

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G357	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2015
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3502 FESTIVE DR BLOOMINGTON, IN 47401
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W 0000 Bldg. 00	<p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Survey Dates: October 2, 4 and 5, 2015</p> <p>Facility Number: 000872 Provider Number: 15G357 AIM Number: 100239670</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/12/15.</p>	W 0000		
W 0149 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 on record review and interview for 2 of 14 incident/investigative reports reviewed affecting client #2, the facility neglected to implement its policies and procedures to ensure staff immediately reported a choking incident to the administrator, implement recommended corrective action in a timely manner, ensure both staff involved in failing to immediately report and complete an incident report received corrective action</p>	W 0149	<p>plan of correction: Facility director trained on providing monthly training to all SGL staff on reporting abuse and neglect to admin immediately (attachment a) plan of prevention: facility staff trained monthly on reporting alleged abuse and neglect, including choking incidents. (attachment b). plan of monitoring: facility coordinator will provide weekly</p>	11/16/2015

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>in regard to client #2 choking and prevent client to client abuse involving client #2.</p> <p>Findings include:</p> <p>On 11/2/15 at 11:45 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 4/20/15 at 3:00 PM, facility-operated day program staff #1 observed that client #2's face was red. The Stone Belt ARC, Inc Incident Report, dated 4/21/15, indicated, in part, "I ran toward (sic) her and noticed she was choking (sic) on a rubber (sic) sensory (sic) toy. She had swallowed the entire (sic) toy except for one tentacle (sic) and I tapped her back then (sic) ran to get gloves when I got back she had already spit it out. I threw (sic) away the toy." Day program staff #1 documented the incident as "choking" on the form. The 4/22/15 Bureau of Developmental Disabilities Services Incident Report indicated, "On 04/20/2015 at 3:00 PM, staff was working with clients in day program and looked at [client #2] and noticed her face was red. Staff ran to [client #2] and noticed she was choking on a rubber sensory toy. [Client #2] had swallowed the entire toy except for one of the tentacles of the toy was still</p>		<p>monitoring at day program and facility to ensure that staff immediately reports alleged abuse and neglect, including choking incidents (attachment c). Visits will be tracked on tracking form (attachment f).</p>				

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	<p>visible. Staff tapped her on the back then ran to get gloves, when staff returned to her, [client #2] had already spit out the toy; staff made sure [client #2] was breathing properly without any obstructions. Staff threw away the toy. Day Program Director notified on 04/21/2015. Staff made sure [client #2] was okay and out of reach of anything else. Investigation of this allegation is pending."</p> <p>The 4/24/15 Investigative Report indicated, "The purpose of the investigation is to: 1) Clarify why the incident was not reported. 2) Clarify if choking procedure was followed during incident." Day Program staff #1's interview in the investigation indicated, "[Day Program Staff #1] admitted that he saw [client #2] 'choking' on 4/20/15 in room one classroom. He reported 'her face was red and she looked like she was choking.' [Staff #1] admitted he 'tapped her back, to get her attention, so she would open her mouth.' He reported he obtained gloves with the intent of manually retrieving the object in [client #2's] mouth with his hands. [Staff #1] reported he got the gloves on his hands, and turned to retrieve toy, when [Day Program Staff #2] told him 'She already spit it out, so relax.' He estimated the size of the base of the toy to be 'about the</p>				

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	<p>size of a ping pong ball,' and had 'legs' and was made of 'squishy rubber.'</p> <p>Interviewer asked about [client #2's] choking plan and procedure, as well as CPR (cardiopulmonary resuscitation) choking standards. [Staff #1] reported 'Using my hands to get the toy was the fastest way to get the toy out of her mouth.' [Staff #1] states [client #2] was sitting strapped in her wheel chair next to a table in room one with sensory toys. He reports he was 'watching [names of peers],' he did not know who was 'watching' [client #2]. He described the process of figuring out what staff is responsible for what client. He stated in the classroom there is a list of staff and the 'client they are with for the day.' He added he was asked by [name of day program coordinator] to 'train the new guy' on the clients he was responsible for that day, [names of peers]. When asked about reporting the incident, including communication with [client #2's] group home staff and writing an IR (incident report), he responded 'I didn't know I had to write an IR for choking. There was no injury, no staff or clients got hurt, I didn't think I had to report.'</p> <p>The interview with day program staff #2 in the investigation indicated, "[Staff #2] reported she was 'covering for [name of instructor]' in room one on 4/20/15. She</p>			

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	<p>reported she was standing by the door to make sure '[names of peers] didn't leave room.' She reported not knowing 'who was responsible for [client #2].' She reported hearing 'Oh my god [client #2]!' She reports she turned to look and saw 'The toy by [client #2] with slobber on it and on [client #2]. I threw the toy in the trash and cleaned [client #2] up.' When asked about reporting the incident [staff #2] reported [Staff #1] looked at me and, said 'shhh' (indicating to not say anything about incident). [Staff #2] reported she didn't want to 'snitch.'"</p> <p>The investigation included an excerpt from client #2's Choking and PICA (ingestion of non-nutritive objects) risk plan. The risk plan indicated, "1) [Client #2] is at risk for aspiration of anything put in her mouth. 2) Treat any object smaller than a ping-pong ball (such as coins, buttons, marbles and beads) as a possible choking threat. Keep these small objects out of [client #2's] reach. 3) Warning labels on toys, such as 'Not suitable for children under three years,' means that small parts may present a choking hazard. The label doesn't refer to skill level. Please be aware of all such items within [client #2's] reach need to be moved away from her. 4) If you spot a potential choking hazard, deal with it immediately."</p>			

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	<p>The investigation's Statement of Findings section indicated, "[Staff #1] admitted to improperly responding to [client #2's] 'choking,' by 'tapping on back' and preparing to reach into her mouth to retrieve object. Moreover, [staff #1] admits to not following Incident Reporting Procedure, as he did not write and (sic) IR or communicate the incident to any supervisor or [client #2's] house staff."</p> <p>The investigation indicated, "Allegation of improper treatment for choking, according to the policies and procedures noted in the knowledge base (American CPR) is SUBSTANTIATED. Allegation of improper reporting of incident, according to 'Incident Reporting Procedure' Stone Belt Policies and Procedure Knowledge Base is SUBSTANTIATED." The Recommendation of Corrective Action section indicated, in part, "1. CPR re-training for [staff #1]. 2. Re-training on Incident Reporting Policy. 3. Disciplinary Action for [staff #1]. 4. Training for LL (Lifelong Learning) staff on their responsibilities with all clients, and not just those for whom they bill."</p> <p>Staff #1 received CPR training on 7/22/15. The facility failed to ensure the</p>			

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	<p>corrective action was conducted timely. The investigation did not include a corrective action to address day program staff #2's failure to immediately report the incident to an administrator or complete an IR.</p> <p>On 11/4/15 at 12:23 PM, a review of client #2's record was conducted. On 4/21/15 client #2 was seen at a walk-in clinic. The 4/21/15 Outside Services Report indicated the Reason for Visit was "24 hours ago choked (sic) on toy - toy came up - asperation (sic)?" The Diagnosis section indicated, "Hx (history) of possible FB (foreign body)." The Treatment section indicated, "None - observation only."</p> <p>On 11/2/15 at 12:25 PM, the Coordinator indicated the staff should have reported the choking incident immediately to the administrator.</p> <p>On 11/5/15 at 1:35 PM, the Group Home Director (GHD) indicated staff #1's retraining on CPR was not conducted timely. The GHD indicated the Coordinator was to ensure staff #1 was retrained however the Coordinator did not ensure he was retrained until 3 months after the incident. The GHD indicated the staff should have immediately reported the incident to the</p>			

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	<p>administrator. The GHD stated staff #1 "failed to report it immediately." The GHD indicated staff #2 should have received corrective action as well as staff #1 due to being aware of the incident and failing to complete an IR and report it immediately.</p> <p>2) On 10/12/15 at 10:30 AM at the facility-operated day program, client #2 grabbed the radio during "dance party" and a male peer yelled at her. The 10/12/15 Stone Belt ARC Inc. Incident Report indicated, "Staff headed over to assist [client #2] away from the radio. Before staff could get there [peer] reached out and smacked [client #2] on the left side of her head with an open palm. Staff got in between them and asked [peer] to return to his classroom area. Staff reassured [client #2] and looked her over for injuries, none were noted."</p> <p>On 11/5/15 at 1:35 PM, the GHD indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The GHD indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>On 11/2/15 at 2:45 PM, a review of the facility's policy titled, Incident Investigation/Review Protocol, dated</p>						

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	<p>5/14/13, indicated, in part, "Stone Belt is committed to protecting and advancing the safety, dignity, and growth of the individuals it supports. The agency has developed training programs, procedures, communication channels and services that promote these values. Stone Belt will provide the highest quality direct service to the clients we serve and to the community, and will provide ongoing training, supervision and guidance to employees to better meet the needs of individuals served. Stone Belt's emphasis is on prevention, being pro-active and encouraging open and ongoing dialogue about events. However, when failures in systems, procedures or individual conduct are detected which risk the safety, dignity and/or wellbeing of Clients, investigations will be initiated to intervene and protect individuals. Stone Belt will not tolerate abuse of individuals and whenever serious incidents occur, will pursue all measures allowed by Indiana Law...</p> <p>ABUSE/NEGLECT/EXPLOITATION - Situations involving suspected or alleged abuse, neglect or exploitation issues as described in agency policies will be investigated by staff designated and trained by the agency for this role. The Stone Belt social workers will oversee the investigations, participate and plan</p>						

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	for specific interviews, and notify appropriate law enforcement agencies in these investigations. The Stone Belt social workers will interview clients and assist with support services for clients and employees related to emotional trauma, and stress related to events." The policy indicated, "The director of the program or designee involved will review the initial report and determine the course of action to be taken. Investigations involving clients in group homes must meet the ICF/MR regulations including completion of all investigations within 5 working days." The policy indicated, in part, "Review the Incident Report to identify individuals and the nature of their participation, i.e. possible victims, perpetrators and witnesses. If there is an allegation of abuse/neglect or exploitation all staff assigned to the client(s) and present during the event, will be interviewed or asked to provide a written, signed statement. All perpetrators/alleged perpetrators will be interviewed or asked to provide a written, signed statement. All persons who saw the incident and are able to give substantial information are to be interviewed or provide written, signed statements. Those individuals who are not able to provide written or verbal statements due to disability are not required to provide statements. If				

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W 0153 Bldg. 00	<p>statements can be interpreted by staff, or a 'knowledgeable other' familiar with the client's communication style, signed statements from these individuals are to be provided. In a residential setting, all residents present for the incident and able to participate in the interview process must be interviewed to assure they have not been victimized or traumatized by the event."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 14 incidents reviewed affecting client #2, the facility failed to ensure staff immediately reported client #2's choking incident to the administrator.</p> <p>Findings include:</p> <p>On 11/2/15 at 11:45 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 4/20/15 at 3:00 PM, facility-operated day program staff #1</p>	W 0153	<p>plan of correction: facility staff,who failed to report choking incident to admin, was suspended. When restated theywere retrained on reporting abuse and neglect in a timely manner (attachmentd). plan ofprevention: facility staff trained monthly on reporting alleged abuse andneglect, including choking incidents (attachment b). plan of monitoring: facility coordinator will provide weeklymonitoring at day program and facility to ensure that staff immediately</p>	11/16/2015

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	observed that client #2's face was red. The Stone Belt ARC, Inc Incident Report (IR), dated 4/21/15, indicated, in part, "I ran toward (sic) her and noticed she was choking (sic) on a rubber (sic) sensory (sic) toy. She had swallowed the entire (sic) toy except for one tentacle (sic) and I tapped her back then (sic) ran to get gloves when I got back she had already spit it out. I threw (sic) away the toy." Day program staff #1 documented the incident as "choking" on the form. The IR indicated the incident was reported to the Director of the day program on 4/21/15 at 3:00 PM. The 4/22/15 Bureau of Developmental Disabilities Services Incident Report indicated, "On 04/20/2015 at 3:00 PM, staff was working with clients in day program and looked at [client #2] and noticed her face was red. Staff ran to [client #2] and noticed she was choking on a rubber sensory toy. [Client #2] had swallowed the entire toy except for one of the tentacles of the toy was still visible. Staff tapped her on the back then ran to get gloves, when staff returned to her, [client #2] had already spit out the toy; staff made sure [client #2] was breathing properly without any obstructions. Staff threw away the toy. Day Program Director notified on 04/21/2015. Staff made sure [client #2] was okay and out of reach of anything else. Investigation of		reports alleged abuse and neglect, including choking incidents (attachment c). Visits will be tracked on tracking form (attachment f).				

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	<p>this allegation is pending."</p> <p>The 4/24/15 Investigative Report indicated, "The purpose of the investigation is to: 1) Clarify why the incident was not reported. 2) Clarify if choking procedure was followed during incident." Day Program staff #1's interview in the investigation indicated, "[Day Program Staff #1] admitted that he saw [client #2] 'choking' on 4/20/15 in room one classroom. He reported 'her face was red and she looked like she was choking.' [Staff #1] admitted he 'tapped her back, to get her attention, so she would open her mouth.' He reported he obtained gloves with the intent of manually retrieving the object in [client #2's] mouth with his hands. [Staff #1] reported he got the gloves on his hands, and turned to retrieve toy, when [Day Program Staff #2] told him 'She already spit it out, so relax.' He estimated the size of the base of the toy to be 'about the size of a ping pong ball,' and had 'legs' and was made of 'squishy rubber.' Interviewer asked about [client #2's] choking plan and procedure, as well as CPR (cardiopulmonary resuscitation) choking standards. [Staff #1] reported 'Using my hands to get the toy was the fastest way to get the toy out of her mouth.' [Staff #1] states [client #2] was sitting strapped in her wheel chair next to</p>			
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	<p>a table in room one with sensory toys. He reports he was 'watching [names of peers],' he did not know who was 'watching' [client #2]. He described the process of figuring out what staff is responsible for what client. He stated in the classroom there is a list of staff and the 'client they are with for the day.' He added he was asked by [name of day program coordinator] to 'train the new guy' on the clients he was responsible for that day, [names of peers]. When asked about reporting the incident, including communication with [client #2's] group home staff and writing an IR (incident report), he responded 'I didn't know I had to write an IR for choking. There was no injury, no staff or clients got hurt, I didn't think I had to report.'"</p> <p>The interview with day program staff #2 in the investigation indicated, "[Staff #2] reported she was 'covering for [name of instructor]' in room one on 4/20/15. She reported she was standing by the door to make sure '[names of peers] didn't leave room.' She reported not knowing 'who was responsible for [client #2]'. She reported hearing 'Oh my god [client #2]!' She reports she turned to look and saw 'The toy by [client #2] with slobber on it and on [client #2]. I threw the toy in the trash and cleaned [client #2] up.' When asked about reporting the incident [staff</p>			

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	<p>#2] reported [Staff #1] looked at me and, said 'shhh' (indicating to not say anything about incident). [Staff #2] reported she didn't want to 'snitch.'"</p> <p>The investigation included an excerpt from client #2's Choking and PICA (ingestion of non-nutritive objects) risk plan. The risk plan indicated, "1) [Client #2] is at risk for aspiration of anything put in her mouth. 2) Treat any object smaller than a ping-pong ball (such as coins, buttons, marbles and beads) as a possible choking threat. Keep these small objects out of [client #2's] reach. 3) Warning labels on toys, such as 'Not suitable for children under three years,' means that small parts may present a choking hazard. The label doesn't refer to skill level. Please be aware of all such items within [client #2's] reach need to be moved away from her. 4) If you spot a potential choking hazard, deal with it immediately."</p> <p>The investigation's Statement of Findings section indicated, "[Staff #1] admitted to improperly responding to [client #2's] 'choking,' by 'tapping on back' and preparing to reach into her mouth to retrieve object. Moreover, [staff #1] admits to not following Incident Reporting Procedure, as he did not write and (sic) IR or communicate the incident</p>				

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	<p>to any supervisor or [client #2's] house staff."</p> <p>The investigation indicated, "Allegation of improper treatment for choking, according to the policies and procedures noted in the knowledge base (American CPR) is SUBSTANTIATED. Allegation of improper reporting of incident, according to 'Incident Reporting Procedure' Stone Belt Policies and Procedure Knowledge Base is SUBSTANTIATED." The Recommendation of Corrective Action section indicated, in part, "1. CPR re-training for [staff #1]. 2. Re-training on Incident Reporting Policy. 3. Disciplinary Action for [staff #1]. 4. Training for LL (Lifelong Learning) staff on their responsibilities with all clients, and not just those for whom they bill."</p> <p>On 11/4/15 at 12:23 PM, a review of client #2's record was conducted. On 4/21/15 client #2 was seen at a walk-in clinic. The 4/21/15 Outside Services Report indicated the Reason for Visit was "24 hours ago choked (sic) on toy - toy came up - asperation (sic)?" The Diagnosis section indicated, "Hx (history) of possible FB (foreign body)." The Treatment section indicated, "None - observation only."</p>			

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W 0157 Bldg. 00	<p>On 11/2/15 at 12:25 PM, the Coordinator indicated the staff should have reported the choking incident immediately to the administrator.</p> <p>On 11/5/15 at 1:35 PM, the Group Home Director (GHD) indicated the staff should have immediately reported the incident to the administrator. The GHD stated staff #1 "failed to report it immediately."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 14 incident/investigative reports reviewed affecting client #2, the facility failed to ensure appropriate and timely corrective actions were implemented to address an incident of client #2 choking.</p> <p>Findings include:</p> <p>On 11/2/15 at 11:45 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 4/20/15 at 3:00 PM, facility-operated day program staff #1 observed that client #2's face was red.</p>	W 0157	<p>plan of correction: Agency quality assurance team will review all investigations of abuse and neglect to ensure timely and appropriate corrective actions are being implemented using the attached form (attachment h).</p> <p>plan of prevention: facility coordinator trained to ensure timely and appropriate corrective actions were implemented (attachment c).</p> <p>plan of monitoring: facility director trained to monitor investigation of abuse and neglect to ensure that timely appropriate corrective actions are implemented prior to staff being reinstated (attachment a).</p>	11/16/2015

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	<p>The Stone Belt ARC, Inc Incident Report, dated 4/21/15, indicated, in part, "I ran toward (sic) her and noticed she was choking (sic) on a rubber (sic) sensory (sic) toy. She had swallowed the entire (sic) toy except for one tentacle (sic) and I tapped her back then (sic) ran to get gloves when I got back she had already spit it out. I threw (sic) away the toy." Day program staff #1 documented the incident as "choking" on the form. The 4/22/15 Bureau of Developmental Disabilities Services Incident Report indicated, "On 04/20/2015 at 3:00 PM, staff was working with clients in day program and looked at [client #2] and noticed her face was red. Staff ran to [client #2] and noticed she was choking on a rubber sensory toy. [Client #2] had swallowed the entire toy except for one of the tentacles of the toy was still visible. Staff tapped her on the back then ran to get gloves, when staff returned to her, [client #2] had already spit out the toy; staff made sure [client #2] was breathing properly without any obstructions. Staff threw away the toy. Day Program Director notified on 04/21/2015. Staff made sure [client #2] was okay and out of reach of anything else. Investigation of this allegation is pending."</p> <p>The 4/24/15 Investigative Report</p>				

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	<p>indicated, "The purpose of the investigation is to: 1) Clarify why the incident was not reported. 2) Clarify if choking procedure was followed during incident." Day Program staff #1's interview in the investigation indicated, "[Day Program Staff #1] admitted that he saw [client #2] 'choking' on 4/20/15 in room one classroom. He reported 'her face was red and she looked like she was choking.' [Staff #1] admitted he 'tapped her back, to get her attention, so she would open her mouth.' He reported he obtained gloves with the intent of manually retrieving the object in [client #2's] mouth with his hands. [Staff #1] reported he got the gloves on his hands, and turned to retrieve toy, when [Day Program Staff #2] told him 'She already spit it out, so relax.' He estimated the size of the base of the toy to be 'about the size of a ping pong ball,' and had 'legs' and was made of 'squishy rubber.' Interviewer asked about [client #2's] choking plan and procedure, as well as CPR (cardiopulmonary resuscitation) choking standards. [Staff #1] reported 'Using my hands to get the toy was the fastest way to get the toy out of her mouth.' [Staff #1] states [client #2] was sitting strapped in her wheel chair next to a table in room one with sensory toys. He reports he was 'watching [names of peers],' he did not know who was</p>			

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	<p>'watching' [client #2]. He described the process of figuring out what staff is responsible for what client. He stated in the classroom there is a list of staff and the 'client they are with for the day.' He added he was asked by [name of day program coordinator] to 'train the new guy' on the clients he was responsible for that day, [names of peers]. When asked about reporting the incident, including communication with [client #2's] group home staff and writing an IR (incident report), he responded 'I didn't know I had to write an IR for choking. There was no injury, no staff or clients got hurt, I didn't think I had to report.'</p> <p>The interview with day program staff #2 in the investigation indicated, "[Staff #2] reported she was 'covering for [name of instructor]' in room one on 4/20/15. She reported she was standing by the door to make sure '[names of peers] didn't leave room.' She reported not knowing 'who was responsible for [client #2].' She reported hearing 'Oh my god [client #2]!' She reports she turned to look and saw 'The toy by [client #2] with slobber on it and on [client #2]. I threw the toy in the trash and cleaned [client #2] up.' When asked about reporting the incident [staff #2] reported [Staff #1] looked at me and, said 'shhh' (indicating to not say anything about incident). [Staff #2] reported she</p>			

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	<p>didn't want to 'snitch.'"</p> <p>The investigation included an excerpt from client #2's Choking and PICA (ingestion of non-nutritive objects) risk plan. The risk plan indicated, "1) [Client #2] is at risk for aspiration of anything put in her mouth. 2) Treat any object smaller than a ping-pong ball (such as coins, buttons, marbles and beads) as a possible choking threat. Keep these small objects out of [client #2's] reach. 3) Warning labels on toys, such as 'Not suitable for children under three years,' means that small parts may present a choking hazard. The label doesn't refer to skill level. Please be aware of all such items within [client #2's] reach need to be moved away from her. 4) If you spot a potential choking hazard, deal with it immediately."</p> <p>The investigation's Statement of Findings section indicated, "[Staff #1] admitted to improperly responding to [client #2's] 'choking,' by 'tapping on back' and preparing to reach into her mouth to retrieve object. Moreover, [staff #1] admits to not following Incident Reporting Procedure, as he did not write and (sic) IR or communicate the incident to any supervisor or [client #2's] house staff."</p>			

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	<p>The investigation indicated, "Allegation of improper treatment for choking, according to the policies and procedures noted in the knowledge base (American CPR) is SUBSTANTIATED. Allegation of improper reporting of incident, according to 'Incident Reporting Procedure' Stone Belt Policies and Procedure Knowledge Base is SUBSTANTIATED." The Recommendation of Corrective Action section indicated, in part, "1. CPR re-training for [staff #1]. 2. Re-training on Incident Reporting Policy. 3. Disciplinary Action for [staff #1]. 4. Training for LL (Lifelong Learning) staff on their responsibilities with all clients, and not just those for whom they bill."</p> <p>Staff #1 received CPR training on 7/22/15. The facility failed to ensure the corrective action was conducted timely. The investigation did not include a corrective action to address day program staff #2's failure to immediately report the incident to an administrator or complete an IR.</p> <p>On 11/4/15 at 12:23 PM, a review of client #2's record was conducted. On 4/21/15 client #2 was seen at a walk-in clinic. The 4/21/15 Outside Services Report indicated the Reason for Visit was "24 hours ago choked (sic) on toy - toy</p>			

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W 0448 Bldg. 00	<p>came up - asperation (sic)?" The Diagnosis section indicated, "Hx (history) of possible FB (foreign body)." The Treatment section indicated, "None - observation only."</p> <p>On 11/5/15 at 1:35 PM, the Group Home Director (GHD) indicated staff #1's retraining on CPR was not conducted timely. The GHD indicated the Coordinator was to ensure staff #1 was retrained however the Coordinator did not ensure he was retrained until 3 months after the incident. The GHD indicated staff #2 should have received corrective action as well as staff #1 due to being aware of the incident and failing to complete an IR and report it immediately.</p> <p>9-3-2(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 5 of 5 clients living at the group home (#1, #2, #3, #4 and #5), the facility failed to investigate the causes of drills taking a prolonged period of time to complete.</p> <p>Findings include:</p>	W 0448	<p>planof correction: coordinator investigated the cause of drills that stafftook prolonged period of time to complete- outcome of investigationdemonstrated that staff was in need of training how to best evacuate clients (attachmente) plan of prevention: house</p>	11/16/2015			

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	<p>On 11/2/15 at 3:35 PM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients #1, #2, #3, #4 and #5:</p> <p>1) On 10/24/15 at 4:00 PM, an evacuation drill for a bomb threat was conducted. The drill took 7 minutes to conduct. The "Evaluation of any problem with the drill" section was blank. The evacuation drill was conducted with two staff. The Coordinator reviewed the drill form on 10/26/15.</p> <p>2) On 10/9/15 at 7:30 AM, an evacuation for a fire drill was conducted taking 6 minutes and 40 seconds to complete with two staff. The "Evaluation of any problem with the drill" section was blank. The Coordinator reviewed the drill form on 10/12/15.</p> <p>3) On 9/29/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 12 minutes to complete with one staff. The "Evaluation of any problem with the drill" section indicated, "Clients were frustrated, but overall cooperative." The Coordinator reviewed the drill form on 9/30/15.</p> <p>4) On 9/12/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 8</p>		<p>manager trained to complete drills in a timely manner and if staff are not, for what ever reason, to contact coordinator to investigate and devise a plan (attachment g).</p> <p>plan of monitoring: house coordinator / qidp will review all drills and determine if they were completed in a timely manner and put plan in place to increase effectiveness of drill training with clients (attachment c).</p>	

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	<p>minutes to complete with one staff. The "Evaluation of any problem with the drill" section indicated, "N/A." The Coordinator reviewed the drill form but did not include a date.</p> <p>5) On 8/12/15 at 6:30 PM, an evacuation for a fire drill was conducted taking 5 minutes and 35 seconds to complete with three staff. The "Evaluation of any problem with the drill" section was blank. The Coordinator reviewed the drill form on 8/17/15.</p> <p>6) On 7/11/15 at 8:30 AM, an evacuation for a fire drill was conducted taking 9 minutes and 35 seconds to complete with three staff. The "Evaluation of any problem with the drill" section was blank. The Coordinator reviewed the drill form on 7/13/15.</p> <p>7) On 6/29/15 at 12:30 AM, an evacuation for a fire drill was conducted taking 10 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. The Coordinator reviewed the drill form but not include a date.</p> <p>8) On 6/27/15 at 11:15 PM, an evacuation for a fire drill was conducted taking 9 minutes and 56 seconds to complete with one staff. The "Evaluation</p>			

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	<p>of any problem with the drill" section was blank. The Coordinator reviewed the drill form on 7/13/15.</p> <p>9) On 4/18/15 at 6:10 AM, an evacuation for a fire drill was conducted taking 18 minutes to complete with two staff. The "Evaluation of any problem with the drill" section indicated "N/A." The Coordinator reviewed the drill form on 4/22/15.</p> <p>10) On 4/6/15 at 5:45 AM, an evacuation for a fire drill was conducted taking 6 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>11) On 3/19/15 at 11:00 PM, an evacuation for a fire drill was conducted taking 8 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>12) On 3/8/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 14 minutes to complete with one staff (second staff listed however the second staff was present only to pick up her purse she left at the group home and did</p>						

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	<p>not participate in the drill). The "Evaluation of any problem with the drill" section indicated, "Off-roading wheelchairs is not easy - using back/kitchen exit is extra challenging." The Plan of Correction section, documented by the staff who completed the form, indicated, "Mobile clients b4 (before) clients in chairs would be faster." The Coordinator reviewed the drill form on 3/23/15.</p> <p>13) On 12/12/14 at 9:30 PM, an evacuation for a fire drill was conducted taking 8 minutes to complete with two staff. The "Evaluation of any problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>14) On 12/2/14 at 4:00 AM, an evacuation for a fire drill was conducted taking 11 minutes to complete with two staff. The "Evaluation of any problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>On 11/2/15 at 3:54 PM, the Coordinator initially indicated the targeted time to conduct evacuation drills was between 2 and 5 minutes. The Coordinator indicated there was one staff at the group home from 10:00 PM to 6:00 AM. The</p>						

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	<p>Coordinator indicated there had been no discussion of evacuation drills by the clients' interdisciplinary teams over the past year pertaining to the length of time to conduct the drills. The Coordinator indicated there were no clients at the group home with training objectives to increase their participation in evacuation drills.</p> <p>On 11/4/15 at 2:08 PM, the Coordinator indicated the group home was rated slow. The Coordinator indicated the group home should evacuate in 7 to 10 minutes. The Coordinator indicated the slow rating was based on the fire safety assessments completed for the clients. The Coordinator indicated three clients were rating slow (clients #1, #3 and #4) and two were rated impractical (clients #2 and #5). The Coordinator indicated one staff was sufficient during the overnight shift from 10:00 PM to 6:00 AM with some improvements and evaluation of the drill procedures. The Coordinator indicated over the past year, there was not a consistent staff working during the overnight shift. The Coordinator indicated there was currently consistent staff working during the overnight shift.</p> <p>On 11/4/15 at 12:03 PM, the Organizational Effectiveness Coordinator (OEC) indicated he was the chairperson</p>			

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W 0449 Bldg. 00	<p>for the Safety Committee. The OEC indicated the targeted time for evacuating the group home was based on the F1 ratings but he was unsure of the rating for the group home. The OEC indicated one time per month he reviewed the drills to ensure the drills were conducted. The OEC indicated he also reviewed the drills for the completed times and any notes written on the drills. The OEC indicated the section on the drill forms was completed during the Safety Committee however the drill forms were not re-entered into the electronic system afterwards. The OEC indicated the facility needed to investigate to find out what the issues were during drills. The OEC indicated if the group home had a sprinkler system, one staff was sufficient. The OEC indicated client #1, #2, #3, #4 and #5's group home had not been discussed as a home with issues by the Safety Committee.</p> <p>On 11/4/15 at 3:01 PM, the Group Home Director indicated drills taking more than a few minutes needed to be evaluated.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems</p>						

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	<p>with evacuation drills and take corrective action.</p> <p>Based on record review and interview for 5 of 5 clients living at the group home (#1, #2, #3, #4 and #5), the facility failed to investigate the causes of drills taking a prolonged period of time to complete and take appropriate corrective actions.</p> <p>Findings include:</p> <p>On 11/2/15 at 3:35 PM, a review of the facility's evacuation drills was conducted and indicated the following, affecting clients #1, #2, #3, #4 and #5:</p> <p>1) On 10/24/15 at 4:00 PM, an evacuation drill for a bomb threat was conducted. The drill took 7 minutes to conduct. The "Evaluation of any problem with the drill" section was blank. The evacuation drill was conducted with two staff. The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form on 10/26/15.</p> <p>2) On 10/9/15 at 7:30 AM, an evacuation for a fire drill was conducted taking 6 minutes and 40 seconds to complete with two staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. The</p>	W 0449	<p>plan of correction: coordinator investigated the cause of drills taking prolonged period of time to complete-outcome of investigation demonstrated that staff was in need of training how to best evacuate clients (attachment h). plan of prevention: house manager trained to complete drills in a timely manner and if staff are not, for what ever reason, to contact coordinator to investigate and devise a plan (attachment g). plan of monitoring: house coordinator / qidp will review all drills and determine if they were completed in a timely manner and put plan in place to increase effectiveness of drill training with clients (attachment c).</p>	11/16/2015			

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	<p>Coordinator reviewed the drill form on 10/12/15.</p> <p>3) On 9/29/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 12 minutes to complete with one staff. The "Evaluation of any problem with the drill" section indicated, "Clients were frustrated, but overall cooperative." The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form on 9/30/15.</p> <p>4) On 9/12/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 8 minutes to complete with one staff. The "Evaluation of any problem with the drill" section indicated, "N/A." The "Plan of correction for problem with the drill" section indicated "N/A." The Coordinator reviewed the drill form but did not include a date.</p> <p>5) On 8/12/15 at 6:30 PM, an evacuation for a fire drill was conducted taking 5 minutes and 35 seconds to complete with three staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form on 8/17/15.</p>			

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	<p>6) On 7/11/15 at 8:30 AM, an evacuation for a fire drill was conducted taking 9 minutes and 35 seconds to complete with three staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form on 7/13/15.</p> <p>7) On 6/29/15 at 12:30 AM, an evacuation for a fire drill was conducted taking 10 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form but not include a date.</p> <p>8) On 6/27/15 at 11:15 PM, an evacuation for a fire drill was conducted taking 9 minutes and 56 seconds to complete with one staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. The Coordinator reviewed the drill form on 7/13/15.</p> <p>9) On 4/18/15 at 6:10 AM, an evacuation for a fire drill was conducted taking 18 minutes to complete with two staff. The "Evaluation of any problem with the</p>			

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	<p>drill" section indicated "N/A." The "Plan of correction for problem with the drill" section indicated "N/A." The Coordinator reviewed the drill form on 4/22/15.</p> <p>10) On 4/6/15 at 5:45 AM, an evacuation for a fire drill was conducted taking 6 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>11) On 3/19/15 at 11:00 PM, an evacuation for a fire drill was conducted taking 8 minutes to complete with one staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>12) On 3/8/15 at 2:00 AM, an evacuation for a fire drill was conducted taking 14 minutes to complete with one staff (second staff listed however the second staff was present only to pick up her purse she left at the group home and did not participate in the drill). The "Evaluation of any problem with the</p>				

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	<p>drill" section indicated, "Off-roading wheelchairs is not easy - using back/kitchen exit is extra challenging." The Plan of Correction section, documented by the staff who completed the form, indicated, "Mobile clients b4 (before) clients in chairs would be faster." The Coordinator reviewed the drill form on 3/23/15.</p> <p>13) On 12/12/14 at 9:30 PM, an evacuation for a fire drill was conducted taking 8 minutes to complete with two staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>14) On 12/2/14 at 4:00 AM, an evacuation for a fire drill was conducted taking 11 minutes to complete with two staff. The "Evaluation of any problem with the drill" section was blank. The "Plan of correction for problem with the drill" section was blank. There was no documentation the Coordinator reviewed the drill form.</p> <p>On 11/2/15 at 3:54 PM, the Coordinator initially indicated the targeted time to conduct evacuation drills was between 2 and 5 minutes. The Coordinator</p>			

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	<p>indicated there was one staff at the group home from 10:00 PM to 6:00 AM. The Coordinator indicated there had been no discussion of evacuation drills by the clients' interdisciplinary teams over the past year pertaining to the length of time to conduct the drills. The Coordinator indicated there were no clients at the group home with training objectives to increase their participation in evacuation drills. The Coordinator indicated there had been no corrective action to address the evacuation drills at the group home.</p> <p>On 11/4/15 at 2:08 PM, the Coordinator indicated the group home was rated slow. The Coordinator indicated the group home should evacuate in 7 to 10 minutes. The Coordinator indicated the slow rating was based on the fire safety assessments completed for the clients. The Coordinator indicated three clients were rating slow (clients #1, #3 and #4) and two were rated impractical (clients #2 and #5). The Coordinator indicated one staff was sufficient during the overnight shift from 10:00 PM to 6:00 AM with some improvements and evaluation of the drill procedures. The Coordinator indicated over the past year, there was not a consistent staff working during the overnight shift. The Coordinator indicated there was currently consistent staff working during the overnight shift.</p>			

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	<p>On 11/4/15 at 12:03 PM, the Organizational Effectiveness Coordinator (OEC) indicated he was the chairperson for the Safety Committee. The OEC indicated the targeted time for evacuating the group home was based on the F1 ratings but he was unsure of the rating for the group home. The OEC indicated one time per month he reviewed the drills to ensure the drills were conducted. The OEC indicated he also reviewed the drills for the completed times and any notes written on the drills. The OEC indicated the section on the drill forms was completed during the Safety Committee however the drill forms were not re-entered into the electronic system afterwards. The OEC indicated the facility needed to investigate to find out what the issues were during drills. The OEC indicated if the group home had a sprinkler system, one staff was sufficient. The OEC indicated client #1, #2, #3, #4 and #5's group home had not been discussed as a home with issues by the Safety Committee.</p> <p>On 11/4/15 at 3:01 PM, the Group Home Director indicated drills taking more than a few minutes needed to be evaluated and corrective action implemented.</p> <p>9-3-7(a)</p>						

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W 9999 Bldg. 00	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>1) 460 IAC 9-3-1(a) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>14. A significant injury to an individual that includes but is not limited to: c. choking that requires intervention including but not limited to: ...iii. back blows and i. any pica (ingestion of non-nutritive item) ingestion requiring more than first aid.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 14 incident/investigative reports reviewed affecting client #2, the facility</p>	W 9999	<p>plan of correction: facility staff trained monthly on reporting alleged abuse and neglect, including choking incidents. This will ensure that the agency will report specified circumstances to bdds within 24 hour deadline (attachment a and b).</p> <p>plan of prevention: facility staff trained monthly on reporting alleged abuse and neglect, including choking incidents. This will ensure that the agency will report specified circumstances to bdds within 24 hour deadline (attachment a and b).</p> <p>plan of monitoring: facility coordinator will provide weekly monitoring at day program and facility to ensure that staff immediately reports alleged abuse and neglect, including choking incidents. day program coordinator. This will ensure that the agency will report specified circumstances to bdds within 24 hour deadline.</p>	11/16/2015

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	<p>failed to submit an incident report to the Bureau of Developmental Disabilities Services within 24 hours of an incident of choking, in accordance with state law.</p> <p>Findings include:</p> <p>On 11/2/15 at 11:45 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 4/20/15 at 3:00 PM, facility-operated day program staff #1 observed that client #2's face was red. The Stone Belt ARC, Inc Incident Report, dated 4/21/15, indicated, in part, "I ran toward (sic) her and noticed she was choking (sic) on a rubber (sic) sensory (sic) toy. She had swallowed the entire (sic) toy except for one tentacle (sic) and I tapped her back then (sic) ran to get gloves when I got back she had already spit it out. I threw (sic) away the toy." Day program staff #1 documented the incident as "choking" on the form. The 4/22/15 Bureau of Developmental Disabilities Services Incident Report indicated, "On 04/20/2015 at 3:00 PM, staff was working with clients in day program and looked at [client #2] and noticed her face was red. Staff ran to [client #2] and noticed she was choking on a rubber sensory toy. [Client #2] had swallowed the entire toy except for one of the tentacles of the toy was still</p>			

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	<p>visible. Staff tapped her on the back then ran to get gloves, when staff returned to her, [client #2] had already spit out the toy; staff made sure [client #2] was breathing properly without any obstructions. Staff threw away the toy. Day Program Director notified on 04/21/2015. Staff made sure [client #2] was okay and out of reach of anything else. Investigation of this allegation is pending."</p> <p>The 4/24/15 Investigative Report indicated, "The purpose of the investigation is to: 1) Clarify why the incident was not reported. 2) Clarify if choking procedure was followed during incident." Day Program staff #1's interview in the investigation indicated, "[Day Program Staff #1] admitted that he saw [client #2] 'choking' on 4/20/15 in room one classroom. He reported 'her face was red and she looked like she was choking.' [Staff #1] admitted he 'tapped her back, to get her attention, so she would open her mouth.' He reported he obtained gloves with the intent of manually retrieving the object in [client #2's] mouth with his hands. [Staff #1] reported he got the gloves on his hands, and turned to retrieve toy, when [Day Program Staff #2] told him 'She already spit it out, so relax.' He estimated the size of the base of the toy to be 'about the</p>			

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	<p>size of a ping pong ball,' and had 'legs' and was made of 'squishy rubber.'</p> <p>Interviewer asked about [client #2's] choking plan and procedure, as well as CPR (cardiopulmonary resuscitation) choking standards. [Staff #1] reported 'Using my hands to get the toy was the fastest way to get the toy out of her mouth.' [Staff #1] states [client #2] was sitting strapped in her wheel chair next to a table in room one with sensory toys. He reports he was 'watching [names of peers],' he did not know who was 'watching' [client #2]. He described the process of figuring out what staff is responsible for what client. He stated in the classroom there is a list of staff and the 'client they are with for the day.' He added he was asked by [name of day program coordinator] to 'train the new guy' on the clients he was responsible for that day, [names of peers]. When asked about reporting the incident, including communication with [client #2's] group home staff and writing an IR (incident report), he responded 'I didn't know I had to write an IR for choking. There was no injury, no staff or clients got hurt, I didn't think I had to report.'</p> <p>On 11/4/15 at 12:23 PM, a review of client #2's record was conducted. On 4/21/15 client #2 was seen at a walk-in clinic. The 4/21/15 Outside Services</p>			

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	<p>Report indicated the Reason for Visit was "24 hours ago chocked (sic) on toy - toy came up - asperation (sic)?" The Diagnosis section indicated, "Hx (history) of possible FB (foreign body)." The Treatment section indicated, "None - observation only."</p> <p>On 11/2/15 at 12:25 PM, the Coordinator indicated BDDS reports should be submitted within 24 hours.</p> <p>On 11/5/15 at 1:35 PM, the Group Home Director (GHD) indicated BDDS reports should be submitted within 24 hours.</p> <p>9-3-1(b)</p>			