

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/02/2011
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 10633 S AMERICA RD LA FONTAINE, IN46940		
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W0000	<p>This visit was for the investigation of complaint #IN00098327</p> <p>Complaint #IN00098327: SUBSTANTIATED, Federal and State deficiencies related to the allegation are cited at W149 and W153.</p> <p>Dates of Survey: October 25, 26, and November 2, 2011.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>Provider Number: 15G799 Facility Number: 0012562 AIM Number: 201017540</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 11/18/11 by Tim Shebel, Medical Surveyor III.</p>	W0000			
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, for 3 of 3 allegations of abuse, neglect, and mistreatment for 4 of 4</p>	W0149	<p><b>W 149</b>Staff Treatment of Clients - Immediate Reporting of Allegations <b>Corrective action for resident(s) found to have been affected</b>All staff members across</p>	12/02/2011	

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>clients (clients A, B, C, and D) who lived in the group home, the facility neglected to implement their abuse, neglect, and mistreatment policy and procedure to immediately report allegations to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance to state law and neglected to prevent facility staff from exploiting and involving 4 of 4 clients living at the group home (clients A, B, C, and D) during staff misconduct.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 10/25/11 were reviewed on 10/25/11 at 10am and indicated the following:</p> <p>-A 10/17/11 BDDS report for an incident on 7/11/2011 at 12pm, indicated "a staff member complained to the former [Qualified Mental Retardation Professional] that a weekend staff person (staff #1) was disrespectful co worker who interacted inappropriately with clients (clients A, B, C, and D)." The report indicated staff statements were taken and were "consistent in that the conclusion was that [the staff member #1] acted inappropriately toward clients." The report indicated the staff member #1 was</p>		<p>shifts will receive training on the requirement - per agency policy - that all allegations of abuse, neglect, and exploitation are immediately reported to a supervisor. The content of the training will go beyond what already has been trained to staff and will include a competency-based component. The enhanced training topics will include historical context of abuse toward people with disabilities in residential settings as well as the need to be aware of other things that must be reported, such as staff threats to coworkers that could feel threatening to a client. Because of the potential for inappropriate racial issues to emerge in a home with multiple clients who are members of a racial minority, that too will be part of the training. Specifically, staff members will receive training that makes absolutely clear that no racist comments will be tolerated, and if observed, they must be reported immediately. <b>How facility will identify other residents potentially affected &amp; what measures taken</b>All residents affected, and corrective action will address the needs of all clients in the home. <b>Measures or systemic changes facility put in place to ensure no recurrence</b>Staff members will receive training that goes beyond trainings already conducted. New staff hired to work in the home in the future also will receive the</p>		

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	<p>terminated on 7/12/11 for that reason. No staff retraining for reporting incidents immediately was available for review.</p> <p>-The 7/12/11 investigation indicated staff person #7 used derogatory racial comments toward clients A, B, C, and D. The facility staff #7 was terminated on 7/12/11.</p> <p>-A 10/1/11 BDDS report for an incident on 9/29/11 no time provided, indicated on 10/1/11 at 11am, client A "approached the home manager and indicated that he needed to speak with her about a concern." The report "indicated [client A] was angry because a staff (staff #1) member had been threatening another staff member." The threatening staff member was suspended on 10/1/11 when the administrator was notified. The alleged staff intimidator was terminated from employment on 10/6/11 for intimidation. No staff retraining for reporting incidents immediately was available for review.</p> <p>-A 10/1/11 BDDS report for an incident on 10/1/11 at 1pm, indicated client A had reported staff intimidation on 10/1/11 at 11am, and during the investigation into the staff intimidation allegation, client A indicated "the staff who had previously been suspended had been accepting gifts from him, clothing and a ring, had</p>		<p>training. <b>How corrective actions will be monitored to ensure no recurrence</b>House Manager supervises staff and ensures proper training, including training for new hires. The Regional Director supervises the manager.</p>		

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	<p>engaged in some inappropriate contact with him, and had allegedly been taking some of his PRN (as needed) medications."</p> <p>-The 10/12/11 follow up BDDS report indicated the investigation conclusion "that all of the allegations were unsubstantiated." The investigation results indicated client A was referred to counseling for victims assistance because of the possibility of client A "possibly" being a victim. The results indicated the evidence of the investigation did not support the likelihood that the allegations occurred. The alleged staff intimidator (staff #1) was terminated from employment on 10/6/11 for intimidation by text messages toward other staff.</p> <p>The 10/6/11 investigation witness statements indicated the following: -Staff #1 indicated on 9/29/11 no time documented, the two facility staff on duty at the group home (staff #1 and staff #3) with clients B, C, and D were in the kitchen cooking supper and facility staff #2 and client A were on a supper outing in the community. Staff #1 indicated she "called them back home for assistance with behaviors from another consumer." Staff #1 indicated staff #2 texted staff #3 and "informed us [client A] was mad he had to come home and couldn't eat [name of the restaurant]." Staff #1 indicated</p>				

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	<p>staff #2 was showing staff #3 how to cook and staff #1 suggested staff #2 show her. Staff #1 stated staff #2 said in an "angry manner D--- [staff #1] why the h--- are you rushing me?"</p> <p>-Staff #2 provided a printed text dated 10/2/11 from his personal telephone which indicated clients A, B, C, and D had knowledge of the allegation of threats made from staff #1 toward staff #2. The 10/2/11 text messages included information of threats of body harm toward staff #1 made in front of clients who lived at the group home, allegations of client to staff relationships encouraged by staff, and clients A, B, C, and D's personal history information which was not public knowledge.</p> <p>-Staff #2's statement 10/3/11 indicated "on 9/29/11 [staff #1] called my cell phone while I was on an outing with [client A] and she made threats saying she was going to have me jumped and beat up. [Client A] could hear her as she (staff #1) was yelling on the phone and he showed some concern."</p> <p>-Staff #2's statement 10/5/11 indicated he "witnessed [staff #1] accepting a t-shirt from [client A] that [client A] had gotten from the state fair."</p>				

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	<p>-Staff #3's statement indicated she "witnessed [staff #1] having a conversation with [staff #2] other staff over the phone threatening to have [staff #2] jumped because of the way he (staff #2) talked to [staff #1]...[Staff #1] done this so in the kitchen and at the table while other clients were around (sic)."</p> <p>-Client #1's statement indicated "[staff #1] threatened to have [staff #2] jumped and killed. [Staff #1] was at the house and [staff #2] was taking me to [name of restaurant]. [Staff #1] called [staff #2] to threaten him."</p> <p>-Staff #4 indicated he observed staff #1 who "took two (2) cigarettes from [client A] two weeks ago."</p> <p>The 10/6/11 investigation indicated "All staff across the home will receive a record of training that they should not be exchanging cigarettes with any clients." Staff #1 was "only briefly in and out of the home." Staff #2 was disciplined because he "notified [staff #1] that it was [client A] who first reported the incident." The results of the 10/6/11 investigation indicated "Threatening behavior will not be tolerated, especially since clients could feel threatened." Staff #1 was terminated on 10/6/11. The results of the investigation indicated "Staff members</p>				

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	<p>should make efforts to prevent clients from involvement in incidents that are not client related, especially if they might cause distress. In other words, [client A] should not have known about the threat."</p> <p>On 10/25/11 at 10am, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility policy indicated the facility would investigate allegations of abuse, neglect, and mistreatment of clients. The facility policy indicated the facility would take corrective action during investigations when the facility determined corrective action systematically would protect the clients from abuse/neglect. The facility neglected to ensure implementation of</p>				

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	<p>their policy and procedures to prohibit abuse, neglect, and mistreatment.</p> <p>On 10/25/11 at 10am, an interview with the House Manager (HM) was completed. The HM indicated the allegations documented on 7/11/11 and 9/29/11 were not reported immediately by the facility staff and should have been reported.</p> <p>On 11/2/11 at 3pm, an interview with the Site Director (SD) was completed. The SD indicated the allegations on 7/11/11 and 9/29/11 were not immediately reported to the administrator and to BDDS according to state law by the facility staff and should have been reported. The SD indicated the facility did not have documented retraining by the facility staff for immediately reporting of allegations of abuse, neglect, or mistreatment. The SD indicated the facility did not have documented oversight of the implementation of the agency's policy and procedure for abuse, neglect, mistreatment for facility staff to prevent abuse, neglect, and mistreatment of clients A, B, C, and D.</p> <p>This federal tag relates to complaint #IN00098327.</p> <p>9-3-2(a)</p>				

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W0153	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review, and interview, for 3 of 3 allegations from 7/1/11 through 10/1/11 for 4 of 4 clients (clients A, B, C, and D), the facility failed failed to immediately report allegations of abuse, neglect, and mistreatment immediately and failed to immediately report staff exploiting and involving clients A, B, C, and D during staff misconduct incidents to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 10/25/11 were reviewed on 10/25/11 at 10am and indicated the following:</p> <p>-A 10/17/11 BDDS report for an incident on 7/11/2011 at 12pm, indicated "a staff member complained to the former [Qualified Mental Retardation Professional] that a weekend staff person (staff #1) was disrespectful co worker</p>	W0153	<p><b>W 153</b>Staff Treatment of Clients – Immediate Reporting of Allegations</p> <p><b>Corrective action for resident(s) found to have been affected</b>All staff members across shifts will receive training on the requirement - per agency policy - that all allegations of abuse, neglect, and exploitation are immediately reported to a supervisor. The content of the training will go beyond what already has been trained to staff and will include a competency-based component. The enhanced training topics will include historical context of abuse toward people with disabilities in residential settings as well as the need to be aware of other things that must be reported, such as staff threats to coworkers that could feel threatening to a client. Because of the potential for inappropriate racial issues to emerge in a home with multiple clients who are members of a racial minority, that too will be part of the training. Specifically, staff members will receive training that makes absolutely clear that no racist comments will be tolerated, and if observed, they must be reported immediately. <b>How facility will identify other</b></p>	12/02/2011	

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	<p>who interacted inappropriately with clients (clients A, B, C, and D)." The report indicated staff statements were taken and were "consistent in that the conclusion was that [the staff member #1] acted inappropriately toward clients." The report indicated the staff member #1 was terminated on 7/12/11 for that reason. No staff retraining for reporting incidents immediately was available for review.</p> <p>-The 7/12/11 investigation indicated staff person #7 used derogatory racial comments toward clients A, B, C, and D. The facility staff #7 was terminated on 7/12/11.</p> <p>-A 10/1/11 BDDS report for an incident on 9/29/11 no time provided, indicated on 10/1/11 at 11am, client A "approached the home manager and indicated that he needed to speak with her about a concern." The report "indicated [client A] was angry because a staff (staff #1) member had been threatening another staff member." The threatening staff member was suspended on 10/1/11 when the administrator was notified. The alleged staff intimidator was terminated from employment on 10/6/11 for intimidation. No staff retraining for reporting incidents immediately was available for review.</p> <p>-A 10/1/11 BDDS report for an incident</p>		<p><b>residents potentially affected &amp; what measures taken</b>All residents affected, and corrective action will address the needs of all clients in the home. <b>Measures or systemic changes facility put in place to ensure no recurrence</b>Staff members will receive training that goes beyond trainings already conducted. New staff hired to work in the home in the future also will receive the training. <b>How corrective actions will be monitored to ensure no recurrence</b>House Manager supervises staff and ensures proper training, including training for new hires. The Regional Director supervises the manager.</p>		

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	<p>on 10/1/11 at 1pm, indicated client A had reported staff intimidation on 10/1/11 at 11am, and during the investigation into the staff intimidation allegation, client A indicated "the staff who had previously been suspended had been accepting gifts from him, clothing and a ring, had engaged in some inappropriate contact with him, and had allegedly been taking some of his PRN (as needed) medications."</p> <p>-The 10/12/11 follow up BDDS report indicated the investigation conclusion "that all of the allegations were unsubstantiated." The investigation results indicated client A was referred to counseling for victims assistance because of the possibility of client A "possibly" being a victim. The results indicated the evidence of the investigation did not support the likelihood that the allegations occurred. The alleged staff intimidator (staff #1) was terminated from employment on 10/6/11 for intimidation by text messages toward other staff.</p> <p>The 10/6/11 investigation witness statements indicated the following: -Staff #1 indicated on 9/29/11 no time documented, the two facility staff on duty at the group home (staff #1 and staff #3) with clients B, C, and D were in the kitchen cooking supper and facility staff #2 and client A were on a supper outing in</p>				

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	<p>the community. Staff #1 indicated she "called them back home for assistance with behaviors from another consumer." Staff #1 indicated staff #2 texted staff #3 and "informed us [client A] was mad he had to come home and couldn't eat [name of the restaurant]." Staff #1 indicated staff #2 was showing staff #3 how to cook and staff #1 suggested staff #2 show her. Staff #1 stated staff #2 said in an "angry manner D--- [staff #1] why the h--- are you rushing me?"</p> <p>-Staff #2 provided a printed text dated 10/2/11 from his personal telephone which indicated clients A, B, C, and D had knowledge of the allegation of threats made from staff #1 toward staff #2. The 10/2/11 text messages included information of threats of body harm toward staff #1 made in front of clients who lived at the group home, allegations of client to staff relationships encouraged by staff, and clients A, B, C, and D's personal history information which was not public knowledge.</p> <p>-Staff #2's statement 10/3/11 indicated "on 9/29/11 [staff #1] called my cell phone while I was on an outing with [client A] and she made threats saying she was going to have me jumped and beat up. [Client A] could hear her as she (staff #1) was yelling on the phone and he</p>				

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	<p>showed some concern."</p> <p>-Staff #2's statement 10/5/11 indicated he "witnessed [staff #1] accepting a t-shirt from [client A] that [client A] had gotten from the state fair."</p> <p>-Staff #3's statement indicated she "witnessed [staff #1] having a conversation with [staff #2] other staff over the phone threatening to have [staff #2] jumped because of the way he (staff #2) talked to [staff #1]...[Staff #1] done this so in the kitchen and at the table while other clients were around (sic)."</p> <p>-Client #1's statement indicated "[staff #1] threatened to have [staff #2] jumped and killed. [Staff #1] was at the house and [staff #2] was taking me to [name of restaurant]. [Staff #1] called [staff #2] to threaten him."</p> <p>-Staff #4 indicated he observed staff #1 who "took two (2) cigarettes from [client A] two weeks ago."</p> <p>The 10/6/11 investigation indicated "All staff across the home will receive a record of training that they should not be exchanging cigarettes with any clients." Staff #1 was "only briefly in and out of the home." Staff #2 was disciplined because he "notified [staff #1] that it was</p>				

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	<p>[client A] who first reported the incident." The results of the 10/6/11 investigation indicated "Threatening behavior will not be tolerated, especially since clients could feel threatened." Staff #1 was terminated on 10/6/11. The results of the investigation indicated "Staff members should make efforts to prevent clients from involvement in incidents that are not client related, especially if they might cause distress. In other words, [client A] should not have known about the threat."</p> <p>On 10/25/11 at 10am, an interview with the House Manager (HM) was completed. The HM indicated the allegations documented on 7/11/11 and 9/29/11 were not reported immediately by the facility staff and should have been reported.</p> <p>On 11/2/11 at 3pm, an interview with the Site Director (SD) was completed. The SD indicated the allegations on 7/11/11 and 9/29/11 were not immediately reported to the administrator and to BDDS according to state law by the facility staff and should have been reported. The SD indicated the facility did not have documented retraining by the facility staff for immediately reporting of allegations of abuse, neglect, or mistreatment. The SD indicated the facility did not have documented oversight of the implementation of the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/02/2011
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	<p>agency's policy and procedure for abuse, neglect, mistreatment for facility staff to prevent abuse, neglect, and mistreatment of clients A, B, C, and D.</p> <p>This federal tag relates to complaint #IN00098327.</p> <p>9-3-2(a)</p>				