

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 926 S TENTH ST LAFAYETTE, IN 47905
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W000000	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: August 12, 13, 14, 15, 18 and 29, 2014.</p> <p>Facility Number: 000785 Provider Number: 15G265 AIMS Number: 100249010</p> <p>Surveyors: Amber Bloss, QIDP-TC Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/15/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on interview and record review, the governing body failed to meet the Condition of Participation: Governing</p>	W000102	The facility currently has written policy and procedures to identify, report, and thoroughly investigate	09/28/2014

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

TITLE

(X6) DATE

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

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	<p>Body for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, #8). The Governing Body neglected to develop and/or implement a system to identify, report, thoroughly investigate, and prevent neglect and/or abuse by not developing and/or implementing systemic policies and protocols to report, thoroughly investigate, and prevent recurrence of client to client abuse, to report and thoroughly investigate allegations of staff abuse/neglect, to report a physical restraint to the state agency BDDS (Bureau of Developmental Disabilities Services), to provide training/teaching necessary to prevent recurrent UTI (urinary tract infection) and STDs (sexually transmitted diseases). The governing body neglected to exercise general operating direction over the group home to ensure maintenance was completed.</p> <p>Findings include:</p> <p>1. Please see W122. The governing body failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, and #8). The governing body neglected to develop and/or implement a system to identify, report, thoroughly investigate, and prevent neglect and/or abuse. The</p>		<p>to prevent abuse, neglect, exploitation, and client to client abuse. All new employees and supervisors are trained on the policies and their full implementation there-of. The facility provides training and teaching necessary to prevent recurrent urinary tract infections and sexually transmitted diseases. The facility follows protocols to protect the clients by ensuring training/teaching is provided to the clients to support their safety and well-being.</p> <p>The facility maintenance person makes repairs to the group home as needed. All repairs including painting, door mending, wall mending, closet repair, hand rail, light fixtures, and replace client mattress will be scheduled for repair. The facility will work with the client to clean and maintain a clean room.</p> <p>The facility will continue the implementation of the policy and procedure on mistreatment, neglect or abuse of a client including to identify, report, thoroughly investigate and prevent neglect and/or abuse. The facility will be proactive to address repairs to the home as needed. The Home Manager will monitor the condition of the home on a weekly basis to ensure repairs are completed in a timely manner for client safety and</p>	

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	<p>governing body neglected to investigate client to client abuse and an allegation of staff to client sexual abuse. The governing body neglected to thoroughly investigate incidents of client to client abuse which occurred in the workshop. The governing body failed to report client to client abuse, an allegation of staff to client sexual abuse, and a physical restraint to the Administrator and/or to the state agency BDDS (Bureau of Developmental Disabilities Services). The governing body failed to provide the necessary training/teaching programs to prevent recurrent UTIs (Urinary Tract Infections) and to prevent recurrent acquired STD (sexually transmitted diseases).</p> <p>2. Please see W104. The facility's governing body failed to exercise general policy and operating direction over the facility for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, and #8) to ensure thorough investigations of client to client abuse, to report incidents of client to client abuse to a state agency, and to report and thoroughly investigate an allegation of staff to client sexual abuse. The governing body failed to exercise general policy and operating direction over the facility to prevent recurrence of UTIs (urinary tract infections) and to ensure prevention of STDs (sexually transmitted</p>		<p>well being.</p> <p>Please also refer to W 104, W122 and W149.</p> <p>Responsible Party: Area Director/Program Director Completion Date: 9/28/14</p>				

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W000104	<p>diseases). The governing body failed to exercise operating direction over the group home to ensure maintenance was completed for the interior of the home in regards to condition of painted door frames, missing window privacy measures, repairs to bedroom walls, strong smell of urine, burned areas of upstairs bathroom flooring, and missing light fixtures.</p> <p>9-3-1(a)</p> <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 record review and interview for 8 of 8 clients residing in the home (#1, #2, #3, #4, #5, #6, #7, and #8), the facility's governing body failed to exercise general policy and operating direction over the facility to ensure thorough investigations of client to client abuse. The governing body failed to exercise general policy and operating</p>	W000104	The facility currently has written policy and procedures to identify, report, and thoroughly investigate to prevent abuse, neglect, exploitation, and client to client abuse. All new employees and supervisors are trained on the policy and its full implementation there-of. Additionally, the facility has policy and procedures to report to the Bureau of Developmental Disabilities Services when the use of a physical	09/28/2014

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	<p>direction over the facility to ensure the facility implemented and/or developed written policy and procedures to report incidents of client to client abuse to a state agency, and to report and thoroughly investigate an allegation of staff to client sexual abuse. The governing body failed to exercise general policy and operating direction over the facility to prevent recurrence of UTIs (urinary tract infections) and to ensure prevention of STDs (sexually transmitted diseases).</p> <p>Based on observation and interview, for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) who resided in the home, the governing body failed to exercise operating direction over the group home to ensure maintenance was completed for the interior of the home in regards to the condition of painted door frames, missing window privacy measures, repairs to bedroom walls, strong smell of urine, burned areas of upstairs bathroom flooring, and missing light fixtures.</p> <p>Findings include:</p> <p>1) Please refer to W149. The governing body neglected to follow written abuse policy and protocol to prevent client to client abuse for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10,</p>		<p>restraint is utilized. The facility provides training and teaching necessary to prevent recurrent urinary tract infections and sexually transmitted diseases. The facility also has procedures in place to ensure maintenance at the group home.</p> <p>The facility will continue the implementation of the policy and procedure on mistreatment, neglect or abuse of a client including to identify, report, thoroughly investigate and prevent neglect and/or abuse. The facility will be proactive to address repairs to the home as needed. The Home Manager will monitor the condition of the home on a weekly basis to ensure repairs are completed in a timely manner for client safety and well being.</p> <p>Please refer to W149, W 153, W154, and W157</p> <p>Responsible Party: Program Director Completion Date: 9/28/14</p>	

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	<p>and #11) and neglected to report an incident of client to client abuse to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 4 sampled clients (#3) and 1 additional client (#5). The governing body neglected to develop and/or implement written abuse policies and protocols in regards to thorough investigation of an allegation of staff to client verbal abuse for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8). The governing body neglected to develop and/or implement written abuse/neglect policies and protocols to systematically and reproducibly identify, report to the Administrator and the state agency BDDS (Bureau of Developmental Disabilities Services), and to thoroughly investigate allegations of staff to client sexual abuse, client to client abuse, and to report a client restraint for 2 of 4 sampled clients (#2, #3). The governing body failed to implement sufficient corrective action to prevent recurrent UTIs (urinary tract infections) and to update the plan as necessary to prevent recurring UTIs and failed to implement sufficient corrective action to prevent recurrence of acquiring a sexually transmitted disease for 1 of 4 sampled clients (#3).</p> <p>2) Please see W153. The governing body</p>						

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	<p>failed to report client to client abuse and an incident of physical restraint to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 4 sampled clients (#3). The governing body failed to ensure allegations of staff to client sexual abuse, client to client abuse, and a client restraint were reported to the Administrator and/or the state agency BDDS for 2 of 4 sampled clients (#2, #3).</p> <p>3) Please see W154. The governing body failed to ensure thorough investigations of client to client abuse at the workshop setting for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10, and #11). The governing body failed to ensure a thorough investigation of an allegation of staff to client verbal abuse for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8). The governing body failed to ensure thorough investigations of allegations of staff to client sexual abuse and client to client abuse.</p> <p>4) Please see W157. The governing body failed to implement sufficient corrective measure to prevent recurrence of client to client abuse at the workshop setting for 1 of 4 sampled clients (#3) and 1 additional client (#5) and 2 additional day service clients (#9, #10). The</p>			

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	<p>governing body failed to implement sufficient corrective action to prevent recurrent UTIs (urinary tract infections) and prevent further acquiring STDs (sexually transmitted disease) for 1 of 4 sampled clients (#3).</p> <p>5) On 8/12/14 between 6:25 AM and 8:10 AM, the group home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was observed. The bathroom off of the kitchen had paint chipped off throughout the doorway frame. The bathroom door had two deadbolt locks which had been moved but the holes were left unfilled. Client #1's bedroom walls had a painted plywood type surface. Client #1's bedroom walls contained over 100 nail holes scattered on every wall which were left unfilled and unpainted. Client #1 had no curtain, no closet door, no rod in the closet for hanging clothes and no shelves in the closet for storage of clothing. Client #1's clothes were stacked in piles on the floor of his closet. The closet had new panels of wood door framing which were incomplete. The upstairs bathroom had large burn marks on the tile floor. During an interview on 8/12/14 at 7:35 AM, Client #3 indicated the burn marks on the floor were from a fire set in the waste basket by another client. The stairwell to the kitchen was narrow and had a steep angle but as individuals</p>			

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	<p>descend the staircase to the kitchen there was only a handrail on the left side. Near the stairwell were uncovered light fixtures with the light bulbs exposed. Client #3's bedroom upstairs smelled of strong urine and strong deodorizer.</p> <p>During an interview on 8/29/14 at 4:35 PM, the Administrator indicated Client #1 did not prefer a bedroom curtain for privacy. The Administrator indicated Client #1 did not want a closet door and continued to tear them down when they were reinstalled. The Administrator stated Client #1's bedroom was difficult to maintain in good order because "he is destructive." The Administrator indicated Client #3 was getting a new mattress to eliminate the urine odor from her room. The Administrator indicated there were no further outstanding maintenance requests. The Administrator indicated he agreed the home should be maintained.</p> <p>9-3-1(a)</p>			

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3, #4) and 4 additional clients (#5, #6, #7, and #8). The facility neglected to develop and/or implement a system to identify, report, thoroughly investigate, and prevent neglect and/or abuse. The facility neglected to investigate client to client abuse and an allegation of staff to client sexual abuse. The facility neglected to thoroughly investigate incidents of client to client abuse which occurred in the workshop. The facility failed to report client to client abuse, an allegation of staff to client sexual abuse, and a physical restraint to the Administrator and/or to the state agency BDDS (Bureau of Developmental Disabilities Services). The facility failed to provide the necessary training/teaching programs to prevent recurrent UTIs (Urinary Tract Infections) and to prevent recurrent acquired STD (sexually transmitted diseases).</p>	W000122	<p>The facility currently has protocols and policies mandated specifically to ensure the protection of clients within the facility. The facility currently mandates that all staff adhere to the policy and procedure on mistreatment, neglect or abuse to protect the clients. The procedures are carried out to prevent recurrence of the above. All new employees and supervisors are trained on the policy and the procedure for protecting clients from harm. The facility has policy in place to report client to client abuse, sexual abuse, and physical restraint to the Bureau of Developmental Disabilities Services (BDDS). The facility provides training and teaching necessary to prevent recurrent urinary tract infections and sexually transmitted diseases. The facility follows protocols to protect the clients.</p> <p>Please refer to W149, W153, W154, and W157</p> <p>Responsible Party: Area Director/Program Director Completion Date: 9/28/14</p>	09/28/2014

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	<p>Findings include:</p> <p>1. Please see W149. The facility neglected to follow written abuse policy and protocol to prevent client to client abuse for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10, and #11) and neglected to report an incident of client to client abuse to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 4 sampled clients (#3) and 1 additional client (#5). The facility neglected to develop and/or implement written abuse policies and protocols in regards to thorough investigation of an allegation of staff to client verbal abuse for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8). The facility neglected to develop and/or implement written abuse/neglect policies and protocols to systematically and reproducibly identify, report to the Administrator and the state agency BDDS (Bureau of Developmental Disabilities Services), and to thoroughly investigate allegations of staff to client sexual abuse, client to client abuse, and to report a client restraint for 2 of 4 sampled clients (#2, #3). The facility failed to implement sufficient corrective action to prevent recurrent UTIs (urinary tract infections) and to update the plan as</p>			
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	<p>necessary to prevent recurring UTIs and failed to implement sufficient corrective action to prevent recurrence of acquiring a sexually transmitted disease for 1 of 4 sampled clients (#3).</p> <p>2. Please see W153. The facility failed to report client to client abuse and an incident of physical restraint to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 4 sampled clients (#3). The facility failed to ensure allegations of staff to client sexual abuse, client to client abuse, and a client restraint were reported to the Administrator and/or the state agency BDDS for 2 of 4 sampled clients (#2, #3) in accordance with state law.</p> <p>3. Please see W154. The facility failed to ensure thorough investigations of client to client abuse at the workshop setting for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10, and #11). The facility failed to ensure a thorough investigation of an allegation of staff to client verbal abuse for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8). The facility failed to ensure thorough investigations of allegations of staff to client sexual abuse and client to client abuse.</p>						

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	<p>4. Please see W157. The facility failed to implement sufficient corrective measures to prevent recurrence of client to client abuse at the workshop setting for 1 of 4 sampled clients (#3) and 1 additional client (#5) and 2 additional day service clients (#9, #10). The facility failed to implement sufficient corrective action to prevent recurrent UTIs (urinary tract infections) and prevent further acquiring STDs (sexually transmitted diseases) for 1 of 4 sampled clients (#3).</p> <p>9-3-2(a)</p>			

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

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W000149	<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>1) Based on record review and interview, the facility neglected to prevent recurrence of client to client abuse by not developing and/or implementing written abuse policies and protocols in regards to ensuring thorough investigations of client to client abuse at the workshop setting for 7 of 7 incidents of client to client abuse reviewed for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10, and #11) and neglected to report 1 of 7 incidents of client to client abuse to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 4 sampled clients (#3) and 1 additional client (#5).</p> <p>2) Based on record review and interview, the facility neglected to develop and/or implement written abuse policies and protocols in regards to thoroughly investigating an allegation of staff to client verbal abuse for 1 of 1 allegation of staff to client abuse reviewed for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8).</p> <p>3) Based on record review and interview, the facility neglected to develop and/or</p>	W000149	<p>The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client, reporting, investigation and prevention of reoccurrence. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The supervisors are trained on the specific policies, documentation of notification of the incident including thorough investigation of all alleged abuse allegations at home, at day facility and in the community. The facility develops a plan to prevent recurrence of abuse for the client. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection is met.</p> <p>The facility will train the staff on client behavior support plans, documentation of targeted behaviors and notification of supervisor immediately. The facility will train the staff/Home Manager, Program Director and Day Program Supervisor on the abuse/neglect policy including documentation, reporting known/unknown origin</p>	09/28/2014

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	<p>implement written abuse/neglect policies and protocols to systematically and reproducibly identify, report to the Administrator and the state agency BDDS (Bureau of Developmental Disabilities Services), and to thoroughly investigate allegations of staff to client sexual abuse, client to client abuse, and to report a client restraint for 2 of 4 sampled clients (#2, #3).</p> <p>4) Based on record review and interview, the facility neglected to implement corrective actions to prevent recurrent UTIs (urinary tract infections) and neglected to develop a risk plan for sexual health and hygiene for the prevention, monitoring, and/or treatment of acquired sexually transmitted diseases for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>1 a) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. A BDDS report dated 1/13/14 indicated "Supervisor (at workshop) had reported that she heard screaming in the restroom. She went into the restroom to find [Client #10] holding her face and crying. [Client #3] slapped [Client #10] across the face because [Client #10] told her to leave her</p>		<p>injuries and investigation. The training will include but not be limited to incidents of alleged abuse in the nature of verbal, sexual, physical, plus least restrictive interventions prior to using Physical Intervention Alternative restraints. The Home Manager and Program Director will be trained on BDDS incident reporting/investigation protocols, documentation of incidents while On-call, plus follow through to ensure corrective/protective measures are put in place to prevent reoccurrence of all abuse related incidents and assess effective nature of the client behavioral support plans. The investigation training will include the necessary components needed in an investigation report including supervision of a client, inclusion of client/witness interview comments, review of client behavior support plan, clear conclusion of substantiation or not of alleged act, was BSP of client implemented as written, and were least restrictive measures used prior to the use of client restraint. In addition, investigation of day program incidents as needed or obtaining a copy with adequate content from the day facility.</p> <p>The behavior plan will be reviewed by client interdisciplinary team and revised as needed for Client #3. The team will formulate a plan for optimal effectiveness for reduction</p>				

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	<p>friend alone and called [Client #3] a (expletive). This supervisor questioned [Client #3] and asked her to please come to my office to talk. [Client #3] refused then ran out of the workshop and out the front doors." The report indicated "This Case Coordinator followed [Client #3] outside trying to convince her to come back inside and discuss the situation. [Client #3] admitted to slapping her in the face. There was an incident leading up to the assault. [Client #3] had been angry with another consumer for looking and talking to one of her housemates. [Client #3] was giving her dirty looks, raising her fists at her and telling her to leave him alone. When she went into the bathroom the consumers friend [Client #10] was defending her, [Client #3] and [Client #10] got into an argument and this was the result." The report indicated they contacted "house manager to pick [Client #3] up for the rest of the day...". The report indicated "[Client #3]'s BPR (behavior plan) will be marked for the behavior."</p> <p>-A workshop "Contact Sheet" dated 1/13/14 indicated DSP (direct support professional) #5 indicated she "saw [Client #3] going into (workshop) restroom. (She) heard screaming, went into restroom. [Client #3] walking out and [Client #10] was crying saying</p>		<p>of client #3 behavioral incidents including proactive/pro-social measures. The facility will ensure the day facility receives a copy of the plan plus training to implement for client #3. The Program Director will verify with day program that they are in possession of all clients' behavioral support plans and supply to day program as needed.</p> <p>The Program Director will develop a training objective for client #3 to increase her knowledge of body hygiene to assist in prevention of recurring urinary tract infections plus health and safety measures/education regarding sexual relations including prevention of sexually transmitted diseases per developed protocols. The facility will update client #3's risk management plan to clarify the client abilities, needs and corrective action plans for issues of health and safety including personal hygiene, medical issue of urinary tract infections and sexual activity/healthcare needs. The staff will be trained on Client #3's objectives, revised protocols, revised risk management plan, supervision of client while in the bathroom and overall measures to prevent abuse. The Area Director has developed a plan/protocol with the Day Program Director to ensure incidents occurring at the day program are reported to the residential facility, clarification is relayed if the incident</p>		

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	<p>[Client #3] hit her. Called for assistance."</p> <p>The facility failed to provide documentation indicating this incident was reported to the Administrator or investigated.</p> <p>b) A BDDS report dated 2/14/14 indicated Client #3 "came over to supervisor [DSP (Direct Support Professional) #1]'s desk and told him that she was going to hit someone and [DSP #1] asked her why and [Client #3] said due to an issue at home." The report indicated "[DSP #1] was in the restroom and he heard yelling in the workshop. [DSP #1] came out of the restroom to see [Client #3] taking a swing at client [Client #9 (day program client)] and hit her in the right side of the face with a closed fist." The report indicated "[Client #9] then swung back at [Client #3]." The report indicated "[Client #3] grabbed [Client #9] by the hair and that is when staff was able to intervene and break up the fight using agency approved CPI (crisis prevention) skills." The report indicated "[Client #3] went into case coordinator, [Case Coordinator (CC)]'s office where she was counseled. [Client #3] was examined for injuries and none were to be found." The report indicated "staff will keep [Client #3] and</p>		<p>has been reported to BDDS and whether an investigation is required including the party completing the investigation. The plan includes clarification of the process for residential provider to receive documentation of incidents, BDDS reports and investigations from day facility regarding the residential provider clients.</p> <p>The Home Manager will monitor the staff, MARs, documentation logs, behavioral data, client program goals and daily support records three times weekly to ensure that incidents that occur are addressed to ensure the client's basic needs are being met in full. The Program Director will review the facility daily support records on a weekly basis. The facility will continue to train all employees to follow the reporting guidelines of behavior plans as written and initiation of behavioral intervention techniques, charting of known and unknown injuries, and calling supervisors per protocol as trained.</p> <p>Person responsible: Area Director Completion Date: 9/28/14</p>	

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	<p>[Client #9] separated. Behavior plans will be followed by staff. [Client #3] went home for the day."</p> <p>-A workshop "Contact Sheet" dated 2/14/14 from the Supervisor indicated "She (Client #3) was at my desk. When I was in the restroom I heard someone yelling in the workshop. When I was coming out of the restroom I seen (sic) [Client #3] taking a swing at consumer (Client #9) then (Client #9) swung at (Client #3) then (Client #3) grabbed (Client #9) by the hair and that is when I got there and broke up the fight. They both left the workshop with the case coord. (coordinator) and they didn't return (Client #3)'s BPR (behavior record) marked."</p> <p>-An investigation report dated 2/15/14 indicated a brief summary of the incident "[Client #3] was agitated at workshop and eventually hit [Client #9] in the face with a closed fist before pulling her hair." The factual findings indicated "[DSP (direct support professional) #6] stated [Client #3] was initially upset with a fellow housemate and made threats against that person; however [Client #3] ended up targeting [Client #9] who is not a house mate. [Client #3] said that [Client #9] kept looking at her weird and that [Client #9] was calling her mean</p>			

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	names. [Client #3] ended up punching [Client #9] and pulling her hair. [Client #9] also became physically aggressive right back at [Client #3]. The supervisor ended up utilizing CPI (crisis prevention interventions) techniques to separate the individuals who were really becoming aggressive towards one another." The investigation conclusion indicated "it appears [Client #3] did attack [Client #9], including punching her and pulling her hair. Staff were reminded to follow BSP (behavior support plan) and use agency approved techniques to de-escalate situations." The investigation failed to include documented statements from Client #3, Client #9, and any other potential witnesses to the client to client abuse. The investigation failed to indicate whether Client #3's workshop area had staff oversight while the supervisor was in the restroom. The investigation failed to include whether the appropriate amount of supervision was implemented before the incident. The investigation failed to include whether Client #3's BSP was reviewed and whether staff followed Client #3's BSP. The investigation failed to indicate which CPI techniques staff used on Client #3 and whether those techniques were agency approved and whether those techniques were included in Client #3's BSP.			

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	<p>c) A BDDS report dated 4/25/14 indicated "[Client #3] Spoke (sic) to her supervisor about other people talking at Work (sic) [Client #3] (sic) Supervisor (sic) asked [Client #3] to return to Work (sic). [Client #3] then became upset and walked over and punched [Client #5] in the left Jaw (sic). The workshop supervisor got between the two of them and called a case coordinator to assist. [Client #3] was removed from the workshop and was put on in-house suspension and counseled." The report indicated "[Client #5] was at his work station when [Client #3] became upset and hit him in the Left Jaw (sic)." The report indicated Client #5 did not appear to sustain any injuries.</p> <p>-A workshop "Contact Sheet" dated 4/24/14 indicated "[Client #3] came up to my desk and told me that consumers [Client #5] and [Client #12] have been talking and that she thinks it is not wright (sic) that they can talk and no one else can talk then I told her that they where (sic) not talking and that it is my job to make sure they where (sic) not talking. I then ask (sic) her to go back to her work station and to do her job and she said that she was going to take care of it herself and she went over to [Client #5] and hit him in the face with her fist. I then step in and called for the case coord</p>			
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	<p>(coordinator) to come to workshop...".</p> <p>-An internal investigation report dated 4/25/14 indicated the factual findings as "[Workshop Supervisor] reported that [Client #3] spoke with her Workshop Supervisor and felt that people were talking about her, though [Client #3] was unable to provide specific comments or people. A short while later, [Client #3] walked over and punched [Client #5] in the side of the jaw. According to the Workshop Supervisor, she was unprovoked by him. Both [Client #3] and [Client #5] were separated and [Client #3] was counseled during in-house suspension." The investigation conclusion indicated "it appears [Client #3] did punch [Client #5] in the jaw after feeling that he was talking about her." The investigation report failed to document statements of Client #3, Client #5, and any other potential witnesses. The investigation report failed to indicate whether staff followed Client #3's BSP (behavior support plan). The investigation report failed to indicate what corrective action would be implement to prevent recurrence of client to client abuse.</p> <p>d) A BDDS report dated 6/5/14 indicated "staff heard noise coming from [Client #5]'s room and went in to find that</p>			

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	<p>[Client #3] had hit [Client #5] and in turn [Client #5] had bit [Client #3]'s hand. Apparently, [Client #5] and his roommate were cleaning their bedroom and began to argue. [Client #3] then went into the room to see what was wrong and then argued with [Client #5] and in turn hit him."</p> <p>-An internal investigation report dated 6/5/14 indicated the summary of the incident as "[Client #3] and [Client #5] got into a yelling and physically aggressive argument in which [Client #5] ended up biting [Client #3]'s hand, causing a small bruise." The report indicated [Client #3], [Client #5], DSP (direct support professional) #2, and DSP #4 were interviewed but the investigation failed to document any interviews or statements. The investigation indicated "factual findings" as "[DSP #4] heard [Client #5] and [Client #3] arguing in [Client #5]'s room. Both [Client #3] and [Client #5] were hitting each other and yelling, though it is uncertain why exactly they were angry with each other. PIA (physical hold) was not needed, because [DSP #4] assisted in de-escalating the situation. [Client #3] was escorted out of [Client #5]'s room and the two individuals were calm for the remainder of the evening. [Client #5] had no injuries, but [Client #3] had a small</p>						

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	<p>bruise where [Client #5] bit her. The investigation summary failed to indicate how recurrence of client to client abuse was to prevented. The investigation summary failed to indicate whether clients #3 and #5's BSPs were followed and whether additional monitoring would be put in place.</p> <p>e) An investigation report dated 6/25/14 indicated DSP (direct support professional) #4 "heard some noises coming from [Client #5]'s room and saw [Client #3] and [Client #5] pushing each other and yelling at each other. [DSP #4] was able to separate them as [DSP #5] came in to assist. [Client #3] was yelling at [Client #5] for talking to another girl at [workshop] even though he had a different girlfriend." The report indicated while DSP #4 "tried calming [Client #5] down, [Client #5] tried to hit [DSP #4] and was continuing to scream." The report indicated DSP #5 "helped [Client #5] out of the bedroom while [DSP #4] put [Client #3] in a PIA (physical intervention) hold (one arm hold to the ground) to keep her from attacking others. [Client #3] had bitten [Client #5] on the leg which required first aid, and [Client #3] only had minor scrapes." The investigation conclusion indicated "it appears [Client #3] and [Client #5] did engage in consumer to consumer</p>			

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	<p>aggression over [Client #5] calling a girl. The both hit each other and caused some minor injuries. Staff were reminded to adhere to BSPs (behavior support plans) and intervene when needed." The investigation failed to document any staff or client interviews. The investigation failed to indicate whether Client #3's BSP was followed and whether least restrictive measures were attempted before the PIA hold of Client #3. The investigation failed to indicate what corrective measures were to be implemented to prevent recurrence of client to client abuse. The facility failed to provide documentation to indicate this incident was reported to the state agency BDDS (Bureau of Developmental Disabilities).</p> <p>f) A BDDS report dated 7/28/14 indicated Client #2 and "another housemate were arguing back and forth and [Client #3] decided to take it upon herself to intervene and in turn got upset and pinched [Client #2] who then in turn pushed [Client #3]. Staff attempted to intervene however did not make it in time. [Client #3] was assisted up and there was no injury. [Client #2] had no injury either." The report indicated "staff were advised to implement BSPs (Behavior Support Plans) as necessary and encourage [Client #3] not to get</p>			

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	<p>involved in her housemates arguments."</p> <p>-An internal investigation report indicated Client #3, Client #2, and DSP (direct support professional) #4 were interviewed. The "factual findings" indicated "[DSP #4] saw [Client #2] and his roommate starting to argue and before she could intervene, [Client #3] became involved. [Client #3] was telling [Client #2] it wasn't right for him to be arguing and that he was wrong. [Client #3] then pinch (sic) [Client #2] on the arm who in turn pushed her. [Client #2] had no injuries from this aggression. [Client #2] had no injuries either, and both individuals were assisted by staff." The investigation summary failed to document any interviews or statements of Client #3, Client #2, DSP #4, or any potential witnesses. The investigation summary failed to indicate whether staff followed the BSPs (behavior support plans). The investigation conclusion indicated "staff were reminded to adhere to the BSP" but failed to indicate what corrective measures or additional monitoring was to be implemented to prevent recurrences of client to client abuse.</p> <p>On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual</p>						

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	<p>disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors. Client #3's BSP (behavioral support plan) dated 1/29/14 indicated the target behaviors of incontinence, resistance to instruction, physical aggression, aggressive outburst, false reporting, and self-injurious behaviors. Client #3's BSP dated 1/29/14 did not indicate any revisions had been made. Record review indicated no documentation to indicate Client #3's IDT (Interdisciplinary Team) had met to review the effectiveness of Client #3's BSP.</p> <p>On 8/13/14 at 3:28 PM, during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she was new to Client #3's group home and was uncertain why Client #3's BSP (behavior support plan) was not revised or why Client #3's IDT (interdisciplinary team) didn't meet to review Client #3's incidents of physical aggression and her BSP. The QIDP indicated Client #3 could benefit from a review and potential revision of Client #3's BSP.</p> <p>During an interview on 8/18/14 at 2:59</p>						

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	<p>PM, the Day Services Manager (DSM) indicated the only BSP (behavior support plan) for Client #3 was dated 12/27/11. The DSM indicated the day program had not received an updated copy of Client #3's BSP.</p> <p>During an interview on 8/18/14 at 4:20 PM, the Administrator indicated the day program should have received Client #3's most current BSP (behavior support plan) with her current ISP (Individual Support Plan) near the date of her annual IDT (Interdisciplinary Team) meeting what was on 10/16/13. The Administrator indicated the facility was unaware the day program did not have Client #3's most current BSP.</p> <p>g) A BDDS report dated 7/15/14 indicated "during lunch break (at day program services), [Client #11] was asked if he could crush up his crackers per his dietary protocol by a supervisor in the cafeteria. [Client #11] refused and was upset, cursing at the supervisor and stating that he was tired of following his diet. Upon seeing that [Client #11] was frustrated, the supervisor walked away to give [Client #11] a chance to calm down." The report indicated "meanwhile, [Client #2] noticed the dilemma and walked over and said to another consumer that [Client #11] was wrong...".</p>			

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	<p>The report indicated "[Client #11] jumped out of his seat and yelled at [Client #2]. [Client #2] got out of his seat and ran down the hallway for fear of [Client #11] fighting with him. [Client #11] chased [Client #2] down the hallway and kicked his backside. [Client #2] stumbled but continued to run out into the outside break room." The report indicated Client #2 had no injuries. The report indicated both clients #2 and #11 were spoken to individually in the case coordinators office regarding the incident.</p> <p>-An investigation report dated 7/14/14 indicated the conclusion as "it is likely [Client #11] got upset about his diet and in turn heard [Client #2] talk about it and in turn kicked him. Staff were advised to discuss with [Client #2] to stay out of other consumer's issues/behaviors and to monitor the two closely." The investigation failed to include statements from Client #2, Client #11, or any other clients or staff.</p> <p>During an interview on 8/13/14 at 1:35 PM, the Regional Director (RD) indicated the workshop/day program was to give the facility an incident report (contact sheet) and was responsible for writing the initial BDDS (Bureau of Developmental Disabilities Services)</p>			

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	<p>report for reportable incidents. The RD indicated during investigation, the facility does follow up interviews with potential witnesses at the workshop/day program but no supporting documentation was available for review. The RD indicated the workshop/day program usually did their own thorough investigations as necessary but no supporting documentation was available for review. The RD indicated the facility does not usually see the result of any workshop/day program investigation and was unable to verify whether the workshop/day program investigated as thoroughly as the facility abuse/neglect policy and procedure would indicate. The RD indicated she understood it is the facility's responsibility to ensure thorough investigations are conducted at any setting the clients attend.</p> <p>2) BDDS (Bureau of Developmental Disabilities Services) reports dated 1/14/14 indicated "DSP (direct support professional) #2 reported to the [Home Manager] that when [DSP #2] worked with [DSP #8] on 1/12/14 that [DSP #8] was using profanity when speaking to the clients in the home. She stated that the clients would ask to do something and [DSP #8] would reply, 'Do whatever the [expletive] you want.' [DSP #2] felt this was unprofessional and borderline</p>						

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	<p>abusive." The report indicated "[DSP #8] was suspended immediately after receiving the report."</p> <p>-An investigation report dated 1/16/14 indicated DSP #9 was interviewed and indicated she had at another time personally "witnessed [DSP #8] threaten [Client #4]'s mom when he wouldn't clean his room on January 20, 2014. This is not part of his behavior plan." The interview summary indicated DSP #9 "also noticed on this same day (January 10, 2014) that [DSP #8] had asked the individuals which staff members they had crushes on then started teasing the individuals about this." DSP #9 indicated she "told [DSP #8] to stop, as it wasn't appropriate." DSP #9 "said she also feels that [DSP #8] becomes irritable with the individuals, though not on a regular occurrence, but has never witnessed swearing at them."</p> <p>-The investigation report indicated DSP #2 was interviewed and indicated when she arrived back from an outing, she "witnessed [DSP #8] yelling at [Client #8] because [Client #8] was accusing [Client #5] of stealing his hygiene basket. [DSP #2] said she heard [DSP #8] tell [Client #8] 'I don't give a [expletive]' and 'It's not my [expletive] problem'."</p>			

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	<p>-The investigation report indicated DSP #8 was interviewed and indicated "she was upset about having to work on Sunday (January 12, 2014), though, because she was supposed to be off. Another DSP who agreed to take her shift unexpectedly quit, forcing her to work when she already had other plans." The report indicated DSP #8 indicated "she was irritable, really angry, and was crying throughout her shift because she had other plans that day she couldn't do...". DSP #8 indicated she did curse at Client #8 once. DSP #8 "denied ever asking clients about who they have crushes on."</p> <p>-The investigation report indicated "the below individuals residing at the group home responded with the following information:</p> <p>[Client #1]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #4]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #2]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being</p>						

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	<p>mean.</p> <p>[Client #5]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #8]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #3]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #6]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #7]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean."</p> <p>The investigation conclusion indicated "by her own admission, [DSP #8] did use profanity directed at the clients while at work." The investigation failed to include statements from each client. The investigation failed to include whether the allegation of abuse was substantiated</p>						

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	<p>or unsubstantiated and what corrective measures were implemented to prevent recurrence.</p> <p>3) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. During an interview at that time, the Administrator indicated the facility did not document on internal incident and/or accident reports. The Administrator indicated the direct support professionals (DSPs) documented on "Daily Support Records" (shift notes). The Administrator indicated the DSPs were trained on what was reportable to BDDS (Bureau of Developmental Disabilities Services) and knew when to contact the House Manager to report an incident. The Administrator indicated the House Manager did not document if or when the DSPs called to report an incident. The Administrator indicated the House Manager was trained to call the appropriate person to report the incident. The Administrator indicated none of the professionals in administration positions kept documentation of reporting. The Administrator indicated the only record kept which indicated the Administrator had been notified of an incident would be the BDDS report. The Administrator indicated the House Manager was to</p>						

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	<p>check the daily shift notes on a weekly basis. The Administrator indicated he thought it was enough that DPSs were trained on identifying reportable incidents and reporting them to the House Manager. The Administrator indicated the House Manager did not sign the shift notes nor document in anyway whether they reviewed the daily shift notes or when they reviewed the daily shift notes. The daily shift notes from 7/1/14 to 8/1/14 were reviewed for each sample client (#1, #2, #3, and #4). An additional month (1/1/14-1/31/14) was reviewed for Client #3. The daily shift notes reviewed indicated the following incidents had no documentation to indicate they had been reported to administrator, reported to state agency, or investigated thoroughly:</p> <p>-A shift note for Client #2 dated 7/27/14 (unsigned) indicated "while in the living room staff heard [Client #2] yell at the other staff that a housemate pushed him. Before either staff could get between [Client #2] and housemate, [Client #2] pushed housemate to the floor. Staff got between the two to ensure (sic) that either [Client #2] could be hurt." The shift note indicated "on call was called immediately to inform them of what was going on by staff."</p> <p>-A shift note for Client #2 dated 7/9/14</p>			

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	<p>which indicated Client #2 "had a behavior over having control of the television. [Client #2] started to throw a temper tantrum, which was quickly escalated to him threatening to harm his housemate over control of the television. This staff had to physically restrain him. This staff escorted him outside to diffuse the situation."</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 6AM to 12 PM indicated "she wanted to try & complain/argue that the other staff was flirting/having a personal relationship w/(with) another client. Staff tried explaining and reasoning w/ (with) her about it not being true & how she needs to quit w/the jealousy & making false allegations towards that staff. [Client #3] got mad, threatened to beat up the other staff and get her fired...".</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 12 AM to 3 PM indicated Client #3 "refused to take AM meds because she accused this staff of having a relationship with a client. Another staff explained to her that she was being jealous and accusing and harassing this staff of something that was not going on. She got mad and threatened to punch this staff. She went upstairs complaining to other housemates and threw a playstation</p>			

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	<p>remote at another housemate. She threatened to get his staff fired and said she talked to the PD (program director) saying that I had an inappropriate relationship with another housemate. She came down stairs at 9 AM trying to apologize to this staff saying she didn't have a problem with me and she just gets that way. I explained that it was unacceptable to harass her staff and make up rumors about them."</p> <p>On 8/12/14 at 1:44 PM, the Administrator indicated there was no further documentation to indicate those incidents were reported to the administrator or to BDDS (Bureau of Developmental Disabilities Services). The Administrator indicated those incidents should have been reported and investigated. The Administrator indicated the group home had a change of Program Director over the last two months and they were unable to locate all her documentation. The Administrator indicated those incidents should have been reported and investigated.</p> <p>On 8/13/14 at 1:35 PM, during an interview, the Residential Director (RD) indicated the House Manager should have been checking the shift notes every day. The RD stated the PD (Program Director) has a "weekly checklist" and</p>			

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	<p>should also be checking house documentation. The Administrator stated "there is an internal injury report" but no further documentation was available for review. The RD indicated the incidents being overlooked was due to change in staff.</p> <p>4) On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors.</p> <p>Review of Client #3's ISP (Individual Support Plan) dated 10/16/13 indicated "sexuality awareness; [Client #3] went through Human Sexuality Training at the group home." Client #3's ISP did not indicate what the training entailed or what areas of sexuality training Client #3 would continued to require training and/or teaching. Client #3's ISP indicated "[Client #3] can provide consent in all areas of her life." Client #3's ISP indicated she "must have someone in the bathroom with her at all times due to a seizure order. [Client #3] is able to wash both her hair and body independently." Client #3's ISP indicated she had a</p>			

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	<p>personal hygiene goal which indicated "[Client #3] will complete shower and wash her hair with 1 prompt or less from staff for three consecutive months."</p> <p>Review of Client #3's "Urinary Tract Infection (UTI)" protocol (undated) defined symptoms of UTI's as "burning with urination. Frequent urge for urination with little relief when urinating. Strong odor to urine. Urine cloudy and dark colored." The protocol listed "contributing factors" as "not enough fluid intakes to keep the kidneys flushed. Girls: not wiping properly from front to back. Girls: who take baths often!" Client #3's UTI protocol indicated the following "Preventive Measures":</p> <p>"Drink plenty of liquids daily. Drink cranberry juice. Teach proper hygiene, with wiping from front to back. Girls need to shower instead of bathing in a tub. Don't use any powders on the groin area."</p> <p>Client #3's UTI protocol indicated the following "Interventions:"</p> <p>"Increase fluid intake with adding cranberry juice. Proper groin hygiene. Take showers.</p>			

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	<p>No perfume scented sanitary napkins or any powders for groin area. See MD (medical doctor) for Urine Analysis and treatment as ordered."</p> <p>Review of the nurse quarterly notes indicated the following (not all inclusive):</p> <p>7/6/13 - "just finished AB (antibiotics) for UTI (urinary tract infection)...continues c (with) urinary inc. (incontinence) finished AB for UTI 5th (implied 7/5/13) sexually active. Gets Depo (birth control shot) quarterly."</p> <p>10/23/13 - "Urinary inc worsening, needing briefs for daytime on AB for UTI prevention on order per MD (medical doctor) order."</p> <p>1/15/14 - "Incontinence is worsening. Staff are requesting toileting q2h (every 2 hours). wearing depends on UTI preventative tx (treatment), Tx (treatment) this quarter for STD (sexually transmitted disease). Sexually active continues c (with) Depo (birth control shot).</p> <p>4/22/14 - "Urinary inc on [illegible] AB (antibiotic) for UTI. Wears depends toileting q2h (every 2 hours). Sexually active continues c (with) Depo q (every</p>			

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	<p>2 wks."</p> <p>7/30/14 - "Urinary inc wears depends sees urologist. Depo quarterly."</p> <p>Review of Client #3's physician orders (dated 8/1/14-8/31 /14) indicated Client #3 was prescribed Nitrofurantoin macrocryst 100mg dated 6/19/14 with instructions to "take 1 capsule on Mon-Wed-Fri at 9 PM - for prevention of urinary tract infections." Client #3 was prescribed Vesicare (symptoms of overactive bladder) 10 MG (dated 6/26/14) to take 1 tablet by mouth at bedtime.</p> <p>The "Risk Management Assessment and Plan" dated 10/16/13 indicated Client #3 was assessed as "does not present a risk" for "engages in safe sex practices." The risk assessment indicated Client #3 "presents a risk" for sexual safety in regards to her ability to "defends self against abuse" and "reports abuse to appropriate person." The "sexual abuse" risk assessment indicated "staff will remain with [Client #3] at all times to protect her from abuse of others. Staff will intervene if such an event would take place and staff would report immediately the details of the incident of HM (housemanager) or PD (program director)." The sexual abuse risk</p>			

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	<p>assessment indicated "[Client #3] may be able to report abuse to appropriate person but would likely be unable to give details or summarize an account of the incident. Staff should be the voice for [Client #3] ensuring that appropriate authorities are notified."</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility nurse indicated Client #3 would be seeing a local urologist to determine the causes of her increased incontinence issues. The facility nurse indicated Client #3 was always attended by staff when showering due to her risk for seizure. The facility nurse indicated she was unsure whether staff were ensuring Client #3 thoroughly washed her peri area for prevention of UTI's. The facility nurse indicated Client #3 had no program goal or program to ensure peri area hygiene. The facility nurse and the facility QIDP (Qualified Intellectual Disability Professional) indicated Client #3 had no current program for the training and/or teaching of peri area hygiene in regards to increasing urinary incontinence and increased use of daytime incontinence briefs or in sexual health and hygiene. The facility nurse indicated Client #3 had been treated for a STD (sexually transmitted disease). The facility nurse indicated Client #3 had no current</p>			

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	<p>program in the training and/or teaching in sexual health and safety. The facility nurse and QIDP indicated Client #3 would benefit from additional training and teaching in personal hygiene and sexual health and safety for the further prevention of UTI and STDs.</p> <p>A review of the facility's policy dated April 2011 was conducted on 8/12/14 at 4:00 P.M.. Review of the policy entitled "Quality and Risk Management" indicated: "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services....e. Failure to provide appropriate supervision, care or training. g. Failure to provide food and medical services as needed. Event with</p>			

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	<p>the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services."</p> <p>9-3-2(a)</p>			

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W000153	<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>1) Based on record review and interview, the facility failed to report client to client abuse and an incident of physical restraint to the state agency BDDS (Bureau of Developmental Disabilities Services) for 1 of 6 incidents of client to client abuse reviewed for 1 of 4 sampled clients (#3).</p> <p>2) Based on record review and interview, the facility failed to report to the Administrator and the state agency BDDS (Bureau of Developmental Disabilities Services) allegations of staff to client sexual abuse, client to client abuse, and to report a client restraint for 2 of 4 sampled clients (#2, #3) in accordance with state law.</p> <p>Findings include:</p> <p>1) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports and internal investigations from 8/12/13 to 8/12/14</p>	W000153	<p>The facility currently has a written policy and procedure for immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The facility follows a protocol and regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin.</p> <p>The staff will be trained on the procedure to document and report immediately to a supervisor. The training will include guidelines of BDDS reporting policy, the abuse/neglect policy including documentation, reporting known/unknown origin injuries and investigation. The training will also include but not be limited to reporting incidents of alleged abuse in the nature of verbal, sexual, physical, plus using least restrictive interventions prior to using Physical Intervention Alternative restraints</p>	09/28/2014

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	were reviewed. An investigation report dated 6/25/14 indicated DSP (direct support professional) #4 "heard some noises coming from [Client #5]'s room and saw [Client #3]'s room and saw [Client #3] and [Client #5] pushing each other and yelling at each other. [DSP #4] was able to separate them as [DSP #5] came in to assist. [Client #3] was yelling at [Client #5] for talking to another girl at [workshop] even though he had a different girlfriend." The report indicated while DSP #4 "tried calming [Client #5] down, [Client #5] tried to hit [DSP #4] and was continuing to scream." The report indicated DSP #5 "helped [Client #5] out of the bedroom while [DSP #4] put [Client #3] in a PIA (physical intervention) hold (one arm hold to the ground) to keep her from attacking others. [Client #3] had bitten [Client #5] on the leg which required first aid, and [Client #3] only had minor scrapes." The investigation conclusion indicated "it appears [Client #3] and [Client #5] did engage in consumer to consumer aggression over [Client #5] calling a girl. The both hit each other and caused some minor injuries. Staff were reminded to adhere to BSPs (behavior support plans) and intervene when needed." No further documentation was available to indicate the facility reported the incident to the state agency BDDS (Bureau of		and completion of injury report. The Program Director has been trained on the mandated procedures to report and investigate unknown injuries/ allegations of abuse to BDDS, documentation of the reporting by staff to the supervisor on duty and review of client support records. The Home Manager has been trained to review the daily support records three times weekly to follow up on client incidents as needed and alerting the Program Director. The Program Director will monitor client direct support records weekly to ensure incidents are reported and investigated per policy In the future, the facility staff will follow the procedure to document, to notify appropriate supervisor, immediately reporting all allegations of mistreatment, neglect or abuse and injuries of unknown origin. The Program Director will document the contact from staff then proceed to follow BDDS guidelines for reporting/investigations as needed. The Home Manager will review the daily support records three times weekly to follow up on client incidents as needed and alerting the Program Director. The Program Director will monitor client daily support records weekly to ensure incidents are reported and investigated per policy. Responsible Staff: Area Director	

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	<p>Developmental Disabilities Services).</p> <p>2) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. During an interview at that time, the Administrator indicated the facility did not document on internal incident and/or accident reports. The Administrator indicated the direct support professionals (DSPs) documented on "Daily Support Records" (shift notes). The Administrator indicated the DSPs were trained on what was reportable to BDDS (Bureau of Developmental Disabilities Services) and knew when to contact the House Manager to report an incident. The Administrator indicated the House Manager did not document if or when the DSPs called to report an incident. The Administrator indicated the House Manager was trained to call the appropriate person to report the incident. The Administrator indicated none of the professionals in administration positions kept documentation of reporting. The Administrator indicated the only record kept which indicated the Administrator had been notified of an incident would be the BDDS report. The Administrator indicated the House Manager was to check the daily shift notes on a weekly basis. The Administrator indicated he</p>		Completion Date: 9/28/14	

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	<p>thought it was enough that DPSs were trained on identifying reportable incidents and reporting them to the House Manager. The Administrator indicated the House Manager did not sign the shift notes nor document in anyway whether they reviewed the daily shift notes or when they reviewed the daily shift notes. The daily shift notes from 7/1/14 to 8/1/14 were reviewed for each sample client (#1, #2, #3, and #4). An additional month (1/1/14-1/31/14) was reviewed for Client #3. The daily shift notes reviewed indicated the following incidents had no documentation to indicate they had been reported to BDDS:</p> <p>-A shift note for Client #2 dated 7/27/14 (unsigned) indicated "while in the living room staff heard [Client #2] yell at the other staff that a housemate pushed him. Before either staff could get between [Client #2] and housemate, [Client #2] pushed housemate to the floor. Staff got between the two to ensure (sic) that either [Client #2] could be hurt." The shift note indicated "on call was called immediately to inform them of what was going on by staff."</p> <p>-A shift note for Client #2 dated 7/9/14 which indicated Client #2 "had a behavior over having control of the television. [Client #2] started to throw a</p>			

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	<p>temper tantrum, which was quickly escalated to him threatening to harm his housemate over control of the television. This staff had to physically restrain him. This staff escorted him outside to diffuse the situation."</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 6AM to 12 PM indicated "she wanted to try & complain/argue that the other staff was flirting/having a personal relationship w/(with) another client. Staff tried explaining and reasoning w/her about it not being true & how she needs to quit w/the jealousy & making false allegations towards that staff. [Client #3] got mad, threatened to beat up the other staff and get her fired...".</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 12 AM to 3 PM indicated Client #3 "refused to take AM meds because she accused this staff of having a relationship with a client. Another staff explained to her that she was being jealous and accusing and harassing this staff of something that was not going on. She got mad and threatened to punch this staff. She went upstairs complaining to other housemates and threw a playstation remote at another housemate. She threatened to get his staff fired and said she talked to the PD (program director) saying that I had an inappropriate</p>						

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	<p>relationship with another housemate. She came down stairs at 9 AM trying to apologize to this staff saying she didn't have a problem with me and she just gets that way. I explained that it was unacceptable to harass her staff and make up rumors about them."</p> <p>On 8/12/14 at 1:44 PM, the Administrator indicated there was no further documentation to indicate those incidents were reported to the administrator or to BDDS (Bureau of Developmental Disabilities Services). The Administrator indicated those incidents should have been reported. The Administrator indicated the group home had a change of Program Director over the last two months and they were unable to locate all her documentation.</p> <p>On 8/13/14 at 1:35 PM, during an interview, the Residential Director (RD) indicated the House Manager should have been checking the shift notes every day. The RD stated the PD (Program Director) has a "weekly checklist" and should also be checking house documentation. The Administrator stated "there is an internal injury report" but no further documentation was available for review. The RD indicated the incidents being not reported to the Administrator and/or to BDDS was due to change in</p>			

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W000154	<p>professional staff.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>1) Based on record review and interview, the facility failed to ensure thorough investigations of client to client abuse at the workshop setting for 7 of 7 incidents of client to client abuse reviewed for 2 of 4 sampled clients (#2, #3) and 1 additional client (#5) and 3 additional day service clients (#9, #10, and #11).</p> <p>2) Based on record review and interview,</p>	W000154	The facility currently has a written policy and procedure on mistreatment, neglect or abuse of a client, reporting, investigation and prevention of reoccurrence. All new employees are trained on the policy and the procedure for reporting injury of the clients to the proper authorities within and outside the agency. The supervisors are trained on the specific policies, documentation of notification of the incident including thorough	09/28/2014	

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	<p>the facility failed to ensure a thorough investigation of an allegation of staff to client verbal abuse for 1 of 1 allegation of staff to client abuse reviewed for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7, #8).</p> <p>3) Based on record review and interview, the facility failed to ensure thorough investigations of allegations of staff to client sexual abuse and client to client abuse.</p> <p>Findings include:</p> <p>1 a) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. A BDDS report dated 1/13/14 indicated "Supervisor (at workshop) had reported that she heard screaming in the restroom. She went into the restroom to find [Client #10] holding her face and crying. [Client #3] slapped [Client #10] across the face because [Client #10] told her to leave her friend alone and called [Client #3] a (expletive). This supervisor questioned [Client #3] and asked her to please come to my office to talk. [Client #3] refused then ran out of the workshop and out the front doors." The report indicated "This Case Coordinator followed [Client #3] outside trying to convince her to come back inside and discuss the situation.</p>		<p>investigation of all alleged abuse allegations at home, at day facility and in the community. The facility develops a plan to prevent recurrence of abuse for the client. The facility follows a protocol including assessment of client behavioral support plans, program goals and individual support plan to ensure the client needs and protection is met.</p> <p>The facility will train the staff/Home Manager, Program Director and Day Program Supervisor on the abuse/neglect policy including documentation, reporting known/unknown origin injuries and investigation. The training will include but not be limited to incidents of alleged abuse in the nature of verbal, sexual, physical, plus least restrictive interventions prior to using Physical Intervention Alternative restraints. The Program Director will be trained on BDDS incident reporting/investigation protocols, documentation of incidents while On-call, plus follow through to ensure corrective/protective measures are put in place to prevent recurrence of all abuse related incidents and assess effective nature of the client behavioral support plans. The investigation training will include the necessary components needed in an investigation report including supervision of a client, inclusion of client/witness interview</p>	

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	<p>[Client #3] admitted to slapping her in the face. There was an incident leading up to the assault. [Client #3] had been angry with another consumer for looking and talking to one of her housemates. [Client #3] was giving her dirty looks, raising her fists at her and telling her to leave him alone. When she went into the bathroom the consumers friend [Client #10] was defending her, [Client #3] and [Client #10] got into an argument and this was the result." The report indicated they contacted "house manager to pick [Client #3] up for the rest of the day...". The report indicated "[Client #3]'s BPR (behavior plan) will be marked for the behavior."</p> <p>-A workshop "Contact Sheet" dated 1/13/14 indicated DSP (direct support professional) #5 indicated she "saw [Client #3] going into (workshop) restroom. (She) heard screaming, went into restroom. [Client #3] walking out and [Client #10] was crying saying [Client #3] hit her. Called for assistance."</p> <p>The facility failed to provide documentation indicate an investigation was conducted for this incident.</p> <p>b) A BDDS report dated 2/14/14 indicated Client #3 "came over</p>		<p>comments, review of client behavior support plan, clear conclusion of substantiation or not of alleged act, was BSP of client implemented as written, and were least restrictive measures used prior to the use of client restraint. In addition, investigation of day program incidents as needed or obtaining a copy with adequate content from the day facility.</p> <p>In the future, the facility will follow the protocol and the state regulation for the supervisor to be notified and a BDDS report sent for injuries of unknown origin, plus completion and documentation of the investigation. The Area Director will monitor incident reports residential and day program weekly to ensure incidents are reported, investigated per policy and complete follow up as needed. The Quality Assurance Specialist or Area Director will review investigations to ensure all components are present.</p> <p>Responsible Staff: Area Director Completion Date: 9/28/14</p>				

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	<p>supervisor [DSP (Direct Support Professional) #1]'s desk and told him that she was going to hit someone and [DSP #1] asked her why and [Client #3] said due to an issue at home." The report indicated "[DSP #1] was in the restroom he heard yelling in the workshop. [DSP #1] came out of the restroom to see [Client #3] taking a swing at client [Client #9 (day program client)] and hit her in the right side of the face with a closed fist." The report indicated "[Client #9] then swung back at [Client #3]." The report indicated "[Client #3] grabbed [Client #9] by the hair and that is when staff was able to intervene and break up the fight using agency approved CPI (crisis prevention) skills." The report indicated "[Client #3] went into case coordinator, [Case Coordinator (CC)]'s office where she was counseled. [Client #3] was examined for injuries and none were to be found." The report indicated "staff will keep [Client #3] and [Client #9] separated. Behavior plans will be followed by staff. [Client #3] went home for the day."</p> <p>-A workshop "Contact Sheet" dated 2/14/14 from the Supervisor indicated "She (Client #3) was at my desk. When I was in the restroom I heard someone yelling in the workshop. When I was coming out of the restroom I seen (sic)</p>			

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	<p>[Client #3] taking a swing at consumer (Client #9) then (Client #9) swung at (Client #3) then (Client #3) grabbed (Client #9) by the hair and that is when I got there and broke up the fight. They both left the workshop with the case coord. (coordinator) and they didn't return (Client #3)'s BPR (behavior record) marked."</p> <p>-An investigation report dated 2/15/14 indicated a brief summary of the incident "[Client #3] was agitated at workshop and eventually hit [Client #9] in the face with a closed fist before pulling her hair." The factual findings indicated "[DSP (direct support professional) #6] stated [Client #3] was initially upset with a fellow housemate and made threats against that person; however [Client #3] ended up targeting [Client #9] who is not a house mate. [Client #3] said that [Client #9] kept looking at her weird and that [Client #9] was calling her mean names. [Client #3] ended up punching [Client #9] and pulling her hair. [Client #9] also became physically aggressive right back at [Client #3]. The supervisor ended up utilizing CPI (crisis prevention interventions) techniques to separate the individuals who were really becoming aggressive towards one another." The investigation conclusion indicated "it appears [Client #3] did attack [Client #9],</p>			

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	<p>including punching her and pulling her hair. Staff were reminded to follow BSP (behavior support plan) and use agency approved techniques to de-escalate situations." The investigation failed to include documented statements from Client #3, Client #9, and any other potential witnesses to the client to client abuse. The investigation failed to include whether the appropriate amount of supervision was implemented before the incident. The investigation failed to include whether Client #3's BSP (behavior support plan) was reviewed and whether staff followed Client #3's BSP. The investigation failed to indicate which CPI techniques staff used on Client #3 were agency approved and whether those techniques were approved in Client #3's BSP.</p> <p>c) A BDDS report dated 4/25/14 indicated "[Client #3] Spoke (sic) to her supervisor about other people talking at Work (sic) [Client #3] (sic) Supervisor (sic) asked [Client #3] to return to Work (sic). [Client #3] then became upset and walked over and punched [Client #5] in the left Jaw (sic). The workshop supervisor got between the two of them and called a case coordinator to assist. [Client #3] was removed from the workshop and was put on in-house suspension and counseled." The report</p>			

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	<p>indicated "[Client #5] was at his work station when [Client #3] became upset and hit him in the Left Jaw (sic)." The report indicated Client #5 did not appear to sustain any injuries.</p> <p>-A workshop "Contact Sheet" dated 4/24/14 indicated "[Client #3] came up to my desk and told me that consumers [Client #5] and [Client #12] have been talking and that she thinks it is not wright (sic) that they can talk and no one else can talk then I told her that they where (sic) not talking and that it is my job to make sure they where (sic) not talking. I then ask (sic) her to go back to her work station and to do her job and she said that she was going to take care of it herself and she went over to [Client #5] and hit him in the face with her fist. I then step in and called for the case coord (coordinator) to come to workshop...".</p> <p>-An internal investigation report dated 4/25/14 indicated the factual findings as "[Workshop Supervisor] reported that [Client #3] spoke with her Workshop Supervisor and felt that people were talking about her, though [Client #3] was unable to provide specific comments or people. A short while later, [Client #3] walked over and punched [Client #5] in the side of the jaw. According to the Workshop Supervisor, she was</p>			

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	<p>unprovoked by him. Both [Client #3] and [Client #5] were separated and [Client #3] was counseled during in-house suspension." The investigation conclusion indicated "it appears [Client #3] did punch [Client #5] in the jaw after feeling that he was talking about her." The investigation report failed to document statements of Client #3, Client #5, and any other potential witnesses. The investigation report failed to indicate whether staff followed Client #3's BSP (behavior support plan).</p> <p>d) A BDDS report dated 6/5/14 indicated "staff heard noise coming from [Client #5]'s room and went in to find that [Client #3] had hit [Client #5] and in turn [Client #5] had bit [Client #3]'s hand. Apparently, [Client #5] and his roommate were cleaning their bedroom and began to argue. [Client #3] then went into the room to see what was wrong and then argued with [Client #5] and in turn hit him."</p> <p>-An internal investigation report dated 6/5/14 indicated the summary of the incident as "[Client #3] and [Client #5] got into a yelling and physically aggressive argument in which [Client #5] ended up biting [Client #3]'s hand, causing a small bruise." The report indicated [Client #3], [Client #5], DSP</p>			

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	<p>(direct support professional) #2, and DSP #4 but the investigation failed to document any interviews or statements. The investigation indicated "factual findings" as "[DSP #4] heard [Client #5] and [Client #3] arguing in [Client #5]'s room. Both [Client #3] and [Client #5] were hitting each other and yelling, though it is uncertain why exactly they were angry with each other. PIA (physical hold) was not needed, because [DSP #4] assisted in de-escalating the situation. [Client #3] was escorted out of [Client #5]'s room and the two individuals were calm for the remainder of the evening. [Client #5] had no injuries, but [Client #3] had a small bruise where [Client #5] bit her." The investigation summary failed to include documentation of statements by clients #3, #5, and any potential witnesses. The investigation failed to indicate how recurrence of client to client abuse was to prevented. The investigation summary failed to indicate whether clients #3 and #5's BSPs (behavior support plans) were followed.</p> <p>e) An investigation report dated 6/25/14 indicated DSP (direct support professional) #4 "heard some noises coming from [Client #5]'s room and saw [Client #3]'s room and saw [Client #3] and [Client #5] pushing each other and</p>			

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	<p>yelling at each other. [DSP #4] was able to separate them as [DSP #5] came in to assist. [Client #3] was yelling at [Client #5] for talking to another girl at [workshop] even though he had a different girlfriend." The report indicated while DSP #4 "tried calming [Client #5] down, [Client #5] tried to hit [DSP #4] and was continuing to scream." The report indicated DSP #5 "helped [Client #5] out of the bedroom while [DSP #4] put [Client #3] in a PIA (physical intervention) hold (one arm hold to the ground) to keep her from attacking others. [Client #3] had bitten [Client #5] on the leg which required first aid, and [Client #3] only had minor scrapes." The investigation conclusion indicated "it appears [Client #3] and [Client #5] did engage in consumer to consumer aggression over [Client #5] calling a girl. The both hit each other and caused some minor injuries. Staff were reminded to adhere to BSPs (behavior support plans) and intervene when needed." The investigation failed to document any staff or client interviews. The investigation failed to indicate whether Client #3's BSP was followed and whether least restrictive measures were attempted before the PIA hold of Client #3.</p> <p>f) A BDDS report dated 7/28/14 indicated Client #2 and "another</p>			

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	<p>housemate were arguing back and forth and [Client #3] decided to take it upon herself to intervene and in turn got upset and pinched [Client #2] who then in turn pushed [Client #3]. Staff attempted to intervene however did not make it in time. [Client #3] was assisted up and there was no injury. [Client #2] had no injury either." The report indicated "staff were advised to implement BSPs (Behavior Support Plans) as necessary and encourage [Client #3] not to get involved in her housemates arguments."</p> <p>-An internal investigation report indicated Client #3, Client #2, and DSP (direct support professional) #4 were interviewed. The "factual findings" indicated "[DSP #4] saw [Client #2] and his roommate starting to argue and before she could intervene, [Client #3] became involved. [Client #3] was telling [Client #2] it wasn't right for him to be arguing and that he was wrong. [Client #3] then pinch (sic) [Client #2] on the arm w ho in turn pushed her. [Client #2] had no injuries from this aggression. [client #2] had no injuries either, and both individuals were assisted by staff." The investigation summary failed to document any interviews or statements of Client #3, Client #2, DSP #4, or any potential witnesses. The investigation summary failed to indicate whether staff</p>			

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	<p>followed the BSPs (behavior support plans). The investigation conclusion indicated "staff were reminded to adhere to the BSP" but failed to indicated whether BSPs were followed.</p> <p>g) A BDDS report dated 7/15/14 indicated "during lunch break (at day program services), [Client #11] was asked if he could crush up his crackers per his dietary protocol by a supervisor in the cafeteria. [Client #11] refused and was upset, cursing at the supervisor and stating that he was tired of following his diet. Upon seeing that [Client #11] was frustrated, the supervisor walked away to give [Client #11] a chance to calm down." The report indicated "meanwhile, [Client #2] noticed the dilemma and walked over and said to another consumer that [Client #11] was wrong...". The report indicated "[Client #11] jumped out of his seat and yelled at [Client #2]. [Client #2] got out of his seat and ran down the hallway for fear of [Client #11] fighting with him. [Client #11] chased [Client #2] down the hallway and kicked his backside. [Client #2] stumbled but continued to run out into the outside break room." The report indicated Client #2 had no injuries. The report indicated both clients #2 and #11 were spoken to individually in the case coordinators office regarding the</p>			

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	<p>incident.</p> <p>-An investigation report dated 7/14/14 indicated the conclusion as "it is likely [Client #11] got upset about his diet and in turn heard [Client #2] talk about it and in turn kicked him. Staff were advised to discuss with [Client #2] to stay out of other consumer's issues/behaviors and to monitor the two closely." The investigation failed to include statements from Client #2, Client #11, or any other potential witnesses.</p> <p>During an interview on 8/13/14 at 1:35 PM, the Regional Director (RD) indicated the workshop/day program are to give the facility an incident report (contact sheet) and are responsible for writing the initial BDDS (Bureau of Developmental Disabilities Program) report for reportable incidents. The RD indicated during investigation, the facility does follow up interviews with potential witnesses at the workshop/day program but no supporting documentation was available for review. The RD indicated the workshop/day program usually did their own thorough investigations as necessary but no supporting documentation was available for review. The RD indicated the facility does not usually see the result of any workshop/day program investigation and</p>			

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	<p>was unable to verify whether the workshop/day program investigated as thoroughly as the facility abuse/neglect policy and procedure would indicate. The RD indicated she understood it is the facility's responsibility to ensure thorough investigations are conducted at any setting the clients attend.</p> <p>2) BDDS (Bureau of Developmental Disabilities Services) reports dated 1/14/14 indicated "DSP (direct support professional) #2 reported to the [Home Manager] that when [DSP #2] worked with [DSP #8] on 1/12/14 that [DSP #8] was using profanity when speaking to the clients in the home. She stated that the clients would ask to do something and [DSP #8] would reply, 'Do whatever the [expletive] you want.' [DSP #2] felt this was unprofessional and borderline abusive." The report indicated "[DSP #8] was suspended immediately after receiving the report."</p> <p>-An investigation report dated 1/16/14 indicated DSP #9 was interviewed and indicated she had at another time personally "witnessed [DSP #8] threaten [Client #4]'s mom when he wouldn't clean his room on January 20, 2014. This is not part of his behavior plan." The interview summary indicated DSP #9 "also noticed on this same day (January</p>						

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	<p>10, 2014) that [DSP #8] had asked the individuals which staff members they had crushes on then started teasing the individuals about this." DSP #9 indicated she "told [DSP #8] to stop, as it wasn't appropriate." DSP #9 "said she also feels that [DSP #8] becomes irritable with the individuals, though not on a regular occurrence, but has never witnessed swearing at them."</p> <p>-The investigation report indicated DSP #2 was interviewed and indicated when she arrived back from an outing, she "witnessed [DSP #8] yelling at [Client #8] because [Client #8] was accusing [Client #5] of stealing his hygiene basket. [DSP #2] said she heard [DSP #8] tell [Client #8] 'I don't give a [expletive]' and 'It's not my [expletive] problem'."</p> <p>-The investigation report indicated DSP #8 was interviewed and indicated "she was upset about having to work on Sunday (January 12, 2014), though, because she was supposed to be off. Another DSP who agreed to take her shift unexpectedly quit, forcing her to work when she already had other plans." The report indicated DSP #8 indicated "she was irritable, really angry, and was crying throughout her shift because she had other plans that day she couldn't do...". DSP #8 indicated she did curse at Client</p>			

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	<p>#8 once. DSP #8 "denied ever asking clients about who they have crushes on."</p> <p>-The investigation report indicated "the below individuals residing at the group home responded with the following information:</p> <p>[Client #1]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #4]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #2]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #5]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #8]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #3]: reports it was a normal</p>			

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	<p>weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #6]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean.</p> <p>[Client #7]: reports it was a normal weekend with no issues. Denies any of the staff yelling, swearing, or being mean."</p> <p>The investigation conclusion indicated "by her own admission, [DSP #8] did use profanity directed at the clients while at work." The investigation failed to include statements from each client. The investigation failed to include whether the allegation of abuse was substantiated or unsubstantiated.</p> <p>3) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. During an interview at that time, the Administrator indicated the facility did not document on internal incident and/or accident reports. The Administrator indicated the direct support professionals (DSPs) documented on "Daily Support Records" (shift notes). The</p>			

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	<p>Administrator indicated the DSPs were trained on what was reportable to BDDS (Bureau of Developmental Disabilities Services) and knew when to contact the House Manager to report an incident. The Administrator indicated the House Manager did not document if or when the DSPs called to report an incident. The Administrator indicated the House Manager was trained to call the appropriate person to report the incident. The Administrator indicated none of the professionals in administration positions kept documentation of reporting. The Administrator indicated the only record kept which indicated the Administrator had been notified of an incident would be the BDDS report. The Administrator indicated the House Manager was to check the daily shift notes on a weekly basis. The Administrator indicated he thought it was enough that DPSs were trained on identifying reportable incidents and reporting them to the House Manager. The Administrator indicated the House Manager did not sign the shift notes nor document in anyway whether they reviewed the daily shift notes or when they reviewed the daily shift notes. The daily shift notes from 7/1/14 to 8/1/14 were reviewed for each sample client (#1, #2, #3, and #4). An additional month (1/1/14-1/31/14) was reviewed for Client #3. The daily shift notes reviewed</p>			

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	<p>indicated the following incidents had no documentation to indicate an investigation was conducted:</p> <p>-A shift note for Client #2 dated 7/27/14 (unsigned) indicated "while in the living room staff heard [Client #2] yell at the other staff that a housemate pushed him. Before either staff could get between [Client #2] and housemate, [Client #2] pushed housemate to the floor. Staff got between the two to ensure (sic) that either [Client #2] could be hurt." The shift note indicated "on call was called immediately to inform them of what was going on by staff."</p> <p>-A shift note for Client #2 dated 7/9/14 which indicated Client #2 "had a behavior over having control of the television. [Client #2] started to throw a temper tantrum, which was quickly escalated to him threatening to harm his housemate over control of the television. This staff had to physically restrain him. This staff escorted him outside to diffuse the situation."</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 6AM to 12 PM indicated "she wanted to try & complain/argue that the other staff was flirting/having a personal relationship w/(with) another client. Staff tried explaining and reasoning</p>			

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	<p>w/her about it not being true & how she needs to quit w/the jealousy & making false allegations towards that staff. [Client #3] got mad, threatened to beat up the other staff and get her fired...".</p> <p>-A shift note dated 1/11/14 for Client #3 for shift 12 AM to 3 PM indicated Client #3 "refused to take AM meds because she accused this staff of having a relationship with a client. Another staff explained to her that she was being jealous and accusing and harassing this staff of something that was not going on. She got mad and threatened to punch this staff. She went upstairs complaining to other housemates and threw a playstation remote at another housemate. She threatened to get his staff fired and said she talked to the PD (program director) saying that I had an inappropriate relationship with another housemate. She came down stairs at 9 AM trying to apologize to this staff saying she didn't have a problem with me and she just gets that way. I explained that it was unacceptable to harass her staff and make up rumors about them."</p> <p>On 8/12/14 at 1:44 PM, the Administrator indicated there was no further documentation to indicate those incidents were investigated. The Administrator indicated the group home</p>						

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W000157	<p>had a change of Program Director over the last two month and they were unable to locate all her documentation. The Administrator indicated those incidents should have been investigated.</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.</p>			

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	<p>1) Based on record review and interview, the facility failed to implement sufficient corrective measure to prevent recurrence of client to client abuse at the workshop setting for 6 of 6 incidents of client to client abuse reviewed for 1 of 4 sampled clients (#3) and 1 additional residential client (#5) and 2 additional day service clients (#9, #10).</p> <p>2) Based on record review and interview, the facility failed to implement sufficient corrective action to prevent recurrent UTIs (urinary tract infections) and prevent further acquiring STDs (sexually transmitted diseases) for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>1 a) On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. A BDDS report dated 1/13/14 indicated "Supervisor (at workshop) had reported that she heard screaming in the restroom. She went into the restroom to find [Client #10] holding her face and crying. [Client #3] slapped [Client #10] across the face because [Client #10] told her to leave her friend alone and called [Client #3] a (expletive). This supervisor questioned</p>	W000157	<p>The facility Home Manager and Program Director consistently monitors client treatment on a daily basis through review of documentation on all clients. The facility QMRP reviews client program plans including incident reports on a weekly basis and upon incident occurrence then makes revisions to the plans per team approval. The Program Director ensures follow up to prevent recurrence.</p> <p>The Area Director will train the Program Director on the facility guidelines of client daily support records, behavioral data and incident report review then to develop an action plan to address reoccurring client behaviors and medical issues such as client #3's development of urinary tract infections and sexually transmitted diseases. The behavior plan will be reviewed by client interdisciplinary team and revised as needed for Client #3. The team will formulate a plan for optimal effectiveness for reduction of client #3 behavioral incidents including proactive/pro-social measures. The facility will ensure the day facility receives a copy of all plan revisions plus training to implement for client #3. The Program Director will develop a training objective for client #3 to increase her knowledge of body hygiene to assist in prevention of recurring urinary tract infections plus health and safety</p>	09/28/2014			

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	<p>[Client #3] and asked her to please come to my office to talk. [Client #3] refused then ran out of the workshop and out the front doors." The report indicated "This Case Coordinator followed [Client #3] outside trying to convince her to come back inside and discuss the situation. [Client #3] admitted to slapping her in the face. There was an incident leading up to the assault. [Client #3] had been angry with another consumer for looking and talking to one of her housemates. [Client #3] was giving her dirty looks, raising her fists at her and telling her to leave him alone. When she went into the bathroom the consumers friend [Client #10] was defending her, [Client #3] and [Client #10] got into an argument and this was the result." The report indicated they contacted "house manager to pick [Client #3] up for the rest of the day...". The report indicated "[Client #3]'s BPR (behavior plan) will be marked for the behavior."</p> <p>-A workshop "Contact Sheet" dated 1/13/14 indicated DSP (direct support professional) #5 indicated she "saw [Client #3] going into (workshop) restroom. (She) heard screaming, went into restroom. [Client #3] walking out and [Client #10] was crying saying [Client #3] hit her. Called for assistance."</p>		<p>measures/education regarding sexual relations including prevention of sexually transmitted diseases per developed protocols. The facility will update client #3's risk management plan, and individual support plan to clarify the client abilities, needs and corrective action plans for issues of health and safety including personal hygiene, medical issue of urinary tract infections and sexual activity/healthcare needs. The staff will be trained on Client #3's objectives, revised protocols, revised risk management plan, supervision of client while in the bathroom and overall to prevent abuse</p> <p>The Home Manager will review the daily support records three times weekly to follow up on client incidents as needed and alerting the Program Director. Monthly, the Program Director will monitor client direct support records, behavior data and incident reports upon occurrence monitoring client behavior and health issues to implement corrective/preventative measures prevent/address a pattern of recurrence</p> <p>Responsible Staff: Area Director Completion Date: 9/28/14</p>	

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	<p>The facility failed to provide documentation of any corrective measures implement to prevent further incidents of client to client abuse.</p> <p>b) A BDDS report dated 2/14/14 indicated Client #3 "came over to supervisor [DSP (Direct Support Professional) #1]'s desk and told him that she was going to hit someone and [DSP #1] asked her why and [Client #3] said due to an issue at home." The report indicated "[DSP #1] was in the restroom and he heard yelling in the workshop. [DSP #1] came out of the restroom to see [Client #3] taking a swing at client [Client #9 (day program client)] and hit her in the right side of the face with a closed fist." The report indicated "[Client #9] then swung back at [Client #3]." The report indicated "[Client #3] grabbed [Client #9] by the hair and that is when staff was able to intervene and break up the fight using agency approved CPI (crisis prevention) skills." The report indicated "[Client #3] went into case coordinator, [Case Coordinator (CC)]'s office where she was counseled. [Client #3] was examined for injuries and none were to be found." The report indicated "staff will keep [Client #3] and [Client #9] separated. Behavior plans will be followed by staff. [Client #3]</p>			
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	<p>went home for the day."</p> <p>-A workshop "Contact Sheet" dated 2/14/14 from the Supervisor indicated "She (Client #3) was at my desk. When I was in the restroom I heard someone yelling in the workshop. When I was coming out of the restroom I seen (sic) [Client #3] taking a swing at consumer (Client #9) then (Client #9) swung at (Client #3) then (Client #3) grabbed (Client #9) by the hair and that is when I got there and broke up the fight. They both left the workshop with the case coord. (coordinator) and they didn't return (Client #3)'s BPR (behavior record) marked."</p> <p>-An investigation report dated 2/15/14 indicated a brief summary of the incident "[Client #3] was agitated at workshop and eventually hit [Client #9] in the face with a closed fist before pulling her hair." The factual findings indicated "[DSP (direct support professional) #6] stated [Client #3] was initially upset with a fellow housemate and made threats against that person; however [Client #3] ended up targeting [Client #9] who is not a house mate. [Client #3] said that [Client #9] kept looking at her weird and that [Client #9] was calling her mean names. [Client #3] ended up punching [Client #9] and pulling her hair. [Client</p>			

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	<p>#9] also became physically aggressive right back at [Client #3]. The supervisor ended up utilizing CPI (crisis prevention interventions) techniques to separate the individuals who were really becoming aggressive towards one another." The investigation conclusion indicated "it appears [Client #3] did attack [Client #9], including punching her and pulling her hair. Staff were reminded to follow BSP (behavior support plan) and use agency approved techniques to de-escalate situations." The investigation failed to include corrective measure to prevent recurrence of client to client abuse.</p> <p>c) A BDDS report dated 4/25/14 indicated "[Client #3] Spoke (sic) to her supervisor about other people talking at Work (sic) [Client #3] (sic) Supervisor (sic) asked [Client #3] to return to Work (sic). [Client #3] then became upset and walked over and punched [Client #5] in the left Jaw (sic). The workshop supervisor got between the two of them and called a case coordinator to assist. [Client #3] was removed from the workshop and was put on in-house suspension and counseled." The report indicated "[Client #5] was at his work station when [Client #3] became upset and hit him in the Left Jaw (sic)." The report indicated Client #5 did not appear to sustain any injuries.</p>			

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	<p>-A workshop "Contact Sheet" dated 4/24/14 indicated "[Client #3] came up to my desk and told me that consumers [Client #5] and [Client #12] have been talking and that she thinks it is not wright (sic) that they can talk and no one else can talk then I told her that they where (sic) not talking and that it is my job to make sure they where (sic) not talking. I then ask (sic) her to go back to her work station and to do her job and she said that she was going to take care of it herself and she went over to [Client #5] and hit him in the face with her fist. I then step in and called for the case coord (coordinator) to come to workshop...".</p> <p>-An internal investigation report dated 4/25/14 indicated the factual findings as "[Workshop Supervisor] reported that [Client #3] spoke with her Workshop Supervisor and felt that people were talking about her, though [Client #3] was unable to provide specific comments or people. A short while later, [Client #3] walked over and punched [Client #5] in the side of the jaw. According to the Workshop Supervisor, she was unprovoked by him. Both [Client #3] and [Client #5] were separated and [Client #3] was counseled during in-house suspension." The investigation conclusion indicated "it appears [Client</p>			

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	<p>#3] did punch [Client #5] in the jaw after feeling that he was talking about her." The investigation report failed to indicate what corrective action would be implement to prevent recurrence of client to client abuse.</p> <p>d) A BDDS report dated 6/5/14 indicated "staff heard noise coming from [Client #5]'s room and went in to find that [Client #3] had hit [Client #5] and in turn [Client #5] had bit [Client #3]'s hand. Apparently, [Client #5] and his roommate were cleaning their bedroom and began to argue. [Client #3] then went into the room to see what was wrong and then argued with [Client #5] and in turn hit him."</p> <p>-An internal investigation report dated 6/5/14 indicated the summary of the incident as "[Client #3] and [Client #5] got into a yelling and physically aggressive argument in which [Client #5] ended up biting [Client #3]'s hand, causing a small bruise." The report indicated [Client #3], [Client #5], DSP (direct support professional) #2, and DSP #4 had been interviewed but the investigation failed to document any interviews or statements. The investigation indicated "factual findings" as "[DSP #4] heard [Client #5] and [Client #3] arguing in [Client #5]'s room.</p>						

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	<p>Both [Client #3] and [Client #5] were hitting each other and yelling, though it is uncertain why exactly they were angry with each other. PIA (physical hold) was not needed, because [DSP #4] assisted in de-escalating the situation. [Client #3] was escorted out of [Client #5]'s room and the two individuals were calm for the remainder of the evening. [Client #5] had no injuries, but [Client #3] had a small bruise where [Client #5] bit her. The investigation summary failed to indicate how recurrence of client to client abuse was to prevented.</p> <p>e) An investigation report dated 6/25/14 indicated DSP (direct support professional) #4 "heard some noises coming from [Client #5]'s room and saw [Client #3] and [Client #5] pushing each other and yelling at each other. [DSP #4] was able to separate them as [DSP #5] came in to assist. [Client #3] was yelling at [Client #5] for talking to another girl at [workshop] even though he had a different girlfriend." The report indicated while DSP #4 "tried calming [Client #5] down, [Client #5] tried to hit [DSP #4] and was continuing to scream." The report indicated DSP #5 "helped [Client #5] out of the bedroom while [DSP #4] put [Client #3] in a PIA (physical intervention) hold (one arm hold to the ground) to keep her from attacking</p>						

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	<p>others. [Client #3] had bitten [Client #5] on the leg which required first aid, and [Client #3] only had minor scrapes." The investigation conclusion indicated "it appears [Client #3] and [Client #5] did engage in consumer to consumer aggression over [Client #5] calling a girl. The both hit each other and caused some minor injuries. Staff were reminded to adhere to BSPs (behavior support plans) and intervene when needed." The investigation failed to document any staff or client interviews. The investigation failed to indicate whether Client #3's BSP was followed and whether least restrictive measures were attempted before the PIA hold of Client #3. The investigation failed to indicate what corrective measures were to be implemented to prevent recurrence of client to client abuse.</p> <p>f) A BDDS report dated 7/28/14 indicated Client #2 and "another housemate were arguing back and forth and [Client #3] decided to take it upon herself to intervene and in turn got upset and pinched [Client #2] who then in turn pushed [Client #3]. Staff attempted to intervene however did not make it in time. [Client #3] was assisted up and there was no injury. [Client #2] had no injury either." The report indicated "staff were advised to implement BSPs</p>			

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	<p>(Behavior Support Plans) as necessary and encourage [Client #3] not to get involved in her housemates arguments."</p> <p>-An internal investigation report indicated Client #3, Client #2, and DSP (direct support professional) #4 were interviewed. The "factual findings" indicated "[DSP #4] saw [Client #2] and his roommate starting to argue and before she could intervene, [Client #3] became involved. [Client #3] was telling [Client #2] it wasn't right for him to be arguing and that he was wrong. [Client #3] then pinch (sic) [Client #2] on the arm who in turn pushed her. [Client #2] had no injuries from this aggression. [Client #2] had no injuries either, and both individuals were assisted by staff." The investigation summary failed to document any interviews or statements of Client #3, Client #2, DSP #4, or any potential witnesses. The investigation summary failed to indicate whether staff followed the BSPs (behavior support plans). The investigation conclusion indicated "staff were reminded to adhere to the BSP" but failed to indicate what corrective measures or additional monitoring was to be implemented to prevent recurrences of client to client abuse.</p> <p>On 8/13/14 at 2:45 PM, record review</p>			

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	<p>indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors. Client #3's BSP (behavioral support plan) dated 1/29/14 indicated the target behaviors of incontinence, resistance to instruction, physical aggression, aggressive outburst, false reporting, and self-injurious behaviors. Client #3's BSP dated 1/29/14 did not indicate any revisions had been made. Record review indicated no documentation to indicate Client #3's IDT (Interdisciplinary Team) had met to review the effectiveness of Client #3's BSP.</p> <p>On 8/13/14 at 3:28 PM, during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she was new to Client #3's group home and was uncertain why Client #3's BSP (behavior support plan) was not revised or why Client #3's IDT (interdisciplinary team) didn't meet to review Client #3's incidents of physical aggression and her BSP. The QIDP indicated Client #3 could benefit from a review and potential revision of Client #3's BSP.</p>				

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	<p>During an interview on 8/18/14 at 2:59 PM, the Day Services Manager (DSM) indicated the only BSP (behavior support plan) for Client #3 was dated 12/27/11. The DSM indicated the day program had not received an updated copy of Client #3's BSP. The DSM indicated no special IDT (Interdisciplinary Team) meeting was held to discuss Client #3's incidents of client to client abuse in the workshop.</p> <p>During an interview on 8/18/14 at 4:20 PM, the Administrator indicated the day program should have received Client #3's most current BSP (behavior support plan) with her current ISP (Individual Support Plan) near the date of her annual IDT (Interdisciplinary Team) meeting what was on 10/16/13. The Administrator indicated the facility was unaware the day program did not have Client #3's most current BSP. The Administrator indicated there was no further documentation to indicated any corrective measure was implemented with each successive incident of client to client abuse in the workshop involving aggression by Client #3. The Administrator indicated there was no further documentation to indicate a special IDT (Interdisciplinary Team) meeting was held to review Client #3's ISP (Individual Support Plan) and BSP (Behavior Support Plan).</p>				

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	<p>2) On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors.</p> <p>Review of Client #3's ISP (Individual Support Plan) dated 10/16/13 indicated "sexuality awareness; [Client #3] went through Human Sexuality Training at the group home." Client #3's ISP did not indicate what the training entailed or what areas of sexuality training Client #3 would continued to require training and/or teaching. Client #3's ISP indicated "[Client #3] can provide consent in all areas of her life." Client #3's ISP indicated she "must have someone in the bathroom with her at all times due to a seizure order. [Client #3] is able to wash both her hair and body independently." Client #3's ISP indicated she had a personal hygiene goal which indicated "[Client #3] will complete shower and wash her hair with 1 prompt or less from staff for three consecutive months."</p> <p>Review of Client #3's "Urinary Tract Infection (UTI)" protocol (undated)</p>						

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	<p>which defined symptoms of UTI's as "burning with urination. Frequent urge for urination with little relief when urinating. Strong odor to urine. Urine cloudy and dark colored." The protocol listed "contributing factors" as "not enough fluid intakes to keep the kidneys flushed. Girls: not wiping properly from front to back. Girls: who take baths often!" Client #3's UTI protocol indicated the following "Preventive Measures":</p> <p>"Drink plenty of liquids daily. Drink cranberry juice. Teach proper hygiene, with wiping from front to back. Girls need to shower instead of bathing in a tub. Don't use any powders on the groin area."</p> <p>Client #3's UTI protocol indicated the following "Interventions:"</p> <p>"Increase fluid intake with adding cranberry juice. Proper groin hygiene. Take showers. No perfume scented sanitary napkins or any powders for groin area. See MD (medical doctor) for Urine Analysis and treatment as ordered."</p> <p>Review of the nurse quarterly notes</p>			

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	<p>indicated the following (not all inclusive):</p> <p>7/6/13 - "just finished AB (antibiotics) for UTI (urinary tract infection)...continues c (with) urinary inc. (incontinence) finished AB for UTI 5th (implied 7/5/13) sexually active. Gets Depo (birth control shot) quarterly."</p> <p>10/23/13 - "Urinary inc worsening, needing briefs for daytime on AB for UTI prevention on Depo per MD (medical doctor) order."</p> <p>1/15/14 - "Incontinence is worsening. Staff are requesting toileting q2h (every 2 hours). wearing depends on UTI preventative tx (treatment), Tx (treatment) this quarter for STD (sexually transmitted disease). Sexually active continues c (with) Depo (birth control shot).</p> <p>4/22/14 - "Urinary inc on [illegible] AB (antibiotic) for UTI. Wears depends toileting q2h (every 2 hours). Sexually active continues c (with) Depo q (every) 2 wks."</p> <p>7/30/14 - "Urinary inc wears depends sees urologist. Depo quarterly."</p> <p>Review of Client #3's physician orders</p>						

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	<p>(dated 8/1/14-8/31/14) indicated Client #3 was prescribed Nitrofurantoin macrocryst 100mg dated 6/19/14 with instructions to "take 1 capsule on Mon-Wed-Fri at 9 PM - for prevention of urinary tract infections." Client #3 was prescribed Vesicare (symptoms of overactive bladder) 10 MG (dated 6/26/14) to take 1 tablet by mouth at bedtime.</p> <p>The "Risk Management Assessment and Plan" dated 10/16/13 indicated Client #3 was assessed as "does not present a risk" for "engages in safe sex practices." The risk assessment indicated Client #3 "presents a risk" for sexual safety in regards to her ability to "defends self against abuse" and "reports abuse to appropriate person." The "sexual abuse" risk assessment indicated "staff will remain with [Client #3] at all times to protect her from abuse of others. Staff will intervene if such an event would take place and staff would report immediately the details of the incident of HM (housemanager) or PD (program director)." The sexual abuse risk assessment indicated "[Client #3] may be able to report abuse to appropriate person but would likely be unable to give details or summarize an account of the incident. Staff should be the voice for [Client #3] ensuring that appropriate authorities are</p>			

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	<p>notified."</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility nurse indicated Client #3 would be seeing a local urologist to determine the causes of her increased incontinence issues. The facility nurse indicated Client #3 is always attended by staff when she is showering due to her risk for seizure. The facility nurse indicated she was unsure whether staff were ensuring Client #3 thoroughly washed her peri area for prevention of UTI's. The facility nurse indicated Client #3 had no program goal or program to ensure peri area hygiene. The facility nurse and the facility QIDP (Qualified Intellectual Disability Professional) indicated Client #3 had no current program for the training and/or teaching of peri area hygiene in regards to increasing urinary incontinence or in sexual health and hygiene. The facility nurse indicated Client #3 had been treated for a STD (sexually transmitted disease). The facility nurse indicated Client #3 had no current program in the training and/or teaching in sexual health and safety. The facility nurse and QIDP indicated Client #3 would benefit from additional training and teaching in personal hygiene and sexual health and safety.</p>			

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	<p>comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a client's ISP (Individual Support Plan) had a formal goal for training/teaching perineal area hygiene care due to recurring UTIs (urinary tract infections), incontinency, and lack of knowledge of sexual health for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors.</p> <p>Review of Client #3's ISP (Individual Support Plan) dated 10/16/13 indicated "sexuality awareness; [Client #3] went through Human Sexuality Training at the group home." Client #3's ISP did not indicate what the training entailed or what areas of sexuality training Client #3 would continue to require training and/or teaching. Client #3's ISP indicated she "must have someone in the bathroom with her at all times due to a seizure</p>	W000227	<p>The facility meets with the Interdisciplinary Team to determine the specific objectives necessary to meet the client's needs. The client goals and objectives are based on client and team input, as well as comprehensive assessment results incorporated in the comprehensive functional assessment of the Individual Support Plan.</p> <p>The Program Director will develop a training objective for client #3 to increase her knowledge of body hygiene to assist in prevention of recurring urinary tract infections plus health and safety measures/education regarding sexual relations including prevention of sexually transmitted diseases per developed protocols. The facility will update client #3's risk management plan and individual support plan to clarify the client abilities, needs and corrective action plans for issues of health and safety including personal hygiene, medical issue of urinary tract infections and sexual activity/healthcare needs. The staff will be trained on Client #3's objectives, revised protocols, revised risk management plan, supervision of client while in the bathroom and overall measures to prevent abuse</p> <p>In the future, the facility Program Director will complete the client ISP</p>	09/28/2014

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	<p>disorder. [Client #3] is able to wash both her hair and body independently." Client #3's ISP indicated she had a personal hygiene goal of "[Client #3] will complete shower and wash her hair with 1 prompt or less from staff for three consecutive months."</p> <p>Review of Client #3's "Urinary Tract Infection (UTI)" protocol (undated) which defined symptoms of UTI's as "burning with urination. Frequent urge for urination with little relief when urinating. Strong odor to urine. Urine cloudy and dark colored." The protocol listed "contributing factors" as "not enough fluid intakes to keep the kidneys flushed. Girls: not wiping properly from front to back. Girls: who take baths often!" Client #3's UTI protocol indicated the following "Preventive Measures":</p> <p>"Drink plenty of liquids daily. Drink cranberry juice. Teach proper hygiene, with wiping from front to back. Girls need to shower instead of bathing in a tub. Don't use any powders on the groin area."</p> <p>Client #3's UTI protocol indicated the following "Interventions:"</p>		<p>according to the abilities of the clients and provide client goals designed to increase the skill level in the area of client needs. The Home Manager will monitor the goal implementation and documentation on a three times weekly basis. The Program Director will review goals on a weekly basis.</p> <p>Responsible Person: Area Director Completion Date: 9/28/14</p>	

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	<p>"Increase fluid intake with adding cranberry juice. Proper groin hygiene. Take showers. No perfume scented sanitary napkins or any powders for groin area. See MD (medical doctor) for Urine Analysis and treatment as ordered."</p> <p>Review of the nurse quarterly notes indicated the following (not all inclusive):</p> <p>7/6/13 - "just finished AB (antibiotics) for UTI (urinary tract infection)...continues c (with) urinary inc. (incontinence) finished AB for UTI 5th (implied 7/5/13) sexually active. Gets Depo (birth control shot) quarterly."</p> <p>10/23/13 - "Urinary inc worsening, needing briefs for daytime on AB for UTI prevention on Depo per MD (medical doctor) order."</p> <p>1/15/14 - "Incontinence is worsening. Staff are requesting toileting q2h (every 2 hours). wearing depends on UTI preventative tx (treatment), Tx (treatment) this quarter for STD (sexually transmitted disease). Sexually active continues c (with) Depo (birth control shot)."</p>			

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	<p>4/22/14 - "Urinary inc on [illegible] AB (antibiotic) for UTI. Wears depends toileting q2h (every 2 hours). Sexually active continues c (with) Depo q (every) 2 wks."</p> <p>7/30/14 - "Urinary inc wears depends sees urologist. Depo quarterly."</p> <p>Review of Client #3's physician orders (dated 8/1/14-8/31/14) indicated Client #3 was prescribed Nitrofurantoin macrocryst 100mg (antibiotic) dated 6/19/14 with instructions to "take 1 capsule on Mon-Wed-Fri at 9 PM - for prevention of urinary tract infections." Client #3 was prescribed Vesicare (symptoms of overactive bladder) 10 MG (dated 6/26/14) to take 1 tablet by mouth at bedtime.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility nurse indicated Client #3 would be seeing a local urologist to determine the causes of her increased incontinence issues. The facility nurse indicated Client #3 is always attended by staff when she is showering due to her risk for seizure. The facility nurse indicated she was unsure whether staff were ensuring Client #3 thoroughly washed and/or wiped her peri area during showers, toileting, and/or changing her incontinence briefs. The</p>			

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W000248	<p>facility nurse and QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3 had no program goal or program to ensure peri area hygiene. The facility nurse and the facility QIDP (Qualified Intellectual Disability Professional) indicated Client #3 had no current program for the training and/or teaching of peri area hygiene in regards to increasing urinary incontinence or in sexual health and hygiene. The facility nurse indicated Client #3 had been treated for a STD (sexually transmitted disease). The facility nurse and QIDP indicated Client #3 would benefit from additional training and teaching in personal hygiene and sexual health and safety.</p> <p>9-3-4(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure the day program services had an updated copy of a client's BSP (behavior support plan) for</p>	W000248	The facility provides a copy of each client's individual plan including behavior support to all other providers, the client and to the parents or legal guardian when applicable. The Behavior Support Plan for client	09/28/2014

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	<p>1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. A BDDS report dated 1/13/14 indicated "Supervisor (at workshop) had reported that she heard screaming in the restroom. She went into the restroom to find [Client #10] holding her face and crying. [Client #3] slapped [Client #10] across the face because [Client #10] told her to leave her friend alone and called [Client #3] a (expletive). This supervisor questioned [Client #3] and asked her to please come to my office to talk. [Client #3] refused then ran out of the workshop and out the front doors." The report indicated "This Case Coordinator followed [Client #3] outside trying to convince her to come back inside and discuss the situation. [Client #3] admitted to slapping her in the face. There was an incident leading up to the assault. [Client #3] had been angry with another consumer for looking and talking to one of her housemates. [Client #3] was giving her dirty looks, raising her fists at her and telling her to leave him alone. When she went into the bathroom the consumers friend [Client #10] was defending her, [Client #3] and</p>		<p>#3 has been provided to the day program to ensure cohesion in client care. In addition the Program Director will ensure the supervisor of Day Program is trained on the behavior support plan. The Program Director will verify the possession of and provide as needed, copies of all clients' Behavior Support Plans. The Program Director has been trained to ensure that the day program receives each client updated program plans in the future. The Program Director or Home Manager will complete daily Monday-Friday observations at the Day Program to ensure consistent implementation of Client #3's BSP for 30 days. After 30 days, the frequency for evaluations will be re-evaluated and if there has been consistent implementation, observations will move down to 3 times per week for a period of 15 days and at the end of 15 days, the frequency will be re-evaluated. Responsible Person: Area Director Completion Date: 9/28/14</p>				

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	<p>[Client #10] got into an argument and this was the result." The report indicated they contacted "house manager to pick [Client #3] up for the rest of the day...". The report indicated "[Client #3]'s BPR (behavior plan) will be marked for the behavior."</p> <p>A report dated 2/14/14 indicated Client #3 was in the day program workshop and "came over supervisor [DSP (Direct Support Professional) #1]'s desk and told him that she was going to hit someone and [DSP #1] asked her why and [Client #3] said due to an issue at home." The report indicated "[DSP #1] was in the restroom he heard yelling in the workshop. [DSP #1] came out of the restroom to see [Client #3] taking a swing at client [Client #9 (day program client)] and hit her in the right side of the face with a closed fist." The report indicated "[Client #9] then swung back at [Client #3]." The report indicated "[Client #3] grabbed [Client #9] by the hair and that is when staff was able to intervene and break up the fight using agency approved CPI (crisis prevention) skills." The report indicated "[Client #3] went into case coordinator, [Case Coordinator (CC)]'s office where she was counseled. [Client #3] was examined for injuries and none were to be found." The report indicated "staff will keep [Client</p>						

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	<p>#3] and [Client #9] separated. Behavior plans will be followed by staff. [Client #3] went home for the day."</p> <p>A BDDS report dated 4/8/14 indicated Client #3 "was at her workstation making repeated threats that she wanted to punch another consumer in the face because she was looking at her. Workshop (sic) Coordinator [WC #1] went over to [Client #3] and asked to to (sic) calm down. [Client #3] then yelled profanity at [WC #1] on several occasions (sic)." The report indicated "[WC #1] tried to get [Client #3] to calm down [Client #3] stood 4" (inches) from [WC #1] and threw handfuls of rivets at her hitting her in the chest, neck and face." The report indicated "it was decided fro the safety of the consumers and to provide a safe environment for everyone, [Client #3] would be suspended for the remainder of the day."</p> <p>A BDDS report dated 4/25/14 indicated Client #3 was in the day program workshop and "[Client #3] Spoke (sic) to her supervisor about other people talking at Work (sic) [Client #3] (sic) Supervisor (sic) asked [Client #3] to return to Work (sic). [Client #3] then became upset and walked over and punched [Client #5] in the left Jaw (sic). The workshop supervisor got between the two of them</p>			

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	<p>and called a case coordinator to assist. [Client #3] was removed from the workshop and was put on in-house suspension and counseled." The report indicated "[Client #5] was at his work station when [Client #3] became upset and hit him in the Left Jaw (sic)." The report indicated Client #5 did not appear to sustain any injuries.</p> <p>On 8/13/14 at 2:45 PM, record review indicated Client #3's BSP (behavioral support plan) dated 1/29/14 which indicated the target behaviors of incontinence, resistance to instruction, physical aggression, aggressive outburst, false reporting, and self-injurious behaviors. During an interview on 8/18/14 at 2:59 PM, the Day Services Manager (DSM) indicated the only BSP (behavior support plan) for Client #3 was dated 12/27/11. The DSM indicated the day program had not received an updated copy of Client #3's BSP.</p> <p>On 8/13/14 at 3:28 PM, during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she was new to Client #3's group home and did not know Client #3's workshop did not have her current BSP.</p> <p>During an interview on 8/18/14 at 4:20 PM, the Administrator indicated the day</p>			

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W000257	<p>program should have received Client #3's most current BSP (behavior support plan) with her current ISP (Individual Support Plan) near the date of her annual IDT (Interdisciplinary Team) meeting what was on 10/16/13. The Administrator indicated the facility was unaware the day program did not have Client #3's most current BSP.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview, the facility QIDP (Qualified Intellectual Disabilities Professional) failed to revise a client's BSP (behavior support plan) when a client failed to show progress for 1 of 4 sampled clients (#3) after reasonable efforts had been made.</p>	W000257	<p>The facility QMRP reviews and revises as necessary client objectives and goals to address failure of progress or successful completion. The client team meets to develop a plan suited to the needs of the client annually and as revision is needed.</p> <p>The facility Program Director currently reviews the client goals/behavior data monthly to</p>	09/28/2014

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	<p>Findings include:</p> <p>On 8/12/14 at 1:27 PM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 8/12/13 to 8/12/14 were reviewed. A BDDS report dated 1/13/14 indicated "Supervisor (at workshop) had reported that she heard screaming in the restroom. She went into the restroom to find [Client #10] holding her face and crying. [Client #3] slapped [Client #10] across the face because [Client #10] told her to leave her friend alone and called [Client #3] a (expletive). This supervisor questioned [Client #3] and asked her to please come to my office to talk. [Client #3] refused then ran out of the workshop and out the front doors." The report indicated "This Case Coordinator followed [Client #3] outside trying to convince her to come back inside and discuss the situation. [Client #3] admitted to slapping her in the face. There was an incident leading up to the assault. [Client #3] had been angry with another consumer for looking and talking to one of her housemates. [Client #3] was giving her dirty looks, raising her fists at her and telling her to leave him alone. When she went into the bathroom the consumers friend [Client #10] was defending her, [Client #3] and [Client #10] got into an argument and this was the result." The report indicated</p>		<p>calculate the percentage of progress made by the client. Objectives are revised based on data and criteria on a monthly basis. The behavior support plan is reviewed monthly for needed revision by the Program Director and Behavior Specialist. The Area Director will train the Program Director to accurately review and assess the client goals/data making necessary revisions needed monthly to ensure client progress is documented and measured and corrective measures are in place to prevent recurrence. The team of client #3 will meet to review her behavior plan and make revisions as needed to ensure plan effectiveness. The staff and day program staff will be trained on any changes made to the plan.</p> <p>The facility will continue to train supervisors on the format to review client goals/plans/data upon hire and as needed to ensure the client progress is accurate and addressed. The Area Director will review monthly progress notes to ensure revisions are made as needed to ensure client goals/plans remain effective.</p> <p>Person Responsible: Area Director Completion Date: 9/28/14</p>	

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	<p>they contacted "house manager to pick [Client #3] up for the rest of the day...". The report indicated "[Client #3]'s BPR (behavior plan) will be marked for the behavior."</p> <p>A report dated 2/14/14 indicated Client #3 "came over supervisor [DSP (Direct Support Professional) #1]'s desk and told him that she was going to hit someone and [DSP #1] asked her why and [Client #3] said due to an issue at home." The report indicated "[DSP #1] was in the restroom he heard yelling in the workshop. [DSP #1] came out of the restroom to see [Client #3] taking a swing at client [Client #9 (day program client)] and hit her in the right side of the face with a closed fist." The report indicated "[Client #9] then swung back at [Client #3]." The report indicated "[Client #3] grabbed [Client #9] by the hair and that is when staff was able to intervene and break up the fight using agency approved CPI (crisis prevention) skills." The report indicated "[Client #3] went into case coordinator, [Case Coordinator (CC)]'s office where she was counseled. [Client #3] was examined for injuries and none were to be found." The report indicated "staff will keep [Client #3] and [Client #9] separated. Behavior plans will be followed by staff. [Client #3] went home for the day."</p>			

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	<p>A BDDS report dated 4/8/14 indicated Client #3 "was at her workstation making repeated threats that she wanted to punch another consumer in the face because she was looking at her. Workshop (sic) Coordinator [WC #1] went over to [Client #3] and asked to to (sic) calm down. [Client #3] then yelled profanity at [WC #1] on several occasions (sic)." The report indicated "[WC #1] tried to get [Client #3] to calm down [Client #3] stood 4" (inches) from [WC #1] and threw handfuls of rivets at her hitting her in the chest, neck and face." The report indicated "it was decided for the safety of the consumers and to provide a safe environment for everyone, [Client #3] would be suspended for the remainder of the day."</p> <p>A BDDS report dated 4/25/14 indicated "[Client #3] Spoke (sic) to her supervisor about other people talking at Work (sic) [Client #3] (sic) Supervisor (sic) asked [Client #3] to return to Work (sic). [Client #3] then became upset and walked over and punched [Client #5] in the left Jaw (sic). The workshop supervisor got between the two of them and called a case coordinator to assist. [Client #3] was removed from the workshop and was put on in-house suspension and counseled." The report</p>			

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	<p>indicated "[Client #5] was at his work station when [Client #3] became upset and hit him in the Left Jaw (sic)." The report indicated Client #5 did not appear to sustain any injuries.</p> <p>A BDDS report dated 6/5/14 indicated "staff heard noise coming from [Client #5]'s room and went in to find that [Client #3] had hit [Client #5] and in turn [Client #5] had bit [Client #3]'s hand. Apparently, [Client #5] and his roommate were cleaning their bedroom and began to argue. [Client #3] then went into the room to see what was wrong and then argued with [Client #5]] and in turn hit him."</p> <p>A BDDS report dated 6/24/14 indicated "shortly after dinner, all residents were working on cleaning their bedrooms. Staff heard noise coming from [Client #5]'s room and went in to find that [Client #5] and [Client #3] were getting physically aggressive with each other. Staff attempted to separate the two and [Client #3] began hitting staff." The report indicated "staff used approved PIA (Physical Intervention Alternatives) techniques and held [Client #3]'s arms to her side and using their body, slide (sic) her down to the floor face up. [Client #3] continued to be combative and another staff entered and was able to calm her</p>			

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	<p>down while the other directed [Client #5] out of the room." The report indicated "after talking with the two, it appears that they began to argue because [Client #5] was going to call another girl from work and [Client #3] got upset and confronted him about this because he is currently dating another girl from work." The report indicated "[Client #3] hit [Client #5] and in turn [Client #5] hit her back. At one point [Client #3] also bit [Client #5] on the leg. Staff checked both for injury and found that [Client #3] had some red marks on her face that disappeared and that [Client #5] had some scratches on his arm and a bite mark on his leg that bled slightly they applied first aid to." The report indicated "staff were advised to implement BSPs (behavior support plans) as necessary and to ensure that the two individuals are not left in a room together."</p> <p>A BDDS report dated 7/28/14 indicated Client #2 and "another housemate were arguing back and forth and [Client #3] decided to take it upon herself to intervene and in turn got upset and pinched [Client #2] who then in turn pushed [Client #3]. Staff attempted to intervene however did not make it in time. [Client #3] was assisted up and there was no injury. [Client #2] had no injury either." The report indicated "staff</p>			

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	<p>were advised to implement BSPs (Behavior Support Plans) as necessary and encourage [Client #3] not to get involved in her housemates arguments."</p> <p>On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors. Client #3's BSP (behavioral support plan) dated 1/29/14 indicated the target behaviors of incontinence, resistance to instruction, physical aggression, aggressive outburst, false reporting, and self-injurious behaviors. Client #3's BSP dated 1/29/14 did not indicate any revisions had been made. Record review indicated no documentation to indicate Client #3's IDT (Interdisciplinary Team) had met to review the effectiveness of Client #3's BSP.</p> <p>On 8/13/14 at 3:28 PM, during an interview, the facility QIDP (Qualified Intellectual Disabilities Professional) indicated she was new to Client #3's group home and was uncertain why Client #3's BSP (behavior support plan) was not revised or why Client #3's IDT</p>			

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W000331	<p>(interdisciplinary team) didn't meet to review Client #3's incidents of physical aggression and her BSP. The QIDP indicated Client #3 could benefit from a review and potential revision of Client #3's BSP.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nurse failed to develop a sufficient UTI (urinary tract infections) risk plan and to update it as necessary to prevent recurring UTIs which included instruction on incontinence peri care and sexual hygiene for 1 of 4 sampled clients (#3). Based on record review and interview, the facility nurse failed to develop a risk plan for sexual health and hygiene for the prevention, monitoring,</p>	W000331	<p>The facility has an established healthcare system that is overseen by the facility nurse. Each client medical care plan is based on assessments, doctor's orders, diagnosis requiring protocol and the needs of the client.</p> <p>The facility nurse has updated the urinary tract infection protocol for Client #3 to prevent recurring infections, provide procedures for peri-care with client incontinence issues. Client #3 will be trained on</p>	09/28/2014

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	<p>and/or treatment of acquired sexually transmitted diseases for 1 of 4 sampled clients (#3).</p> <p>Based on observation, record review, and interview, the facility nurse failed to ensure bi-annual assessments of potential psychotropic medication side effects for 1 of 4 sampled clients (#3).</p> <p>Based on record review and interview, the facility nurse failed to ensure 1 of 4 sampled clients (#1) had his blood pressure and weight monitored as ordered by the physician on the MAR (medication administration record).</p> <p>Findings include:</p> <p>1) On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors.</p> <p>Review of Client #3's ISP (Individual Support Plan) dated 10/16/13 indicated "sexuality awareness; [Client #3] went through Human Sexuality Training at the group home." Client #3's ISP did not</p>		<p>sexual health and hygiene for prevention, monitoring and treatment of sexually transmitted diseases. The Program Director with the nurse will update the client risk plan to include the above protocol then train the staff on the new protocol and risk plan. The staff and nurse will be trained to monitor plus ensure documentation in the charts for client #1's blood pressure and weight per doctor's order. The nurse will complete an assessment on client #3 for potential side effects to her medication including tardive dyskinesia. The nurse has been trained to complete bi-annual assessments of the potential side effects for client psychotropic medications and to review all clients' charts for the need. The Home Manager has been trained to monitor the medical record of clients to ensure the doctor ordered treatments for clients, including client #1 blood pressure and weight, are completed as ordered.</p> <p>In the future the facility will review each client's needs plus risk management and address with necessary protocols to ensure the client nursing services address all potential health issues. The nurse will review the medications and MARs of the clients once monthly. The Home Manger will review the medications and treatments at least once weekly to ensure proactive measures to order medication as</p>	

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	<p>indicate what the training entailed or what areas of sexuality training Client #3 would continue to require training and/or teaching. Client #3's ISP indicated "[Client #3] can provide consent in all areas of her life." Client #3's ISP indicated she "must have someone in the bathroom with her at all times due to a seizure disorder. [Client #3] is able to wash both her hair and body independently." Client #3's ISP indicated she had a personal hygiene goal which indicated "[Client #3] will complete shower and wash her hair with 1 prompt or less from staff for three consecutive months."</p> <p>Review of Client #3's "Urinary Tract Infection (UTI)" protocol (undated) defined symptoms of UTI's as "burning with urination. Frequent urge for urination with little relief when urinating. Strong odor to urine. Urine cloudy and dark colored." The protocol listed "contributing factors" as "not enough fluid intakes to keep the kidneys flushed. Girls: not wiping properly from front to back. Girls: who take baths often!" Client #3's UTI protocol indicated the following "Preventive Measures":</p> <p>"Drink plenty of liquids daily. Drink cranberry juice. Teach proper hygiene, with wiping from</p>		<p>necessary in the future.</p> <p>Responsible Staff: Program Director Completion Date: 9/28/14</p>				

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	<p>front to back.</p> <p>Girls need to shower instead of bathing in a tub.</p> <p>Don't use any powders on the groin area."</p> <p>Client #3's UTI protocol indicated the following "Interventions:"</p> <p>"Increase fluid intake with adding cranberry juice.</p> <p>Proper groin hygiene.</p> <p>Take showers.</p> <p>No perfume scented sanitary napkins or any powders for groin area.</p> <p>See MD (medical doctor) for Urine Analysis and treatment as ordered."</p> <p>Review of the nurse quarterly notes indicated the following (not all inclusive):</p> <p>7/6/13 - "just finished AB (antibiotics) for UTI (urinary tract infection)...continues c (with) urinary inc. (incontinence) finished AB for UTI 5th (implied 7/5/13) sexually active. Gets Depo (birth control shot) quarterly."</p> <p>10/23/13 - "Urinary inc worsening, needing briefs for daytime on AB for UTI prevention on Depo per MD (medical doctor) order."</p> <p>1/15/14 - "Incontinence is worsening.</p>			

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	<p>Staff are requesting toileting q2h (every 2 hours). wearing depends on UTI preventative tx (treatment), Tx (treatment) this quarter for STD (sexually transmitted disease). Sexually active continues c (with) Depo (birth control shot)."</p> <p>4/22/14 - "Urinary inc on [illegible] AB (antibiotic) for UTI. Wears depends toileting q2h (every 2 hours). Sexually active continues c (with) Depo q (every) 2 wks."</p> <p>7/30/14 - "Urinary inc wears depends sees urologist. Depo quarterly."</p> <p>Review of Client #3's physician orders (dated 8/1/14-8/31/14) indicated Client #3 was prescribed Nitrofurantoin macrocryst 100mg dated 6/19/14 with instructions to "take 1 capsule on Mon-Wed-Fri at 9 PM - for prevention of urinary tract infections." Client #3 was prescribed Vesicare (symptoms of overactive bladder) 10 MG (dated 6/26/14) to take 1 tablet by mouth at bedtime.</p> <p>The "Risk Management Assessment and Plan" dated 10/16/13 indicated Client #3 was assessed as "does not present a risk" for "engages in safe sex practices." The risk assessment indicated Client #3</p>			

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	<p>"presents a risk" for sexual safety in regards to her ability to "defends self against abuse" and "reports abuse to appropriate person." The "sexual abuse" risk assessment indicated "staff will remain with [Client #3] at all times to protect her from abuse of others. Staff will intervene if such an event would take place and staff would report immediately the details of the incident of HM (housemanager) or PD (program director)." The sexual abuse risk assessment indicated "[Client #3] may be able to report abuse to appropriate person but would likely be unable to give details or summarize an account of the incident. Staff should be the voice for [Client #3] ensuring that appropriate authorities are notified."</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility nurse indicated Client #3 would be seeing a local urologist to determine the causes of her increased incontinence issues. The facility nurse indicated Client #3 is always attended by staff when she is showering due to her risk for seizure. The facility nurse indicated she was unsure whether staff were ensuring Client #3 thoroughly washed her peri area for prevention of UTI's. The facility nurse indicated Client #3 had no program goal or program to ensure peri area hygiene.</p>			

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	<p>The facility nurse and the facility QIDP (Qualified Intellectual Disability Professional) indicated Client #3 had no current program for the training and/or teaching of peri area hygiene in regards to increasing urinary incontinence or in sexual health and hygiene. The facility nurse indicated Client #3 had been treated for a STD (sexually transmitted disease). The facility nurse indicated Client #3 had no current program in the training and/or teaching in sexual health and safety. The facility nurse and QIDP indicated Client #3 would benefit from additional training and teaching in personal hygiene and sexual health and safety.</p> <p>2a) On 8/13/14 at 2:45 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities, seizures, bipolar disorder, traumatic brain injury, headaches, urinary incontinence, anxiety, frequent urinary tract infections, depression, menstrual irregularity, schizophrenia, stomach pain, and tremors. Record review indicated an "Annual Healthcare Assessment" dated 2/26/14 indicated Client #3 had a "Tardive Dyskinesia (involuntary movement disorder, a side effect of long term psychotropic medication use) Screening" dated 3/15/13 which indicated</p>			

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	<p>"mild shoulder movements."</p> <p>Review of Client #3's MAR (medication administration record) dated 8/1/14 indicated Client #3 was prescribed the following psychotropic medications:</p> <p>Lithium Carbonate 300 MG (2 tablets, twice daily = 1200 MG/daily) mood stabilizer. Abilify 30 MG (one tablet/daily = 30 MG/daily) Anti-anxiety. Buspirone HCL 15 MG (one tablet/3 x daily = 45 MG/daily) Psychotropic. Citalopram 40MG (one tablet/daily) Antidepressant.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility Nurse indicated Client #3 should have had an assessment for potential side effects of psychotropic medications on a bi-annual basis. The Nurse stated she was "qualified" to give the assessment and the facility has had difficulty secure a psychiatrist and/or qualified professional to evaluate Client #3.</p> <p>3) On 8/15/14 at 4:07 PM, record review indicated Client #1's diagnoses included, but were not limited to mild intellectual disabilities, Tourette syndrome, impulse control control, mood disorder, HTN (high blood pressure). Client #1's</p>						

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	<p>physician order dated 08/01/14 to 08/31/14 indicated Client #1 had a standing physician order dated 06/24/11 which indicated "check blood pressure twice a week on Tuesdays and Thursdays." Review of Client #1's MAR (medication administration record) from 4/1/14 to 8/11/14 indicated Client #1 did not get his blood pressure taken on the following scheduled dates: 4/1/14, 5/13/14, 5/20/14, 5/29/14, and 6/17/14.</p> <p>Record review indicated Client #1 had a physician order dated 4/2/10 for weekly weight monitoring each Mondays.</p> <p>Record review indicated Client #1 did not have his weekly weight taken on the following the dates: 4/21/14, 5/12/14, 5/19/13, 5/26/13, 6/2/14, 6/16/14, and 6/30/14.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility nurse indicated the Housemanager (HM) and/or PD (Program Director) should be reviewing client MARs (medication administration record) through the month to check for errors. The facility nurse indicated staff should have been monitoring Client #1's blood pressure and week as ordered by the physician.</p> <p>9-3-6(a)</p>						

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W000363	<p>483.460(j)(2) DRUG REGIMEN REVIEW The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team.</p> <p>Based on record review and interview, the facility failed to ensure the pharmacist identified and reported any irregularities in clients' drug regimens, including potential duplicate therapies, to the prescribing physician and interdisciplinary team for 4 of 4 sampled clients (#1, #2, #3, and #4) and 4 additional clients (#5, #6, #7, and #8).</p> <p>Findings include: On 8/13/14 at 2:45 PM, record review indicated a pharmacy review dated 9/25/2013 indicated "medication</p>	W000363	<p>The facility has an established healthcare system that is overseen by the facility nurse. The facility contracts with a local pharmacy to package medications, develop medication administration records, and advise on client medications ordered by the doctors. The oversight of a pharmacy allows for the client to have additional professional expertise regarding their healthcare.</p> <p>The facility nurse has reviewed the follow up with the pharmacy to ensure ideal oversight for the client medication regime: pharmacy reviews should be a thorough review</p>	09/28/2014

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	<p>regimens were examined to determine appropriateness of therapy. Special attention was focused on duplicate therapy, drug interactions, and proper monitoring. Special concerns were discussed with the [facility] nurse." The pharmacy review indicated "the facility review involved checking the medicine cabinets for proper labeling, expired medications, proper medication storage, and MAR (medication administration record) entries." The pharmacy review indicated "overall, the pharmacy review of the Indiana Mentor group homes found no significant deficiencies." The pharmacy review indicated no documentation of individual client regiment review. The review failed to include documentation indicating the pharmacy had reviewed the individual drug regimens for each client residing in the home (clients #1, #2, #3, #4, #5, #6, #7, and #8).</p> <p>The pharmacy review dated 12/11/13 indicated "4 group homes were reviewed." The pharmacy review indicated "medication regimens were examined to determine appropriateness of therapy. Special attention was focused on duplicate therapy, drug interactions, and proper monitoring. Special concerns were discussed with the [facility] nurse." The pharmacy review indicated two</p>		<p>to include documentation that physician orders do not indicate origin of medication application, condition being treated, and documentation of the review of each client's individual medication regime, reference of client for necessary interventions noted to nurse and on the review sheet. The nurse has been trained to ensure medication review by the pharmacy is completed thoroughly, to contact the pharmacy to request specific components be included in the reviews, and reviews to contain all required information.</p> <p>In the future the facility nurse will review and address issues noted incorrectly or not noted in future pharmacy audits quarterly. The nurse will continue to work with the pharmacy to be the medical liaison for the client medication services for optimal healthcare for all clients.</p> <p>Responsible Staff: Program Director/Nurse Completion Date: 9/28/14</p>	

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	<p>interventions were "necessary during this review." The review indicated "one resident chews a tablet that cannot be chewed, the physician was called and the medication was stopped. The other intervention is needed to help eliminate duplicate or un-necessary medications for a resident, it is still in progress." The pharmacy review failed to indicate which clients of the 4 group homes required the "necessary interventions." The pharmacy review failed to include documentation which indicated each clients' individual drug regimens were reviewed (clients #1, #2, #3, #4, #5, #6, #7, #8).</p> <p>The pharmacy review dated 3/12/14 indicated "thirty total clients were reviewed" whom resided in 4 group homes. The pharmacy review indicated "Eight interventions were necessary during this review. One resident was being given two different medications twice daily when they were only supposed to be given once daily. One resident had two medications discontinued while in the hospital and and they were not stopped after he got back to the group home. A resident had a medication in the hospital that was not continued after returning to the group home and it should have been; a call to the physician was made to determine if he/she should continue it. A call was</p>			

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	<p>made to a physician to determine if a medication was still necessary; it was changed to as needed." The pharmacy review indicated "A physician was called to remind them a patient needs lab orders to monitor for anemia (low iron). A physician was called to request a change of therapy for a patient whose disease state is not being managed." The pharmacy review failed to indicate which clients of the 30 clients reviewed required drug regimen intervention. The pharmacy review failed to include documentation which indicated clients #1, #2, #3, #4, #5, #6, #7, or #8's drug regimens were thoroughly reviewed and irregularities reported to prescribing physician.</p> <p>The pharmacy review dated 6/24/14 indicated "Thirty-one total clients were reviewed" which resided in 4 group homes. The pharmacy review indicated "two interventions were necessary during this review." The review indicated "a call was made to the physician for a resident that was re-started on a medication that was discontinued in the hospital to make sure it was not discontinued due to renal or hepatic function. It was not, so the medication was determined to be safe." The review indicated the other intervention was in regards to 3 clients having excess</p>						

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	<p>polyethylene glycol powder (fiber given for constipation). The pharmacy review failed to include documentation that clients #1, #2, #3, #4, #5, #6, #7, and #8's drug regimens were reviewed.</p> <p>On 8/13/14 at 3:28 PM during an interview, the facility Nurse indicated the pharmacist did quarterly pharmacy reviews of the client's drug regimen. The Nurse indicated she agreed the pharmacy review should be more specific in documenting each client's drug regimen review with pharmacy recommendations.</p> <p>9-3-6(a)</p>						