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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G272 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>05/18/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>IN-PACT INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>723 N 200 E<br>VALPARAISO, IN 46383 |
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| W 0000<br><br>Bldg. 00 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: May 6, 7, 8, and 18, 2015.</p> <p>Facility number: 000792<br/>Provider number: 15G272<br/>AIM number: 100249020</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> | W 0000        |   |                      |
| W 0104<br><br>Bldg. 00 | <p>483.410(a)(1)<br/>GOVERNING BODY<br/>The governing body must exercise general policy, budget, and operating direction over the facility.</p>   |               |   |                      |

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>Based on observation and interview, the governing body failed to exercise operating direction over the group home to ensure maintenance was completed for the interior of the group home in regards to rusted bathroom fixtures, water damaged areas, unpainted wall patches in the living room, and several water damaged ceiling tiles in the kitchen for 3 of 3 sampled clients (#1, #2, and #3) and 3 of 3 additional clients (#4, #5, and #6).</p> <p>Based on record review and interview, the governing body failed to exercise operating direction over the group home to ensure nursing services obtained required quarterly physician's review and signature for physician's orders for 3 of 3 sampled clients (#1, #2, and #3).</p> <p>Findings include:</p> <p>1) On 5/7/15 at 2:01 PM, the group home where clients #1, #2, #3, #4, #5, and #6 resided was observed for maintenance issues and indicated the main client bathroom had a rusted shower curtain rod, rusted shower curtain rings, rusted tub faucet and drain, and moisture damage behind the toilet tank cover. Client #4's bedroom had unfinished trim around his window. The kitchen had several overhead tiles which had water</p> | W 0104  | <p>A maintenance report was filled out. All maintenance concerns have/will be corrected: replace shower rod and shower curtain rings, remove rust stains from bathroom tub/drain/faucet, painted wall patches in living room and replace stained ceiling tiles in kitchen. Responsible person: Maintenance staff. Maintenance will be completed on a timely bases and on a priority bases. Responsible person: Maintenance staff. To ensure future compliance, monthly a visual inspection will be completed. Responsible person: Sheila O'Dell, GH Director, Traci Hardesty &amp; Patti Harris, QIDP. The client's that are on behavior medications are reviewed by the doctor at least quarterly at our med review. During that time, other medical issues maybe discussed with recommendations. Responsible person: Sherri DiMarco, RN. For those who need anti-convulsant medications, they see their neurologist as ordered every 3 to 6 months. Responsible person: Sherri DiMarco, RN. Annually all clients have physician's orders for all of their medications, which is complied by our nurse. They also receiving new scripts. Responsible person: Sherri DiMarco, RN. To ensure future compliance, the nurse reviews all the client's records at least monthly and write/prepares any</p> | 06/17/2015           |   |

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| W 0125<br><br>Bldg. 00                           | <p>damage near the back door. The living room had several visible patches where areas were spackled, sanded, and primed but were not painted the wall color.</p> <p>On 5/8/15 at 12:29 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated maintenance did not having any standing orders for the repairs needed at the group home. The QIDP stated the facility's maintenance department "was always very busy" but they would make the repairs.</p> <p>2) Please see W331. The facility's nursing staff failed to ensure physician's orders were signed by the physician on a quarterly basis for 3 of 3 sampled clients (#1, #2, and #3).</p> <p>9-3-1(a)</p> <p>483.420(a)(3)<br/>PROTECTION OF CLIENTS RIGHTS<br/>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the</p> |   | necessary paperwork/instructions for the staff/doctor based on the clients needs. Responsible person: Sherri DiMarco, RN. |                      |   |

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|                    | <p>right to file complaints, and the right to due process.</p> <p>Based on observation and interview, the facility failed to ensure client rights in regards to freedom of movement in the group home including the freedom of movement to go to bedrooms, bathrooms of choice, kitchen, and common areas during medication administration for 2 hours each day for 3 of 3 sampled clients (#1, #2, and #3) and 3 of 3 additional clients (#4, #5, and #6).</p> <p>Findings include:</p> <p>On 5/6/15 between 4:11 PM and 6:28 PM, group home observations were conducted. At 4:11 PM, all clients were downstairs in the tri-level group home in a common room with 2 couches, 1 table, and a television. DSP (Direct Support Professional) #4 was sitting at the table by herself. DSP #2 was positioned in front of the door which exited the common room to the hallway and stairwell area. At 4:22 PM, Client #3 was verbally prompted by DSP #2 to go upstairs for medication administration. DSP #3 assisted Client #3 with his medication administration on the main floor of the group home in the kitchen at the dining room table. At 4:31 PM during an interview, DSP #2 stated "the guys go</p> | W 0125        | <p>A new med passing area has been designated that is not in the main part of the home.<br/>Responsible person: Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP. A med cart has been ordered to secure the medications in the new area.<br/>Responsible person: Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP. Staff will be trained on client rights and the freedom to move about the group home. Staff will be trained on the proper way of redirecting the clients if needed. Responsible person: Traci Hardesty, QIDP.<br/>To ensure future compliance, a client's right reliability and a med reliability will be completed show competency. This will then be done monthly and on-going.<br/>Responsible person: Traci Hardesty, QIDP.</p> | 06/17/2015           |

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|                    | <p>downstairs for med pass for privacy at 7 (AM) and 4 (PM) o'clock medication passes." At 4:40 PM, all clients came up to the main floor to have afternoon snack, participate in goals, and dinner preparations.</p> <p>On 5/7/15 between 6:25 AM and 8:01 AM, group home observations were conducted. Between 6:25 AM and 6:54 AM, the clients ate breakfast and attended to morning hygiene. Between 6:54 AM and 7:02 AM, DSP #2 verbally prompted the clients to go downstairs because it was time for medication administration. Client #6's bedroom was upstairs and DSP #2 did not start med pass because Client #6 was still in his room. DSP #2 verbally called up to Client #6 from the main floor stairs to tell him it was time to go downstairs for med pass. Client #6 did not respond to DSP #2's verbal prompt. DSP #2 went upstairs to prompt Client #6 to go downstairs. Client #6 came down the steps to the main floor and then went downstairs. Between 7:12 AM and 7:23 AM, DSP #2 assisted Client #2 with medication pass at the dining room table of the kitchen while clients #1, #3, #4, #5, and #6 were downstairs in the common area. Between 7:23 AM and 7:32 AM, DSP #2 assisted Client #5 with medication pass while clients #1, #2, #3, #4, and #6 were in the</p> |               |   |                      |

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|                    | <p>common area in the bottom level. Between 7:33 AM and 8:01 AM, the common area of the bottom level of the group home was observed while medication administration continued on the main floor in the kitchen. At 7:41 AM, Client #5 got up from the couch and went to leave the room. DSP #8 verbally prompted Client #5 to "sit down" and redirected him with her hands while standing in front of the door to exit. At 7:43 AM, Client #5 was standing up and leaning into DSP #8 while she stood at the door. Client #3 was sitting in a chair by himself and hit himself 6 times in the head and neck with force. DSP #8 left the doorway to walk toward Client #3, Client #5 went out the doorway and turned right into the basement hallway. DSP #8 physically redirected Client #5 to return to the common area and he sat down in a chair at a small table next to the doorway and covered his ears with his hands. At 7:43 AM, Client #3 hit himself on the neck and DSP #8 walked over to him and rubbed his back to calm him. At 7:49 AM, Client #3 got up to leave the room and DSP #8 blocked him from exiting by standing between him and the doorway. Client #3 hit himself one time. Client #4 asked DSP #8 if he could go to the bathroom and she said yes. Client #4 went to the bathroom in the basement hallway. DSP #8 rubbed Client #3's back.</p> |               |   |                      |

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|                    | <p>At 7:53 AM, Client #3 hit his head and neck 3 times. Client #3's hands were physically redirected by DSP #8. Client #3 was verbally and physically prompted to go upstairs for medication pass. At 7:56 AM, Client #4 came out of the hallway bathroom and DSP #8 asked him if he had washed his hands. Client #4 said he did not wash his hands and DSP #8 verbally prompted Client #4 to return to the bathroom to wash his hands which he did. At 7:58 AM, Client #4 came out of the bathroom and DSP #8 verbally prompted him to go back into the common area. At 7:59 AM, Client #3 returned from medication pass and walked up to Client #5 who was sitting in a chair. DSP #8 said to Client #5 "get up, get out of [Client #3]'s chair." DSP #8 verbally prompted Client #6 to go upstairs for his medication. Client #5 walked to go out the common area door again and DSP #8 blocked his exit by standing in the doorway and verbally prompted and said "no."</p> <p>On 5/7/15 at 10:23 AM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) stated she "could see the concern" with client rights during medication administration. The QIDP indicated the medications were passed on the main floor in the kitchen because the</p> |               |   |                      |

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| W 0149<br>Bldg. 00 | <p>medications were stored in a locked pantry in the kitchen. The QIDP stated "it was difficult" to ensure client privacy during medication administration with the "layout" of the group home which was a tri-level home. The QIDP indicated an alternative area for passing medications should be considered so clients (#1, #2, #3, #4, #5, and #6) have the freedom to move about the group home.</p> <p>9-3-2(a)</p> <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility failed to develop and/or implement abuse/neglect policies and/or procedures to ensure a system to define, identify, report, and prevent staff to client mistreatment in regards to staff rudeness, use of explicit language, use of unauthorized physical holds and redirection, and immediately reporting suspected mistreatment by staff which had the potential to impact 3 of 3</p> | W 0149        | All steps had been taken when an allegation is reported. The steps were done timely and included a through investigation with proper reporting. Responsible person: Sheila O'Dell, GH Director & Traci Hardesty, QIDP. Corrective actions had been put into place which include disciplinary action and re-training. Responsible person: Sheila O'Dell, GH Director & Traci Hardesty, QIDP. There has been no further allegations regarding this staff, a year later. Responsible person: | 06/17/2015           |

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|  | <p>sampled clients (#1, #2, and #3) and 3 of 3 additional clients (#4, #5, and #6).</p> <p>Findings include:</p> <p>On 5/7/15 at 10:10 AM, an investigation dated 7/28/14 was reviewed and included a BDDS (Bureau of Developmental Disabilities Services) report dated 7/29/14 which indicated "The Program Director was at the group home this morning (7-29-14) and was told by a worker painting the home's deck that she and her 2 employees overheard a staff telling a consumer to 'shut the [expletive] up'. It allegedly happened several times between 5:30pm-7:00pm. The staff who made that statement to the consumer was identified as [DSP (Direct Support Professional) #1] and she was suspended immediately." The report indicated "Later today, another staff made an allegation of cursing at consumers against [DSP #2] who was also suspended immediately. It was alleged that [DSP #2] has told consumers to 'sit your [expletive] down'."</p> <p>The follow up BDDS report dated 8/5/14 indicated "After a lengthy investigation, I was unable to substantiate the allegation of abuse. I did conclude that [DSP #2] has used unapproved physical guidance techniques with [Client #3], although not meant in an abusive or angry manner.</p> |   | <p>Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP. To ensure future compliance, monthly consumer meetings are held and they are given complaint forms to fill out if they are having any issues. Responsible person: Renee Tomerlin, GH Manager. To ensure future compliance, annually all staff are retrained on our policy on reporting and investigating allegation of abuse and neglect. Responsible person: Ruth Estrada, Training Coord. Addendum: To substantiate this abuse allegation, there has to be two people to have seen/heard the allegation. The person outside staining the deck was unreliable as the house windows/doors were closed and the air conditioning unit was running. It took a lengthy amount of time for that person to provide a single sentence statement, after repeated requests for a detailed statement. No other statement was received from the other two outside painters. What was substantiated was the use of swear words in front of the consumers (not to them) and it was handled accordingly. Staff training is done on abuse and neglect &amp; crisis intervention upon hire, as needed, but at least annually on going. Management also do observation reliabilities to ensure proper protocol/procedures. The manager works on site with staff/consumers approx. 20 hours a week. The QIDP is on site as</p> |  |  |   |  |

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|  | <p>[DSP #2] was put back on the schedule once the investigation was concluded." The report indicated "[DSP #2] will receive a disciplinary action for using unapproved physical guidance techniques. All staff will be retrained on using a proper physical guide with [Client #3] per his BSP (Behavior Support Plan) and also on timely reporting of abuse allegations per our regulations and In-Pact policy."</p> <p>A BDDS report dated 8/1/14 indicated "during an investigation into an allegation with another consumer in the same group home, an allegation was made that on 7-24-14, staff [DSP (Direct Support Professional) #2] told [Client #5] to 'sit his [expletive] down.' The date in which this occurred was just discovered and reported on July 31st (2014)."</p> <p>A follow up BDDS report dated 8/5/14 indicated "After a lengthy investigation, I was unable to substantiate the allegation of abuse. I did confirm that [DSP #2] has used curse words in front of the consumers which is not allowed. [DSP #2] was put back on the schedule at the conclusion of the investigation." The report indicated "[DSP #2] will receive disciplinary action for using foul language in front of the consumers. All staff in the home will be trained on using</p> |   | <p>needed, but at least 3 times a month to monitor.<br/>The Director does at least 9 visits per month to all of the sites. The last visit this month to this home was on June 10 &amp; 19, 2015. Monthly, the staff take tests to ensure competency. Last set of test were completed on 6-18-15. Behavior Support plans are reviewed as needed, but at least quarterly. The clients attend other day service providers. The staff walk with them to each of their work stations to check in/check out and talk with the line supervisor. The clients have not indicated to them nor have the other providers reported any abuse/mistreatment. The clients are encouraged to complete a consumer complaint form every month during the client monthly meeting. None of the clients have indicated any complaints with this staff or abuse/mistreatment. Annually, QIDP does consumer satisfaction surveys and none of the clients indicated any complaints with this staff or of any abuse/mistreatment. Last one was completed in March 2015. Annually, staff complete an satisfaction survey and no one indicated any complaints of abuse/mistreatment or that they feel mistreatment exists in the homes. They also did not indicate they don't report issues because it didn't do any good to report them. Last one completed in April 2015. A staff/consumer forum is</p> |  |  |   |  |

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|                    | <p>professional language and also about reporting allegations in a timely manner per our regulations and In-Pact policy."</p> <p>The investigation included a written statement from DSP (Direct Support Professional) #2 which indicated "On May 18th, I remember [Client #2], [Client #5], and [Client #1] looking out the window while the window washers were here, and I recall [DSP #1] being very loud to many of the guys, but that was all I saw." The statement indicated "On several occasions, while working w/ (with) [DSP #1] (almost all) she was very rude to the guys (especially [Client #2], [Client #1], &amp; (and) [Client #5]) and would use curse words and yell @ (at) [Client #1]. She would always make all guys wait to get his stuff done and just sit @ the kitchen table, on her phone. These are the same things that she did all the times I work c (with) her." The statement indicated "Also I have seen [DSP #1] grab [Client #3] by the shirt and turned (sic) him around very hard. Also grabbed [Client #3] by the arm to direct him to where she wants him to go."</p> <p>The investigation included a statement by [Client #1] taken by GHM (Group Home Manager). The statement indicated "[Client #1] stated to me that [DSP #1] gets on his nerves because she is always</p> |               | <p>held annually with all senior management staff. None of the staff/clients indicated any complaints or abuse/mistreatment. Last one held was on Oct. 11, 2014. A client from this home sees upper/senior management monthly at the main office. This client is very verbal and always goes into the office to talk to the Associate Executive Director, Director &amp; QIDP. He has not indicated that mistreatment exists in the home. His last visit to the office was on 6-15-15.</p> |                      |

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|                    | <p>bossy towards him. Last night he said he heard her say [expletive] in front of [Client #5] while dinner was being made. He said at the time she said it [DSP #3] was downstairs w/ (with) [Client #6]. [DSP #4] was at the store w/ (with) [Client #2] + (and) [Client #4]. [DSP #1] was on her cell phone all evening and doesn't watch the guys. [Client #1] stated that [DSP #1] told him after meds at 4pm that she wasn't going to work w/ him that [DSP #3] was. [Client #1] stated she was rude about it. [Client #1] stated that [DSP #1] always makes him wait to do his programs and it [expletive] him off. He also stated that [DSP #5] sounds rude to him a lot. He wishes the staff would all be nice."</p> <p>The investigation included a statement by DSP #6 which indicated "I (unsigned) spoke w/ [DSP #6] today he said [DSP #1] is usually really rude to [Client #1] when he asks her something. He also said that when [DSP #1] has [Client #3], she is aggressive towards him and grabs him by the shirt and pushes him to his room or bathroom. She speaks to the guys in a loud, rude manner frequently."</p> <p>The investigation included a written statement by DSP #7 which indicated "On the day the window washers were here, I recall [Client #2] looking out the</p> |               |   |                      |

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|  | <p>window at the washers as they worked. On one occasion I heard [DSP #1] talking inappropriately to [Client #1], I don't recall exact words being said, something like get out of her [expletive] face." The statement indicated "The new staff asks me why [DSP #1] is so rude to the guys."</p> <p>The investigation included a written statement by DSP #1 which indicated (not all inclusive) "And like I said before all staff upset (except) [DSP #4] have cuss (sic) around the guys the only staff that has cussed at the guys is [DSP #2] there has been plenty of times she has told [Client #5] to sit you're (sic) [expletive] down and things like that she yells at the guys also and when they (sic) guys try and ask her an (sic) simple question she always says go ask you (sic) staff saying I am not your staff today even if that is true we are an (sic) team, our (sic) we not and should try and help one another out if they see that other staff is busy because we are here for the guys to help them in their daily lives that what is always said. I have not once heard [DSP #3] in the times I have worked with her heard her yell or cuss at the guys."</p> <p>The investigation dated 7/28/14 indicated the following conclusion "There were many inconsistencies during this investigation. What the staff said during a</p> |   |   |  |  |   |  |

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|                    | <p>face to face on phone interview was not always consistent with what they documented in a written statement. I could not substantiate that [Client #3] was told to 'Shut the [expletive] up.' However multiple staff reported that she does use curse words in front of the consumers and uses unapproved physical guides with [Client #3] (ie. (for example) grabs his arm or shirt to gain control). [DSP #1] will receive a disciplinary action as well as be scheduled for Crisis Intervention Refresher. All staff in the home will be retrained in reporting requirements and using professional language."</p> <p>The investigation included a statement by the Administrator dated 8/1/14 which indicated "The allegation was found to be unsubstantiated. Staff + (and) consumers have heard [DSP #1] cuss + be inappropriate verbally in front of the guys, but did not hear it directly towards them. It appears that a couple of staff are cussing in the house. The two staff in question received disciplinary (sic) action and all the staff received a supervisory note. They all are to use professional language + retrained in reporting, requirements. [DSP #1] is also to attend crisis intervention refresher due to an unapproved physical guide."</p> |               |   |                      |

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|                    | <p>On 5/7/15 at 1:37 PM, the facility's "POLICY ON REPORTING AND INVESTIGATING AND ALLEGATIONS OF ABUSE AND NEGLECT" (undated) was reviewed and indicated "Abuse and or neglect or any mistreatment of any consumer who resides in an In-Pact residential setting is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal prosecution...".</p> <p>On 5/7/15 at 2:02 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed and indicated the interviews of the staff and clients were too inconsistent to substantiate abuse. The QIDP indicated the investigation indicated many of the staff were using unprofessional language in front of the clients. The QIDP indicated the investigation found DSP (Direct Support Professional) #1 had used unapproved techniques to redirect Client #3 by grabbing his arm or shirt. The QIDP indicated all staff were retrained on reporting abuse and neglect. The QIDP indicated staff were retrained on using professional language while with clients. When asked whether "mistreatment" was substantiated in accordance with the facility policy, the</p> |               |   |                      |

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| W 0157<br>Bldg. 00 | <p>QIDP wasn't sure whether "mistreatment" was defined by the facility policy on abuse and neglect.<br/>9-3-2(a)</p> <p>483.420(d)(4)<br/>STAFF TREATMENT OF CLIENTS<br/>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to implement sufficient corrective action to ensure prevention of recurrence of staff to client mistreatment in regards to staff rudeness, use of explicit language, use of unauthorized physical holds and redirection, and failure to immediately report suspected mistreatment by staff which had the potential to impact 3 of 3 sampled clients (#1, #2, and #3) and 3 of 3 additional clients (#4, #5, and #6).</p> <p>Findings include:</p> | W 0157        | <p>Corrective actions had been put into place which include disciplinary action and re-training. Responsible person: Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP. There has been no further allegations regarding this staff, a year later. Responsible person: Sheila O'Dell, GH Director &amp; Traci Hardesty, QIDP. To ensure future compliance, monthly consumer meetings are held and they are given complaint forms to fill out if they are having any issues. Responsible person: Renee Tomerlin, GH Manager. To ensure future compliance, annually all staff are retrained on</p> | 06/17/2015           |

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|  | <p>On 5/7/15 at 10:10 AM, an investigation dated 7/28/14 was reviewed and included a BDDS (Bureau of Developmental Disabilities Services) report dated 7/29/14 which indicated "The Program Director was at the group home this morning (7-29-14) and was told by a worker painting the home's deck that she and her 2 employees overheard a staff telling a consumer to 'shut the [expletive] up'. It allegedly happened several times between 5:30pm-7:00pm. The staff who made that statement to the consumer was identified as [DSP (Direct Support Professional) #1] and she was suspended immediately." The report indicated "Later today, another staff made an allegation of cursing at consumers against [DSP #2] who was also suspended immediately. It was alleged that [DSP #2] has told consumers to 'sit your [expletive] down'."</p> <p>The follow up BDDS report dated 8/5/14 indicated "After a lengthy investigation, I was unable to substantiate the allegation of abuse. I did conclude that [DSP #2] has used unapproved physical guidance techniques with [Client #3], although not meant in an abusive or angry manner. [DSP #2] was put back on the schedule once the investigation was concluded." The report indicated "[DSP #2] will receive a disciplinary action for using</p> |   | <p>our policy on reporting and investigating allegation of abuse and neglect. Responsible person: Ruth Estrada, Training Coord. Addendum: To substantiate this abuse allegation, there has to be two people to have seen/heard the allegation. The person outside staining the deck was unreliable as the house windows/doors were closed and the air conditioning unit was running. It took a lengthy amount of time for that person to provide a single sentence statement, after repeated requests for a detailed statement. No other statement was received from the other two outside painters. What was substantiated was the use of swear words in front of the consumers (not to them) and it was handled accordingly. Staff training is done on abuse and neglect &amp; crisis intervention upon hire, as needed, but at least annually on going. Management also do observation reliabilities to ensure proper protocol/procedures. The manager works on site with staff/consumers approx. 20 hours a week. The QIDP is on site as needed, but at least 3 times a month to monitor. The Director does at least 9 visits per month to all of the sites. The last visit this month to this home was on June 10 &amp; 19, 2015. Monthly, the staff take tests to ensure competency. Last set of test were completed on 6-18-15. Behavior Support plans are</p> |  |  |   |  |

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|  | <p>unapproved physical guidance techniques. All staff will be retrained on using a proper physical guide with [Client #3] per his BSP (Behavior Support Plan) and also on timely reporting of abuse allegations per our regulations and In-Pact policy."</p> <p>A BDDS report dated 8/1/14 indicated "during an investigation into an allegation with another consumer in the same group home, an allegation was made that on 7-24-14, staff [DSP (Direct Support Professional) #2] told [Client #5] to 'sit his [expletive] down.' The date in which this occurred was just discovered and reported on July 31st (2014)."</p> <p>A follow up BDDS report dated 8/5/14 indicated "After a lengthy investigation, I was unable to substantiate the allegation of abuse. I did confirm that [DSP #2] has used curse words in front of the consumers which is not allowed. [DSP #2] was put back on the schedule at the conclusion of the investigation." The report indicated "[DSP #2] will receive disciplinary action for using foul language in front of the consumers. All staff in the home will be trained on using professional language and also about reporting allegations in a timely manner per our regulations and In-Pact policy."</p> |   | <p>reviewed as needed, but at least quarterly. The clients attend other day service providers. The staff walk with them to each of their work stations to check in/check out and talk with the line supervisor. The clients have not indicated to them nor have the other providers reported any abuse/mistreatment. The clients are encouraged to complete a consumer complaint form every month during the client monthly meeting. None of the clients have indicated any complaints with this staff or abuse/mistreatment. Annually, QIDP does consumer satisfaction surveys and none of the clients indicated any complaints with this staff or of any abuse/mistreatment. Last one was completed in March 2015. Annually, staff complete a satisfaction survey and no one indicated any complaints of abuse/mistreatment or that they feel mistreatment exists in the homes. They also did not indicate they don't report issues because it didn't do any good to report them. Last one completed in April 2015. A staff/consumer forum is held annually with all senior management staff. None of the staff/clients indicated any complaints or abuse/mistreatment. Last one held was on Oct. 11, 2014. A client from this home sees upper/senior management monthly at the main office. This client is very verbal and always</p> |                      |   |

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|  | <p>The investigation included a written statement from DSP (Direct Support Professional) #2 which indicated "On May 18th, I remember [Client #2], [Client #5], and [Client #1] looking out the window while the window washers were here, and I recall [DSP #1] being very loud to many of the guys, but that was all I saw." The statement indicated "On several occasions, while working w/ (with) [DSP #1] (almost all) she was very rude to the guys (especially [Client #2], [Client #1], &amp; (and) [Client #5]) and would use curse words and yell @ (at) [Client #1]. She would always make all guys wait to get his stuff done and just sit @ the kitchen table, on her phone. These are the same things that she did all the times I work c (with) her." The statement indicated "Also I have seen [DSP #1] grab [Client #3] by the shirt and turned (sic) him around very hard. Also grabbed [Client #3] by the arm to direct him to where she wants him to go."</p> <p>The investigation included a statement by [Client #1] taken by GHM (Group Home Manager). The statement indicated "[Client #1] stated to me that [DSP #1] gets on his nerves because she is always bossy towards him. Last night he said he heard her say [expletive] in front of [Client #5] while dinner was being made. He said at the time she said it [DSP #3]</p> |   | <p>goes into the office to talk to the Associate Executive Director, Director &amp; QIDP. He has not indicated that mistreatment exists in the home. His last visit to the office was on 6-15-15.</p> |  |  |   |  |

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|                    | <p>was downstairs w/ (with) [Client #6]. [DSP #4] was at the store w/ (with) [Client #2] + (and) [Client #4]. [DSP #1] was on her cell phone all evening and doesn't watch the guys. [Client #1] stated that [DSP #1] told him after meds at 4pm that she wasn't going to work w/ him that [DSP #3] was. [Client #1] stated she was rude about it. [Client #1] stated that [DSP #1] always makes him wait to do his programs and it [expletive] him off. He also stated that [DSP #5] sounds rude to him a lot. He wishes the staff would all be nice."</p> <p>The investigation included a statement by DSP #6 which indicated "I (unsigned) spoke w/ [DSP #6] today he said [DSP #1] is usually really rude to [Client #1] when he asks her something. He also said that when [DSP #1] has [Client #3], she is aggressive towards him and grabs him by the shirt and pushes him to his room or bathroom. She speaks to the guys in a loud, rude manner frequently."</p> <p>The investigation included a written statement by DSP #7 which indicated "On the day the window washers were here, I recall [Client #2] looking out the window at the washers as they worked. On one occasion I heard [DSP #1] talking inappropriately to [Client #1], I don't recall exact words being said, something</p> |               |   |                      |

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|                    | <p>like get out of her [expletive] face." The statement indicated "The new staff asks me why [DSP #1] is so rude to the guys."</p> <p>The investigation included a written statement by DSP #1 which indicated (not all inclusive) "And like I said before all staff upset (except) [DSP #4] have cuss (sic) around the guys the only staff that has cussed at the guys is [DSP #2] there has been plenty of times she has told [Client #5] to sit you're (sic) [expletive] down and things like that she yells at the guys also and when they (sic) guys try and ask her an (sic) simple question she always says go ask you (sic) staff saying I am not your staff today even if that is true we are an (sic) team, our (sic) we not and should try and help one another out if they see that other staff is busy because we are here for the guys to help them in their daily lives that what is always said. I have not once heard [DSP #3] in the times I have worked with her heard her yell or cuss at the guys."</p> <p>The investigation dated 7/28/14 indicated the following conclusion "There were many inconsistencies during this investigation. What the staff said during a face to face on phone interview was not always consistent with what they documented in a written statement. I could not substantiate that [Client #3]</p> |               |   |                      |

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|                    | <p>was told to "[Shut the [expletive] up". However multiple staff reported that she does use curse words in front of the consumers and uses unapproved physical guides with [Client #3] (ie. (for example) grabs his arm or shirt to gain control). [DSP #1] will receive a disciplinary action as well as be scheduled for Crisis Intervention Refresher. All staff in the home will be retrained in reporting requirements and using professional language."</p> <p>The investigation included a statement by the Administrator dated 8/1/14 which indicated "The allegation was found to be unsubstantiated. Staff + (and) consumers have heard [DSP #1] cuss + be inappropriate verbally in front of the guys, but did not hear it directly towards them. It appears that a couple of staff are cussing in the house. The two staff in question received disciplinary (sic) action and all the staff received a supervisory note. They all are to use professional language + retrained in reporting, requirements. [DSP #1] is also to attend crisis intervention refresher due to an unapproved physical guide."</p> <p>On 5/7/15 at 2:02 PM, the QIDP (Qualified Intellectual Disabilities Professional) was interviewed and indicated the interviews of the staff and</p> |               |   |                      |

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|  | <p>clients were too inconsistent to substantiate abuse. The QIDP indicated the investigation indicated many of the staff were using unprofessional language in front of the clients. The QIDP indicated the investigation found DSP (Direct Support Professional) #1 had used unapproved techniques to redirect Client #3 by grabbing his arm or shirt. The QIDP indicated all staff were retrained on reporting abuse and neglect. The QIDP indicated staff were retrained on using professional language while with clients. When asked whether "mistreatment" was substantiated in accordance with the facility policy, the QIDP wasn't sure whether "mistreatment" was defined by the facility policy on abuse and neglect. The QIDP indicated there was no documentation to indicate additional supervision or monitoring of staff was implemented to prevent recurrence of mistreatment of clients.</p> <p>9-3-2(a)</p> |   |   |                      |   |
| W 0210<br>Bldg. 00                               | <p>483.440(c)(3)<br/>INDIVIDUAL PROGRAM PLAN<br/>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation</p>   |   |   |                      |   |

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|                    | <p>conducted prior to admission.</p> <p>Based on record review and interview, the clients' Interdisciplinary Team (IDT) failed to accurately assess and/or reassess the clients' behavioral medications to ensure they addressed all the clients' behavioral/psychiatric needs for 2 of 3 sampled clients (#1 and #3).</p> <p>Findings include:</p> <p>On 5/7/15 at 12:22 PM, record review indicated Client #1's diagnoses (all inclusive) were intellectual disabilities and seizure disorder. Client #1's "Emergency Medical Sheet" (undated) indicated Client #1 was prescribed Depakote (anticonvulsant) ER (extended release) 500 mg (milligrams) tablets for 1 tab/twice daily, Risperdal (antipsychotic) 1mg for 1 tab/twice daily, Cogentin (used for side effects of antipsychotic medications) 0.5mg tab for 1 tab/twice daily. Record review indicated Client #1 did not have a psychiatric diagnosis.</p> <p>Record review indicated Client #1's ISP (Individual Support Plan) dated 4/23/15 included a Behavior Support Plan (BSP) dated 4/23/15. Client #1's BSP's indicated target behaviors of verbal outbursts, repeating self, lying/manipulation, and stealing. Client #1's BSP indicated</p> | W 0210        | <p>All clients are assessed within 30 after admission, which includes behavioral/psychiatric needs. Responsible person(s): IDT members (Doctor, RN, Behaviorst, QIDP, etc). Client #1 has a diagnosis of schizoaffective disorder, depressive type (295.70), which is in a report dated 4/14/08. The BSP does address this. The diagnoses will be added to his BSP for the psychiatric medications prescribed. Responsible person: Karen Warner, Behaviors Specialist. Client #2 has a diagnosis of Autism. Self-injurious &amp; aggressive behaviors are common in autism and Risperdal is an approved medication to treat these behaviors in autism. Responsible person: Karen Warner, Behaviors Specialist. Client #2 is being reviewed/assessed to add a psychiatric diagnosis. Responsible person: Karen Warner, Behaviors Specialist/LCSW and Psy.D. Client #2's self injurious &amp; aggressive behaviors are addressed in his BSP, but new psychiatric diagnosis will be added to the BSP for the psychiatric medications prescribed. Responsible person: Karen Warner, Behaviors Specialist. To ensure future compliance, the client's that are on behavior medications are reviewed by the doctor at least</p> | 06/17/2015           |

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|  | <p>"Medication: [Client #1] has been prescribed medication for many years in part due to a psychiatric diagnosis. His medications are monitored by a Medication Review Team and psychiatrist with a goal for reduction. The team agrees the risks of side effects do not outweigh the risks of behavior for which the medications are prescribed." Client #1's BSP included a section titled "Symptoms of Schizoaffective Disorder/Depressive Type." Client #1's BSP did not list any diagnoses.</p> <p>On 5/7/15 at 3:00 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities and autism. Client #3's "Emergency Medical Sheet" (undated) indicated Client #3 was prescribed Depakote (anti-convulsant) ER (extended release) 500 mg (milligrams) tablets for 3 tabs/daily, Carbatrol (anti-convulsant) 300 mg tables for 1 tab/twice daily, Carbatrol 200 mg tabs for twice daily, Zoloft (anti-anxiety) 50mg for 2 tabs/daily, Trazodone (tetracycline antidepressant) 100mg tabs for 2 tabs/daily, Risperdal (anti-psychotic) 1mg tabs for 1 tab/twice daily, and Risperdal 2mg for 1 tab/daily. Record review indicated Client #3 did not have a psychiatric diagnosis listed.</p> |   | <p>quarterly at our med review. During that time, symptoms of their diagnosis are discussed. Responsible person: IDT members (Doctor, RN, Behaviorst, QIDP, etc).</p> |                      |   |

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|                    | <p>Record review indicated Client #3's ISP (Individual Support Plan) dated 8/12/14 included a BSP (Behavior Support Plan) dated 8/8/14. Client #3's BSP indicated the targeted behaviors of self-injurious behavior and physical aggression. Client #3's BSP indicated "Medication: Medications are prescribed and monitored by [Client #3]'s psychiatrist and a medication review committee. The team agrees the risks of side effects do not outweigh the risks from behavior for which the medications are prescribed." Client #3's BSP did not indicate psychiatric diagnoses for the psychiatric medications prescribed.</p> <p>On 5/7/15 at 2:02 PM during an interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) indicated the clients (#1 and #3) psychiatric medications were for "behavior." The facility QIDP indicated she did not know Client #1's psychiatric diagnosis which was referenced in Client #1's BSP (Behavior Support Plan). The QIDP stated she thought Client #3's prescribed psychiatric medications was for "behaviors related to autism." There was no further documentation available for review to indicate Client #1's psychiatric diagnosis. There was no further documentation to indicate whether Client #3 was prescribed</p> |               |   |                      |

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| W 0331<br>Bldg. 00 | <p>psychiatric medication for behavior or a psychiatric diagnosis.</p> <p>9-3-4(a)</p> <p>483.460(c)<br/>NURSING SERVICES<br/>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility's nursing staff failed to ensure physician's orders were signed by the physician on a quarterly basis for 3 of 3 sampled clients (#1, #2, and #3).</p> <p>Findings include:</p> <p>On 5/7/15 at 12:22 PM, record review indicated Client #1's diagnoses included, but were not limited to, intellectual</p> | W 0331        | <p>The client's that are on behavior medications are reviewed by the doctor at least quarterly at our med review. During that time, other medical issues maybe discussed with recommendations. Responsible person: Sherri DiMarco, RN. For those who need anti-convulsant medications, they see their neurologist as ordered every 3 to 6 months. Responsible person: Sherri DiMarco, RN. Annually all clients have physician's orders for all of their medications, which is</p> | 06/17/2015           |

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|                    | <p>disabilities and seizure disorder. Client #1's "Emergency Medical Sheet" (undated) indicated Client #1 was prescribed Depakote (anticonvulsant) ER (extended release) 500 mg (milligrams) tablets for 1 tab/twice daily, Risperdal (antipsychotic) 1mg for 1 tab/twice daily, multivitamin 1 tab daily, Cogentin (used for side effects of antipsychotic medications) 0.5mg tab for 1 tab/twice daily, Colace (laxative) 1 tablet daily. Record review indicated Client #1 did not have physician's orders signed quarterly.</p> <p>On 5/7/15 at 1:51 PM, record review indicated Client #2's diagnoses included, but were not limited to, intellectual disabilities, cerebral palsy, seizure disorder, and hydrocephalus (excessive fluid on the brain). Client #2's "Emergency Medical Sheet" (undated) indicated Client #2 was prescribed a multivitamin daily, vitamin C tablet daily, Dilantin (anticonvulsant) 100mg (milligrams) tabs for 2 tabs/twice daily, Dilantin 50mg tab for 1 tab/daily, Gabitril 12mg (anticonvulsant) 12 mg tabs for 1 tab/3 times daily, Depakote (anticonvulsant) 500mg tabs for 2 tabs/twice daily, Risperdal (antipsychotic) 2mg tab for once daily in AM, Risperdal 0.5mg tabs for 1 tab daily in PM, and medicated shampoo daily.</p> |               | <p>complied by our nurse. They also receiving new scripts. Responsible person: Sherri DiMarco, RN. To ensure future compliance, the nurse reviews all the client's records at least monthly and write/prepares any necessary paperwork/instructions for the staff/doctor based on the clients needs. Responsible person: Sherri DiMarco, RN.</p> |                      |

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|                    | <p>Record review indicated Client #2 did not have physician's orders signed quarterly.</p> <p>On 5/7/15 at 3:00 PM, record review indicated Client #3's diagnoses included, but were not limited to, intellectual disabilities and autism. Client #3's "Emergency Medical Sheet" (undated) indicated Client #3 was prescribed a multivitamin 1 tablet daily, Depakote (anti-convulsant) ER (extended release) 500 mg (milligrams) tablets for 3 tabs/daily, Carbatrol (anti-convulsant) 300 mg tables for 1 tab/twice daily, Carbatrol 200 mg tabs for twice daily, Zoloft (anti-anxiety) 50mg for 2 tabs/daily, Trazodone (tetracyclic antidepressant) 100mg tabs for 2 tabs/daily, Risperdal (anti-psychotic) 1mg tabs for 1 tab/twice daily, medicated face wash twice daily, and Risperdal 2mg for 1 tab/daily. Record review indicated Client #3 did not have physician's orders signed quarterly.</p> <p>On 5/7/15 at 2:02 PM during an interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) indicated the facility did not have a system in place which required clients' physician's orders were signed on a quarterly basis. The QIDP indicated the facility nurse developed and updated</p> |               |   |                      |

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|                    | <p>clients' (#1, #2, and #3) MARs (medication administration records) and the pharmacy did not print current physician orders monthly. The QIDP indicated the physician had not reviewed all the physician's orders on a quarterly basis. The QIDP indicated the facility did not know it was required to have a quarterly physician's signature on the orders.</p> <p>9-3-6(a)</p> |               |   |                      |