

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/24/2012
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W0000	<p>This visit was for the investigation of complaint #IN00108604.</p> <p>COMPLAINT #IN00108604 - SUBSTANTIATED, federal and state deficiencies related to the allegation(s) are cited at W104, W122, W125, W149, W153, W154, W157, and W286.</p> <p>Dates of Survey: May 22, 23, and 24, 2012</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>Surveyor: Susan Eakright, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/5/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to develop a policy to govern the facility practice of restricting clients from accessing their earned outing rewards for 4 of 4 clients (clients A, B, C, D) living in the group home.</p> <p>Findings include:</p> <p>On 5/22/12 from 7:18am until 11am, observation at the group home was completed. At 7:18am, when entering the group home additional staff were arriving and the front door of the group home was open with a direct path to the outside landscape. At 7:18am, four staff were sitting on couches and chairs to surround client B who sat on the floor and the four (4) staff looked at client B. At 7:18am, Group Home Staff (GHS) #1 stated client B "had behaviors and was physically aggressive." At 8:15am, client B stated he "was on restriction" and could not go on his community ride. GHS #1 stated client B "heard voices telling" client B to "hurt someone."</p> <p>Client C was interviewed on 5/22/12 at 7:20am. Client C stated, "They (the staff</p>	W0104	<p>No client within this group home lost an earned outing. All behavior plans, at time of survey did indicate that for a 1:1 outing to be scheduled, the client would have to demonstrate, for a set amount of days, zero targeted behaviors. The process of receiving a 1:1 outing was approved by ISDOH in July 2011 as part of a plan of correction for a separate facility within the organization. Client A's behavior plan (Exhibit A-2) indicated: Client A's behavior plan indicates "...will only be able to go on an outing of his choice when he has not displayed ANY of the targeted behaviors for 7 days. <u>Outings to go to the bank or gas station are considered as an outing of his choice.</u> He can continue to have outings of his choice until he displays a targeted behavior in which he will then have to wait 7 days. <b>Exception: If his only targeted behavior is a meaningful day refusal then the recreational restriction will be decreased to 4 days instead of 7. However if he does refuse his meaningful day and display a targeted behavior then he will be on the 7 day restriction.</b> " Client B's behavior plan (Exhibit B-2) indicated: "<b>Physical Aggression:</b> Punching, kicking,</p>	06/23/2012			

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	<p>take away outings if behaviors" were bad and clients were placed on restriction. Client C stated "I don't lose outings."</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff are rough sometimes." Client A stated "If we fight back, we lose our special one on one outing we earned the week before, and (clients) go on restriction for seven (7) days." When asked if client A reported his concern about losing his outing, client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP] to believe them and not me to get me in trouble."</p> <p>Client D was interviewed on 5/22/12 at 7:55am. When asked how he liked living in the group home, client D stated he "liked living" in the group home. Client D stated "I get restricted because of no reason and they take away my outing." Client D indicated each week he did not have bad behaviors he was to achieve a special additional outing with one on one staff during which client D would choose what to do with his staff person. Client D</p>		<p>slapping, biting, spitting, shoving, hair pulling and any physical act toward another individual. ***** [Client B] needs to show 7 days of no targeted behavior to go on an individual outing." Client C's behavior plan (Exhibit C-2) indicated: "When [Client C] has 5-days in a row without any behaviors (ABC forms completed) he will receive a 1:1 with the staff of his choice." Client D's behavior plan (Exhibit D-2) indicated: "<u>Evening ride restriction</u> If [Client D] has shown signs of agitation or aggressive behavior in the past 24 hours he will not be able to go on his evening ride. <u>Recreational Restriction</u> [Client D] will not be able to go on a community outing for 12 hours if he has shown agitation and aggressiveness for safety reasons. If he hits a person he will lose his selected outing for the week. He will be allowed to still go out as a group or to outings like grocery shopping ect. He has a outing on Friday that he gets to choose where he goes and who he goes with and this will be outing that he would loose if he has physical aggression toward another person. Agency Policy (Exhibit E), at time of survey, under behavior management indicates that a "Social Restriction" is a permitted intrusive technique – section 12.3 and 12.4. An outing "restriction" is considered a social</p>				

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	<p>indicated he looked forward to the special outings and staff can take away his outing by saying he had a behavior when staff did not want to go on an outing.</p> <p>On 5/22/12 at 8:25am, client A and GHS #1 were interviewed. Client A stated he was "put in restriction last week by staff." Client A stated "You get restricted for behaviors if (the behaviors) are bad enough." GHS #1 stated "Yes, that's right. You lose the special outing and can't leave the house without a group (of clients)." Client A stated, "You lose every time." Client A and GHS #1 both indicated client A was not able to go on the special outings which he had already earned and had lost the outing because of a restriction as the result of behaviors.</p> <p>CI (Confidential Interview) #1 stated clients A, B, C, and D had their earned reward outings taken away "all the time" because group home staff documented a behavior. CI #1 indicated sometimes the clients did not have the behavior which was documented and stated "It was because the staff just did not want to go on the outing."</p> <p>Client A's record was reviewed on 5/22/12 at 10 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in</p>		<p>restriction.Exhibit A-3, B-3, C-3, and D-3 show group and individual outings for a three month period leading up to this survey. The exhibits show that individual outings did occur per behavior plan.Exhibit A-1, B-1, C-1, and D-1 are the daily shift logs document daily events which include outings.As a result of this survey, behavior plans have been updated to remove any references or item that can be perceived as "restriction." Behavior plans now include a reward system for clients to earn points for an individual 1:1 recreational outing. Once a client earns points, the points cannot be taken away. Staff will document on a form how many points a client earns each day. The client will be responsible for storing their tokens, when a client has earned enough tokens for a individual recreational outing, the tokens will be turned in and the client will sign to verify that the transaction took place. Outings will be documented in daily progress notes. Exhibit A-4,B-4,C-4, and D-4.Program Coordinator/QDDP and Behaviorist will train staff on the behavior support plans, training to be completed by 6/23/12. Director of Operations will be responsible to follow-up in ensuring training has occurred and that new behavior plans are being utilized.</p>				

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	<p>intellectual ability. Client A's record indicated "Restriction Reports" which documented client A was restricted from his earned outing reward on 5/11/12 "7 day restriction" for "inappropriate sexual behavior towards staff" restriction over 5/18/12; on 4/25/12 "7 day restriction" for "sexual" restriction over 5/2/12; on 4/23/12 "7 day restriction" for verbal aggression toward staff restriction over 4/30/12, and on 4/21/12 "7 day restriction" for verbal aggression restriction over 4/28/12, and on 3/25/12 for a "7 day restriction" for physical aggression restriction over 4/5/12. Client A's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client A's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client B's record was reviewed on 5/22/12 at 10:35 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client B's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client B's record did not indicate the number of times he had been restricted from his earned outing rewards.</p>			

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	<p>Client C's record was reviewed on 5/22/12 at 2 P.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client C's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client C's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client D's record was reviewed on 5/22/12 at 9:45 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client D's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client D's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing" what earned reward outings were and indicated clients A, B, C, and D had been restricted from their earned outings because of behaviors.</p> <p>The facility's undated "Managing Aggressive Behaviors" policy and</p>				

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	<p>procedure was reviewed on 5/22/12 at 10am. The policy and procedure indicated "12. Behavioral Support Plan Standards/Policies and Procedures Standards. 12.1 Behavior support and intervention is defined as the systematic application of efforts designed to modify or eliminate maladaptive, on functional behaviors and to replace them with adaptive behaviors." The policy and procedure for the agency's prohibited behavior techniques and the permitted behavior techniques did not include the practice of restricting clients from accessing their earned outing rewards.</p> <p>The facility's Behavior Specialist (BS) was interviewed on 5/23/12 at 10:35am. The BS stated clients A, B, C, and D "all had earned outing rewards" taken away because of a behavior. The BS indicated the agency had no policy or procedure to monitor the facility practice to restrict a client from accessing their earned outing reward. The BS indicated the restriction to not give each client their earned reward was not a component of the behavior support plans in each client record. The BS indicated the restrictions were not a documented approved technique. The BS indicated she did not identify the restriction of each client's earned outing as a client rights restriction. The BS stated clients "should have the right for</p>			

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	<p>their earned reward."</p> <p>This federal tag relates to complaint #IN00108604.</p> <p>9-3-1(a)</p>				

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review, observation, and interview, the Condition of Participation of Client Protections is not met as the facility neglected to ensure 4 of 4 clients living at the group home (clients A, B, C, and D) were not subjected to verbal abuse and mistreatment by direct care staff and failed to ensure clients A, B, C, and D's individual rights were protected before implementing a restrictive practice for earned rewards.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Please refer to W125 as the facility failed for 4 of 4 clients (clients A, B, C, and D) who lived in the group home to ensure client A, B, C, and D's right to have access to their earned outing rewards.</li> <li>2. Please refer to W149 as the facility neglected for 4 of 4 clients (clients A, B, C, and D) who lived in the facility to implement its Abuse/Neglect policy to immediately report allegations of staff abuse, neglect, and/or mistreatment according to state law, neglected to thoroughly investigate an allegation of staff abuse, neglect, and/or mistreatment</li> </ol>	W0122	<p>Clients did have outings per behavior support plan. Client B,C,D did not have any previous issues to where they did not earn an individual outing, this is to why there is no documentation to show an outing was "restricted." See exhibit A 1,A2,A3,B1,B2,B3,C1,C2,C3,D1, D2,D3On May 11, 2012 Client A brought the allegation to the Director of Operations that a staff, that was no longer with the company, called the client A a curse word and pushed client A. At that moment, ISDH was completing a complaint survey. At that time, on May 11 th , DO instructed Client A to inform the ISDH surveyor present at the home what had occurred. DO confirmed with the ISDH surveyor that Client A brought the allegation fourth and verified the allegation with the surveyor. Client A was asked by the DO why they did not bring the allegation forth, Client A stated "because I forgot." At the time of the May 11 th 2012 complaint survey, DO inquired as to the process to handle the allegation as ISDH was investigating, DO was not instructed to file a BDDS report or complete an investigation in tandem for the allegation. DO did contact Adult Protective Services on May 11 th</p>	06/07/2012			

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	<p>to ensure clients were not subjected to staff abuse, neglect, or mistreatment.</p> <p>3. Please refer to W153 as the facility failed for 1 of 1 allegation reviewed (for client A) who lived at the group home to immediately report a allegation of abuse, neglect, and/or mistreatment immediately to the administrator and according to State Law.</p> <p>4. Please refer to W154 as the facility failed for 1 of 1 investigation reviewed (for client A) who lived in the group home to thoroughly investigate an allegation of staff abuse, neglect, and mistreatment.</p> <p>5. Please refer to W157 as the facility failed for 1 of 1 investigation reviewed (for client A) who lived in the group home to complete corrective action for reporting and thoroughly investigating allegations of staff abuse, neglect, and mistreatment.</p> <p>This federal tag relates to complaint #IN00108604.</p> <p>9-3-2(a)</p>		, 2012 of the allegation – see exhibit F. The survey concluded on May 14 th , 2012 with no deficiencies. Also, at survey close on May 14, 2011, the agency received a compliment of the enforcement of the Abuse/Neglect/Exploitation policy due to clients feeling that they are able to voice their concerns.As a result of this survey, if an allegation is brought to an agency representative, regardless of a ISDH complaint investigation occurring, an internal investigation will occur at the same time as the ISDH investigation. Additionally a BDDS report will be filed. Program coordinator/QDDP and Director of Operations will be responsible for enforcement.		

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W0125	<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 4 of 4 clients (clients A, B, C, and D) who lived in the group home, the facility failed to ensure client A, B, C, and D's right to have access to their earned outing rewards.</p> <p>Findings include:</p> <p>On 5/22/12 from 7:18am until 11am, observation at the group home was completed. At 7:18am, when entering the group home additional staff were arriving and the front door of the group home was open with a direct path to the outside landscape. At 7:18am, four staff were observed sitting on couches and chairs to surround client B who sat on the floor and the four (4) staff looked at client B. At 7:18am, Group Home Staff (GHS) #1 stated client B "had behaviors and was physically aggressive." At 8:15am, client B stated he "was on restriction" and could not go on his community ride. GHS #1 stated client B "heard voices telling" client B to "hurt someone."</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff are rough sometimes." Client A stated "If we fight back, we lose our special one on one outing we earned the week before, and (clients) go on restriction for seven (7) days." When asked if client A reported his concern about losing his earned outing, client</p>	W0125	<p>Clients are encouraged to voice their concerns. Clients are given a call list of individuals to contact internally or externally if they feel their rights are being infringed up or to report Abuse/Neglect/Exploitation. Regular visits by agency representatives and BDDS occurred prior to and after the allegation of abuse. Clients have not informed any representative of these allegations internally or externally. It should also be noted that NO CLIENT is restricted from filing a complaint – example: Client A showing ISDH surveyor call list. See Exhibit G.As a result of this survey, Clients will continue to be encouraged to voice their concerns to internal and external individuals. Program Coordinator/QDDP and Director of Operations will complete weekly quality checks, in addition to routine visits, to ensure that clients are notifying others if they feel abuse/neglected/or Exploited.</p>	06/07/2012			

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	<p>A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP] to believe them and not me to get me in trouble."</p> <p>Client D was interviewed on 5/22/12 at 7:55am. When asked how he liked living in the group home, client D stated he "liked living" in the group home. Client D stated "I get restricted because of no reason and they take away my outing." Client D indicated each week he did not have bad behaviors he was to achieve a special additional outing with one on one staff during which client D would choose what to do alone with his staff person. Client D indicated he looked forward to the special outings and staff can take away his outing by saying he had a behavior when staff did not want to go on an outing.</p> <p>On 5/22/12 at 8:25am, client A and GHS #1 were interviewed. Client A stated he was "put in restriction last week by staff." Client A stated "You get restricted for behaviors if (the behaviors) are bad enough." GHS #1 stated "Yes, that's right. You lose the special outing and can't leave the house without a group (of clients)." Client A stated "You lose every time." Client A and GHS #1 both indicated client A was not able to go on the special outings which he had already earned and had lost the outing because of a restriction as the result of behaviors.</p> <p>CI (Confidential Interview) #1 stated clients A, B, C, and D had their earned reward outing taken away "all the time" because group home staff documented a behavior. CI #1 stated "sometimes" the clients did not have the behavior which was documented and stated "It was because the staff just did not want to go on the outing."</p>			

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	<p>Client A's record was reviewed on 5/22/12 at 10 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability. Client A's record indicated "Restriction Reports" which documented client A was restricted from his earned outing reward on 5/11/12 "7 day restriction" for "inappropriate sexual behavior towards staff" restriction over 5/18/12; on 4/25/12 "7 day restriction" for "sexual" restriction over 5/2/12, on 4/23/12 "7 day restriction" for verbal aggression toward staff restriction over 4/30/12, and on 4/21/12 "7 day restriction" for verbal aggression restriction over 4/28/12, and on 3/25/12 for a "7 day restriction" for physical aggression restriction over 4/5/12. Client A's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client A's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client B's record was reviewed on 5/22/12 at 10:35 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client B's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client B's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client C's record was reviewed on 5/22/12 at 2 P.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client C's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client C's record did not indicate the number of times he had been restricted from his</p>						

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	<p>earned outing rewards.</p> <p>Client D's record was reviewed on 5/22/12 at 9:45 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client D's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client D's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing" what earned reward outings were and indicated clients A, B, C, and D had been restricted from their earned outings because of behaviors.</p> <p>The facility's Behavior Specialist (BS) was interviewed on 5/23/12 at 10:35am. The BS stated clients A, B, C, and D "all had earned outing rewards" taken away because of a behavior. The BS indicated the restricted practice to not give each client their earned reward was not a component of the behavior support plans in each client record. The BS indicated the restricted practice was not a documented approved technique. The BS indicated she did not identify the restriction of each client's earned outing as a client rights restriction. The BS stated clients "should have the right for their earned reward." The BS provided a 5/23/12 addendum for client A, B, C, and D's behavior support plan which indicated clients "will earn an individual outing for 6 consecutive days of no [targeted] behaviors. The outing will be scheduled for the following day if schedules permit. If [the client] earns the individual outing and has a [targeted] behavior the day of the scheduled outing [the client] will have to wait 24 hours before [the client] can go on the</p>			

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	<p>earned outing." The BS indicated in the future if the clients earned outings were delayed because of a behavior, that staff will have to document the reasons and specific information for oversight to ensure clients A, B, C, and D received their rewards.</p> <p>This federal tag relates to complaint #IN00108604.</p> <p>9-3-2(a)</p>				

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W0149	<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.</p> <p>Based on interview and record review, for 4 of 4 clients (clients A, B, C, and D) who lived in the facility, the facility neglected to implement its Abuse/Neglect policy to immediately report allegations of staff abuse, neglect and/or mistreatment according to state law, neglected to thoroughly investigate an allegation of staff abuse, neglect, and mistreatment to ensure clients were not subjected to staff abuse, neglect, or mistreatment.</p> <p>Findings include:</p> <p>1. Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "staff who quit (GHS #3) was mean to me. She quit. She called me a M-----". Client A stated he "wanted to go to the hospital" because he thought he had seizures but GHS #3 "did not want to take me" and stated "Other staff saw her (GHS #3) do this, [GHS #3] ran up on me, got in my face, and (GHS #3) said I'm stronger than you. What are you going to do about it?" Client A stated "She scared me." Client A stated "Another staff" got between us and pulled GHS #3 away from him. Client A stated "Staff are rough sometimes." When asked if client A reported his allegation about GHS #2 and GHS #3, Client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP Qualified Mental Retardation</p>	W0149	<p>On May 11, 2012 Client A brought the allegation to the Director of Operations that a staff, that was no longer with the company, called the client A a curse word and pushed client A. At that moment, ISDH was completing a complaint survey. At that time, on May 11 th , DO instructed Client A to inform the ISDH surveyor present at the home what had occurred. DO confirmed with the ISDH surveyor that Client A brought the allegation fourth and verified the allegation with the surveyor. Client A was asked by the DO why they did not bring the allegation forth, Client A stated "because I forgot." At the time of the May 11 th 2012 complaint survey, DO inquired as to the process to handle the allegation as ISDH was investigating, DO was not instructed to file a BDDS report or complete an investigation in tandem for the allegation. DO did contact Adult Protective Services on May 11 th , 2012 of the allegation – see exhibit F. The survey concluded on May 14 th , 2012 with no deficiencies. Also, at survey close on May 14, 2011, the agency received a compliment of the enforcement of the Abuse/Neglect/Exploitation policy due to clients feeling that they are</p>	06/07/2012			

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	<p>Professional] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client A pulled out a sheet of paper with the administrator's name and phone number on the paper, and stated he called the administrator "about the first week of May, 2012 to tell him that [GHS #3 and GHS #4] were fighting and [GHS #3] called me names and ran up on me to fight." Client A ended the interview by stating, "I'm afraid of staff sometimes. Nothing gets done. Nothing changes."</p> <p>Confidential Interview #1 (CI #1) stated CI #1 witnessed "[GHS #3] call [Client A] a M-----, [GHS #3] run up on [client A], [GHS #3] got up against [client A's] face, and [GHS #3] said I'm stronger than you. What are you going to do about it?" CI #1 stated "I broke it up" between client A and GHS #3 but it happened "all the time." CI #1 stated "Staff at the group home are told not to write it down when staff cuss and yell at the clients. I was going along to get along (with other staff)." CI #1 indicated CI #1 did not report the allegation of abuse, neglect, and/or mistreatment which was witnessed between client A and GHS #3. CI #1 stated GHS #3 worked at the group home until 5/7/12 when GHS #3 walked off the job and "left the clients alone."</p> <p>On 5/22/12 at 9:05am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/1/12 through 5/22/12 were reviewed and did not indicate a completed investigation and did not indicate a report for client A's allegation of abuse, neglect, or mistreatment. At 9:05am, an interview with the QMRP #1 (Qualified Mental Retardation Professional) was conducted. QMRP #1 indicated no allegations, no BDDS reports, and no</p>		able to voice their concerns.As a result of this survey, if an allegation is brought to a agency representative, regardless of a ISDH complaint investigation occurring, an internal investigation will occur at the same time as the ISDH investigation. Additionally a BDDS report will be filed. Program Coordinator/QDDP and Director of Operations will be responsible for monitoring and enforcement of this policy.				

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	<p>investigations of abuse, neglect, or mistreatment were available for review.</p> <p>On 5/22/12 at 3pm, an interview with the Human Resource Representative (HRR) and QMRP #1 both stated Human Resources was "only concerned" about "staff to staff fighting not staff to client." At 3pm, the HRR indicated Group Home Staff (GHS) #3's last worked day was "after the first week" of May, 2012. QMRP #1 indicated she did not have that information. QMRP #1 and HRR both stated a staff "investigation was conducted on 5/1/12" and GHS #4 was terminated because of "staff to staff inappropriate sexual comments" at the group home. QMRP #1 stated client A's allegation of abuse, neglect, and/or mistreatment "was not reported" according to state law because the allegation was unsubstantiated. QMRP #1 stated she contacted the Agency Director and he "told me to report it late."</p> <p>On 5/23/12 at 10:35am, an additional interview was conducted with QMRP #1 and QMRP #1 provided an additional BDDS report.</p> <p>-A 5/22/12 BDDS report for an incident on 5/1/12 at 7pm, indicated "This IR (Incident Report) is being submitted late due to staff not finding substantial finding to support the report to a state official that was in the home and to Director of Operations (for the agency) that a staff that was no longer working with the company that she called him a M----- on 5/1/12." The report indicated "An investigation was done with staff and talking with consumers about the situation...It has been added to [client A's] behavior plan that due to his constant false allegations, it has been explained to [client A] the importance of timing and that he should report any allegations immediately after it has happened." No staff witness statements, no client witness statements, no results, and no staff retraining were available</p>						

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	<p>for review.</p> <p>On 5/23/12 at 10:35am, QMRP #1 stated "When it's an unsubstantiated allegation, we don't have to report it." QMRP #1 indicated client A had no documented history of false reporting allegations before 5/1/12. QMRP #1 indicated client A was taken to the hospital on 5/1/12 by a different staff person not GHS #3. QMRP #1 indicated client A was seen for suicidal threats at the hospital. When asked how it was determined that client A's allegation was unsubstantiated, QMRP #1 stated "Because it was."</p> <p>On 5/23/12 at 10:35am, QMRP #1 provided an undated piece of paper typed "investigation for [client A]" which indicated QMRP #1 talked to GHS #5 on 5/11/12 no time documented, and spoke with GHS #6 on 5/14/12. Both staff indicated they did not hear GHS #3 call client A names. GHS #6 indicated GHS #3 did not "want to take [client A] to the hospital that night. [GHS #3] had to go to school the next morning and that she was not familiar with the area." QMRP #1 stated no written staff witness statements, no client witness statements, and no corrective action were documented.</p> <p>2. On 5/22/12 from 7:18am until 11am, observation at the group home was completed. At 7:18am, when entering the group home additional staff were arriving and the front door of the group home was open with a direct path to the outside landscape. At 7:18am, four staff were observed sitting on couches and chairs to surround client B who sat on the floor with his bottom exposed and the four (4) staff looked at client B. At 7:18am, Group Home Staff (GHS) #1 stated client B "had behaviors and was physically aggressive." At 8:15am, client B stated he "was on restriction" and could not go on his community ride. GHS #1</p>						

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	<p>stated client B "heard voices telling" client B to "hurt someone."</p> <p>Client C was interviewed on 5/22/12 at 7:20am. Client C stated "They (the staff) take away outings if behaviors" were bad and clients were placed on restriction. Client C stated he was "not sure" if he liked living in the group home.</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated he was "afraid" of client B because client B "had bad behaviors and comes after me. I almost called the police. I was afraid." Client A stated he was "afraid" of GHS #2. "He's (GHS #2's) loud and forceful. I'm hesitant to do anything bad or a behavior around him." Client A stated "Staff who quit (GHS #3) was mean to me. She quit. She called me a M----- -----." Client A stated "Other staff saw her (GHS #3) do this, [GHS #3] ran up on me, got in my face, and (GHS #3) said I'm stronger than you. What are you going to do about it?" Client A stated "She scared me." Client A stated "another staff" got between us and pulled GHS #3 away from him. Client A stated "Staff are rough sometimes." Client A stated "If we fight back, we lose our special one on one outing we earned the week before, and (clients) go on restriction for seven (7) days." When asked if client A reported his fear of GHS #2, GHS #3, and other clients, client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP] to believe them and not me to get me in trouble." Client A ended the interview by stating, "I'm afraid of staff sometimes. Nothing gets done. Nothing changes."</p>						

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	<p>Client D was interviewed on 5/22/12 at 7:55am. When asked how he liked living in the group home, client D stated he "liked living" in the group home. Client D stated he was "Afraid sometimes, especially of [clients B and C]." Client D stated "Staff not mean to me." (Client D was not asked if staff were "mean to him."). Client D stated "I get restricted because of no reason and they take away my outing." Client D indicated each week he did not have bad behaviors he was to achieve a special additional outing with one on one staff during which client D would choose what to do alone with his staff person. Client D indicated he looked forward to the special outings and staff can take away his outing by saying he had a behavior when staff did not want to go on an outing.</p> <p>On 5/22/12 at 8:25am, client A and GHS #1 were interviewed. Client A stated he was "put in restriction last week by staff." Client A stated "You get restricted for behaviors if (the behaviors) are bad enough." GHS #1 stated "Yes, that's right. You lose the special outing and can't leave the house without a group (of clients)." Client A stated "You lose every time." Client A and GHS #1 both indicated client A was not able to go on the special outings which he had already earned and had lost the outing because of a restriction as the result of behaviors.</p> <p>CI (Confidential Interview) #1 stated clients A, B, C, and D had their earned reward outing taken away "all the time" because group home staff documented a behavior. CI #1 indicated sometimes the clients did not have the behavior which was documented and stated "It was because the staff just did not want to go on the outing."</p> <p>Client A's record was reviewed on 5/22/12 at 10 A.M.. The review indicated the client had</p>			

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	<p>psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability. Client A's record indicated "Restriction Reports" which documented client A was restricted from his earned outing reward on 5/11/12 "7 day restriction" for "inappropriate sexual behavior towards staff" over 5/18/12, on 4/25/12 "7 day restriction" for "sexual" over 5/2/12, on 4/23/12 "7 day restriction" for verbal aggression toward staff over 4/30/12, and on 4/21/12 "7 day restriction" for verbal aggression over 4/28/12, and on 3/25/12 for a "7 day restriction" for physical aggression over 4/5/12. Client A's record did not indicate a plan for the practice to withhold earn rewards and did not indicate a restriction of outings. Client A's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client B's record was reviewed on 5/22/12 at 10:35 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client B's record did not indicate a plan for the practice to withhold earn rewards and did not indicate a restriction of outings. Client B's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client C's record was reviewed on 5/22/12 at 2 P.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client C's record did not indicate a plan for the practice to withhold earn rewards and did not indicate a restriction of outings. Client C's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client D's record was reviewed on 5/22/12 at 9:45 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and</p>						

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	<p>secondary psychiatric diagnoses. Client D's record did not indicate a plan for the practice to withhold earn rewards and did not indicate a restriction of outings. Client D's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing what verbal abuse is and when they are being verbally abused."</p> <p>The facility's Behavior Specialist (BS) was interviewed on 5/23/12 at 10:35am. The BS stated clients A, B, C, and D "all had earned outing rewards" taken away because of a behavior. The BS indicated the restricted practice to not give each client their earned reward was not a component of the behavior support plans in each client record and the restricted practice was not a documented approved technique. The BS stated clients "should have the right for their earned reward." The BS provided an addendum 5/23/12 for client A, B, C, and D's behavior support plans which indicated clients "will earn an individual outing for 6 consecutive days of no [targeted] behaviors. The outing will be scheduled for the following day if schedules permit. If [the client] earns the individual outing and has a [targeted] behavior the day of the scheduled outing [the client] will have to wait 24 hours before [the client] can go on the earned outing." The BS indicated in the future if the clients earned outings were delayed because of a behavior that staff will have to document the reasons and specific information for oversight to ensure clients A, B, C, and D received their rewards.</p> <p>The facility's records were reviewed on 5/22/12 at 9:05 A.M.. A review of the facility's "Customer Abuse Notice (policy)", no date, indicated, in part,</p>			

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	<p>the following: "Prohibitive Practices Spectrum Community Services of Indiana, LLC prohibits the following practices: Abuse, is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, or mental anguish. This includes deprivation by an individual including a caretaker of goods or services that are necessary to attain or maintain physical, mental, or psychosocial well being. C. Verbal abuse, including screaming, swearing, name calling, belittling, or other verbal activity that may cause damage to an individual's self respect or dignity." The policy indicated clients, staff, and visitors were prohibited.</p> <p>This federal tag relates to complaint #IN00108604.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, for 1 of 1 allegation reviewed (for client A) who lived at the group home, the facility staff failed to immediately report allegations of abuse, neglect, and/or mistreatment immediately to the administrator and according to State Law.</p> <p>Findings include:</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff who quit (GHS #3) was mean to me. She quit. She called me a M-----." Client A stated he wanted to go to the hospital because he thought he had seizures GHS #3 "did not want to take me" and stated "Other staff saw her (GHS #3) do this, [GHS #3] ran up on me, got in my face, and (GHS #3) said I'm stronger than you. What are you going to do about it?" Client A stated "She scared me." Client A stated "Another staff" got between us and pulled GHS #3 away from him. Client A stated "Staff are rough</p>	W0153	<p>On May 11, 2012 Client A brought the allegation to the Director of Operations that a staff, that was no longer with the company, called the client A a curse word and pushed client A. At that moment, ISDH was completing a complaint survey. At that time, on May 11 th , DO instructed Client A to inform the ISDH surveyor present at the home what had occurred, Client A stated that they already informed the ISDH surveyor. DO confirmed with the ISDH surveyor that Client A brought the allegation fourth and verified the allegation with the surveyor. Client A was asked by the DO why they did not bring the allegation forth, Client A stated "because I forgot." At the time of the May 11 th 2012 complaint survey, DO inquired as to the process to handle the allegation as ISDH was investigating, DO was not instructed to file a BDDS report or complete an investigation in tandem for the allegation. DO did contact Adult Protective Services on May 11 th , 2012 of the allegation – see exhibit F. The survey concluded on May 14 th , 2012 with no deficiencies. Additionally at</p>	06/07/2012			

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	<p>sometimes." When asked if client A reported his allegation of abuse, neglect, and/or mistreatment by GHS #3, client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP Qualified Mental Retardation Professional] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client A pulled out a sheet of paper with the administrator name and phone number on the paper, and stated he called the administrator "about the first week of May, 2012 to tell him that [GHS #3 and GHS #4] were fighting and [GHS #3] called me names and ran up on me to fight." Client A ended the interview by stating, "I'm afraid of staff sometimes. Nothing gets done. Nothing changes."</p> <p>Confidential Interview #1 (CI #1) stated CI #1 witnessed "[GHS #3] call [Client A] a M----- F-----, [GHS #3] run up on [client A], [GHS #3] got up against [client A's] face, and [GHS #3] said I'm stronger than you. What are you going to do about it." CI #1 stated "I broke it up" between client A and GHS #3 but it</p>		<p>survey close on May 14, 2011, the agency received a compliment of the enforcement of the Abuse/Neglect/Exploitation policy due to clients feeling that they are able to voice their concerns. As a result of this survey, if an allegation is brought to a agency representative, regardless of a ISDH complaint investigation occurring, an internal investigation will occur at the same time as the ISDH investigation. Additionally a BDDS report will be filed. Program Coordinator/QDDP and Director of Operations will be responsible for monitoring and enforcement of this policy.</p>				

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	<p>happened "all the time." CI #1 stated "Staff at the group home are told not to write it down when staff cuss and yell at the clients. I was going along to get along (with other staff)." CI #1 stated GHS #3 worked at the group home until 5/7/12 when GHS #3 walked off the job and "left the clients alone."</p> <p>On 5/22/12 at 9:05am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/1/12 through 5/22/12 were reviewed and did not indicate a report for allegations of abuse, neglect, and/or mistreatment. At 9:05am, an interview with the QMRP #1 (Qualified Mental Retardation Professional) was conducted. QMRP #1 indicated no BDDS reports for allegations of abuse, neglect, and/or mistreatment were available for review.</p> <p>On 5/22/12 at 3pm, an interview with the Human Resource Representative (HRR) and QMRP #1 both stated Human Resources was "only concerned" about "staff to staff fighting not staff to client." At 3pm, the HRR indicated Group Home Staff (GHS) #3's last worked day was "after the first week" of May, 2012. QMRP #1 indicated she did not have that information. QMRP #1 stated client A's allegation of abuse, neglect, and/or mistreatment "were not reported"</p>						

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	<p>according to state law because the allegation was unsubstantiated. QMRP #1 stated she contacted the Agency Director and he "told me to report it late."</p> <p>On 5/23/12 at 10:35am, an additional interview was conducted with QMRP #1 and QMRP #1 provided an additional BDDS report.</p> <p>-A 5/22/12 BDDS report for an incident on 5/1/12 at 7pm, indicated "This IR (Incident Report) is being submitted late due to staff not finding substantial finding to support the report to a state official that was in the home and to Director of Operations (for the agency) that a staff that was no longer working with the company that she called him a M----- - on 5/1/12." The report indicated "An investigation was done with staff and talking with consumers about the situation...It has been added to [client A's] behavior plan that due to his constant false allegations, it has been explained to [client A] the importance of timing and that he should report any allegations immediately after it has happened."</p> <p>On 5/23/12 at 10:35am, QMRP #1 stated "When it's an unsubstantiated allegation, we don't have to report it."</p> <p>This federal tag relates to complaint #IN00108604.</p>						

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review, for 1 of 1 investigation reviewed from 4/1/12 through 5/22/12 (for client A) who lived in the group home, the facility failed to thoroughly investigate an allegation of staff abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff who quit (GHS #3) was mean to me. She quit. She called me a M-----." Client A stated he wanted to go to the hospital because he thought he had seizures GHS #3 "did not want to take me" and stated "other staff saw her (GHS #3) do this, [GHS #3] ran up on me, got in my face, and (GHS #3) said I'm stronger than you. What are you going to do about it?" Client A stated "She scared me." Client A stated "Another staff" got between us and pulled GHS #3 away from him. Client A stated "Staff are rough sometimes." When asked if client A reported his allegation of abuse, neglect, and/or mistreatment by GHS #3, client A</p>	W0154	<p>On May 11, 2012 Client A brought the allegation to the Director of Operations that a staff, that was no longer with the company, called the client A a curse word and pushed client A. At that moment, ISDH was completing a complaint survey. At that time, on May 11 th , DO instructed Client A to inform the ISDH surveyor present at the home what had occurred. DO confirmed with the ISDH surveyor that Client A brought the allegation fourth and verified the allegation with the surveyor. Client A was asked by the DO why they did not bring the allegation forth, Client A stated "because I forgot." At the time of the May 11 th 2012 complaint survey, DO inquired as to the process to handle the allegation as ISDH was investigating, DO was not instructed to file a BDDS report or complete an investigation in tandem for the allegation. DO did contact Adult Protective Services on May 11 th , 2012 of the allegation – see exhibit F. The survey concluded on May 14 th , 2012 with no deficiencies. Also, at survey close on May 14, 2011, the agency received a compliment of the enforcement of the Abuse/Neglect/Exploitation policy due to clients feeling that they are able to voice their concerns.</p>	06/07/2012			

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	<p>indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the QMRP Qualified Mental Retardation Professional] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client A pulled out a sheet of paper with the administrator name and phone number on the paper, and stated he called the administrator "about the first week of May, 2012 to tell him that [GHS #3 and GHS #4] were fighting and [GHS #3] called me names and ran up on me to fight." Client A ended the interview by stating, "I'm afraid of staff sometimes. Nothing gets done. Nothing changes."</p> <p>Confidential Interview #1 (CI #1) stated CI #1 witnessed "[GHS #3] call [Client A] a M----- F-----, [GHS #3] run up on [client A], [GHS #3] got up against [client A's] face, and [GHS #3] said I'm stronger than you. What are you going to do about it." CI #1 stated "I broke it up" between client A and GHS #3 but it happened "all the time." CI #1 stated "Staff at the group home are told not to write it down when staff cuss and yell at</p>		<p>It is noted in the findings that Human Resources were not concerned with staff to client abuse. Human Resources is charged with investigating staff to staff incidents, the Program Coordinator/QDDP is responsible for investigating staff to client abuse. Human Resources will assist, if requested, to assist in a staff to client investigation/incident. As a result of this survey, if an allegation is brought to a agency representative, regardless of a ISDH complaint investigation occurring, an internal investigation will occur at the same time as the ISDH investigation. Additionally a BDDS report will be filed. Program Coordinator/QDDP and Director of Operations will be responsible for monitoring and enforcement of this policy.</p>				

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	<p>the clients. I was going along to get along (with other staff)." CI #1 stated GHS #3 worked at the group home until 5/7/12 when GHS #3 walked off the job and "left the clients alone."</p> <p>On 5/22/12 at 9:05am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/1/12 through 5/22/12 were reviewed and did not indicate a completed investigation and did not indicate a report for allegations of abuse, neglect, and/or mistreatment. At 9:05am, an interview with the QMRP #1 (Qualified Mental Retardation Professional) was conducted. QMRP #1 indicated no BDDS reports and no investigations for allegations of abuse, neglect, and/or mistreatment were available for review.</p> <p>On 5/22/12 at 3pm, an interview with the Human Resource Representative (HRR) and QMRP #1 both stated Human Resources was "only concerned" about "staff to staff fighting not staff to client." At 3pm, the HRR indicated Group Home Staff (GHS) #3's last worked day was "after the first week" of May, 2012. QMRP #1 indicated she did not have that information. QMRP #1 and HRR both stated a staff "investigation was conducted on 5/1/12" and GHS #4 was terminated because of "staff to staff</p>			

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	<p>inappropriate sexual comments" at the group home. QMRP #1 stated client A's allegations "were not reported" according to state law because the allegation was unsubstantiated.</p> <p>On 5/23/12 at 10:35am, an additional interview was conducted with QMRP #1 and QMRP #1 provided an additional BDDS report.</p> <p>-A 5/22/12 BDDS report for an incident on 5/1/12 at 7pm, indicated "This IR (Incident Report) is being submitted late due to staff not finding substantial finding to support the report to a state official that was in the home and to Director of Operations (for the agency) that a staff that was no longer working with the company that she called him a M----- - on 5/1/12." The report indicated "An investigation was done with staff and talking with consumers about the situation...It has been added to [client A's] behavior plan that due to his constant false allegations, it has been explained to [client A] the importance of timing and that he should report any allegations immediately after it has happened." The investigation had no staff witness statements, no client witness statements, and no results available for review.</p> <p>On 5/23/12 at 10:35am, QMRP #1 stated "When it's an unsubstantiated allegation,</p>			

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	<p>we don't have to report it." QMRP #1 indicated client A had no documented history of false reporting allegations before 5/1/12. QMRP #1 indicated client A was taken to the hospital on 5/1/12 by a different staff person not GHS #3. QMRP #1 indicated client A was seen for suicidal threats at the hospital. When asked how it was determined that client A's allegation was unsubstantiated, QMRP #1 stated "Because it was."</p> <p>On 5/23/12 at 10:35am, QMRP #1 provided an undated piece of paper typed "investigation for [client A]" which indicated QMRP #1 talked to GHS #5 on 5/11/12 no time documented, and spoke with GHS #6 on 5/14/12. Both staff indicated they did not hear GHS #3 call client A names. GHS #6 indicated GHS #3 did not "want to take [client A] to the hospital that night. [GHS #3] had to go to school the next morning and that she was not familiar with the area." QMRP #1 stated no written staff witness statements, no client witness statements, and no results were documented and none were available for review.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing what verbal abuse is and when they are being verbally abused."</p>						

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on interview and record review, for 1 of 1 investigation reviewed from 4/1/12 through 5/22/12 (for client A) who lived in the group home, the facility failed to complete corrective action and staff retraining for allegations of staff abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff who quit (GHS #3) was mean to me. She quit. She called me a M-----." Client A stated he wanted to go to the hospital because he thought he had seizures GHS #3 "did not want to take me" and stated "other staff saw her (GHS #3) do this, [GHS #3] ran up on me, got in my face, and (GHS #3) said I'm stronger than you. What are you going to do about it?" Client A stated "She scared me." Client A stated "Another staff" got between us and pulled GHS #3 away from him. Client A stated "Staff are rough sometimes." When asked if client A reported his allegation of abuse, neglect,</p>	W0157	<p>On May 11, 2012 Client A brought the allegation to the Director of Operations that a staff, that was no longer with the company, called the client A a curse word and pushed client A. At that moment, ISDH was completing a complaint survey. At that time, on May 11 th , DO instructed Client A to inform the ISDH surveyor present at the home what had occurred. DO confirmed with the ISDH surveyor that Client A brought the allegation fourth and verified the allegation with the surveyor. Client A was asked by the DO why they did not bring the allegation forth, Client A stated "because I forgot." At the time of the May 11 th 2012 complaint survey, DO inquired as to the process to handle the allegation as ISDH was investigating, DO was not instructed to file a BDDS report or complete an investigation in tandem for the allegation. DO did contact Adult Protective Services on May 11 th , 2012 of the allegation – see exhibit F. The survey concluded on May 14 th , 2012 with no deficiencies. Also, at survey close on May 14, 2011, the agency received a compliment of the enforcement of the Abuse/Neglect/Exploitation policy due to clients feeling that they are able to voice their concerns.</p>	06/07/2012			

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	<p>and/or mistreatment by GHS #3, client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a--up (write an incident report). They say they will get [the QMRP Qualified Mental Retardation Professional] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client A pulled out a sheet of paper with the administrator name and phone number on the paper, and stated he called the administrator "about the first week of May, 2012 to tell him that [GHS #3 and GHS #4] were fighting and [GHS #3] called me names and ran up on me to fight." Client A ended the interview by stating, "I'm afraid of staff sometimes. Nothing gets done. Nothing changes."</p> <p>Confidential Interview #1 (CI #1) stated CI #1 witnessed "[GHS #3] call [Client A] a M-----, [GHS #3] run up on [client A], [GHS #3] got up against [client A's] face, and [GHS #3] said I'm stronger than you. What are you going to do about it." CI #1 stated "I broke it up" between client A and GHS #3 but it happened "all the time." CI #1 stated "Staff at the group home are told not to</p>		<p>As a result of this survey, if an allegation is brought to a agency representative, regardless of a ISDH complaint investigation occurring, an internal investigation will occur at the same time as the ISDH investigation. Additionally a BDDS report will be filed. Program Coordinator/QDDP and Director of Operations will be responsible for monitoring and enforcement of this policy.</p>		

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	<p>write it down when staff cuss and yell at the clients. I was going along to get along (with other staff)." CI #1 stated GHS #3 worked at the group home until 5/7/12 when GHS #3 walked off the job and "left the clients alone."</p> <p>On 5/22/12 at 9:05am, the facility's BDDS (Bureau of Developmental Disability Services) reports from 4/1/12 through 5/22/12 were reviewed and did not indicate a completed investigation and did not indicate a report for allegations of abuse, neglect, or mistreatment. At 9:05am, an interview with the QMRP #1 (Qualified Mental Retardation Professional) was conducted. QMRP #1 indicated no BDDS reports for allegations of abuse, neglect, or mistreatment were available for review.</p> <p>On 5/22/12 at 3pm, an interview with the Human Resource Representative (HRR) and QMRP #1 both stated Human Resources was "only concerned" about "staff to staff fighting not staff to client." At 3pm, the HRR indicated Group Home Staff (GHS) #3's last worked day was "after the first week" of May, 2012. QMRP #1 indicated she did not have that information. QMRP #1 and HRR both stated a staff "investigation was conducted on 5/1/12" and GHS #4 was terminated because of "staff to staff</p>						

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	<p>inappropriate sexual comments" at the group home. QMRP #1 stated client A's allegation of abuse, neglect, and/or mistreatment "were not reported" according to state law because the allegation was unsubstantiated.</p> <p>On 5/23/12 at 10:35am, an additional interview was conducted with QMRP #1 and QMRP #1 provided an additional BDDS report.</p> <p>-A 5/22/12 BDDS report for an incident on 5/1/12 at 7pm, indicated "This IR (Incident Report) is being submitted late due to staff not finding substantial finding to support the report to a state official that was in the home and to Director of Operations (for the agency) that a staff that was no longer working with the company that she called him a M----- - on 5/1/12." The report indicated "An investigation was done with staff and talking with consumers about the situation...It has been added to [client A's] behavior plan that due to his constant false allegations, it has been explained to [client A] the importance of timing and that he should report any allegations immediately after it has happened." The investigation had no results and no corrective action for staff retraining available for review.</p> <p>On 5/23/12 at 10:35am, QMRP #1 stated</p>			

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	<p>"When it's an unsubstantiated allegation, we don't have to report it." QMRP #1 indicated client A had no documented history of false reporting allegations before 5/1/12. QMRP #1 indicated client A was taken to the hospital on 5/1/12 by a different staff person not GHS #3. QMRP #1 indicated client A was seen for suicidal threats at the hospital. When asked how it was determined that client A's allegation was unsubstantiated, QMRP #1 stated "Because it was."</p> <p>On 5/23/12 at 10:35am, QMRP #1 provided an undated piece of paper typed "investigation for [client A]" which indicated QMRP #1 talked to GHS #5 on 5/11/12 no time documented, and spoke with GHS #6 on 5/14/12, both staff indicated they did not hear GHS #3 call client A names. GHS #6 indicated GHS #3 did not "want to take [client A] to the hospital that night. [GHS #3] had to go to school the next morning and that she was not familiar with the area." QMRP #1 stated no corrective action and no staff retraining were documented and none were available for review.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (client A) are mentally capable of knowing what verbal abuse is and when they are being verbally abused."</p>						

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	<p>This federal tag relates to complaint #IN00108604.</p> <p>9-3-2(a)</p>			
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W0286	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for disciplinary purposes.</p> <p>Based on observation, record review, and interview, for 4 of 4 clients (clients A, B, C, and D) who had support plans used for behaviors, the facility failed to prohibit punitive measures and to develop a plan for clients A, B, C, and D to access to their earned outing rewards.</p> <p>Findings include:</p> <p>On 5/22/12 from 7:18am until 11am, observation at the group home was completed. At 7:18am, when entering the group home additional staff were arriving and the front door of the group home was open with a direct path to the outside landscape. At 7:18am, four staff were observed sitting on couches and chairs to surround client B who sat on the floor and the four (4) staff looked at client B. At 7:18am, Group Home Staff (GHS) #1 stated client B "had behaviors and was physically aggressive." At 8:15am, client B stated he "was on restriction" and could not go on his community ride. GHS #1 stated client B "heard voices telling" client B to "hurt someone."</p>	W0286	<p>No client within this group home lost an earned outing. All behavior plans, at time of survey did indicate that for a 1:1 outing to be scheduled, the client would have to demonstrate, for a set amount of days, zero targeted behaviors. The process, reviewed during this survey, of receiving a 1:1 outing was approved by ISDOH in July 2011 as part of a plan of correction for a separate facility within the organization.</p> <p>Client A's behavior plan (Exhibit A-2) indicated: Client A's behavior plan indicates "...will only be able to go on an outing of his choice when he has not displayed ANY of the targeted behaviors for 7 days. <u>Outings to go to the bank or gas station are considered as an outing of his choice.</u> He can continue to have outings of his choice until he displays a targeted behavior in which he will then have to wait 7 days. <b>Exception: If his only targeted behavior is a meaningful day refusal then the recreational restriction will be decreased to 4 days instead of 7. However if he does refuse his meaningful day and display a targeted behavior then he will be on the 7 day restriction.</b>"</p> <p>Client B's behavior plan (Exhibit B-2)</p>	06/23/2012	

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	<p>Client C was interviewed on 5/22/12 at 7:20am. Client C stated "they (the staff) take away outings if behaviors" were bad and clients were placed on restriction.</p> <p>Client A was interviewed on 5/22/12 at 7:25am. When asked how he liked living in the group home, client A stated he "liked it most of the time." Client A stated "Staff are rough sometimes." Client A stated "If we fight back, we lose our special one on one outing we earned the week before, and (clients) go on restriction for seven (7) days." When asked if client A reported his concerns, client A indicated he had told the other staff and client A was told not to lie about others. Client A further stated, "Staff tell me not to say anything or they will write my a-- up (write an incident report). They say they will get [the Qualified Mental Retardation Professional] to believe them and not me to get me in trouble."</p> <p>Client D was interviewed on 5/22/12 at 7:55am. When asked how he liked living in the group home, client D stated he "liked living" in the group home. Client D stated "I get restricted because of no reason and they take away my outing." Client D indicated each week he did not have bad behaviors he was to achieve a special additional outing with one on one staff which client D would choose what to</p>		<p>indicated: <b><u>Physical Aggression:</u></b> Punching, kicking, slapping, biting, spitting, shoving, hair pulling and any physical act toward another individual. *****[Client B] needs to show 7 days of no targeted behavior to go on an individual outing." Client C's behavior plan (Exhibit C-2) indicated: "When [Client C] has 5-days in a row without any behaviors (ABC forms completed) he will receive a 1:1 with the staff of his choice."</p> <p>Client D's behavior plan (Exhibit D-2) indicated: <b><u>Evening ride restriction</u></b> If [Client D] has shown signs of agitation or aggressive behavior in the past 24 hours he will not be able to go on his evening ride. <b><u>Recreational Restriction</u></b> [Client D] will not be able to go on a community outing for 12 hours if he has shown agitation and aggressiveness for safety reasons. If he hits a person he will lose his selected outing for the week. He will be allowed to still go out as a group or to outings like grocery shopping ect. He has a outing on Friday that he gets to choose where he goes and who he goes with and this will be outing that he would loose if he has physical aggression toward another person. Agency Policy (Exhibit E), at time of survey, under behavior management</p>		

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	<p>do alone with his staff person. Client D indicated he looked forward to the special outings and staff can take away his outing by saying he had a behavior when staff did not want to go on an outing.</p> <p>On 5/22/12 at 8:25am, client A with GHS #1 were interviewed. Client A stated he was "put in restriction last week by staff." Client A stated "You get restricted for behaviors if (the behaviors) are bad enough." GHS #1 stated "Yes, that's right. You lose the special outing and can't leave the house without a group (of clients)." Client A stated "You lose every time." Client A and GHS #1 both indicated client A was not able to go on the special outings which he had already earned and had lost the outing because of a restriction as the result of behaviors.</p> <p>CI #1 stated clients A, B, C, and D had their earned reward outing taken away "all the time" because group home staff documented a behavior. CI #1 indicated sometimes the clients did not have the behavior which was documented and stated "It was because the staff just did not want to go on the outing."</p> <p>Client A's record was reviewed on 5/22/12 at 10 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in</p>		<p>indicates that a "Social Restriction" is a permitted intrusive technique – section 12.3 and 12.4. An outing "restriction" is considered a social restriction.</p> <p>Exhibit A-3, B-3, C-3, and D-3 show group and individual outings for a three month period leading up to this survey. The exhibits show that individual outings did occur per behavior plan.</p> <p>Exhibit A-1, B-1, C-1, and D-1 are the daily shift logs document daily events which include outings.</p> <p>As a result of this survey, behavior plans have been updated to remove any references or item that can be perceived as "restriction." Behavior plans now include a reward system for clients to earn points for an individual 1:1 recreational outing. Once a client earns points, the points cannot be taken away. Staff will document on a form how many points a client earns each day. The client will be responsible for storing their tokens, when a client has earned enough tokens for a individual recreational outing, the tokens will be turned in and the client will sign to verify that the transaction took place. Outings will be documented in daily progress notes. Exhibit A-4,B-4,C-4, and D-4. Program Coordinator/QDDP and Behaviorist will train staff on the behavior support plans, training to be completed by 6/23/12. Director of Operations will be responsible to</p>				

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	<p>intellectual ability. Client A's record indicated "Restriction Reports" which documented client A was restricted from his earned outing reward on 5/11/12 "7 day restriction" for "inappropriate sexual behavior towards staff" restriction over 5/18/12; on 4/25/12 "7 day restriction" for "sexual" restriction over 5/2/12; on 4/23/12 "7 day restriction" for verbal aggression toward staff restriction over 4/30/12, and on 4/21/12 "7 day restriction" for verbal aggression restriction over 4/28/12, and on 3/25/12 for a "7 day restriction" for physical aggression restriction over 4/5/12. Client A's record did not indicate a practice to withhold earned rewards and did not indicate a restriction of outings. Client A's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client B's record was reviewed on 5/22/12 at 10:35 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client B's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client B's record did not indicate the number of times he had been restricted from his earned outing rewards.</p>		<p>follow-up in ensuring training has occurred and that new behavior plans are being utilized.</p>		

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	<p>Client C's record was reviewed on 5/22/12 at 2 P.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client C's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client C's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>Client D's record was reviewed on 5/22/12 at 9:45 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses. Client D's record did not indicate a plan for the practice to withhold earned rewards and did not indicate a restriction of outings. Client D's record did not indicate the number of times he had been restricted from his earned outing rewards.</p> <p>QMRP #1 was interviewed on 5/22/12 at 8:55am. QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing" what earned reward outings were and indicated clients A, B, C, and D had been restricted from their earned outings because of behaviors.</p> <p>The facility's Behavior Specialist (BS) was interviewed on 5/23/12 at 10:35am.</p>						

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	<p>The BS stated clients A, B, C, and D "all had earned outing rewards" taken away because of a behavior. The BS indicated the restricted practice to not give each client their earned reward was not a component of the behavior support plans in each client record. The BS indicated the restricted practice was not a documented approved technique. The BS indicated she did not identify the restriction of each clients' earned outing as a client rights restriction. The BS stated clients "should have the right for their earned reward." The BS provided a 5/23/12 addendum for client A, B, C, and D's behavior support plan which indicated clients "will earn an individual outing for 6 consecutive days of no [targeted] behaviors. The outing will be scheduled for the following day if schedules permit. If [the client] earns the individual outing and has a [targeted] behavior the day of the scheduled outing [the client] will have to wait 24 hours before [the client] can go on the earned outing." The BS indicated in the future if the clients earned outings was delayed because of a behavior that staff will have to document the reasons and specific information for oversight to ensure clients A, B, C, and D received their rewards.</p> <p>This federal tag relates to complaint #IN00108604.</p>						

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