviewed on 4/10/15 at 4:55 PM and indicated the</p>	W 157	<p>1.Damar Services, Inc. has a written Policy and Procedures in place for Incidents Reporting to Governing Bodies(BDDS). Residential Manager will ensure a complete investigation occurs within the 5 day requirement. Dir. Of Group Home will ensure that a complete and thorough investigation is done if the Residential Manager is involved. Incident sited in report of injuries to clients as a result of physical management being utilized were conducted at time of incident and conclusion was submitted as, "injury result of being combative while implementation of basket hold was being done</p>	05/22/2015

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	<p>following.</p> <p>1. A BDDS report dated 3/3/15 indicated client #2 was restrained with a basket hold after throwing items, attempting to break a window, pulling a fire alarm and attempting to bite staff. "During the incident writer (residential manager) utilized self-defense and client does have three scratches on his wrist and neck and forearm..." Client #2 was assessed by the group home nurse and "everything was fine." A follow up report dated 3/4/15 indicated physical intervention was no longer part of client #2's plan though it had been in the past due to physically aggressive behavior and staff were trained on physical management holds and de-escalation steps upon hire and semi-annually. Corrective action indicated client #2 stated he was "so mad at his teacher and only got more mad as the night wore on." The report indicated a school meeting was scheduled on 3/9/15 to discuss client #2's increase in non-compliance. "Possibility of decrease his school day; allowing naps and added reinforcers will be discussed. A follow up report dated 3/5/15 indicated staff was not suspended as a result of the incident. "It is not known if client received the scratches during the implementation of the restraint or were self produced throughout the</p>		<p>and/or client #2 had sustain injury(scratch marks on arm and neck) during has aggressive behaviors exhibited during that day. Physical management hold was implemented correctly by observation of other staff witness of event. No corrective action was needed. Furthermore, report submitted to BDDS indicated that no abuse was substantiated and no corrective action was taken. All reports were reviewed and "closed" therefore, verifying appropriate action was taken.</p> <p>·Client #3 injury (slight bruise to side of head) was likely a result of resident being combative while implementation of physical management technique was being utilized as he hit his face/head on the hard kitchen floor. Per observation by additional staff, indicated steps were correctly taken while implementing the restraint – therefore no corrective action was warrant to be taken. Furthermore, report submitted to BDDS indicated that no abuse was substantiated and no corrective action was taken. All reports were reviewed and "closed" therefore, verifying appropriate action was taken</p> <p>2. Residential Manager and Dir. of Group Home have reviewed training offered by Steve Coya on how to complete a through ally investigation. Although common for minor injuries to occur after physical management has been</p>		

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	<p>behavioral incident." There was no evidence of corrective action to prevent future injuries for client #2 during incidents of physically aggressive behavior.</p> <p>The QIDP was interviewed on 4/15/15 at 2:30 PM and indicated there was no corrective action to address client #2's injury during restraint as the restraint methods were used correctly.</p> <p>Client #2's record was reviewed on 4/14/15 at 3:30 PM. A BSP (behavior support plan) dated 7/14-7/15 indicated targeted behaviors of verbal aggression, physical aggression, property destruction, stealing and non-compliance. Client #2's plan did not include the use of physical restraint. There was no evidence in client #2's record of a revision to his plan to address his physically aggressive behavior.</p> <p>2. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes</p>		<p>implemented. All incidents of physical management will require <u>Restraint Debriefing form</u> to complete. In addition to this if needed other questions such as may be asked,</p> <p>a) Were all proactive steps followed?</p> <p>b) Was there any other steps that could have been tried to prevent restraint?</p> <p>1. Was physical management hold implemented correctly</p> <p>2. Was injury a result of physical management hold and if so, what steps should be taken to prevent.</p> <p>3. The agency policy regarding Incidents Reporting to governing bodies has been reviewed to ensure it complies with State and Federal regulations. Per policy – all acts resulting in abuse are reported to require agencies such as BDDS, CPS/APS and corrective actions are taken. This may include – suspension of work until investigation is completed; retraining of staff and /or other disciplinary action as stated in Damar's Policy and Procedures.</p> <p>4 All staff receives annual evaluation. Correct implementation of programs (pro-active and re-active) are reviewed and scored within ones evaluations. Unsatisfactory scores are addressed with plan of improvement and/or removal from position.</p>		

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	<p>"with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye." Corrective action indicated staff were trained on Crisis Management (behavior management) techniques upon hire and annually, and client #3's behaviors and medications to treat them were monitored. There was no evidence of an investigation into client #3's injury.</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. A BSP dated 9/14/-9/15 included targeted behaviors of physical aggression, verbal aggression, property destruction, self injurious behavior, non-compliance, elopement, excessive crying and agitation. There was no evidence in client #3's record of a revision to his plan to address his physically aggressive behavior.</p> <p>The QIDP was interviewed on 4/15/15 at 4:10 PM and indicated there was no corrective action to address client #3's injury during restraint as the restraint methods were used correctly.</p> <p>9-3-2(a)</p>			

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W 159 Bldg. 00	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon observation, interview and record review, the QIDP (qualified intellectual disabilities professional) failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to report and document a thorough investigation of an allegation of mistreatment. The QIDP failed to develop and implement effective corrective action to address injuries during restraint for clients #2 and #3 and failed to link, coordinate and monitor clients' plans across all settings. The QIDP failed for 1 of 3 sampled clients	W 159	1. Initial and ongoing communication with all dayprogram/schools occur with Residential Manager not QIDP. Dir. of Group Home will be included in all communication via email to or from the school. ·Permission slips to participate has been returned and clients are active in Special Olympic team track. ·Personal hygiene concerns have been communicated periodically throughout the year and address. No recent communication regarding this issue had been noted. The fact	05/22/2015

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	<p>(client #1) to ensure assessments of communication and sensorimotor skills were reviewed and coordinated with his ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>1. Client #2's teacher was interviewed on 4/14/15 at 11:50 AM. When asked about communication between the school and client #2's group home, she stated communication was "not good." She indicated there was difficulty connecting with the QIDP (Qualified Intellectual Disabilities Professional), and that there were ongoing issues with client #2's personal hygiene and permission slips. She indicated she had not yet received a permission slip to participate in a [athletic program] and it was overdue. She indicated client #2 liked to participate in the activity and would be disappointed if he was unable to participate.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/16/15 at 2:30 PM and indicated the permission slip for [athletic program] would be signed and turned in by 4/20/15 and that after a meeting with school personnel on 4/16/15 in the morning, additional contact information was provided to the school for access to</p>		<p>that it was stated by a teacher might be the result of difference in individuals' opinion on good personal hygiene. However, a morning grooming checklist has been developed to ensure all staff working are consistent in ensuring required hygiene are in place:</p> <ol style="list-style-type: none"> <li>1. Face shaved if not cleanly shaved</li> <li>2. Hair combed or brushed (wet hair if needed)</li> <li>3. Tooth brushing monitored (now documented completed on med sheet)</li> <li>4. Clothes wearing should be well fitted and wrinkled free</li> </ol> <ul style="list-style-type: none"> <li>· New admission assessments will now include speech and sensory motor needs unless documentation of needs have been ruled out from a previous assessment including ones IEP.</li> <li>· Client #1 Individual Support Plan has been revised and an Interactive Guideline has been added to direct staff how to direct client when distorting his /s/, /th/ and /sh/</li> <li>· QIDP has provided retraining to ensure all allegations are investigated and reported to governing body/BDDS as required.</li> <li>· QIDP has provided retraining to Residential Manager and staff regarding the need to provide informal training on skills one may not be independent in.</li> </ul>				

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	<p>group home staff and the QIDP.</p> <p>The QIDP was interviewed again on 4/22/15 at 11:45 AM and indicated she was responsible for ensuring investigations were completed to address allegations of abuse, neglect and mistreatment.</p> <p>2. Client #1's record was reviewed on 4/14/15 at 3:30 PM. The record indicated client #1 had been admitted to the group home on 1/15/15. There was no record of an assessment of client #1's record of an assessment of client #1's communication or sensorimotor skills. There was no evidence of an objective to address client #1's communication skills.</p> <p>Client #1's Case Conference Committee Report dated 1/27/15-1/26/15 was reviewed on 4/16/15 at 3:20 PM and indicated client #1 "is producing a distorted /s/, /th/ and /sh/ sound at the sentence level. He is able to self correct when prompted. He is very aware of the mistakes he is making...[client #1] also meets eligibility criteria for a student with a speech impairment and language impairment." A goal statement indicated client #1 "will produce the following sounds accurately and naturally in sentences and conversation in therapy and throughout the school with 80%</p>		<p>Custodialcare is not acceptable.</p> <ul style="list-style-type: none"> <li>·QIDP will submit all ISP/BSP with restricted methods and/or include use of psychotropic drugs to be reviewed by Human Rights Committee for approval.</li> <li>·QIDP will ensure all ISP/BSP and psychotropic drug reduction/increasing plans have documented consent from legal guardian before submitting to HRC.</li> <li>2. All clients ISP/BSP and psychotropic plans will be reviewed to ensure all guardian consent and HRC documentation is present. Residential manager and review and Residential Manager and QIDP will ensure all are in compliance.</li> <li>3. All consent and HRC approvals will now be attached to the original documentation and file as required. Furthermore, a copy of consents and HRC approval will be kept in the approval note book located in the QIDP office.</li> <li>4. Quarterly chart checks and home checks are completed by Lead staff. Missing items and/or items out of compliance are corrected by Residential Managers and submitted to a Quality</li> </ul>		

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	<p>accuracy: s, sh, ch, th as measured by data collection by Jan. 2016...."</p> <p>The QIDP was interviewed on 4/16/15 at 3:25 PM. The QIDP indicated the group home had not completed assessments of client #1's communication or sensorimotor skills as the assessments were completed at school. She indicated she had not reviewed the assessments until obtaining them from school that week and was unaware client #1 had an objective to develop communication skills.</p> <p>3. The QIDP failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #7), to document a thorough investigation of an allegation of mistreatment and failed to investigate 3 of 3 incidents of restraint resulting in injury. Please see W154.</p> <p>4. The QIDP failed for 2 of 3 sampled clients (clients #2 and #3) to implement effective corrective action to prevent injuries during the use of restraint to address their physically aggressive behavior. Please see W157.</p> <p>5. The QIDP failed for 1 of 3 sampled clients (client #2) to address his identified needs in personal hygiene. Please see W227.</p>			

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	<p>6. The QIDP failed to ensure the facility's Human Rights Committee (HRC) reviewed and approved the practice of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints). Please see W262.</p> <p>7. The QIDP failed to ensure written informed consent was obtained for 3 of 3 sampled clients (clients #1, #2 and #3) for the practices of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints). Please see W263.</p> <p>9-3-3(a)</p>			

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W 192  Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed to ensure staff implemented medication administration training for 1 of 3 sampled clients (client #3) and for 1 additional client (client #4).</p> <p>Findings include:</p> <p>During observation at the group home on 4/13/15 from 5:45 PM until 7:18 PM, client #3 received his medications of Paroxetine (anti-depressant) 40 mg (milligrams), Melatonin (sleep aid) 3 mg, Haloperidol (antipsychotic) 25 mg, Clonidine (anti-psychotic) HCL (hydrochloric acid) and Benztropine (side effects) MES (Mesylate) 1 mg from staff #2. Staff #2 prepared the medications inside a locked door and handed the prepared medications to client #3 in a cup.</p> <p>Staff #2 was interviewed on 4/13/15 at 7:10 PM and when asked about preparing the medications without client #3 present, stated, "I usually pop the pills before he gets here. He's in a hurry. A lot of time it's better to keep the door locked."</p>	W 192	<p>1.All staff will receive retraining in medication administration and Core A and B by agency nurses. Training dates have been establish and will occur throughout the month of May.</p> <p>2.All staff working within Group Homes files have been checked to ensure documentation of Core A and B is present. Those that have not taken this training within the year will be required to go through retraining. Documentation of passing the course will be secured and update within ones personnel file.</p> <p>3. Staff members working within a Group Home must receive Medication administration retraining annually. Other training related to this (such as side effects of medication, new psychotropic drugs) will also be offered by agency nurse.</p> <p>4. Annual personnel chart reviews are completed by HR Department on a semi -annual basis</p>	05/22/2015			

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	<p>During the interview, client #3 stated, "So I don't eat the whole food supply."</p> <p>During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM, client #4 received his medications of Vyvanse 40 mg (hyperactivity/impulse control), omeprazole DR 20 mg (for stomach acid), Risperdone (anti-psychotic) and Sertraline HCL 100 mg (anti-depressive). The medications were prepared by staff #1 prior to client #4 coming to the medication administration room.</p> <p>Staff #1 was interviewed on 4/14/15 at 7:00 AM and when asked about preparing the medications prior to client #4 receiving them, stated, "He gets antsy."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/16/15 at 3:25 PM and indicated staff should be using medication administration procedures taught in the facility's medication administration training Core A and Core B, and should not be preparing the medications without clients being present.</p> <p>9-3-3(a)</p>			

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W 227  Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #2) to address his identified needs in personal hygiene.</p> <p>Findings include:</p> <p>1. During observation at the group home on 4/14/15 from 6:35 AM until 8:10 AM, staff #1 shaved client #2 with an electric shaver. When the surveyor asked if client #2 was capable of participating in shaving himself, staff #1 handed the razor to client #2 who used the razor to shave his chin.</p> <p>Client #2's record was reviewed on 4/14/15 at 3:15 PM. An ISP (Individual Support Plan) dated 7/9/14 did not include an objective to increase his shaving skills.</p> <p>Client #1's comprehensive functional assessment dated 10/1/14 was reviewed on 4/15/15 at 5:05 PM and indicated client #2 was not independent in shaving himself.</p> <p>The QIDP was interviewed on 4/15/15 at 3:20 PM and indicated that client #2's plan did not</p>	W 227	<p>1. Staff will received training on the differenceof formal and informal training at upcoming program meeting. Emphasis will be placed on providing informaltraining whenever possible instead of doing custodial training. Staff is to encourage all residents toperform or engage in an activity or skills to their potential before providingassistance. Assistance given shouldoccur form the least restrictive (verbal prompts) to most restrictive (handover hand).</p> <p>2.Residential Managers will provide trainingat each Group Home on the difference of formal and informal training atupcoming program meeting. Emphasis willbe placed on providing informal training whenever possible instead of doingcustodial training. Staff is toencourage all residents to perform or engage in an activity or skills to theirpotential before providing assistance. Assistance given</p>	05/22/2015

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W 249 Bldg. 00	<p>address shaving, but that client #2 should have been encouraged to participate in shaving himself by staff #1.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #3) to ensure his plan was implemented to prevent elopement (alarmed doors).</p>	W 249	<p>should occur form the least restrictive (verbalprompts) to most restrictive (hand over hand). 3.ResidentialManager, Lead staff and Dir. Of Group Home (QIDP) will provide ongoingperiodically observation of staff members providing active treatment. Incidents of custodial care will be addressedimmediately. Repeat incident ofproviding custodial care will be documented and address with retraining and/ordisciplinary action. All staff receives annual evaluation. Correct implementation of providing formaland informal training as needed is an area assessed and scored within onesevaluations. Unsatisfactory scores areaddressed with plan of improvement and/or removal from position</p> <p>1.All door alarms have been put in place and checkto ensure functional. 2.Residential Manager and Lead staff has beenprovided retraining on the importance of</p>	05/22/2015	

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	<p>Findings include:</p> <p>1. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated, after being reminded of his chores, client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye."</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. A BSP (Behavior Support Plan) dated 9/14/-9/15 included targeted behaviors of physical aggression, verbal aggression, property destruction, self injurious behavior, non-compliance, elopement, excessive crying, agitation and "binge eating" defined as sneaking and taking food without permission and attempting or actually consuming it in a short time span. The BSP indicated interventions of a basket hold or one-man prone restraint with the potential to utilize a two-man prone restraint if client #1's physically aggressive behaviors</p>		<p>having proper equipment in place perone's behavioral plan. Work orders should be submitted immediately upon noticing any equipment failure</p> <p>3. Residential Manager will provide training to all staff on importance of having proper equipment in place per one's ISP. After each annual ISP/BSP – all staff will complete an assignment regarding their knowledge of that ISP/BSP to ensure all are up to date on information. Furthermore, checking for functional door alarms has been added to the daily house environmental checklist.</p> <p>4. Checking for functional door alarms has been added to the daily house environmental checklist. Completed checklist are submitted to Residential Managers daily for review and then submitted to the Dir. Of Maintenance. Failure to document will be immediately addressed with staff. Repeated failure to monitor will result in disciplinary action. Indication of malfunctioning will result in work order being submitted and communication to Maintenance Manager immediately. Correction to the issue will be in place within 24 hours.</p>				

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	<p>failed to calm. There was no evidence in the plan of the use of a baskethold supine restraint as an intervention for physical aggression. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, sharp knives, locked food pantry and/or refrigerator.</p> <p>2. During observation at the group home on 4/14/15 from 3:30 PM to 4:00 PM. Client #4 ran out the front door and back into the house through the back door without setting off an alarm. Client #3 was in another area of the home.</p> <p>Staff #2 was interviewed at 4/14/15 at 4:50 PM and indicated the door alarms should have been on and needed to be turned on.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/16/15 at 3:25 PM and indicated the door alarms should have been on to address client #3's elopement as indicated in his plan and should have been activated. She indicated client #3's plan had been implemented correctly when restraints were used to address his behavior and his injuries while in restraint had not been investigated to determine their cause.</p>						

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W 262  Bldg. 00	<p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, record review and interview for 2 of 3 sampled clients (clients #2 and #3), the facility failed to ensure the facility's Human Rights Committee (HRC) reviewed and approved the practice of locking food and sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints).</p> <p>Findings include:</p> <p>Observations were completed at the</p>	W 262	<p>1. AllISP/BSP and psychotropic plans have been submitted to for Human Right committee review and approve. 2. Residential Managers and Lead staff will review all ISP/BSP and psychotropic plan to ensure documentation of HRC is present. Plans found to be out of compliance will be presented to HRC for approval 3. Clients #2 and #3 plans had been submitted to HRC as required however, verification documents could not be located. Meeting notes could not be attained as located in office of chairperson who was not</p>	05/22/2015			

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	<p>group home on 4/13/15 from 5:45 PM until 7:18 PM. During the observation, staff #2 unlocked a pantry in which snacks, apples and boxed foods including cereal were stored.</p> <p>Staff #2 was interviewed on 4/13/15 at 6:00 PM. When asked about the locked pantry, staff #2 stated, "We have one (client #3)) who binge eats." She indicated canned goods, fresh vegetables and fruits were locked to prevent access by client #3. She indicated the cabinet was to be locked when client #3 was at home, but access was available for other clients in the home during activities where client #3 was engaged.</p> <p>1. Client #2's record was reviewed on 4/14/15 at 3:15 PM. The record indicated client #2 had a guardian. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, locked sharp knives, locked food pantry and/or refrigerator. Client #2's Behavior Support Plan (BSP) dated 7/1/14-7/1/15 indicated targeted behaviors of physical aggression, non-compliance, stealing, property destruction and self injurious behavior. Interventions for physical aggression included the use of basket hold or a</p>		<p>available. All consent and HRC approvals will now be attached to the original documentation and file as required. Furthermore, copy of consents and HRC approval will be kept in the <u>Approval Note Book</u> located in the QIDP office</p> <p>4. Quarterly chart checks and home checks are completed by Lead staff. Missing items and/or items out of compliance are corrected by Residential Managers and submitted to a Quality Assurance team member to verify corrections are in place. Final report is submitted to QIDP for review and final check.</p>		

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	<p>one-man prone restraint with the potential to use utilize a two-man prone restraint "if [client #2] does not calm down...." Physician's orders dated 3/11/15 included the use of Naltrexone 50 mg (milligrams) to address self injurious behaviors, olanzapine 20 mg to address physical aggression and guafacine 3 mg twice daily to address impulse control. There was no evidence of the facility's Human Rights Committee (HRC) approval for the restrictive interventions.</p> <p>2. A report dated 3/24/15 was reviewed on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye."</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. The record indicated client #3 had a guardian. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated</p>			

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	<p>restrictive interventions of door alarms, window alarms, sharp knives, looked food pantry and/or refrigerator. A BSP dated 9/14-9/15 indicated targeted behaviors of verbal aggression, physical aggression, non-compliance, increased agitation, socially offensive behavior (touching females' hair, body), elopement, inappropriate space (standing too close to others or attempting to touch others), self injurious behavior, binge eating and property destruction. Interventions for physical aggression included the use of the use of a baskethold or a one-man prone restraint. The plan included the use of Paroxetine (anti-depressant) 40 mg (milligrams), Melatonin (sleep aid) 3 mg, Haloperidol (antipsychotic) 25 mg, Clonidine (anti-psychotic) HCL (hydrochloric acid) and Benztropine (side effects) MES (Mesylate) 1 mg. There was no evidence of the facility's Human Rights Committee (HRC) approval for the restrictive interventions or of the use of a baskethold supine restraint on 3/24/15.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/21/15 at 11:55 AM and indicated she had not obtained the facility's HRC approval for the practice of door alarms and of locking of sharp objects and food, or of client #2 and #3's</p>			

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W 263 Bldg. 00	<p>restrictive interventions in their plans.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed to ensure written informed consent was obtained for 3 of 3 sampled clients (clients #1, #2 and #3), for the practice of locking food, sharp implements, the use of door alarms and for the use of restrictive interventions in behavior support plans (psychotropic medications and the use of physical restraints).</p>	W 263	<p>1. Legal Guardian approval has been secure for ISP/BSP and psychotropic plans as required.</p> <p>2. Residential Managers and Lead staff will review all ISP/BSP and psychotropic plan to ensure documentation of legal guardian approval is present. Approvals missing will be secure.</p> <p>3. The development of ISP/BSP is done as a team including one legal guardian or advocate. Often the QIDP will discuss concerns</p>	05/22/2015

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	<p>Findings include:</p> <p>Observations were completed at the group home on 4/13/15 from 5:45 PM until 7:18 PM. During the observation, staff #2 unlocked a pantry in which snacks, apples and boxed foods including cereal were stored.</p> <p>Staff #2 was interviewed on 4/13/15 at 6:00 PM. When asked about the locked pantry, staff #2 stated, "We have one (client #3)) who binge eats." She indicated canned goods, fresh vegetables and fruits were locked to prevent access by client #3. She indicated the cabinet was to be locked when client #3 was at home, but access was available for other clients in the home during activities where client #3 was engaged.</p> <p>1. Client #1's record was reviewed on 4/14/15 at 3:30 PM. The ISP (Individual Support Plan) dated 2/6/15 indicated client #2 had guardian to assist him in making decisions. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, sharp knives, looked food pantry and/or refrigerator. A Behavior Support Plan (BSP) dated 2/6/15 indicated Lamictal (mood stabilizer) 100 mg</p>		<p>and wishes with the legal guardianor advocate before developing and/or at the actual ISP meeting. However, verification of approval could not belocated. All consent from legal guardianwill be documented in ones' social progress notes if done verbally and followedup with written documentation. Approvals will now be attached to the originaldocumentation and file as required. Furthermore, a copy of consents and HRCapproval will be kept in the <u>Approval Note Book</u> located in the QIDPoffice</p> <p>4. Quarterly chart checks and home checks arecompleted by Lead staff. Missing itemsand/or items out of compliance are corrected by Residential Managers andsubmitted to a Quality Assurance team member to verify corrections are inplace. Final report is submitted to QIDPfor review and final check.</p>				

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	<p>(milligrams), Abilify 3 mg (aggression), Olanzapine (bi-polar disorder) 30 mg. There was no evidence of written guardian consent for the restrictive interventions.</p> <p>2. Client #2's record was reviewed on 4/14/15 at 3:15 PM. The ISP (Individual Support Plan) dated 7/9/14 indicated client #2 had guardian to assist him in making decisions. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, sharp knives, looked food pantry and/or refrigerator. Client #2's dated 7/1/14-7/1/15 indicated targeted behaviors of physical aggression, non-compliance, stealing, property destruction and self injurious behavior. Interventions for physical aggression included the use of basket hold or a one-man prone restraint with the potential to use utilize a two-man prone restraint "if [client #2] does not calm down...." Physician's orders dated 3/11/15 included the use of Naltrexone 50 mg (milligrams) to address self injurious behaviors, olanzapine 20 mg to address physical aggression and guafacine 3 mg twice daily to address impulse control. There was no evidence of written guardian consent for the restrictive interventions by client #2 or his family</p>			

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	<p>member.</p> <p>3. Client #3's record was reviewed on 4/14/15 at 3:50 PM. The record indicated client #3 had a family member serving as advocate. A Behavior Support Plan-Camby House Restrictions dated 1/1/15-12/31/15 indicated restrictive interventions of door alarms, window alarms, locked sharps, locked food pantry and/or refrigerator. A BSP dated 9/14-9/15 indicated targeted behaviors of verbal aggression, physical aggression, non-compliance, increased agitation, socially offensive behavior (touching females' hair, body), elopement, inappropriate space (standing too close to others or attempting to touch others), self injurious behavior, binge eating and property destruction. Interventions for physical aggression included the use of the use of a baskethold or a one-man prone restraint. The plan did not include the use of door alarms, locked food or sharps. There was no evidence of written guardian consent for the restrictive interventions by client #3 or his family member.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/15/15 at 2:55 PM and indicated she had not obtained written informed consent by guardians for the</p>			

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	practice of door alarms and of locking of sharp objects and food and for the restrictive interventions in clients #1, #2 and #3's plans.  9-3-4(a)				
W 285 Bldg. 00	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. Based on record review and interview, the facility failed to ensure sufficient safeguards were in place to adequately protect and prevent 2 of 3 sampled clients (#2 and #3) from being injured during behavior/restraint.	W 285	1.All staff members are trained on how to correctly implement physical management(CMT) techniques upon hire and semiannually. One must demonstrate proper implementation of these	05/22/2015	

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	<p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS), internal incident reports and investigations were reviewed on 4/10/15 at 4:55 PM and indicated the following.</p> <p>1. A BDDS report dated 3/3/15 indicated client #2 was restrained with a basket hold after throwing items, attempting to break a window, pulling a fire alarm and attempting to bite staff. "During the incident writer (residential manager) utilized self-defense and client does have three scratches on his wrist and neck and forearm..." Client #2 was assessed by the group home nurse and "everything was fine." A follow up report dated 3/4/15 indicated physical intervention was no longer part of client #2's plan though it had been in the past due to physically aggressive behavior and staff were trained on physical management holds and de-escalation steps upon hire and semi-annually. "It is not known if client received the scratches during the implementation of the restraint or were self produced throughout the behavioral incident."</p> <p>2. A report dated 3/24/15 was reviewed</p>		<p>techniques in order to be certified. Those that do not perform satisfactory are not approved for working with the residents. Per policy, Restrictive intervention such as the use of CMT may be used on a regular, non-emergency basis only when part of a written Behavior Management Plan (BSP) and approved by guardian and HRC and client when appropriate. These procedures may be used only with behaviors that are physically harmful to the client or others and that have been documented to be unresponsive to correctly applied nonrestrictive procedures alone. The use of CMT is not permitted at Damar unless it is specifically use to prevent harm to self or others. All staff members are currently up to date on training and considered competent in utilizing these methods. However, despite this, superficial injuries continue to have occur. The Training Team and PQI (Quality Assurance) are now aware of this and will review all techniques used while implementing CMT steps. Techniques will be revised and/or modified to help reduce the chances of injuries to all involved. Other Physical Management Programs will be reviewed to assess if methods used may be added or modified and utilized with current CMT methods to help or decrease chances of injuries from using</p>		

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	<p>on 4/15/15 at 3:45 PM and indicated after being reminded of his chores client #3 "became upset and ran in the kitchen and removed a fork." Client #3 "held the fork in a threatening manner and told the staff he was going to stab them." Client #3 then "became combative and head butted the staff." Staff placed client #3 in a side by side supine basket hold for 10 minutes "with additional minutes for calm...." The report indicated during a body check a "small pinkish mark was noticed on the side of [client #3's] face, slight (sic) about his right eye." Corrective action indicated staff were trained on Crisis Management (behavior management) techniques upon hire and annually, and client #3's behaviors and medications to treat them were monitored. There was no indication or evidence of an investigation into the cause of client #3's injury.</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. A BSP dated 9/14-9/15 indicated targeted behaviors of verbal aggression, physical aggression, non-compliance, increased agitation, socially offensive behavior (touching females' hair, body), elopement, inappropriate space (standing too close to others or attempting to touch others), self injurious behavior, binge eating and property destruction. Interventions for physical aggression included the use of</p>		<p>CMT. Damar Services is familiar with other programs such as TCI and will initially review this before others. All staff will be updated and trained on any revisions.</p> <p>2. All incidents of utilization of CMT must be documented on an incident report form and reported to governing body/BDDS. All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed to assess trends such as frequency, durations, staff involvement, and times of incidents and/or injuries resulting from restraints. A Quality Assurance indicator has will be added to ensure reviewing of goal to decrease injuries from restraints are being monitored. Data will be collected and reviewed to formulate a criteria or percentage. these indicators are reviewed monthly. Plan of corrections must be submitted for any indicator performing below criteria. The correction is then monitored for effectiveness. 3. All incidents of physical management will NOW require <u>Restraint Debriefing Form</u> to be completed. The Restraint Debriefing is used as initial investigation tool. Body checks and ongoing monitoring of vital signs are required. In addition to this questions such as following are asked: a) Were all proactivesteps followed? b) Was</p>				

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W 304  Bldg. 00	<p>the use of a baskethold or a one-man prone restraint. There was no evidence in the plan of the use of a baskethold supine restraint (as used on 3/24/15) as an intervention for physical aggression.</p> <p>The /Qualified Intellectual Disabilities Professional/QIDP was interviewed on 4/22/15 at 11:45 AM and indicated clients were frequently injured with superficial scratches and abrasions from the carpet or flooring during the application of restraints due to the physical nature of the techniques.</p> <p>9-3-5(a)</p> <p>483.450(d)(5) PHYSICAL RESTRAINTS Restraints must be designed and used so as not to cause physical injury to the client. Based upon record review and interview,</p>	W 304	<p>there any other steps that could have been tried to prevent restraint? c )Was physical managementhold implemented correctly d) Was injury a result ofphysical management holds and if so, what steps should be taken to e) was the environment appropriate place to utilized restraints or had part in producing injuries 4. All incidents of physical management arereport to governing body/BDDS. Additional follow up questions are often presented to ensure the agency and/or staff implemented the restraint are not exceeded policy and/or doing an abusive act. Any discovery of additional ways to improve methods based on answering additional question will be submitted to Training Team and PQI. Revisions to methods will be done as needed.</p> <p>1.Allstaff members are trained on how to correctly implement</p>	05/22/2015	

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	<p>the facility failed for 1 of 3 sampled clients (#3), to ensure techniques used to address behavior (restraints) did not result in injury.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services, internal incident reports and investigations were reviewed on 4/20/15 at 4:55 PM and indicated the following.</p> <p>A BDDS report dated 4/20/15 indicated client #3 left the group home after becoming "upset" and "screaming he was going to kill the peer (client #4)." Client #3 "punched the window a couple of times. Staff intervene (sic) and was able to sit [client #3] on the ground and was proceeding to do a one man supine restraint. [Client #3's] aggression increased and he began to fight more. Due to being on the cement, [client #3] was released to prevent any injury." Client #3 was assessed after the restraint and found with scratches.</p> <p>Client #3's record was reviewed on 4/14/15 at 3:50 PM. A BSP dated 9/14-9/15 indicated targeted behaviors of verbal aggression, physical aggression, non-compliance, increased agitation,</p>		<p>physical management(CMT) techniques upon hire and semiannually. One must demonstrate proper implementation of these techniques in order to be certified. Those that do not perform satisfactory are not approved for working with the residents. Restrictive intervention such as the use of CMT may be used on a regular, non-emergency basis only when part of a written Behavior Management Plan (BSP) and approved by guardian and HRC and client when appropriate. These procedures may be used only with behaviors that are physically harmful to the client or others and that have been documented to be unresponsive to correctly applied nonrestrictive procedures alone. The use of CMT is not permitted at Damar unless it is specifically use to prevent harm to self or others. All staff members are currently up to date on training and considered competent in utilizing these methods. Without the use physical management in all these incidents noted – the possibility for much greater injury to self or others was prevented. Slight superficial injuries as a result of physical management are not deemed as abusive if implementation of techniques was done correctly and for justifiable reasons. None of the injuries noted in these incident</p>		

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	<p>socially offensive behavior (touching females' hair, body), elopement, inappropriate space (standing too close to others or attempting to touch others), self injurious behavior, binge eating and property destruction. Interventions for physical aggression included the use of the use of a baskethold or a one-man prone restraint. There was no evidence in the plan of the use of a baskethold supine restraint as an intervention for physical aggression.</p> <p>The Qualified Intellectual Disabilities Professional/QIDP was interviewed on 4/22/15 at 11:45 AM and indicated clients were frequently injured with superficial scratches and abrasions from the carpet or flooring during the application of restraints due to the physical nature of the techniques. She indicated client #3 was restrained on the sidewalk which caused the scrapes on 4/20/15.</p> <p>9-3-5(a)</p>		<p>required medical care other than 1staid.</p> <p>2.All incidents of utilization of CMT must be documented on an incident report form and reported to governing body/BDDS. All Incident Reports, BDDS reportable and investigation are reviewed weekly by IDT and member of Quality Assurance team (PQI). Documentations are reviewed to assess trends such as frequency, durations, staff involvement, and times of incidents and/or injuries resulting from restraints. Plans are developed to address and continued monitoring is done to ensure needed changes have been effective.</p> <p>3.All incidents of physical management will require <u>Restraint Debriefing form</u> to be completed. In addition to this if needed other questions such as may be asked,</p> <p>a) Were all proactive steps followed? b) Was there any other steps that could have been tried to prevent restraint? c) Was physical management hold implemented correctly d) Was injury a result of physical management holds and if so, what steps should be taken to</p> <p>4. All incidents of physical management are report to governing body/BDDS. Additional follow up questions are often presented to ensure the agency and/or staff</p>		

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W 312  Bldg. 00	<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 upon record review and interview, the facility failed for 1 of 3 sampled clients (client #2), who took behavior controlling medications, to ensure medications to address his behavior included a plan of reduction.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/14/15 at 3:30 PM. Physician's orders dated 3/11/15 and a psychotropic medication review dated 4/4/15 included the use of Naltrexone 50 mg (milligrams) to address self injurious behaviors, olanzapine 20 mg to address physical aggression and guafacine 3 mg twice daily to address impulse control. A BSP (behavior support plan) dated 7/14-7/15</p>	W 312	<p>implementedthe restraint are not exceeded policy and/or doing an abusive act. Furthermore, injuries as a result of arestraint are reported to CPS/APS. Investigations will occur if incident questionable. If needed to be investigated further, Damar'sPolicy and Procedures for investigation would occur.</p> <p>1.Psychotropic plan has been developedand is in place. The plan includes ·Reduction plan ·Increase plan if needed ·Maximal dosage allow ·Side effects to monitor.</p> <p>2.Residential Managers will review allpsychotropic plans to ensure all are complete.</p> <p>3 Psychotropic reviews are completedquarterly and/or as needed. During review,Residential Manager or QIDP will review forms to ensure correct and completeinformation is present. Changes as aresult of an appointment will be documented and plan will be revised if needed.</p> <p>4 All psychotropic plans will be review andincluded in annual ISP/BSP</p>	05/22/2015	

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W 488 Bldg. 00	<p>indicated targeted behaviors of verbal aggression, physical aggression, property destruction, stealing and non-compliance with diagnoses of Pervasive Develop (sic) Disorder NOS (not otherwise specified), fetal alcohol syndrome and Bi Polar NOS. Client #2's psychotropic medication review dated 4/4/15 plan for decreasing medication was blank. Client #2's plan did not include the use of physical restraint. There was no evidence of a plan to reduce the use of the medication based upon the behaviors for which the medications were prescribed to address client #2's behavior in the record.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/16/15 at 3:25 PM and indicated there was no plan of reduction for the use of medication to address client #2's behaviors.</p> <p>9-3-5(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her</p>			

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	<p>developmental level.</p> <p>Based upon observation and interview the facility failed for 1 additional client (client #4), to encourage independence in meal preparation.</p> <p>Findings include:</p> <p>During observations at the group home on 4/14/15 from 6:35 AM until 8:10 AM, staff #1 opened the locked pantry, reached inside and pulled out cereal, placed it on the counter, poured the cereal and milk into a bowl, poured orange juice and prepared toast for client #4 without encouraging client #4 to prepare his breakfast.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/15/15 at 3:15 PM and indicated staff #4 should have encouraged client #4 to prepare his own breakfast.</p> <p>9-3-8(a)</p>	W 488	<p>1. Staff will receive training on the difference of formal and informal training at upcoming program meeting. Emphasis will be placed on providing informal training whenever possible instead of doing custodial training. Staff is to encourage all residents to perform or engage in an activity or skills to their potential before providing assistance. Assistance given should occur from the least restrictive (verbal prompts) to most restrictive (hand over hand).</p> <p>2. Residential Managers will provide training at each Group Home on the difference of formal and informal training at upcoming program meeting. Emphasis will be placed on providing informal training whenever possible instead of doing custodial training. Staff is to encourage all residents to perform or engage in an activity or skills to their potential before providing assistance. Assistance given should occur from the least restrictive (verbal prompts) to most restrictive (hand over hand). Group Meeting with residents will be held to discuss importance of doing things for themselves as it increases one's independence.</p> <p>3. Residential Manager, Lead staff and Dir. Of Group Home (QIDP) will provide ongoing periodic observation of staff members providing active treatment. Incidents of custodial</p>	05/22/2015	

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W 999  Bldg. 00	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2 Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime.</p> <p>The provider shall obtain, as a minimum, a bureau of motor vehicles record, a</p>	W 999	<p>care will be addressed immediately. Repeat incident of providing custodial care will be documented and address with retraining and/or disciplinary action.</p> <p>4. All staff receives annual evaluation. Correct implementation of providing formal and informal training as needed is an area assessed and scored within ones evaluations. Unsatisfactory scores are addressed with plan of improvement and/or removal from position.</p> <p>1. Reference checks will be completed as required.</p> <p>1. All Group Home staff personnel files will be checked to ensure all staff have three complete personal references in addition to any employment reference. If needed, additional references will be attained</p> <p>2. Human Resource (HR) is aware of the need to have three personal reference. The practice of securing three personal reference remains in effect and is the protocol used when hiring staff</p> <p>3. HR conducts annual personnel files checks one time a year. All required items from criminal history, sex offender checks and three personal references are verified to be in</p>	05/22/2015

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	<p>criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview, for 1 of 2 staff (staff #6) personnel files reviewed, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The facility's personnel files were reviewed on 4/15/15 at 4:10 PM. Records for staff #6 indicated 2 complete references instead of the required three.</p> <p>The Human Resource Operations Manager was interviewed on 4/15/15 at 4:45 PM and indicated there were no other references available to review for staff #6.</p> <p>9-3-2(c)(3)</p>		<p>place. Any missing items are immediately secured. Damar operates under several different licenses. From time to time a staff member from another department may transfer to the Group Homes. When this happens, the personnel file is checked to ensure all requirements are in place. All outstanding items (if any) and additional personal reference (if need) are noted. A transfer may not occur until outstanding items are secured.</p>				

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

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