

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G626		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/31/2015	
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1141 19TH ST LOGANSFORT, IN 46947			
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00185576.</p> <p>Complaint #IN00185576: SUBSTANTIATED, Federal and State deficiencies related to the allegations were cited at W102, W104, W122, W149, W153, W154, W157, W227, and W331.</p> <p>Dates of Survey: December 22, 23, 28, 29, 30, and 31, 2015.</p> <p>Facility Number: 001188 Provider Number: 15G626 AIM Number: 1000235380</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/11/16.</p>			W 0000			
W 0102	483.410						

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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Bldg. 00	<p>GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F). The governing body failed in regard to the following:</p> <ul style="list-style-type: none"> -To ensure the facility reported missing controlled medications immediately to other State Officials in accordance with State Law. -To ensure all allegations of abuse and/or neglect were thoroughly investigated. -To ensure appropriate corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse, missing controlled medications, and ingestion of a foreign body for clients. -To ensure the facility provided sufficient staff and/or deployed staff in a way to meet the behavioral and training needs of clients. -To ensure the facility developed a controlled substance policy. -To ensure the facility met the health care needs of clients A, B, and E. <p>Findings include:</p> <p>1. Please refer to W104. The governing</p>	W 0102	<p>W102 Peak Community Services is committed to ensuring that specific governing body and management requirements are met. Regarding Client E having no Communication Goal: There is a Communication goal in Client E's ISP for Pre Vocational Services where Client E is to explore ways to utilize a word and letter board. He's to be provided with items that work best for him and use the chosen communication method when he is not understood. Any strategy that is successful in the workshop is to be used in the home and community. There is no Supervised Group Living communication goal, however, the ISP just started in 01-16, so it was hoped that the Workshop goal would expand to be included into the home and community, as the goal states. QIDP will add a residential communication goal to the ISP by 01-30-16. QIDP will train group home staff on the new goal. Client E will have the opportunity to use a couple of laminated letter and communication boards which will be made available to group home and day program. The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations: - Client B</p>	01/30/2016			

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	<p>body failed to exercise general policy, budget and operating direction over the facility in regard to the following for 2 of 3 sampled clients (A, B) and for 2 additional clients (D, E):</p> <ul style="list-style-type: none"> -To ensure the facility did not neglect clients in regards to an allegation of sexual abuse. -To ensure the facility reported missing controlled medications immediately to State Officials in accordance with State Law. -To ensure all allegations of abuse and/or neglect were thoroughly investigated. -To ensure appropriate corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse, missing controlled medications, and ingestion of a foreign body for clients. -To ensure the facility provided sufficient staff and/or deployed staff in a way to meet the behavioral and training needs of clients. -To ensure the facility developed a controlled substance policy. -To ensure the facility met the health care needs of clients A, B, and E. <p>2. Please refer to W122. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C) and 3 additional clients (clients D, E, and F). The governing body failed</p>		<p>protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. These were made available to the surveyor (see attached). The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared bedroom. The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires. No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that</p>				

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	<p>to ensure clients were not neglected and/or abused; to implement their abuse/neglect policy and procedure for immediately and accurately reporting, thoroughly investigating, and to complete sufficient corrective action for allegations of abuse/neglect, twenty missing controlled medications, and to keep clients A, B, C, D, E, and F's personal information confidential and teach client C personal privacy.</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-1(a)</p>		<p>there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A and Client B the next day. Police found no evidence of criminal activity. Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted the move to return to their original shared bedroom. Meetings were held but not documented. Client A and B requested to move back together to share a bedroom. This is what prompted to move to return to their original shared bedroom. Meetings were held but not documented. At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct QIDP's to expand the ISP meeting record form to include all significant events to document team input surrounding the event and recommendations. Systemically, Director of Support and Quality Assurance will cover this to item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's. QIPD is in the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch</p>		

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			behaviors. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDSincent reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training and specialty trainings QIDP will create an honesty goal for Client B to address fabricating stories by 01/30/2016. Regarding Client E's missing controlled medications, it was never established that the 20 pills were stolen. No staff had the drug in their system. 20 more were ordered from pharmacy with no difficulty. Peak paid for those 20 pills. It's unsure why there was a discrepancy in count whether staff failed to properly count as they came in through the pharmacy order. This is why the police were not called. If we were unable to supply Client E with those 20 pills, Peak felt they would then have had to involve the police. The nurse and the pharmacist were aware of Client E's missing medication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states, all staff at the home received counseling's for improper medication management (attached Investigation Report). All staff	

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			<p>was also retrained on the procedure (attached Training Report on Controlled Medication Procedure). The controlled substance policy from Peak Community Service's Supervised Group Living Manual was made available to the surveyor and is attached. Regarding poor tracking by Nurse for Client E for hospitalization, surgery and events: We are in the process of revising the nurse contract to include specific events that she is expected to assess. The revised Nurse Contract will be complete by 01/30/2016. She is informed of significant events but they are not being followed through with/ assessed/ or documented in her nursing notes, monthly reviews, or quarterly reviews. A more thorough understanding of what events need assessed, attended and documented will improve this situation. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed. Information with client names and medical information/ appointments was immediately removed from the Medication Room walls at this group home. There were not full names posted anywhere that could be found, nor was there any posting in the living</p>	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview, and record review for 2 of 3 sampled clients (A, B) and for 2 additional clients (D, E), the governing body failed to exercise general policy, budget and operating	W 0104	room. Systemically, there will be retraining on HIPAA/ client confidentiality two times/ year in all group homes at house meetings. These will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes to assure for these trainings are completed. QIDPs will make a note of looking for this issue as they conduct monthly group home observations in each Peak Community Services home. . Client C has a privacy goal which was not enforced by group home staff. QIDP will retrain staff on the goal. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Jan Adair, Residential Director Connie English, Director of Support and Quality Assurance Stephanie Hoffman, Director of Residential and Day Services, Winamac W104 Peak Community Services is committed to ensuring that the governingbody exercises general policy, budget, and operating direction over thefacility.	01/30/2016

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	<p>direction over the facility in regard to the following:</p> <ul style="list-style-type: none"> -To ensure the facility did not neglect clients in regards to an allegation of sexual abuse. -To ensure the facility reported missing controlled medications immediately to other State Officials in accordance with State Law. -To ensure all allegations of abuse and/or neglect were thoroughly investigated. -To ensure appropriate corrective actions were taken and/or implemented in regard to allegations of neglect and/or abuse, missing controlled medications, and ingestion of a foreign body for clients. -To ensure the facility provided sufficient staff and/or deployed staff in a way to meet the behavioral and training needs of clients. -To ensure the facility developed a controlled substance policy. -To ensure the facility met the health care needs of clients A, B, and E. <p>Findings include:</p> <p>1. Please refer to W149. The governing body neglected to implement its written policy and procedures to immediately and accurately report an allegation of sexual abuse of client B by client A and missing controlled medications for client E. The</p>		<p>The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations:</p> <ul style="list-style-type: none"> - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. These were made available to the surveyor. <p>The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared bedroom.</p> <p>The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as</p>		

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	<p>governing body neglected to provide staff supervision after an allegation of sexual abuse of client B by client A and supervision of client E after ingesting the prongs from a plastic fork which were surgically removed. The governing body neglected to ensure the staff implemented its written policy and procedures to ensure all allegations of abuse and/or neglect were thoroughly investigated for clients A, B, and E. The governing body neglected to ensure the staff implemented its written policy and procedures to initiate sufficient corrective action after client B's allegation of sexual abuse by client A and for client E's missing controlled medications for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>2. Please refer to W153. The governing body failed to ensure the staff immediately and accurately reported an allegation of sexual abuse of client B by client A and for allegations of missing controlled medications for client E to state officials (Bureau of Developmental Disabilities Services-BDDS and/or Adult Protective Services -APS) for 2 of 2 investigation reviewed for 2 of 3 sampled clients (clients A and B) and for 1 additional client (client E).</p> <p>3. Please refer to W154. The governing</p>		<p>ourstaff-to-client Investigation Report requires.</p> <p>No medical assessment was sought as this was a consensual sexual actand not considered an act done with aggression. It was felt by all that there was no type of injury or paininvolved. No medical assessment wassought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story tobe true by meeting with Client A and Client B the next day. Police found no evidence of criminalactivity.</p> <p>Peak Community Services did not document client B moving back in withclient A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted the move to return totheir original shared bedroom. Meetingswere held but not documented.</p> <p>At the 01/27/2016 Q team meeting, the Director of Support and QualityAssurance will instruct QIDP's to expand the ISP meeting record form to includeall significant events to document team input surrounding the event andrecommendations.</p> <p>Systemically, Director of Support and Quality Assurance will cover thisto item at Q team meetings at least 2 more times in 2016 as a</p>	

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	<p>body failed to thoroughly investigate an allegation of sexual abuse (clients A and B), missing controlled medications (client E), and providing nursing services after ingestion of the prong of a plastic fork (client E) for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>4. Please refer to W157. The governing body failed to initiate sufficient corrective action after an allegation of sexual abuse (clients A and B), missing controlled medications (client E), and failure to provide nursing services after ingestion of the prong of a plastic fork (client E) for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>5. Please refer to W227. The governing body failed to ensure clients' Individual Support Plans (ISPs) addressed and included any reactive and/or proactive strategies in regard to client A and B's alleged inappropriate sexual behavior. Client A and B's ISPs and/or behavior plans also failed to indicate how facility staff was to monitor the clients to prevent the behavior and protect the clients.</p> <p>6. Please refer to W331. The governing body failed to ensure the facility's nursing staff ensured clients A and B were</p>		<p>reminder to QIDP's.</p> <p>QIDP is in the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch behaviors.</p> <p>Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed.</p> <p>QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings.</p> <p>Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training and specialty trainings</p> <p>QIDP will create an honesty goal for Client B to address fabricating stories by 01/30/2016.</p> <p>Regarding Client E's missing controlled medications, it was never established that the 20 pills were stolen. No staff had the drug</p>				

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	<p>assessed by a medical professional after the allegation of sexual abuse, failed to ensure the facility accounted for controlled substances (client E), failed to assess, develop, and to follow up on health plans/protocols for client E's pain and health status for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-1(a)</p>		<p>in their system. 20 more were ordered from pharmacy with no difficulty. Peak paid for those 20 pills. It's unsure why there was a discrepancy incourt whether staff failed to properly count as they came in through thepharmacy order. This is why the policewere not called. If we were unable to supply Client E with those 20 pills, Peakfelt they would then have had to involve the police. The nurse and the pharmacist were aware ofClient E's missing medication issue and had nothing further to offer.</p> <p>As the 6/28/2015 Investigation Report states, all staff at the homereceived counseling's for improper medication management. (attachedInvestigation Report). All staff wasalso retrained on the procedure (attached Training Report on ControlledMedication Procedure). The controlledsubstance policy from Peak Community Service's Supervised Group Living Manualwas made available to the surveyor and is attached.</p> <p>Regarding poor tracking by Nurse for Client E for hospitalization,surgery and events: We are in theprocess of revising the nurse contract to include specific events that she isexpected to assess. The revised NurseContract will be complete by 01/30/2016. She is</p>		

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			<p>informed of significant events but they are not being followed through with/ assessed/ or documented in her nursing notes, monthly reviews, or quarterly reviews. A more thorough understanding of what events need assessed, attended and documented will improve this situation.</p> <p>Regarding Client E having no Communication Goal: There is a Communication goal in Client E's ISP for Pre Vocational Services where Client E is to explore ways to utilize a word and letter board. He's to be provided with items that work best for him and use the chosen communication method when he is not understood. Any strategy that is successful in the workshop is to be used in the home and community. There is no Supervised Group Living communication goal, however, the ISP just started in 01-16, so it was hoped that the Workshop goal would expand to be included into the home and community, as the goal states. QIDP will add a residential communication goal to the ISP. Client E will have the opportunity to use a couple of laminated letter and communication boards which will be made available to group home and day program.</p> <p>Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP,</p>	

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C) and 3 additional clients (clients D, E, and F). The facility failed to ensure clients were not neglected and/or abused; to implement their abuse/neglect policy and procedure for immediately and accurately reporting, thoroughly investigating, and to complete sufficient corrective action for allegations of abuse/neglect, twenty missing controlled medications, and to keep clients A, B, C, D, E, and F's personal information confidential and teach client C personal privacy. Findings include: 1. Please refer to W149. The facility neglected to implement its written policy and procedures to immediately and accurately report an allegation of sexual	W 0122	Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Jan Adair, Residential Director Connie English, Director of Support and Quality Assurance Stephanie Hoffman, Director of Residential and Day Services, Winamac W122 Peak Community Services is committed to ensuring that specific client protections requirements are met. The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations: - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. These were made available to the surveyor. The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for	01/30/2016	

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	<p>abuse of client B by client A and missing controlled medications for client E. The facility neglected to provide staff supervision after an allegation of sexual abuse of client B by client A and supervision of client E after ingesting the prongs from a plastic fork which were surgically removed. The facility neglected to implement its written policy and procedures to ensure all allegations of abuse and/or neglect were thoroughly investigated for clients A, B, and E. The facility neglected to implement its written policy and procedures to initiate sufficient corrective action after client B's allegation of sexual abuse by client A and for client E's missing controlled medications for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>2. Please refer to W153. The facility failed to immediately and accurately report an allegation of sexual abuse of client B by client A and for allegations of missing controlled medications for client E to state officials (Bureau of Developmental Disabilities Services-BDDS and/or Adult Protective Services -APS) for 2 of 2 investigation reviewed for 2 of 3 sampled clients (clients A and B) and for 1 additional client (client E).</p>		<p>performing sexual acts. Both Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared bedroom. The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires. No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A and Client B the next day. Police found no evidence of criminal activity. Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted the move to return to their original shared bedroom. Meetings were held but not documented. Client A and B requested to move back together to share a bedroom. This is what</p>				

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	<p>3. Please refer to W154. The facility failed to thoroughly investigate an allegation of sexual abuse (clients A and B), missing controlled medications (client E), and providing nursing services after ingestion of the prong of a plastic fork (client E) for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>4. Please refer to W157. The facility failed to initiate sufficient corrective action after the an allegation of sexual abuse (clients A and B), missing controlled medications (client E), and failure to provide nursing services after ingestion of the prong of a plastic fork (client E) for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E).</p> <p>5. Please refer to W129. The facility failed to keep client A, B, C, D, E, and F's personal information confidential by posting each client's full names, medications, and doctor appointments on the bulletin boards in the living room for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F).</p> <p>6. Please refer to W130. The facility failed to protect the client C's privacy when dressing and/or masturbating for 1</p>		<p>prompted to move to return to their original shared bedroom. Meetings were held but not documented. At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct QIDP's to expand the ISP meeting record form to include all significant events to document team input surrounding the event and recommendations. Systemically, Director of Support and Quality Assurance will cover this to item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's. QIPD is in the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch behaviors. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training</p>				

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	<p>of 3 sampled clients (Client C).</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-2(a)</p>		<p>and specialty trainings QIDP will create an honesty goal for Client B to address fabricating stories by 01/30/2016. Regarding Client E's missing controlled medications, it was never established that the 20 pills were stolen. No staff had the drug in their system. 20 more were ordered from pharmacy with no difficulty. Peak paid for those 20 pills. It's unsure why there was a discrepancy incourt whether staff failed to properly count as they came in through thepharmacy order. This is why the police were not called. If we were unable to supply Client E with those 20 pills, Peak felt they would then have had to involve the police. The nurse and the pharmacist were aware of Client E's missing medication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states, all staff at the home received counseling's for improper medication management (attached Investigation Report). All staff was also retrained on the procedure (attached Training Report on Controlled Medication Procedure). The controlled substance policy from Peak Community Service's Supervised Group Living Manual was made available to the surveyor and is attached. Regarding poor tracking by Nurse for Client E for hospitalization,surgery and events: We are in the process of revising the nurse contract to</p>		

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			include specific events that she is expected to assess. The revised Nurse Contract will be complete by 01/30/2016. She is informed of significant events but they are not being followed through with/ assessed/ or documented in her nursing notes, monthly reviews, or quarterly reviews. A more thorough understanding of what events need assessed, attended and documented will improve this situation. The nurse and the pharmacist were aware of Client E's missing medication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states,all staff at the home received counseling's for improper medication management(Attached Investigation Report). All staff was also retrained on the procedure (Attached Training Report on Controlled Medication Procedure). The controlled substance policy from Peak Community Services Supervised Group Living Manual was made available to the surveyor and is attached. Information with client names and medical information/ appointments was immediately removed from the Medication Room walls at this group home. There were not full names posted any where that could be found, nor was there any posting in the living room. Systemically, there will be retraining on HIPAA/ client confidentiality two times/ year in all group homes at house	

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W 0129 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal		meetings. These will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. QIDPs will make a note of looking for this issue as they conduct monthly group home observations in each Peak Community Services home. Client C has a privacy goal which was not enforced by group home staff. QIDP will retrain staff on the goal. Systemically, staff will receive retraining on privacy for clients. This will be covered at two group home meetings per year in each Peak Community Service group home. It will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Connie English, Director of Support and Quality Assurance Stephanie Hoffman, Director of Residential and Day Services, Winamac		

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	<p>privacy.</p> <p>Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F), the facility failed to keep client A, B, C, D, E, and F's personal information confidential by posting each client's full names, medications, and doctor appointments on the bulletin boards in the living room.</p> <p>Findings include:</p> <p>On 12/22/15 from 3:15pm until 5:30pm and on 12/23/15 from 6:05am until 7:45am, clients A, B, C, D, E, and F were observed at the facility with the following client information on sheets of paper posted on the living room bulletin boards:</p> <p>- "Patient Name: [client A's full name] appointment Friday, April 8, 2016 at 2:00pm, Provider: [Name and address of doctor]. Reason: 6 month f/u (follow up)."</p> <p>- "Patient Name: [client D's full name] appointment Monday, November 2, 2015 at 9:45am. Provider: [Name and address of doctor]. Reason: annual ENT (Ear, nose, throat) eval. (evaluation)."</p> <p>- "[Client A's name]. Reason for medication, name of Medication, Side effects (for each medication): Bed</p>	W 0129	<p>W129 Peak Community Services is committed to ensuring the rights of all clients and providing each client with the opportunity for personal privacy. Information with client names and medical information/ appointments was immediately removed from the Medication Room walls at this group home. There were not full names posted any where that could be found, nor was there any posting in the living room. Systemically, there will be retraining on HIPAA/ client confidentiality two times/ year in all group homes at house meetings. These will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. QIDPs will make a note of looking for this issue as they conduct monthly group home observations in each Peak Community Services home. Persons Responsible: Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>	01/30/2016			

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	<p>wetting, Desmopressin Acetate, increased b/p (blood pressure), edema, stomach cramps; Seizure, Divalproex, Dizziness, nausea, diarrhea; depression/ADHD (Attention Deficit Hyperactivity Disorder), Escitalopram, headache, anxiety, drowsiness; Schizophrenia, Invega, agitation, anxiety, weight change; High b/p, Lisinopril, headache, dizziness, fatigue; Anti psychotic, Olanzapine, headache, dizziness, agitation, hostile; Asthma, Advair, Dizziness, headache; ADHD, Benztropine, drowsiness, dizziness, constipation; High b/p (Blood Pressure), Propranolol, impotence; Seizure, Topiramate, slow reflexes, concentration, nausea; Anxiety, Lorazepam, drowsiness, weakness, confusion; Thyroid, Levothyroxine, rapid heart, headache, diarrhea; Depression, Trazodone."</p> <p>-"[Client F's name] Reason for medication, name of Medication, Side effects (for each medication): Health, Tab-A-Vite, rash, hives, upset stomach, headache; Health, Vitamin D3, rash, itching, upset stomach."</p> <p>-"[Client C's name] Reason for medication, name of Medication, Side effects (for each medication): Depression, Trazodone, upset stomach, nausea, constipation; Stroke, Aspirin, headache, upset stomach, diarrhea; Laxative, Fiber Lax, stomach pain, gas;</p>			

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	<p>ADHD, Sertraline, headache, sleepiness, anxiety; ADHD, Strattera, dizziness, irritability; Digestive, Acidophilus, hives; High b/p, Clonidine, dry mouth, drowsiness, dizziness, headache; Stomach, Famotidine, headache." -"[Client D's name] Reason for medication, name of Medication, Side effects (for each medication): Bi Polar, Abilify, headache, upset stomach, diarrhea; Osteoporosis, Alendronate, pain; Stroke, Aspirin, headache, upset stomach, diarrhea; Nasal dryness, Deep Sea; Depression/ADHD, Escitalopram, headache, drowsiness, anxiety; Iron, Ferrex, nausea, constipation, abdominal pain; Health, Vitamin D3, itching; Health, Vitamin B12, itching, rash; Digestive, Calcium Antacid; Seizure, Lamotrigine, headache, dizziness, weakness, nausea; Seizure, Phenobarbital, drowsiness, lethargic; Seizure, Primidone, dizziness, drowsiness, nausea; Seizure, Vimpat, dizziness, headache, nausea." -"[Client B's name] Reason for medication, name of Medication, Side effects (for each medication): High b/p, Hydrochlorothiazide, diarrhea, stomach pain, constipation; Stroke, Aspirin, headache, upset stomach, diarrhea; Cholesterol, Atorvastatin, muscle aches, weakness; Depression/ADHD, Escitalopram, agitation, anxiety;</p>			

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	<p>Schizophrenia, Invega, agitation, anxiety, weight change; Health, Tab-A-Vite; Health, Vitamin D, itching, rash; ADHD, Benztropine, drowsiness, dizziness, constipation; Panic Attack, Clonazepam, drowsiness, behavioral changes; Anti Psychotic, Olanzapine, headache, dizziness, agitation, hostile; Health, Vitamin E, itching, rash; Anti Convulsant, Carbamazepine, low blood cell count, skin reactions, liver issues."</p> <p>-Two sheets of paper with clients A, B, C, D, E, and F's names and personal confidential information on the undated "Annual Appointments" with the name of doctor, date of last visit, and date for "due again" for physicals; evaluations for physical, occupational, and speech therapy evaluations; Dental; Audio; Vision; Dietician; PSA (Prostate) test for men over 60 (years); TB; (and) Flu shot."</p> <p>On 12/23/15 at 7:40am, an interview with the Residential Manager (RM) was conducted. The RM indicated visitors, other clients, family members, and staff entered and exited the group home through the living room where clients A, B, C, D, E, and F's personal information was posted at eye level on the bulletin boards.</p> <p>On 12/31/15 at 11:56am, an interview with the Director of Residential Services</p>			

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W 0130 Bldg. 00	<p>(DRS) was conducted. The DRS indicated clients A, B, C, D, E, and F's personal information with their individual names should not have been posted on the bulletin board in the living room. The DRS indicated the group home staff failed to keep client A, B, C, D, E, and F's personal information confidential.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (Client C) the facility failed to protect the client C's privacy when dressing and/or masturbating.</p> <p>Findings include:</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm, in the group home, clients C and F were dressing in their bedroom. Client C was getting ready for his shower. Client C took his clothes off and put a bath robe on with the door to his bedroom open. Client C was not prompted by staff to close his bedroom</p>	W 0130	<p>W130 Peak Community Services is committed to ensuring the rights of all clients and providing each client with privacy during treatment and care of personal needs. Client C has a privacy goal which was not enforced by group home staff. QIDP will retrain staff on the goal. Systemically, staff will receive retraining on privacy for clients. This will be covered at two group home meetings per year in each Peak Community Service group home. It will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in</p>	01/30/2016			

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	<p>door while undressing in his bedroom. At 4:31pm, client C went into his bedroom and laid on his bed. He began to masturbate with the door to his bedroom open. He was not prompted by staff at this time to close his door. At 4:41pm, GHS (Group Home Staff) #2 asked client C if he wanted to come help set the table while he was still laying on his bed masturbating. GHS #2 did not prompt him to shut his door for privacy.</p> <p>Client C's record was reviewed on 12/28/15 at 1:00pm. Client C's 8/21/15 ISP (Individual Support Plan) indicated client C had an objective to maintain privacy for himself. The objective indicated "[Client C] will be prompted change (sic) clothes behind closed doors or curtains. When he is noted to violate privacy guidelines he should reminded of the reason behind guidelines and reminded to follow them. [Client C] will be encouraged to maintain his privacy without the assistance of others."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated client C should be prompted to close his door while dressing and masturbating for privacy.</p> <p>9-3-2(a)</p>		<p>Winamac will monitor the minutes for these trainings. Persons Responsible: Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E), the facility neglected to implement its written policy and procedures to immediately and accurately report allegations of sexual abuse of client B by client A and missing controlled medications for client E.</p> <p>The facility neglected to provide staff supervision after an allegation of sexual abuse of client B by client A and supervision of client E after ingesting the prongs from a plastic fork which were surgically removed.</p> <p>The facility neglected to implement its written policy and procedures to ensure all allegations of abuse and/or neglect were thoroughly investigated for clients A, B, and E.</p> <p>The facility neglected to implement its written policy and procedures to initiate sufficient corrective action after client B's allegation of sexual abuse by client A and</p>	W 0149	<p>W149 Peak Community Services is committed to developing and implementing written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations: - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. These were made available to the surveyor. The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both Client A and Client B requested to move back</p>	01/30/2016

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	<p>for client E's missing controlled medications.</p> <p>Findings include:</p> <p>1. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following allegation of sexual abuse:</p> <p>-An 10/27/15 BDDS report for an incident on 10/26/15 at 7:30pm indicated client B reported to the [Residential Manager name (RM)] that [client A] had engaged in sexual activity with him without his consent. [Name] Police Department was contacted and a detective with the department later arrived and interviewed both parties involved in the allegation...According to the Detective, both clients related remarkable (sic) similar stories about the event in question and there was no evidence apparent in the accounts that there had been any criminal activity that had taken place. According to the accounts provided [client B] willingly participated in the sexual encounter and then decided to disengage himself from the situation without being subjected to any further advances or coercion from [client A]. Clients were separated and</p>		<p>together to share a bedroom. This is what prompted them to return to their shared bedroom. The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires. No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A and Client B the next day. Police found no evidence of criminal activity. Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted the move to return to their original shared bedroom. Meetings were held but not documented. At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct QIDP's to expand the ISP meeting record form to</p>				

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	<p>provided with supervision the night of the allegation. Clients will no longer share a bedroom in an effort to prevent such situations from happening in the future. [Client B] was encouraged by the Detective to loudly protest any unwanted advances from anyone in the future." No corrective action was available for review.</p> <p>-An 10/27/15 "Investigation Report" indicated client B "accused [client A] of engaging in sexual activity with him without his consent. [Client B] slept in separated bedroom the night of the allegation (sic)." The investigation indicated there were no witnesses to the event. The investigation indicated clients A and B were interviewed.</p> <p>-Client B's 10/27/15 interview indicated client B "was interviewed by [QIDP (Qualified Intellectual Disabilities Professional) name]. [Client B] reported that [client A] and he engaged in sexual acts until he stopped and walked away. He also reported that one point he tapped [client A] on the head and said to quit but did not remove himself from the situation." The investigation did not include questions asked and client responses.</p> <p>-Client A's 10/26/15 interview completed</p>		<p>include all significant events to document team input surrounding the event and recommendations. Systemically, Director of Support and Quality Assurance will cover this to item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's. QIDP is in the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch behaviors. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training and specialty trainings QIDP will create an honesty goal for Client B to address fabricating stories by 01/30/2016. Regarding Client E's missing controlled medications, it was never established that the 20 pills were stolen. No staff had the drug in</p>		

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	<p>by the DRS (Director of Residential Services) indicated client A "reported that he and [client B] engaged in consensual sexual activity until [client B] decided to stop and walked away from him during the activity. He reported that [client B] had not tapped his head and told him to stop during the activity." The investigation did not include questions asked and client responses.</p> <p>-The 10/27/15 investigation did not include interviews with staff members who were present in the group home at the time of the events, no other clients in the group home were interviewed, a description of the location, and if medical assessment was offered or sought as the result of the allegation of sexual abuse. No corrective action was available for review.</p> <p>-The 10/27/15 investigation indicated "Brief Summary of Alleged Victim's Testimony (which was not recorded in his witness statement): [Client B] reported that [client A] touched his penis, gave him oral sex, and penetrated him with his fingers at which point [client B] reported walking away with no further activity taking place. Findings: Both parties' accounts of the incident were remarkably similar with the exception of [client B] reporting that he told [client A]</p>		<p>their system. 20 more were ordered from pharmacy with no difficulty. Peak paid for those 20 pills. It's unsure why there was a discrepancy in count whether staff failed to properly count as they came in through the pharmacy order. This is why the police were not called. If we were unable to supply Client E with those 20 pills, Peak felt they would then have had to involve the police. The nurse and the pharmacist were aware of Client E's missing medication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states, all staff at the home received counseling's for improper medication management (attached Investigation Report). All staff was also retrained on the procedure (attached Training Report on Controlled Medication Procedure). The controlled substance policy from Peak Community Service's Supervised Group Living Manual was made available to the surveyor and is attached. Regarding poor tracking by Nurse for Client E for hospitalization, surgery and events: We are in the process of revising the nurse contract to include specific events that she is expected to assess. The revised Nurse Contract will be complete by 01/30/2016. She is informed of significant events but they are not being followed through with/ assessed/ or documented in her</p>				

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	<p>to stop at one point in the activity and [client A] reporting that instead of using his fingers it was actually his penis that had penetrated [client B]. In any case, neither reported that [client B] resisted the engagement or was pursued after he removed himself from the activity...Recommendations: [Client B] was encouraged to protest loudly, remove himself from the situation, and tell someone if anyone ever attempts to engage in unwanted sexual activity with him in the future. He will be moved to a different room than the alleged offender...." No medical assessment was sought.</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am client A and client B were observed sharing the same bedroom and connecting bathroom. During both observation periods client A and B's bedroom door was closed when client B was dressing, client A was observed to leave the living room, kitchen, and/or dining areas to enter the shared bedroom without staff.</p> <p>On 12/23/15 at 6:55am, an interview with the Residential Manager (RM) was completed. The RM indicated client A targeted client B for sexual reasons. The RM stated after the 10/26/15 incident,</p>		<p>nursing notes, monthly reviews, or quarterly reviews. A more thorough understanding of what events need assessed, attended and documented will improve this situation. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Jan Adair, Residential Director Connie English, Director of Support and Quality Assurance</p>	

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	<p>client B was moved into client E's bedroom because client E was on a Leave of Absence from the facility, and client B was moved back into the shared bedroom with client A "a couple of days later" after client E returned. The RM indicated no documentation was available for review to show client B moved out of the shared bedroom and shared bathroom and how staff were to supervise clients A and B. The RM indicated when client A and B's bedroom door was closed the staff were not able to monitor client A and B inside the bedroom and shared bathroom areas of the room. The RM stated "everything was done verbally" with the staff retraining. The RM indicated clients A and B both indicated client B was in the bathroom, client B had showered in the shared bathroom on 10/26/15, and client B was walking from the bathroom shower to the bedroom area. The RM indicated clients A and B both indicated client A pinned client B against the wall in or near the connecting door, began to fondle his private areas, administered oral sex, and penetrated client B both digitally with his fingers then with his penis. The RM indicated no written plan to protect client B from client A was available for review. The RM indicated client A was not able to give informed consent and had a guardian. The RM indicated three</p>			

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	<p>facility staff were on duty at the group home when the incident occurred and no staff were aware of the incident until client B told one of the staff that he did not like it.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 2/16/15 "Informed Consent" assessment indicated he had a guardian and needed a guardian to make decisions on his behalf. Client A's 2/17/15 ISP (Individual Support Plan) and 10/28/15 BSP (Behavior Support Plan) did not indicate the behavior of inappropriate sexual behavior and no IDT (Interdisciplinary Team) meetings were available for review after the 10/26/15 allegation of sexual abuse incident. Client A's record indicated he needed twenty-four hour staff supervision. Client A's ISP and BSP included targeted behaviors of inappropriate social interaction, physical aggression, verbal aggression, and property destruction. Client A's record did not document the incident of allegation of sexual abuse, medical follow up, or client A's staff supervision needs. Client A's record did not indicate if was able to recognize good touch or bad touch behaviors.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/14 informed consent and self advocacy</p>				

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	<p>assessment indicated client B needs assistance with understanding human sexuality and associated risks. Client B's 6/18/14 informed consent and self advocacy assessment did not indicate client B could give consent and client B's 2015 informed consent assessment was blank and not completed.</p> <p>-Client B's 6/17/15 CFA (Comprehensive Functional Assessment) indicated client B needs verbal prompts to "refrain from inappropriate sexual behavior". Client B's record did not indicate his CFA has been updated or reviewed since the 6/17/15 date. Client B's record did not indicate if he was able to recognize good touch or bad touch behaviors.</p> <p>-Client B's June 2015 BSP (Behavior Support Plan) indicated client B had the following "targeted behaviors: Physical aggressing: hitting, slapping, and punching, kicking. Making threats to harm others in violent manners, Verbal Aggression: yelling, cursing, screaming, making verbal threats to others, Property Destruction: throwing items, breaking items, and throwing items away. His own property and others. Theft (Particular obsession with tape. Duct tape specifically but also likes packing tape and scotch tape. He will impulsively take tape from the workshop</p>			

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	<p>and off desks. He will use manipulation to sway others, especially new staff, into giving him tape. He does earn this has (sic) a part of his reward plan, Inappropriate Social Behavior: disrupts others for attention gratification. Interrupts conversations, routinely at each break period he seeks out QIDP's (Qualified Intellectual Disabilities Professional) and staff. Too much redirection for this behavior will trigger more aggressive demonstrations. When he has an outburst he is loud and his stomping, pounding and out of control conduct intimidates his peers, and Non-Compliance: Refusing to work or complete down time activities. Refusals to follow redirections, complete hygiene tasks, and follow his adult responsibilities." Client B's BSP did not indicate the client has a history of making false allegations against other clients or staff.</p> <p>-Client B's 11/10/15 Counseling progress note indicated "[Client B] reported he did not want to talk about the problems that he has been having. He became angry with this writer and verbally aggressive, he did accept redirection from writer, and when he was calmer, he began to tell what was going on. [Client B] stated that his roommate was forcing him to have sex with him. Staff have been aware of</p>			

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	<p>this, but only one episode. [Client B] states that it is (sic) been more than once, and that he does not want to be near his roommate. Staff present reported that he can be moved to another room. There reportedly has been an investigation, and [name of agency] has reportedly made all the proper notifications."</p> <p>-Client B's record did not indicate client B had been assessed by a medical professional since the allegation of sexual abuse occurred. Client B's 10/16/15 monthly review indicated client B was last seen by a medical professional on 9/29/15. There was no other documentation available for review.</p> <p>-Client B's record did not indicate client B was assessed by the facility nurse after the allegations of sexual abuse on 11/10/15 at client B's counseling center and at the group home on 10/26/15. There were no nurses monthlies or nurses notes available for review regarding the sexual abuse.</p> <p>-Client B's record did not indicate the facility conducted any IDT (Interdisciplinary Team) meetings in regards to Client B's sexual awareness and understanding, or BSP changes.</p> <p>Interview with Client B was conducted</p>			

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	<p>on 12/23/15 at 7:10am. Client B stated he and his roommate "Get along pretty great." When asked if he ever switched rooms client B stated "Yes it happened for a couple weeks." When asked why he switched rooms client B stated "I had some problems." Client B indicated he liked where he lived. Client B did not answer when asked if he wanted to share a bedroom with client A.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated the facility did not reassess client B's sexual awareness and understanding after the sexual abuse. QIDP #1 indicated client B does have a history of making false accusations against staff and clients but it was not addressed in his BSP. During interview QIDP #1 indicated no formal IDT had been conducted to determine if client A and client B should share a room and that no documentation was completed in regards to how long they were in separate rooms after the allegation of sexual abuse occurred on 10/26/15. QIDP #1 indicated he was unaware of the 11/10/15 Counseling Note from client B's counseling session documenting an additional allegation of sexual abuse. QIDP #1 indicated client A and B's ISPs, BSPs, CFAs, and Informed Consent</p>				

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	<p>assessments were not reassessed, their plans were not updated to include the allegation of sexual abuse, a plan to monitor and protect clients A and B was not developed, how staff should supervise clients A and B was not addressed, and medical assessments were not completed. The QIDP indicated he was unsure if clients A and B were able to recognize good touch or bad touch behaviors.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines to thoroughly investigate, and to complete protective measures to protect and prevent abuse, neglect, and/or mistreatment. The DRS indicated clients A and B's investigation was not thorough in that no staff interviews were completed, no witness statements were taken from the RM after client B initially reported the allegation of sexual abuse to her, staff present at the group home were not reviewed, and no questions for the investigations were available for review. The DRS stated the police found no evidence of "criminal activity so we did not do anything further." The DRS indicated clients A and B were not provided medical assessment after the incident. Client B</p>			

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	<p>was not checked for injuries and a medical professional was not contacted. The DRS indicated the nurse was emailed the incident report.</p> <p>2. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following regarding client E's missing controlled medications:</p> <p>-A 6/28/15 BDDS report for an incident on 6/28/15 at 8:00pm indicated client E "requested a pain pill for his elbow. He has PRN (as needed) Tramadol for the pain. Staff noticed that some of the medication appears to be missing and called [name of SGL (Supportive Group Home Living) Manager] to report the missing medication. At this point it is unclear if there is actual medication missing or if it has also been used at the workshop setting and miscounted. Medication is being tracked and is being followed up on."</p> <p>-A 6/28/15 "Investigation Report" indicated "Description...20 Tramadol (an opiate scheduled 5 controlled substance used for client E's elbow pain) were found missing. All staff were called in for a mandatory house meeting and all were driven to [name of company] to be</p>			

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	<p>drug tested by [names of the SGL Manager and DRS] staff will make sure and count all meds at each shift change...No police were contacted. Due to negative test results (from the drug clinic), police were not involved. Brief Summary" documented paraphrased witness statements from the staff, no client interviews were conducted, and "all seven (7) staff did not know what happened to the 20 missing Tramadol... [client E] still had 81 Tramadol tablets...The facility requested the pharmacy place (sic) the reordered Tramadol to be placed in a bubble package not a pill bottle." No corrective action was available for review. The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." The investigation did not include contacting the agency's Pharmacist and the agency Nurse. The investigation did not include witness statements from clients living at the group home. The investigation did not indicate the police department was notified of the missing controlled medication.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS</p>			
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	<p>indicated the agency followed the BDDS reporting guidelines to thoroughly investigate, and completing protective measures to protect and prevent abuse, neglect, and/or mistreatment. The DRS indicated client E's medication was missing. The DRS indicated she was unsure if she ever notified BDDS and other state officials of the amount of the missing Tramadol medication. The DRS indicated the nurse was emailed a copy of the incident report and the pharmacy was notified to replace the medication. When asked if the Pharmacist and the agency nurse were contacted regarding the investigation, the DRS stated "No." The DRS indicated the agency followed Core A/Core B medication administration training to record controlled medication and account for each tablet for each shift of the medication. The DRS indicated the investigation was not thorough in that:</p> <ul style="list-style-type: none"> -No corrective action was available for review. -The investigation did not include staff retraining on medication administration and recording/accounting for controlled medications. -The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." 			

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	<p>-The investigation did not include contacting the agency's Pharmacist and the agency Nurse.</p> <p>-The investigation did not include witness statements from clients living at the group home. -The investigation did not indicate the police department was notified of the missing controlled medication.</p> <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's missing Tramadol. The DRS indicated there was no recommendation in regard to training staff how to accurately document controlled medication count sheets and stated "We are in the process of changing that." The DRS indicated the facility should have a controlled substance policy. The DRS indicated they would try to find the policy and did not provide any documentation the facility had a controlled substance policy.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/2015 "Physician's Order" indicated Tramadol 50mg for elbow pain. Client E's 11/19/15, 8/19/15, 5/21/15, and 2/18/15 "Drug Regimen Reviews" did not indicate the Pharmacist was notified of the missing Tramadol medication. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15,</p>			

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	<p>and 4/23/15 "Nursing Assessments" did not indicate the missing Tramadol. Client E's 6/2015 MAR, controlled medication counts, and case notes were not available for review in client E's record.</p> <p>3. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client E's ingestion of a foreign body:</p> <p>-An 10/9/15 BDDS report for an incident on 10/8/15 at 1:00pm indicated client E "reported he accidentally swallowed a piece of his plastic fork while eating lunch at [workshop]. He showed staff the remainder of the fork which revealed that a prong from the fork had broken off." The report indicated client E was taken to the ER (emergency room) where he was administered X-rays of his chest and abdomen, discharged back to the group home and advised to return if he "experienced a fever, severe abdominal pain, or persistent vomiting. He was also advised to follow up with his [regular physician]." No corrective action was in place to monitor his vital signs, temperature, and abdominal pain. No documented evidence was available for review that the agency nurse was notified</p>			

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	<p>and assessed client E.</p> <p>-An 10/9/15 BDDS report for an incident on 10/9/15 at 11:30am indicated client E "complained of stomach pain while at the workshop...transported to the [name of Hospital]." Client E was to return if stomach pain persists and a CT (Cat Scan) was completed.</p> <p>-An 10/13/15 Follow up BDDS report indicated "the CT scan revealed the location of the foreign body...Foreign Body Ingestion...[Client E] had surgery to remove the foreign body on 10/9/15 (from his bowel and abdominal areas of his body) and was subsequently admitted to the hospital...scheduled to be discharged today 10/13/15...The [hospital] nurse reported no special instructions or orders would be provided. He is to return in approximately 3 weeks in order to have his staples removed." No corrective action was in place to monitor his vital signs, temperature, staples, and abdominal pain.</p> <p>-An 10/24/15 BDDS report for an incident on 10/23/15 at 11:45pm indicated client E was seen at the ER (Emergency Room) and was admitted to the hospital.</p> <p>-An 10/29/15 Follow up BDDS report</p>			

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	<p>indicated client E was admitted to the hospital on 10/25/15, then transferred to the nursing home on 10/26/15 for IV antibiotics and outpatient Urology.</p> <p>-An 10/26/15 BDDS report for an incident on 10/26/15 at 3:00pm indicated client E was admitted to the Nursing Home due to a procedure at the hospital from his previous surgery.</p> <p>-An 10/30/15 Follow up BDDS report indicated client E was admitted to the hospital before the Nursing Home with a diagnosis of "Cellulitis of the Abdominal wall at site of previous surgery."</p> <p>Client E's 10/26/15 Hospital Record was reviewed on 12/23/15 at 12:20pm. Client E's admitting diagnosis was "Cellulitis of Abdominal Wall, Foreign Body Alimentary (digestive) tract, Urinary Retention." Client E's hospital record indicated he was "admitted after the emergency room on 10/24/15 with abdominal pain. The patient underwent exploratory laparotomy (a surgical procedure entering the stomach/abdominal areas of the body) on 10/9/15 for removal of plastic fork which the patient swallowed in a group home. The patient woke up on 10/23/15 with abdominal pain associated with nausea and vomiting...."</p>						

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	<p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the client E's recent bowel and stomach surgery and Cellulitis of the abdominal wall. Client E had no nursing protocols for monitoring and recording vital signs after client E's surgery and emergency room visits for his monitoring of bowels, pain, surgical site, staples, and general health. Client E's 9/21/15 "Health Visit Report" indicated client E was seen by his physician for "stomach pain and feeling ill." Client E's undated dining plan indicated he was to have his food cut into bite size pieces by the facility staff and monitored/supervised during meals.</p> <p>-Client E's record indicated a 10/9/15 "Discharge Information" from the hospital indicated "Swallowed a Foreign Body...any pain or vomiting, breathing difficulty...should be checked right away, X-rays are usually done to make sure that the object is present inside the GI (Gastric Intestinal) tract and is not lodged in the esophagus. You should watch for the foreign body in the stool....Notify your doctor right away or return to the emergency department immediately in case of the following: abdominal pain, vomiting, or fever. You have not seen</p>			

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	<p>the object in the stools within 2 days of the last examination...Proper care of the incision site. This will help to prevent an infection...During the first two weeks, rest, and avoid lifting...To promote healing eat a diet rich in fruits and vegetables...After you leave the hospital, contact your doctor if any of the following occurs: Fever or chills; redness, swelling, increasing pain; excessive bleeding, or any discharge from the incision site; increasing pain or pain does not go away; your abdomen becomes swollen or hard to the touch; bright red or black stools; nausea and vomiting; cough, shortness of breath or chest pain; pain or difficulty with urination; swelling, redness, or pain in your leg."</p> <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's ingestion of a plastic prong from a fork. The DRS indicated she did not document the investigation and no information was available for review that an investigation was completed. The DRS indicated the nurse was sent an email of the incident reports. The DRS indicated staff should have recorded client E's hospital recommendations to monitor his vital signs, pain, and surgical site. The DRS stated "I'm sure we did that." The DRS</p>			

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	<p>indicated no further documentation was available for review. The DRS indicated client E's dining plan was updated after the incident to restrict him from using plastic forks to eat with. The DRS indicated client E's dining plan documented the need for staff to supervise him during dining and for his food to be cut into bite size pieces before the incident.</p> <p>On 12/22/15 at 1:25pm, the 4/2005 "BDDS Reportable Incidents to the Bureau of Developmental Disabilities Services" policy and procedure indicated "Reportable incidents are any event characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual...." The BDDS policy indicated incidents should be immediately reported and investigated.</p> <p>On 12/22/15 at 1:25pm, the facility's undated policy entitled "Abuse/Neglect/Exploitation/Mistreatment Of An Individual/Violation Of An Individual's Rights Investigation Procedure" indicated "All Peak Community Services' staff and contracted agents are required to report immediately any situations of abuse, neglect,...mistreatment of a consumer or violation of a consumer's rights. In</p>			

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	<p>addition to the following internal Peak Community Services procedure staff are obligated to report situations of abuse, neglect, sexual exploitation, mistreatment of a consumer, or violation of a consumer's rights to APS/CPS (Adult Protective Services/Child Protective Services) regardless of the Peak Community Services' internal reporting procedure." The facility's policy defined abuse as "...1. The intentional or willful infliction of physical injury...3. Punishment with resulting physical harm or pain,...5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications. 6. Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation." The facility's undated policy indicated the facility would conduct thorough investigations in regard to allegations of abuse, neglect and/or mistreatment. The facility's undated policy also indicated the facility would report allegations of abuse, neglect and/or mistreatment to BDDS.</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-2(a)</p>			

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W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, for 2 of 2 investigations reviewed for 2 of 3 sampled clients (clients A and B) and for 1 additional client (client E), the facility failed to immediately report an allegation of sexual abuse of client B by client A and an allegation of missing controlled medications for client E to state officials (Bureau of Developmental Disabilities Services-BDDS and/or Adult Protective Services -APS).</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 11/10/15 Counseling progress note indicated "[Client B] reported he did not want to talk about the problems that he has been having. He became angry with this writer</p>	W 0153	<p>W153 Peak Community Services is committed to ensuring 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. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner.</p>	01/30/2016

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	<p>and verbally aggressive, he did accept redirection from writer, and when he was calmer, he began to tell what was going on. [Client B] stated that his roommate (client A) was forcing him to have sex with him. Staff have been aware of this, but only one episode. [Client B] states that it is (sic) been more than once, and that he does not want to be near his roommate. Staff present reported that he can be moved to another room. There reportedly has been an investigation, and [name of agency] has reportedly made all the proper notifications."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated he was unaware of the 11/10/15 Counseling Note from client B's counseling session documenting an additional allegation of sexual abuse.</p> <p>2. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client E's missing controlled medications:</p> <p>-A 6/28/15 BDDS report for an incident on 6/28/15 at 8:00pm indicated client E "requested a pain pill for his elbow. He has PRN (as needed) Tramadol for the</p>		<p>Peak provides ongoing BDDSincent reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incidentreporting annual training and specialty trainings. Regarding Client E's missing controlled medications, it was neverestablished that the 20 pills were stolen. No staff had the drug in their system. 20 more were ordered from pharmacy with no difficulty. Peak paid for those 20 pills. It's unsure why there was a discrepancy incount whether staff failed to properly count as they came in through thepharmacy order. This is why the police were not called. If we were unable tosupply Client E with those 20 pills, Peak felt they would then have had toinvolve the police. The nurse and thepharmacist were aware of Client E's missing medication issue and had nothingfurther to offer. As the 6/28/2015 InvestigationReport states, all staff at the home received counseling's for impropermedication management (attached Investigation Report). All staff was also retrained on the procedure(attached Training Report on Controlled Medication Procedure). The controlled substance policy from PeakCommunity Service's Supervised Group Living Manual was made available to thesurveyor and is attached. Persons Responsible: Treasa</p>				

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	<p>pain. Staff noticed that some of the medication appears to be missing and called [name of SGL (Supportive Group Home Living) Manager] to report the missing medication. At this point it is unclear if there is actual medication missing or if it has also been used at the workshop setting and miscounted. Medication is being tracked and is being followed up on." The BDDS report failed to identify how many Tramadol were missing.</p> <p>-A 6/28/15 "Investigation Report" indicated "Description...20 Tramadol (an opiate scheduled 5 controlled substance used for client E's elbow pain) were found missing. All staff were called in for a mandatory house meeting and all were driven to [name of company] to be drug tested by [names of the SGL Manager and DRS] staff will make sure and count all meds at each shift change...No police were contacted. Due to negative test results (from the drug clinic), police were not involved. Brief Summary" documented paraphrased witness statements from the staff, no client interviews were conducted, "all seven (7) staff did not know what happened to the 20 missing Tramadol... [client E] still had 81 Tramadol tablets...The facility requested the pharmacy to place the reordered</p>		Benner, House Coordinator QIDP, Courtney Glasson				

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W 0154	<p>Tramadol to be placed (sic) in a bubble package not a pill bottle." The BDDS report did not indicated the police department was notified of the missing Tramadol.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines for immediately reporting allegations of exploitation and mistreatment. The DRS indicated client E's medication was missing. The DRS indicated she was unsure if she ever notified BDDS and other state officials of the amount of the missing Tramadol medication. The DRS indicated the facility did not contact the police department of the missing controlled medication.</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p>				

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Bldg. 00	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E), the facility failed to thoroughly investigate allegations of sexual abuse (clients A and B), missing controlled medications (client E), and providing nursing services after ingestion of the prong of a plastic fork (client E).</p> <p>Findings include:</p> <p>1. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client A and B's allegation of sexual abuse:</p> <p>-An 10/27/15 BDDS report for an incident on 10/26/15 at 7:30pm indicated client B reported to the [Residential Manager name (RM)] that [client A] had engaged in sexual activity with him without his consent. [Name] Police Department was contacted and a detective with the department later arrived and interviewed both parties involved in the allegation...According to the Detective, both clients related remarkable (sic) similar stories about the</p>	W 0154	<p>W154</p> <p>Peak Community Services is committed to ensuring that all alleged violations are thoroughly investigated.</p> <p>The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations:</p> <ul style="list-style-type: none"> - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. <p>These were made available to the surveyor.</p> <p>The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared</p>	01/30/2016

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	<p>event in question and there was no evidence apparent in the accounts that there had been any criminal activity that had taken place. According to the accounts provided [client B] willingly participated in the sexual encounter and then decided to disengage himself from the situation without being subjected to any further advances or coercion from [client A]. Clients were separated and provided with supervision the night of the allegation. Clients will no longer share a bedroom in an effort to prevent such situations from happening in the future. [Client B] was encouraged by the Detective to loudly protest any unwanted advances from anyone in the future."</p> <p>-An 10/27/15 "Investigation Report" indicated client B "accused [client A] of engaging in sexual activity with him without his consent. [Client B] slept in separated bedroom the night of the allegation (sic)." The investigation indicated there were no witnesses to the event. The investigation indicated clients A and B were interviewed.</p> <p>-Client B's 10/27/15 interview indicated client B "was interviewed by [QIDP (Qualified Intellectual Disabilities Professional) name]. [Client B] reported that [client A] and he engaged in sexual acts until he stopped and walked away.</p>		<p>bedroom.</p> <p>The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires.</p> <p>No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A and Client B the next day. Police found no evidence of criminal activity.</p> <p>Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted to move to return to their original shared bedroom. Meetings were held but not documented.</p> <p>At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct</p>				

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	<p>He also reported that one point he tapped [client A] on the head and said to quit but did not remove himself from the situation." The investigation did not include questions asked and client responses.</p> <p>-Client A's 10/26/15 interview completed by the DRS (Director of Residential Services) indicated client A "reported that he and [client B] engaged in consensual sexual activity until [client B] decided to stop and walked away from him during the activity. He reported that [client B] had not tapped his head and told him to stop during the activity." The investigation did not include questions asked and client responses.</p> <p>-The 10/27/15 investigation did not include interviews were the staff members present in the group home at the time of the events, no other clients in the group home were interviewed, a description of the location, and if medical assessment was offered or sought as the result of the allegation of sexual abuse.</p> <p>-The 10/27/15 investigation indicated "Brief Summary of Alleged Victim's Testimony (which was not recorded in his witness statement): [Client B] reported that [client A] touched his penis, gave him oral sex, and penetrated him</p>		<p>QIDP's to expand the ISP meeting record form to include all significant events to document team input surrounding the event and recommendations.</p> <p>Systemically, Director of Support and Quality Assurance will cover this item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's.</p> <p>QIPD is the process of updating informed consents for Client A and Client B and reassessing the CFA on recognition of good touch and bad touch behaviors.</p> <p>Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed.</p> <p>QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings.</p> <p>Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training</p>		

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	<p>with his fingers at which point [client B] reported walking away with no further activity taking place. Findings: Both parties' accounts of the incident were remarkably similar with the exception of [client B] reporting that he told [client A] to stop at one point in the activity and [client A] reporting that instead of using his fingers it was actually his penis that had penetrated [client B]. In any case, neither reported that [client B] resisted the engagement or was pursued after he removed himself from the activity...Recommendations: [Client B] was encouraged to protest loudly, remove himself from the situation, and tell someone if anyone ever attempts to engage in unwanted sexual activity with him in the future. He will be moved to a different room than the alleged offender...." No medical assessment was sought.</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am client A and client B were observed sharing the same bedroom and connecting bathroom. During both observation periods client A and B's bedroom door was closed when client B was dressing, client A was observed to leave the living room, kitchen, and/or dining areas to enter the shared bedroom without staff.</p>		<p>and specialty trainings.</p> <p>QIDP will create an honesty goal for Client B to address fabricatingstories by 01/30/2016.</p> <p>The nurse and the pharmacist were aware of Client E's missingmedication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states,all staff at the home received counseling's for improper medication management(Attached Investigation Report). Allstaff was also retrained on the procedure (Attached Training Report onControlled Medication Procedure). Thecontrolled substance policy from Peak Community Services Supervised GroupLiving Manual was made available to the surveyor and is attached.</p> <p>Regarding poor tracking by Nurse for Client E for hospitalization,surgery and events: We are in theprocess of revising the nurse contract to include specific events that she is expectedto assess. The revised Nurse Contractwill be complete by 01/30/2016.</p> <p>Persons Responsible: Alison Harris, Nurse Treaasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs</p>				

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	<p>On 12/23/15 at 6:55am, an interview with the Residential Manager (RM) was completed. The RM indicated client A targeted client B for sexual reasons. The RM stated after the 10/26/15 incident, client B was moved into client E's bedroom because client E was on a Leave of Absence from the facility, and client B was moved back into the shared bedroom with client A "a couple of days later" after client E returned. The RM indicated no documentation was available for review to show client B moved out of the shared bedroom and shared bathroom and how staff were to supervise clients A and B. The RM indicated when client A and B's bedroom door was closed the staff were not able to monitor client A and B inside the bedroom and shared bathroom areas of the room. The RM stated "everything was done verbally" with the staff retraining. The RM indicated clients A and B both indicated client B was in the bathroom, client B had showered in the shared bathroom on 10/26/15, and client B was walking from the bathroom shower to the bedroom area. The RM indicated clients A and B both indicated client A pinned client B against the wall in or near the connecting door, began to fondle his private areas, administered oral sex, and penetrated client B both digitally with his fingers</p>		<p>Jan Adair, Residential Director Connie English, Director of Support and Quality Assurance</p>	

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	<p>then with his penis. The RM indicated no written plan to protect client B from client A was available for review. The RM indicated clients A and B's plans did not address inappropriate sexual behavior. The RM indicated client A was not able to give informed consent and had a guardian. The RM indicated three facility staff were on duty at the group home when the incident occurred and no staff were aware of the incident until client B told one of the staff that he did not like it.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 2/16/15 "Informed Consent" assessment indicated he had a guardian and needed a guardian to make decisions on his behalf. Client A's 2/17/15 ISP (Individual Support Plan) and 10/28/15 BSP (Behavior Support Plan) did not indicate inappropriate sexual behavior and no IDT (Interdisciplinary Team) meetings were available for review after the 10/26/15 allegation of sexual abuse. Client A's record indicated he needed twenty-four hour staff supervision. Client A's ISP and BSP included targeted behaviors of inappropriate social interaction, physical aggression, verbal aggression, and property destruction. Client A's record did not document the allegation of sexual abuse, medical follow up, or client A's</p>			

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	<p>staff supervision needs. Client A's record did not indicate if was able to recognize good touch or bad touch behaviors.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/14 informed consent and self advocacy assessment indicated client B needs assistance with understanding human sexuality and associated risks. Client B's record did not indicate the informed consent and self advocacy assessment had been updated or reviewed since the 6/18/14 date.</p> <p>-Client B's 6/17/15 CFA (Comprehensive Functional Assessment) indicated client needs verbal prompts to "refrain from inappropriate sexual behavior". Client B's record did not indicate client B's CFA had been updated or reviewed since the 6/17/15 date. Client B's record did not indicate if he was able to recognize good touch or bad touch behaviors.</p> <p>-Client B's June 2015 BSP (Behavior Support Plan) indicated client B had the following "targeted behaviors: Physical aggressing: hitting, slapping, and punching, kicking. Making threats to harm others in violent manners, Verbal Aggression: yelling, cursing, screaming, making verbal threats to others, Property Destruction: throwing items, breaking</p>			

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	<p>items, and throwing items away. His own property and others, Theft: Particular obsession with tape. Duct tape specifically but also likes packing tape and scotch tape. He will impulsively take tape from the workshop and off desks. He will use manipulation to sway others, especially new staff, into giving him tape. He does earn this has (sic) a part of his reward plan, Inappropriate Social Behavior: disrupts others for attention gratification. Interrupts conversations, routinely at each break period he seeks out QIDP's (Qualified Intellectual Disabilities Professional) and staff. Too much redirection for this behavior will trigger more aggressive demonstrations. When he has an outburst he is loud and his stomping, pounding and out of control conduct intimidates his peers, and Non-Compliance: Refusing to work or complete down time activities. Refusals to follow redirections, complete hygiene tasks, and follow his adult responsibilities." Client B's BSP did not indicate client B had a history of making false allegations against the other clients or staff.</p> <p>-Client B's 11/10/15 Counseling progress note indicated "[Client B] reported he did not want to talk about the problems that he has been having. He became angry with this writer and verbally aggressive,</p>			

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	<p>he did accept redirection from writer, and when he was calmer, he began to tell what was going on. [Client B] stated that his roommate was forcing him to have sex with him. Staff have been aware of this, but only one episode. [Client B] states that it is (sic) been more than once, and that he does not want to be near his roommate. Staff present reported that he can be moved to another room. There reportedly has been an investigation, and [name of agency] has reportedly made all the proper notifications."</p> <p>-Client B's record did not indicate client B had been assessed by a medical professional since the allegation of sexual abuse occurred. Client B's 10/16/15 monthly review indicated client B was last seen by a medical professional on 9/29/15. There was no other documentation available for review.</p> <p>-Client B's record did not indicate client B was assessed by the facility nurse after the allegation of sexual abuse. There were no nurses monthlies or nurses notes available for review regarding the allegation of sexual abuse.</p> <p>-Client B's record did not indicate the facility conducted any IDT (Interdisciplinary Team) meetings in regards to Client B's sexual awareness</p>			

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	<p>and understanding or BSP changes.</p> <p>Interview with Client B was conducted on 12/23/15 at 7:10am. Client B stated he and his roommate "Get along pretty great." When asked if he ever switched rooms client B stated "Yes it happened for a couple weeks." When asked why he switched rooms client B stated "I had some problems."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated the facility did not reassess client B's sexual awareness and understanding after the allegation of sexual abuse. QIDP #1 indicated client B did have a history of making false accusations against staff and clients but it was not addressed in his BSP. During interview QIDP #1 indicated no formal IDT had been conducted to determine if client A and client B should share a room and that no documentation was completed in regards to how long they were in separate rooms after the allegation of sexual abuse occurred. The QIDP indicated client A and B's ISPs, BSPs, CFAs, and Informed Consent Assessments were not reassessed, their plans were not updated to include the allegation of sexual abuse, a plan to monitor and protect clients A and B was</p>			

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	<p>not developed, how staff should supervise clients A and B was not addressed, and medical assessments were not completed. The QIDP indicated he was unsure if clients A and B were able to recognize good touch or bad touch behaviors.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines for thoroughly investigate allegations of abuse, neglect, and/or mistreatment. The DRS indicated clients A and B's investigation was not thorough in that no staff interviews were completed, no witness statements were taken from the RM after client B initially reported the allegation of sexual abuse to her, staff present at the group home were not reviewed, and no questions for the investigations were available for review. The DRS stated the police found no evidence of "criminal activity so we did not do anything further." The DRS indicated clients A and B were not provided medical assessment after the incident. Client B was not checked for injuries and a medical professional was not contacted. The DRS indicated the nurse was emailed the incident report.</p> <p>2. On 12/22/15 at 1:45pm, the facility's</p>			

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	<p>BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following regarding client E's missing controlled medications:</p> <p>-A 6/28/15 BDDS report for an incident on 6/28/15 at 8:00pm indicated client E "requested a pain pill for his elbow. He has PRN (as needed) Tramadol for the pain. Staff noticed that some of the medication appears to be missing and called [name of SGL (Supportive Group Home Living) Manager] to report the missing medication. At this point it is unclear if there is actual medication missing or if it has also been used at the workshop setting and miscounted. Medication is being tracked and is being followed up on."</p> <p>-A 6/28/15 "Investigation Report" indicated "Description...20 Tramadol (an opiate scheduled 5 controlled substance used for client E's elbow pain) were found missing. All staff were called in for a mandatory house meeting and all were driven to [name of company] to be drug tested by [names of the SGL Manager and DRS] staff will make sure and count all meds at each shift change...No police were contacted. Due to negative test results (from the drug clinic), police were not involved. Brief</p>			

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	<p>Summary" documented paraphrased witness statements from the staff, no client interviews were conducted and "all seven (7) staff did not know what happened to the 20 missing Tramadol... [client E] still had 81 Tramadol tablets...The facility requested the pharmacy to place the reordered Tramadol to be placed (sic) in a bubble package not a pill bottle." The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." The investigation did not include contacting the agency's Pharmacist and the agency Nurse. The investigation did not include witness statements from clients living at the group home. The investigation did not indicate the police department was notified of the missing controlled medication.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines to thoroughly investigate allegations of abuse, neglect, mistreatment, and exploitation. The DRS indicated client E's medication was missing. The DRS indicated she was unsure if she ever notified BDDS and</p>				

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	<p>other state officials of the amount of the missing Tramadol medication. The DRS indicated the nurse was emailed a copy of the incident report and the pharmacy was notified to replace the medication. When asked if the Pharmacist and the agency nurse were contacted regarding the investigation, the DRS responded "No." The DRS indicated the agency followed Core A/Core B medication administration training to record controlled medication and account for each tablet for each shift of the medication. The DRS indicated the investigation was not thorough in that:</p> <ul style="list-style-type: none"> -The investigation did not include staff retraining on medication administration and recording/accounting for controlled medications. -The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." -The investigation did not include contacting the agency's Pharmacist and the agency Nurse. -The investigation did not include witness statements from clients living at the group home. -The investigation did not indicate the police department was notified of the missing controlled medication. 			

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	<p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's missing Tramadol. The DRS indicated there was no recommendation in regard to training staff how to accurately document controlled medication count sheets and stated "We are in the process of changing that." The DRS indicated the facility should have a controlled substance policy. The DRS indicated they would try to find the policy and did not provide any documentation the facility had a controlled substance policy.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/2015 "Physician's Order" indicated Tramadol 50mg for elbow pain. Client E's 11/19/15, 8/19/15, 5/21/15, and 2/18/15 "Drug Regimen Reviews" did not indicate the Pharmacist was notified of the missing Tramadol medication. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the missing Tramadol. Client E's 6/2015 MAR, controlled medication counts, and case notes were not available for review in client E's record.</p> <p>3. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were</p>			

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	<p>reviewed from 1/2015 through 12/22/15 and indicated the following regarding client E's ingestion of a foreign body:</p> <p>-An 10/9/15 BDDS report for an incident on 10/8/15 at 1:00pm indicated client E "reported he accidentally swallowed a piece of his plastic fork while eating lunch at [workshop]. He showed staff the remainder of the fork which revealed that a prong from the fork had broken off." The report indicated client E was taken to the ER where he was administered X-rays of his chest and abdomen, discharged back to the group home and advised to return if he "experienced a fever, severe abdominal pain, or persistent vomiting. He was also advised to follow up with his [regular physician]." No corrective action was in place to monitor his vital signs, temperature, and abdominal pain. No assessment by the agency nurse was available for review to ensure client E had follow up with his physician.</p> <p>-An 10/9/15 BDDS report for an incident on 10/9/15 at 11:30am indicated client E "complained of stomach pain while at the workshop...transported to the [name of Hospital]." Client E was to return if stomach pain persists and a CT (Cat Scan) was completed.</p>			

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	<p>-An 10/13/15 Follow up BDDS report indicated "the CT scan revealed the location of the foreign body...Foreign Body Ingestion...[Client E] had surgery to remove the foreign body on 10/9/15 and was subsequently admitted to the hospital...scheduled to be discharged today 10/13/15...The [hospital] nurse reported no special instructions or orders would be provided. He is to return in approximately 3 weeks in order to have his staples removed." No corrective action was in place to monitor his vital signs, temperature, staples, and abdominal pain.</p> <p>-An 10/24/15 BDDS report for an incident on 10/23/15 at 11:45pm indicated client E was seen at the ER (Emergency Room) and was admitted to the hospital.</p> <p>-An 10/30/15 Follow up BDDS report indicated client E was admitted to the hospital before the Nursing Home with a diagnosis of "Cellulitis of the Abdominal wall at site of previous surgery."</p> <p>-An 10/29/15 Follow up BDDS report indicated client E was admitted to the hospital on 10/25/15, then transferred to the nursing home on 10/26/15 for IV antibiotics and outpatient Urology.</p>			

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	<p>-An 10/26/15 BDDS report for an incident on 10/26/15 at 3:00pm indicated client E was admitted to the Nursing Home due to a procedure at the hospital from his previous surgery.</p> <p>Client E's 10/26/15 Hospital Record was reviewed on 12/23/15 at 12:20pm. Client E's admitting diagnosis was "Cellulitis of Abdominal Wall, Foreign Body Alimentary tract, Urinary Retention." Client E's hospital record indicated he was "admitted after the emergency room on 10/24/15 with abdominal pain. The patient underwent exploratory laparotomy (a surgical procedure entering the stomach/abdominal areas of the body) on 10/9/15 for removal of plastic fork which the patient swallowed in a group home. The patient woke up on 10/23/15 with abdominal pain associated with nausea and vomiting...."</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the client E's recent bowel and stomach surgery and Cellulitis of the abdominal wall. Client E had no nursing protocols for monitoring and recording vital signs after client E's surgery and emergency room visits for his monitoring of bowels, pain, surgical site, staples, and general</p>			

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	<p>health. Client E's 9/21/15 "Health Visit Report" indicated client E was seen by his physician for "stomach pain and feeling ill." Client E's undated dining plan indicated he was to have his food cut into bite size pieces by the facility staff and monitored/supervised during meals.</p> <p>-Client E's record indicated a 10/9/15 "Discharge Information" from the hospital indicated "Swallowed a Foreign Body...any pain or vomiting, breathing difficulty...should be checked right away, X-rays are usually done to make sure that the object is present inside the GI (Gastric Intestinal) tract and is not lodged in the esophagus. You should watch for the foreign body in the stool....Notify your doctor right away or return to the emergency department immediately in case of the following: abdominal pain, vomiting, or fever. You have not seen the object in the stools within 2 days of the last examination...Proper care of the incision site. This will help to prevent an infection...During the first two weeks, rest, and avoid lifting...To promote healing eat a diet rich in fruits and vegetables...After you leave the hospital, contact your doctor if any of the following occurs: Fever or chills; redness, swelling, increasing pain; excessive bleeding, or any discharge from the incision site; increasing pain or pain</p>			

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	<p>does not go away; your abdomen becomes swollen or hard to the touch; bright red or black stools; nausea and vomiting; cough, shortness of breath or chest pain; pain or difficulty with urination; swelling, redness, or pain in your leg."</p> <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's ingestion of a plastic prong from a fork and did not document that an investigation was completed. The DRS indicated there was no documented investigation into the incidents. The DRS indicated the nurse was sent an email of the incident reports. The DRS indicated staff should have recorded client E's hospital recommendations to monitor his vital signs, pain, and surgical site. The DRS stated "I'm sure we did that." The DRS indicated no further documentation was available for review. The DRS indicated client E's dining plan was updated after the incident to restrict him from using plastic forks to eat with. The DRS indicated client E's dining plan documented the need for staff to supervise him during dining and for his food to be cut into bite size pieces before the incident.</p> <p>This federal tag relates to complaint</p>			

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W 0157 Bldg. 00	<p>#IN00185576.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, interview, and record review for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E), the facility failed to initiate corrective action after the allegations of sexual abuse (clients A and B), missing controlled medications (client E), and failure to provide nursing services after ingestion of the prong of a plastic fork (client E).</p> <p>Findings include:</p> <p>1. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client A and B's allegation of sexual abuse:</p> <p>-An 10/27/15 BDDS report for an incident on 10/26/15 at 7:30pm indicated client B reported to the [Residential Manager name (RM)] that [client A] had engaged in sexual activity with him</p>	W 0157	<p>W157 Peak Community Services is committed to ensuring that if the alleged violation is verified, appropriate corrective action must be taken. The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations: - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and Client B will not share a bedroom or bathroom. These were made available to the surveyor. The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both</p>	01/30/2016	

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	<p>without his consent. [Name] Police Department was contacted and a detective with the department later arrived and interviewed both parties involved in the allegation...According to the Detective, both clients related remarkable (sic) similar stories about the event in question and there was no evidence apparent in the accounts that there had been any criminal activity that had taken place. According to the accounts provided [client B] willingly participated in the sexual encounter and then decided to disengage himself from the situation without being subjected to any further advances or coercion from [client A]. Clients were separated and provided with supervision the night of the allegation. Clients will no longer share a bedroom in an effort to prevent such situations from happening in the future. [Client B] was encouraged by the Detective to loudly protest any unwanted advances from anyone in the future." No corrective action was available for review.</p> <p>-An 10/27/15 "Investigation Report" indicated client B "accused [client A] of engaging in sexual activity with him without his consent. [Client B] slept in separated bedroom the night of the allegation (sic)."</p>		<p>Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared bedroom. The /nvestigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires. No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A and Client B the next day. Police found no evidence of criminal activity. Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted to move to return to their original shared bedroom. Meetings were held but not documented. Client A and B requested to move back together to share a bedroom. This is what prompted to move to return to</p>	

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	<p>-Client B's 10/27/15 interview indicated client B "was interviewed by [QIDP (Qualified Intellectual Disabilities Professional) name]. [Client B] reported that [client A] and he engaged in sexual acts until he stopped and walked away. He also reported that one point he tapped [client A] on the head and said to quit but did not remove himself from the situation."</p> <p>-Client A's 10/26/15 interview completed by the DRS (Director of Residential Services) indicated client A "reported that he and [client B] engaged in consensual sexual activity until [client B] decided to stop and walked away from him during the activity. He reported that [client B] had not tapped his head and told him to stop during the activity."</p> <p>-The 10/27/15 investigation did not include interviews with the staff members who were present in the group home at the time of the events, no other clients in the group home were interviewed, a description of the location, and if medical assessment was offered or sought as the result of the allegation of sexual abuse. No completed corrective action was available for review.</p> <p>-The 10/27/15 investigation indicated "Brief Summary of Alleged Victim's</p>		<p>their original shared bedroom. Meetings were held but not documented. At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct QIDP's to expand the ISP meeting record form to include all significant events to document team input surrounding the event and recommendations. Systemically, Director of Support and Quality Assurance will cover this to item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's. QIPD is the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch behaviors. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak Community Services. An investigation will be completed. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training</p>		

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	<p>Testimony (which was not recorded in his witness statement): [Client B] reported that [client A] touched his penis, gave him oral sex, and penetrated him with his fingers at which point [client B] reported walking away with no further activity taking place. Findings: Both parties' accounts of the incident were remarkably similar with the exception of [client B] reporting that he told [client A] to stop at one point in the activity and [client A] reporting that instead of using his fingers it was actually his penis that had penetrated [client B]. In any case, neither reported that [client B] resisted the engagement or was pursued after he removed himself from the activity...Recommendations: [Client B] was encouraged to protest loudly, remove himself from the situation, and tell someone if anyone ever attempts to engage in unwanted sexual activity with him in the future. He will be moved to a different room than the alleged offender...." No medical assessment was sought.</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am client A and client B were observed sharing the same bedroom and connecting bathroom. During both observation periods client A and B's bedroom door was closed when</p>		<p>and specialty trainings. QIDP will create an honesty goal for Client B to address fabricating stories by 01/30/2016. The nurse and the pharmacist were aware of Client E's missing medication issue and had nothing further to offer. As the 6/28/2015 Investigation Report states, all staff at the home received counseling's for improper medication management(Attached Investigation Report). All staff was also retrained on the procedure (Attached Training Report on Controlled Medication Procedure). The controlled substance policy from Peak Community Services Supervised Group Living Manual was made available to the surveyor and is attached. Regarding poor tracking by Nurse for Client E for hospitalization,surgery and events: We are in the process of revising the nurse contract to include specific events that she is expected to assess. The revised Nurse Contract will be complete by 01/30/2016. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Jan Adair, Residential Director Connie English, Director of Support and Quality Assurance</p>		

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	<p>client B was dressing, client A was observed to leave the living room, kitchen, and/or dining areas to enter the shared bedroom without staff.</p> <p>On 12/23/15 at 6:55am, an interview with the Residential Manager (RM) was completed. The RM indicated client A targeted client B for sexual reasons. The RM stated after the 10/26/15 incident, client B was moved into client E's bedroom because client E was on a Leave of Absence from the facility, and client B was moved back into the shared bedroom with client A "a couple of days later" after client E returned. The RM indicated no documentation was available for review to show client B moved out of the shared bedroom and shared bathroom and how staff were to supervise clients A and B. The RM indicated when client A and B's bedroom door was closed the staff were not able to monitor client A and B inside the bedroom and shared bathroom areas of the room. The RM stated "everything was done verbally" with the staff retraining. The RM indicated clients A and B both indicated client B was in the bathroom, client B had showered in the shared bathroom on 10/26/15, and client B was walking from the bathroom shower to the bedroom area. The RM indicated clients A and B both indicated client A pinned client B</p>			

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	<p>against the wall in or near the connecting door, began to fondle his private areas, administered oral sex, and penetrated client B both digitally with his fingers then with his penis. The RM indicated no written plans to address client A's inappropriate sexual behavior. The RM indicated client A was not able to give informed consent and had a guardian. The RM indicated three facility staff were on duty at the group home when the incident occurred and no staff were aware of the incident until client B told one of the staff that he did not like it.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 2/16/15 "Informed Consent" assessment indicated he had a guardian and needed a guardian to make decisions on his behalf. Client A's 2/17/15 ISP (Individual Support Plan) and 10/28/15 BSP (Behavior Support Plan) did not indicate the behavior of inappropriate sexual abuse and no IDT (Interdisciplinary Team) meetings were available for review after the 10/26/15 allegation of sexual abuse. Client A's record indicated he needed twenty-four hour staff supervision. Client A's ISP and BSP included targeted behaviors of inappropriate social interaction, physical aggression, verbal aggression, and property destruction. Client A's record did not document the allegation of sexual</p>			

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	<p>abuse, medical follow up, or client A's staff supervision needs. Client A's record did not indicate if was able to recognize good touch or bad touch behaviors.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/14 informed consent and self advocacy assessment indicated client B needs assistance with understanding human sexuality and associated risks. Client B's record did not indicate the informed consent and self advocacy assessment had been updated or reviewed since the 6/18/14 date.</p> <p>-Client B's 6/17/15 CFA (Comprehensive Functional Assessment) indicated client B's needs verbal prompts to "refrain from inappropriate sexual behavior". Client B's record did not indicate his CFA has been updated or reviewed since the 6/17/15 date. Client B's record did not indicate if he was able to recognize good touch or bad touch behaviors.</p> <p>-Client B's June 2015 BSP (Behavior Support Plan) indicated client B had the following "targeted behaviors: Physical aggressing hitting, slapping, and punching, kicking. Making threats to harm others in violent manners, Verbal Aggression yelling, cursing, screaming, making verbal threats to others, Property</p>			

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	<p>Destruction throwing items, breaking items, and throwing items away. His own property and others, Theft Particular obsession with tape. Duct tape specifically but also likes packing tape and scotch tape. He will impulsively take tape from the workshop and off desks. He will use manipulation to sway others, especially new staff, into giving him tape. He does earn this has (sic) a part of his reward plan, Inappropriate Social Behavior disrupts others for attention gratification. Interrupts conversations, routinely at each break period he seeks out QIDP's (Qualified Intellectual Disabilities Professional) and staff. Too much redirection for this behavior will trigger more aggressive demonstrations. When he has an outburst he is loud and his stomping, pounding and out of control conduct intimidates his peers, and Non-Compliance Refusing to work or complete down time activities. Refusals to follow redirections, complete hygiene tasks, and follow his adult responsibilities." Client B's BSP did not indicate the client had a history of making false allegations against other clients or staff.</p> <p>-Client B's 11/10/15 Counseling progress note indicated "[Client B] reported he did not want to talk about the problems that he has been having. He became angry</p>			

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	<p>with this writer and verbally aggressive, he did accept redirection from writer, and when he was calmer, he began to tell what was going on. [Client B] stated that his roommate was forcing him to have sex with him. Staff have been aware of this, but only one episode. [Client B] states that it is (sic) been more than once, and that he does not want to be near his roommate. Staff present reported that he can be moved to another room. There reportedly has been an investigation, and [name of agency] has reportedly made all the proper notifications."</p> <p>-Client B's record did not indicate client B had been assessed by a medical professional since the allegation of sexual abuse occurred. Client B's 10/16/15 monthly review indicated client B was last seen by a medical professional on 9/29/15. There was no other documentation available for review.</p> <p>-Client B's record did not indicate client B was assessed by the facility nurse after the allegation of sexual abuse. There were no nurses monthlies or nurses notes available for review regarding the allegation of sexual abuse.</p> <p>-Client B's record did not indicate that the facility conducted any IDT (Interdisciplinary Team) meetings in</p>			

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	<p>regards to Client B's sexual awareness and understanding or BSP changes.</p> <p>Interview with Client B was conducted on 12/23/15 at 7:10am. Client B stated he and his roommate "Get along pretty great." When asked if he ever switched rooms client B stated "Yes it happened for a couple weeks." When asked why he switched rooms client B stated "I had some problems."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated the facility did not reassess client B's sexual awareness and understanding after the allegation of sexual abuse. QIDP #1 indicated client B does have a history of making false accusations against staff and clients but it was not addressed in his BSP. During interview QIDP #1 indicated no formal IDT had been conducted to determine if client A and client B should share a room and that no documentation was completed in regards to how long they were in separate rooms after the allegation of sexual abuse occurred. The QIDP indicated client A and B's were not reassessed, their plans were not updated to include the allegation of sexual abuse, a plan to monitor was not developed for how staff should supervise clients A and</p>						

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	<p>B, and medical assessments were not completed. The QIDP indicated he was unsure if clients A and B were able to recognize good touch or bad touch behaviors.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines for completing corrective action to protect and prevent abuse, neglect, and/or mistreatment. The DRS stated the police found no evidence of "criminal activity so we did not do anything further." The DRS indicated clients A and B were not provided medical assessment after the incident. Client B was not checked for injuries and a medical professional was not contacted. The DRS indicated the nurse was emailed the incident report.</p> <p>2. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following regarding client E's missing controlled medications:</p> <p>-A 6/28/15 BDDS report for an incident on 6/28/15 at 8:00pm indicated client E "requested a pain pill for his elbow. He has PRN (as needed) Tramadol for the</p>			

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	<p>pain. Staff noticed that some of the medication appears to be missing and called [name of SGL (Supportive Group Home Living) Manager] to report the missing medication. At this point it is unclear if there is actual medication missing or if it has also been used at the workshop setting and miscounted. Medication is being tracked and is being followed up on."</p> <p>-A 6/28/15 "Investigation Report" indicated "Description...20 Tramadol (an opiate scheduled 5 controlled substance used for client E's elbow pain) were found missing. All staff were called in for a mandatory house meeting and all were driven to [name of company] to be drug tested by [names of the SGL Manager and DRS] staff will make sure and count all meds at each shift change...No police were contacted. Due to negative test results (from the drug clinic), police were not involved. Brief Summary" documented paraphrased witness statements from the staff, no client interviews were conducted and "all seven (7) staff did not know what happened to the 20 missing Tramadol... [client E] still had 81 Tramadol tablets...The facility requested the pharmacy to place the reordered Tramadol to be placed (sic) in a bubble package not a pill bottle." No sufficient</p>			

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	<p>corrective action was available for review. The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." The investigation did not include contacting the agency's Pharmacist and the agency Nurse. The investigation did not indicate the police department was notified of the missing twenty doses of controlled medication.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated the agency followed the BDDS reporting guidelines for completing corrective action to protect and to prevent abuse, neglect, and/or mistreatment. The DRS indicated client E's medication was missing. The DRS indicated she was unsure if she ever notified BDDS and other state officials of the amount of the missing Tramadol medication. The DRS indicated the nurse was emailed a copy of the incident report and the pharmacy was notified to replace the medication. When asked if the Pharmacist and the agency nurse were contacted regarding the investigation the DRS responded "No." The DRS indicated the agency followed Core A/Core B medication administration training to record</p>			

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	<p>controlled medication and account for each tablet for each shift of the medication. The DRS indicated the investigation was not thorough in that:</p> <ul style="list-style-type: none"> -No sufficient corrective action was available for review. -The investigation did not include staff retraining on medication administration and recording/accounting for controlled medications. -The investigation did not include the results of the reviews of client E's MAR (Medication Administration Record), client E's "Controlled Medication Record," and "Case Notes." -The investigation did not include contacting the agency's Pharmacist and the agency Nurse. -The investigation did not indicate the police department was notified of the missing controlled medication. <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's missing Tramadol. The DRS indicated there was no recommendation in regard to training staff how to accurately document controlled medication count sheets and stated "We are in the process of changing that." The DRS indicated the facility should have a controlled substance policy. The DRS indicated they would try to find the policy and did not provide</p>			

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	<p>any documentation the facility had a controlled substance policy.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/2015 "Physician's Order" indicated Tramadol 50mg for elbow pain. Client E's 11/19/15, 8/19/15, 5/21/15, and 2/18/15 "Drug Regimen Reviews" did not indicate the Pharmacist was notified of the missing Tramadol medication. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the missing Tramadol. Client E's 6/2015 MAR, controlled medication counts, and case notes were not available for review in client E's record.</p> <p>3. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client E's ingestion of a foreign body:</p> <p>-An 10/9/15 BDDS report for an incident on 10/8/15 at 1:00pm indicated client E "reported he accidentally swallowed a piece of his plastic fork while eating lunch at [workshop]. He showed staff the remainder of the fork which revealed that a prong from the fork had broken off." The report indicated client E was</p>			

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	<p>taken to the ER where he was administered X-rays of his chest and abdomen, discharged back to the group home and advised to return if he "experienced a fever, severe abdominal pain, or persistent vomiting. He was also advised to follow up with his [regular physician]." No corrective action was in place to monitor his vital signs, temperature, and abdominal pain. No nursing assessment was available for review to ensure client E followed up with his physician after the incident.</p> <p>-An 10/9/15 BDDS report for an incident on 10/9/15 at 11:30am indicated client E "complained to stomach pain while at the workshop...transported to the [name of Hospital]." Client E was to return if stomach pain persists and a CT (Cat Scan) was completed.</p> <p>-An 10/13/15 Follow up BDDS report indicated "the CT scan revealed the location of the foreign body...Foreign Body Ingestion...[Client E] had surgery to remove the foreign body on 10/9/15 and was subsequently admitted to the hospital...scheduled to be discharged today 10/13/15...The [hospital] nurse reported no special instructions or orders would be provided. He is to return in approximately 3 weeks in order to have his staples removed." No corrective</p>			

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	<p>action was in place to monitor his vital signs, temperature, staples, and abdominal pain.</p> <p>-An 10/24/15 BDDS report for an incident on 10/23/15 at 11:45pm indicated client E was seen at the ER (Emergency Room) and was admitted to the hospital.</p> <p>-An 10/29/15 Follow up BDDS report indicated client E was admitted to the hospital on 10/25/15, then transferred to the nursing home on 10/26/15 for IV antibiotics and outpatient Urology.</p> <p>-An 10/30/15 Follow up BDDS report indicated client E was admitted to the hospital before the Nursing Home with a diagnosis of "Cellulitis of the Abdominal wall at site of previous surgery."</p> <p>-An 10/26/15 BDDS report for an incident on 10/26/15 at 3:00pm indicated client E was admitted to the Nursing Home due to a procedure at the hospital from his previous surgery.</p> <p>Client E's 10/26/15 Hospital Record was reviewed on 12/23/15 at 12:20pm. Client E's admitting diagnosis was "Cellulitis of Abdominal Wall, Foreign Body Alimentary tract, Urinary Retention." Client E's hospital record indicated he</p>			

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	<p>was "admitted after the emergency room on 10/24/15 with abdominal pain. The patient underwent exploratory laparotomy (a surgical procedure entering the stomach/abdominal areas of the body) on 10/9/15 for removal of plastic fork which the patient swallowed in a group home. The patient woke up on 10/23/15 with abdominal pain associated with nausea and vomiting...."</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the client E's recent bowel and stomach surgery and Cellulitis of the abdominal wall. Client E had no nursing protocols for monitoring and recording vital signs after client E's surgery and emergency room visits for his monitoring of bowels, pain, surgical site, staples, and general health. Client E's 9/21/15 "Health Visit Report" indicated client E was seen by his physician for "stomach pain and feeling ill." Client E's undated dining plan indicated he was to have his food cut into bite size pieces by the facility staff and monitored/supervised during meals.</p> <p>-Client E's record indicated a 10/9/15 "Discharge Information" from the hospital indicated "Swallowed a Foreign Body...any pain or vomiting, breathing</p>			

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	<p>difficulty...should be checked right away, X-rays are usually done to make sure that the object is present inside the GI (Gastric Intestinal) tract and is not lodged in the esophagus. You should watch for the foreign body in the stool....Notify your doctor right away or return to the emergency department immediately in case of the following: abdominal pain, vomiting, or fever. You have not seen the object in the stools within 2 days of the last examination...Proper care of the incision site. This will help to prevent an infection...During the first two weeks, rest, and avoid lifting...To promote healing eat a diet rich in fruits and vegetables...After you leave the hospital, contact your doctor if any of the following occurs: Fever or chills; redness, swelling, increasing pain; excessive bleeding, or any discharge from the incision site; increasing pain or pain does not go away; your abdomen becomes swollen or hard to the touch; bright red or black stools; nausea and vomiting; cough, shortness of breath or chest pain; pain or difficulty with urination; swelling, redness, or pain in your leg."</p> <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's ingestion of a plastic prong from a fork. The DRS</p>			

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W 0227 Bldg. 00	<p>indicated the nurse was sent an email of the incident reports. The DRS indicated staff should have recorded client E's hospital recommendations to monitor his vital signs, pain, and surgical site. The DRS stated "I'm sure we did that." The DRS indicated no further documentation was available for review. The DRS indicated client E's dining plan was updated after the incident to restrict him from using plastic forks to eat with. The DRS indicated client E's dining plan documented the need for staff to supervise him during dining and for his food to be cut into bite size pieces before the incident.</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-2(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview, and record review, for 2 of 3 sampled clients (clients A and B) and for 1 additional client (client E), the facility failed to develop a plan/goal in client A and B's</p>	W 0227	<p>W227 Peak Community Services is committed to ensuring that the individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive</p>	01/30/2016

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	<p>Individual Support Plans (ISPs) to address their inappropriate sexual behavior and staff supervision needs. The facility failed to develop a training goal in client E's ISP to address his identified communication training needs.</p> <p>Findings include:</p> <p>1. During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am, client E used noises, partial words, and responded by smiling when the staff pointed or said what client E wanted. Client E did not use a letter board. No letter board or picture board was observed available at the group home.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 3/18/09 Diagnostic Evaluation indicated client E was unable to speak words and used gestures and partial words to communicate his wants/needs. Client E's 12/22/15 ISP (Individual Support Plan) indicated client E had communication needs and was difficult to understand. Client E's ISP did not include a communication goal/objective. Client E's 4/24/15 "ISP Team Meeting Notice" indicated client E "has an ISP meeting (scheduled date)...Goal suggestion for 2015-16: [client E] will communicate</p>		<p>assessment required by paragraph(c)(3) of this section. Regarding Client E having no Communication Goal: There is a Communication goal in Client E's ISP for Pre Vocational Services where Client E is to explore ways to utilize a word and letter board. He's to be provided with items that work best for him and use the chosen communication method when he is not understood. Any strategy that is successful in the workshop is to be used in the home and community. There is no Supervised Group Living communication goal, however, the ISP just started in 01-16, so it was hoped that the Workshop goal would expand to be included into the home and community, as the goal states. QIDP will add a residential communication goal to the ISP by 1-31-16. QIDP will train group home staff on the new goal. Client E will have the opportunity to use a couple of laminated letter and communication boards which will be made available to group home and day program. The Investigation Report for Client A and Client B for the 10/26/2015 Incident Report gave the following recommendations: - Client B protest loudly, remove self from situation and tell someone if anyone attempts to engage in unwanted sexual activity. - Client A and Client B will move to different rooms - Client A and</p>				

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	<p>more effectively with others by using written communication or by using letter/word board." Client E's 12/23/15 ISP did not indicate a goal/objective to use a communication letter board and/or picture board to increase his communication.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 stated that client E "should" communicate his wants/needs to staff. QIDP #1 stated that staff should prompt client E to use "any type" of way to communicate his wants/needs. QIDP #1 indicated client E had the recommendation for the picture board/letter board from the Nursing Home where client E had stayed for a short term illness.</p> <p>2. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client A and B's allegation of sexual abuse:</p> <p>-An 10/27/15 BDDS report for an incident on 10/26/15 at 7:30pm indicated client B reported to the [Residential Manager name (RM)] that [client A] had engaged in sexual activity with him</p>		<p>Client B will not share a bedroom or bathroom. These were made available to the surveyor. The Investigation Report recommendations were carried out as a bed was available due to a housemate being in Rehab for a time. When he returned, it was discussed and decided Client B was now well trained to protect himself. Client B only appeared to relate the incident was unwanted after the fact when he was telling his father about it and knew he had been in trouble in the past for performing sexual acts. Both Client A and Client B requested to move back together to share a bedroom. This is what prompted them to return to their shared bedroom. The Investigation only asked questions of the two clients, as all the staff and other clients did not know the event occurred until after it was over. Our client-to-client Investigation Report does not list exact questions and answers asked and answered, as our staff-to-client Investigation Report requires. No medical assessment was sought as this was a consensual sexual act and not considered an act done with aggression. It was felt by all that there was no type of injury or pain involved. No medical assessment was sought as the lead Detective agreed with us that it was consensual. The lead detective corroborated the story to be true by meeting with Client A</p>				

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	<p>without his consent. [Name] Police Department was contacted and a detective with the department later arrived and interviewed both parties involved in the allegation...According to the Detective, both clients related remarkable (sic) similar stories about the event in question and there was no evidence apparent in the accounts that there had been any criminal activity that had taken place. According to the accounts provided [client B] willingly participated in the sexual encounter and then decided to disengage himself from the situation without being subjected to any further advances or coercion from [client A]. Clients were separated and provided with supervision the night of the allegation. Clients will no longer share a bedroom in an effort to prevent such situations from happening in the future. [Client B] was encouraged by the Detective to loudly protest any unwanted advances from anyone in the future."</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am client A and client B were observed sharing the same bedroom and connecting bathroom. During both observation periods client A and B's bedroom door was closed when client B was dressing, client A was observed to leave the living room,</p>		<p>and Client B the next day. Police found no evidence of criminal activity. Peak Community Services did not document client B moving back in with client A and how staff were to supervise. Client A and B requested to move back together to share a bedroom. This is what prompted the move to return to their original shared bedroom. Meetings were held but not documented. At the 01/27/2016 Q team meeting, the Director of Support and Quality Assurance will instruct QIDP's to expand the ISP meeting record form to include all significant events to document team input surrounding the event and recommendations. Systemically, Director of Support and Quality Assurance will cover this to item at Q team meetings at least 2 more times in 2016 as a reminder to QIDP's. QIPD is in the process of updating informed consents for Client A and Client B reassessing CFA on recognition on good touch and bad touch behaviors. Peak Community Services QIDP completed a BDDS Incident Report for the counseling report of Client B having sex with Client A against his wishes more than once. This is in direct opposition to every report to all staff at Peak. An investigation will be completed. QIDP had not reviewed the counseling 11/10/2015 progress notes so did not see the allegation. He has been</p>		

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	<p>kitchen, and/or dining areas to enter the shared bedroom without staff.</p> <p>On 12/23/15 at 6:55am, an interview with the Residential Manager (RM) was completed. The RM stated after the 10/26/15 incident, client B was moved into client E's bedroom because client E was on a Leave of Absence from the facility, and client B was moved back into the shared bedroom with client A "a couple of days later" after client E returned. The RM indicated no documentation was available for review to show how staff were to supervise clients A and B. The RM indicated when client A and B's bedroom door was closed the staff were not able to monitor client A and B inside the bedroom and shared bathroom areas of the room. The RM indicated no written plans to address client A and B's inappropriate sexual behaviors were available for review.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 2/17/15 ISP (Individual Support Plan) and 10/28/15 BSP (Behavior Support Plan) did not indicate the behavior of inappropriate sexual abuse. Client A's record indicated he needed twenty-four hour staff supervision. Client A's ISP and BSP included targeted behaviors of inappropriate social interaction, physical</p>		<p>counseled for late BDDS reporting due to not reviewing the document in a timely manner. Peak provides ongoing BDDS incident reporting annual training and specialty trainings. Systemically, Peak Community Services provides ongoing BDDS incident reporting annual training and specialty trainings QIDP will create an honesty goal for Client B to address fabricatingstories by 01/30/2016. Persons Responsible: Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Connie English, Director of Support and Quality Assurance</p>				

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	<p>aggression, verbal aggression, and property destruction. Client A's record did not document the allegation of sexual abuse, medical follow up, or client A's staff supervision needs. Client A's record did not indicate if was able to recognize good touch or bad touch behaviors.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/14 informed consent and self advocacy assessment indicated client B needs assistance with understanding human sexuality and associated risks. Client B's record did not indicate the informed consent and self advocacy assessment had been updated or reviewed since the 6/18/14 date.</p> <p>-Client B's 6/17/15 CFA (Comprehensive Functional Assessment) indicated client B's needs verbal prompts to "refrain from inappropriate sexual behavior" and did not include client B having participated in inappropriate sexual behaviors. Client B's record did not indicate his CFA has been updated or reviewed since the 6/17/15 date. Client B's record did not indicate if he was able to recognize good touch or bad touch behaviors.</p> <p>-Client B's June 2015 BSP (Behavior Support Plan) indicated client B had the following "targeted behaviors: Physical</p>			

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	<p>aggressing hitting, slapping, and punching, kicking. Making threats to harm others in violent manners, Verbal Aggression yelling, cursing, screaming, making verbal threats to others, Property Destruction throwing items, breaking items, and throwing items away. His own property and others, Theft Particular obsession with tape. Duct tape specifically but also likes packing tape and scotch tape. He will impulsively take tape from the workshop and off desks. He will use manipulation to sway others, especially new staff, into giving him tape. He does earn this has (sic) a part of his reward plan, Inappropriate Social Behavior disrupts others for attention gratification. Interrupts conversations, routinely at each break period he seeks out QIDP's (Qualified Intellectual Disabilities Professional) and staff. Too much redirection for this behavior will trigger more aggressive demonstrations. When he has an outburst he is loud and his stomping, pounding and out of control conduct intimidates his peers, and Non-Compliance Refusing to work or complete down time activities. Refusals to follow redirections, complete hygiene tasks, and follow his adult responsibilities." Client B's BSP did not indicate the client had a history of making false allegations against other clients or staff.</p>			

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	<p>-Client B's 11/10/15 Counseling progress note indicated "[Client B] reported he did not want to talk about the problems that he has been having. He became angry with this writer and verbally aggressive, he did accept redirection from writer, and when he was calmer, he began to tell what was going on. [Client B] stated that his roommate was forcing him to have sex with him. Staff have been aware of this, but only one episode. [Client B] states that it is (sic) been more than once, and that he does not want to be near his roommate. Staff present reported that he can be moved to another room. There reportedly has been an investigation, and [name of agency] has reportedly made all the proper notifications."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. The QIDP indicated client A and B's plans were not updated to include the allegation of sexual abuse, and a plan to monitor was not developed for how staff should supervise clients A and B. The QIDP indicated he was unsure if clients A and B were able to recognize good touch or bad touch behaviors.</p> <p>This federal tag relates to complaint #IN00185576.</p>				

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W 0240 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 2 additional clients (clients D and E), the facility failed to address the use of the clients' wheelchairs in clients D and E's Individual Support Plans (ISPs).</p> <p>Findings include: During observations on 12/22/15 from 12:20pm until 1:22pm, at day services clients D and E were observed utilizing a wheelchair for their primary means of mobilization. Clients D and E were not given the opportunity to utilize a walker to assist with walking and no walkers were observed at the workshop.</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm, clients D and E were observed to walk independently and at times utilized a walker while mobilizing around their home.</p> <p>-At 3:15pm, client E used a walker to walk into the house. He left his walker</p>	W 0240	<p>W240 Peak Community Services is committed to ensuring that the individual program plan describes relevant interventions to support the individual toward independence. Regarding Client E not having a wheelchair in his ISP, attached is the page from his ISP that states he uses "a rolling walker, leg braces, and wheelchair". It does not have a schedule for use, so the QIDP is adding a schedule by 1-30-16. Client E had not been utilizing his walker in the day program as he reported it hurting his arms and recently requested the use of the wheelchair as his main source of ambulation. So staff have been accommodating that request. He is in a stronger physical state now. Client E's order states to use the walker and wheelchair as needed so the walker should be made available at the day program and when getting off the van so he can use it if he feels he needs it. Client E's Fall Risk Plan already states when to use the devices. Staff will be retrained on the schedule and on making sure</p>	01/30/2016	

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	<p>sitting by the kitchen table and walked into his bedroom. Client D used a walker once he was inside the home.</p> <p>-At 3:28pm, client D was walking around his home without his walker. GHS (Group Home Staff) #2 and #6 did not prompt client D to use his walker. The RM (Residential Manager) walked out of the med closet and asked client D "Where is your walker", but did not assist client D with getting his walker. Client D turned around and walked back into the living room to get his walker.</p> <p>-At 4:31pm, client D walked by dining room table with his walker. Client D then let go of his walker, walked around the kitchen table and into his bedroom without his walker. When finished in his bedroom he walked back around the table to get his walker.</p> <p>-At 4:41pm, client E left his walker outside of his bedroom while he went into his room. He got coloring books out of his bedroom and carried them to the table without his walker. Client E then started to help set the table. Client E carried items from the kitchen to the table without using his walker. Client E was not prompted by staff to use his walker.</p> <p>-At 5:00pm, Client E walked to the fridge</p>		<p>he has the walker available to him and encourage him to use it anytime he is ambulating more than a short distance. Regarding Client D not having a wheelchair/ walker in his ISP, the QIDP will add this by 01-30-16. The survey states Client D was not using his wheelchair/ walker appropriately. Client D's Fall Risk Plan will include aschedule and continue to include that staff should encourage use of the rollingwalker. He is to remain in his wheelchair while working at Peak. Staff will be retrained on this schedule revision. Systemically, the ISP documents will be sent to the Director of Support and Quality Assurance in Logansport and to the Director of Residential and Day Services at Winamac to assure all adaptive equipment is included in the ISP Persons Responsible: QIDP, Courtney Glasson All QIDPs Connie English, Director of Support and Quality Assurance</p>				

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	<p>and got mustard without his walker. He carried the mustard from the fridge to the kitchen table without using his walker. Client E was not prompted by staff to use his walker.</p> <p>During observations on 12/23/15 from 6:30am until 7:25am, at the group home, clients D and E were observed walking independently and at times used their walkers throughout their home.</p> <p>-At 6:42am, client E took his bowl and napkin to the sink without using his walker. He was not encouraged by staff to utilize his walker. Client E was then prompted by GHS #3 to bring his bending straw to the medication closet to take his medication. Client E walked to the medication closet for his medication. After his medication pass client E walked out of medication closet holding a cup of water and took it to the kitchen without using his walker. GHS #3 did not prompt client E to use his walker. Client D was sitting on the couch reading his paper. He got up from the couch and threw the paper away without using his walker.</p> <p>-At 7:25am, the HM asked client E where his walker was. The RM did not encourage client E to get his walker or assist him with getting it. Client E did not utilize his walker once prompted by</p>			

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W 0249 Bldg. 00	<p>the RM.</p> <p>Client D's record was reviewed on 12/29/15 at 8:00am. Client D's 9/23/15 ISP (Individual Support Plan) did not indicate the use of a wheelchair. Client D's ISP indicated he used a walker to help him with walking.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/22/15 ISP (Individual Support Plan) did not indicate the use of a wheelchair. Client E's ISP indicated he used a roller walker and had right and left leg braces to be used daily.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated the facility should include client D and E's wheel chair use in their ISPs and no written guidelines for the use of the wheel chairs had been developed.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>						

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	<p>each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 4 of 6 clients (clients B, C, D, and F), the facility failed to implement clients B, C, D, and F's Individual Support Plans (ISP) when opportunities existed.</p> <p>Findings include:</p> <p>1. On 12/23/15 at 6:10am, GHS (Group Home Staff) #3 selected and dispensed client D's medications into a medication cup including: Escitalopram for anxiety disorder, Vitamin B12 for health, Aspirin for Blood Pressure, Aripiprazole for Antipsychotic, Vitamin D3 for health, Benefiber Powder in water for constipation, Lamotrigine for Anticonvulsant/mood disorder, Calcium Antacid for digestion, Primidone for Anticonvulsant, Vimpat for seizures, and Phenobarbital for seizures. At 6:35am, client D was asked to enter the medication room by GHS #3, asked his name, given the medication to consume, and client D consumed the medications. No medication teaching was observed. GHS #3 did not name the medication, dosage, and reason for the medication's</p>	W 0249	<p>W249 Peak Community Services is committed to ensuring that as soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Client D has an identify medication goal and wash hands before medication administration. Neither were carried out during the survey by group home staff. QIDP will retrain staff on both goals. Client B has an identify medication goal. It was not carried out during the survey by group home staff. QIDP will retrain staff on both goals. Client C has a privacy goal which was not enforced by group home staff. QIDP will retrain staff on the goal. Systemically, staff will receive retraining on privacy for clients. This will be covered at two group home meetings per year in each Peak Community Service group home. It will be documented in the minutes. The Residential Manager in Logansport and the</p>	01/30/2016

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	<p>use.</p> <p>At 6:37am, GHS #3 selected and dispensed client B's medications into a medication cup of Vitamin D for health, Tab-a-Vite for health, Atorvastatin for high cholesterol, Aspirin for Blood Pressure, Escitalopram for anxiety disorder, Hydrochlorothiazide for Diuretic, Invega for behaviors, Vitamin E for health, Benztropine for Anti-tremor, Divalproex for seizures, Carbamazepine for Anticonvulsant/mood disorder, and Clonazepam for behaviors.</p> <p>At 6:45am, GHS #3 asked client B to come to the medication room, was asked his name, to identify his picture, given the medications to consume, and client B consumed the medications. No medication teaching was observed. GHS #3 did not name the medications, dosage, and reasons for the medication use.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/15 ISP (Individual Support Plan) indicated a medication goal/objective to identify his medications.</p> <p>Client D's record was reviewed on 12/29/15 at 8:00am. Client D's 9/23/15 ISP (Individual Support Plan) indicated an objective/goal to wash his hands</p>		<p>Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. Systemically, staff will receive retraining on the importance of client goals in medication administration. This will be covered at two group home meetings per year in each Peak Community Service group home. It will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. Persons Responsible: Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Connie English, Director of Support and Quality Assurance Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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	<p>before medication administration and to identify his medications.</p> <p>On 12/31/15 at 11:56am, an interview with the DRS (Director of Residential Services) was conducted. The DRS indicated clients B and D's ISP objectives/goals should be implemented by the facility staff during formal and informal opportunities. The DRS indicated the facility staff should teach the clients the names, reasons, and doses of the medications each client was administered when opportunities existed. The DRS indicated clients should be present when staff select and assemble their medications.</p> <p>2. During observations on 12/22/15 from 3:15pm until 5:08pm, in the group home clients C and F were dressing in their bedroom. Client C was getting ready for his shower. Client C took his clothes off and put a bath robe on with the door to his bedroom open. Client C was not prompted by staff to close his bedroom door while undressing in his bedroom. At 4:31pm, client C went into his bedroom and laid on his bed. He began to masturbate with the door to his bedroom open. He was not prompted by staff at this time to close his door. At 4:41pm, GHS (Group Home Staff) #2 asked client C if he wanted to come help set the table while he was still laying on</p>			

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W 0331 Bldg. 00	<p>his bed masturbating. GHS #2 did not prompt him to shut his door for privacy.</p> <p>Client C's record was reviewed on 12/28/15 at 1:00pm. Client C's 8/21/15 ISP indicated client C had an objective to maintain privacy for himself. Objective indicated "[Client C] will be prompted change (sic) clothes behind closed doors or curtains. When he is noted to violate privacy guidelines he should reminded of the reason behind guidelines and reminded to follow them. [Client C] will be encouraged to maintain his privacy without the assistance of others."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP indicated the client C should be prompted to close his door while dressing and masturbating for privacy.</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. Based on observation, record review, and interview, for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E), the facility nursing staff failed to ensure clients A and B were assessed</p>	W 0331	<p>W331 Peak Community Services is committed to ensuring the facility must provide clients with nursing services in accordance with their needs. Regarding poor tracking by Nurse for Client A and B sexual abuse incident; Client E</p>	01/30/2016

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	<p>by a medical professional after the allegation of sexual abuse, failed to ensure the facility accounted for controlled substances (client E), and failed to develop and to follow up on health related plans/protocols for client E's pain and health status.</p> <p>Findings include:</p> <p>1. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following for client A and B's allegation of sexual abuse:</p> <p>-An 10/27/15 BDDS report for an incident on 10/26/15 at 7:30pm indicated client B reported to the [Residential Manager name (RM)] that [client A] had engaged in sexual activity with him without his consent. [Name] Police Department was contacted and a detective with the department later arrived and interviewed both parties involved in the allegation...According to the Detective, both clients related remarkable (sic) similar stories about the event in question and there was no evidence apparent in the accounts that there had been any criminal activity that had taken place. According to the accounts provided [client B] willingly</p>		<p>controlled substance issue and Client E follow up for health issues: We are in the process of revising the nurse contract to include specific events that she is expected to assess. The revised Nurse Contract will be complete by 01/30/2016. She is informed of significant events but they are not being followed through with/ assessed/ or documented in her nursing notes, monthly reviews, or quarterly reviews. A more thorough understanding of what events need assessed, attended and documented will improve this situation. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson Jan Adair, Residential Director</p>	

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	<p>participated in the sexual encounter and then decided to disengage himself from the situation without being subjected to any further advances or coercion from [client A]. Clients were separated and provided with supervision the night of the allegation. Clients will no longer share a bedroom in an effort to prevent such situations from happening in the future. [Client B] was encouraged by the Detective to loudly protest any unwanted advances from anyone in the future."</p> <p>-An 10/27/15 "Investigation Report" indicated client B "accused [client A] of engaging in sexual activity with him without his consent. [Client B] slept in separated bedroom the night of the allegation (sic)."</p> <p>-Client B's 10/27/15 interview indicated "was interviewed by [QIDP (Qualified Intellectual Disabilities Professional) name]. [Client B] reported that [client A] and he engaged in sexual acts until he stopped and walked away. He also reported that one point he tapped [client A] on the head and said to quit but did not remove himself from the situation."</p> <p>-Client A's 10/26/15 interview completed by the DRS (Director of Residential Services) indicated client A "reported that he and [client B] engaged in</p>			

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	<p>consensual sexual activity until [client B] decided to stop and walked away from him during the activity. He reported that [client B] had not tapped his head and told him to stop during the activity."</p> <p>-The 10/27/15 investigation indicated "Brief Summary of Alleged Victim's Testimony (which was not recorded in his witness statement): [Client B] reported that [client A] touched his penis, gave him oral sex, and penetrated him with his fingers at which point [client B] reported walking away with no further activity taking place. Findings: Both parties' accounts of the incident were remarkably similar with the exception of [client B] reporting that he told [client A] to stop at one point in the activity and [client A] reporting that instead of using his fingers it was actually his penis that had penetrated [client B]. In any case, neither reported that [client B] resisted the engagement or was perused after he removed himself from the activity...Recommendations: [Client B] was encouraged to protest loudly, remove himself from the situation, and tell someone if anyone ever attempts to engage in unwanted sexual activity with him in the future. He will be moved to a different room than the alleged offender...." No medical assessment was sought.</p>			

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	<p>On 12/23/15 at 6:55am, an interview with the Residential Manager (RM) was completed. The RM indicated no medical assessment was sought for clients A and B after the allegation of sexual abuse on 10/26/15.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's record did not document the allegation of sexual abuse, medical follow up, or client A's staff supervision needs. Client A's record did not indicate if was able to recognize good touch or bad touch behaviors.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/17/15 CFA (Comprehensive Functional Assessment) indicated client needs verbal prompts to "refrain from inappropriate sexual behavior". Client B's record did not indicate that his CFA has been updated or reviewed since the 6/17/15 date. Client B's record did not indicate if he was able to recognize good touch or bad touch behaviors. Client B's record did not indicate that client B had been assessed by a medical professional since the allegation of sexual abuse occurred. Client B's 10/16/15 monthly review indicated client B was last seen by a medical professional on 9/29/15. There was no other documentation available for</p>			

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	<p>review. Client B's record did not indicate that client B was assessed by the facility nurse after the allegation of sexual abuse. There were no nurses monthlies or nurses notes available for review regarding the sexual abuse.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated clients A and B were not assessed by a medical professional after the allegation of sexual abuse. The QIDP indicated he was unsure if clients A and B were able to recognize good touch or bad touch behaviors.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS stated the police found no evidence of "criminal activity so we did not do anything further." The DRS indicated clients A and B were not provided medical assessments after the incident. Client B was not checked for injuries and a medical professional was not contacted. The DRS indicated the nurse was emailed the incident report.</p> <p>2. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15</p>				

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	<p>and indicated the following for client E's missing controlled medications:</p> <p>-A 6/28/15 BDDS report for an incident on 6/28/15 at 8:00pm indicated client E "requested a pain pill for his elbow. He has PRN (as needed) Tramadol for the pain. Staff noticed that some of the medication appears to be missing and called [name of SGL (Supportive Group Home Living) Manager] to report the missing medication. At this point it is unclear if there is actual medication missing or if it has also been used at the workshop setting and miscounted. Medication is being tracked and is being followed up on."</p> <p>-A 6/28/15 "Investigation Report" indicated "Description...20 Tramadol (an opiate scheduled 5 controlled substance used for client E's elbow pain) were found missing. All staff were called in for a mandatory house meeting and all were driven to [name of company] to be drug tested by [names of the SGL Manager and DRS] staff will make sure and count all meds at each shift change...No police were contacted. Due to negative test results (from the drug clinic), police were not involved. Brief Summary" documented paraphrased witness statements from the staff, no client interviews were conducted, "all</p>			

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	<p>seven (7) staff did not know what happened to the 20 missing Tramadol... [client E] still had 81 Tramadol tablets...The facility requested the pharmacy to place the reordered Tramadol to be placed (sic) in a bubble package not a pill bottle." The investigation did not include contacting the agency Nurse to provide input and assist with the investigation.</p> <p>On 12/31/15 at 11:56am, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated client E's medication was missing. The DRS indicated the nurse was emailed a copy of the incident report and the pharmacy was notified to replace the medication. When asked if the agency nurse was contacted regarding the investigation the DRS responded "No." The DRS indicated the agency followed Core A/Core B medication administration training to record controlled medication and account for each tablet for each shift of the medication.</p> <p>On 12/31/15 at 11:56am, the DRS indicated there was no recommendation in regard to training staff how to accurately document controlled medication count sheets and stated "We are in the process of changing that." The</p>						

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	<p>DRS indicated the facility should have a controlled substance policy. The DRS indicated they would try to find the policy and did not provide any documentation the facility had a controlled substance policy.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/2015 "Physician's Order" indicated Tramadol 50mg for elbow pain. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the missing controlled medication Tramadol. Client E's 6/2015 MAR, controlled medication counts, and case notes were not available for review in client E's record.</p> <p>3. On 12/22/15 at 1:45pm, the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 1/2015 through 12/22/15 and indicated the following regarding client E's ingestion of a foreign body and pain:</p> <p>-An 10/9/15 BDDS report for an incident on 10/8/15 at 1:00pm indicated client E "reported he accidentally swallowed a piece of his plastic fork while eating lunch at [workshop]. He showed staff the remainder of the fork which revealed that a prong from the fork had broken</p>						

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	<p>off." The report indicated client E was taken to the ER where he was administered X-rays of his chest and abdomen, discharged back to the group home and advised to return if he "experienced a fever, severe abdominal pain, or persistent vomiting. He was also advised to follow up with his [regular physician]." No developed nursing guidelines were available for review to ensure client E had follow up with his personal physician or to monitor his vital signs, temperature, and abdominal pain.</p> <p>-An 10/9/15 BDDS report for an incident on 10/9/15 at 11:30am indicated client E "complained of stomach pain while at the workshop...transported to the [name of Hospital]." Client E was to return if stomach pain persists and a CT (Cat Scan) was completed. No nursing follow up was available for review to monitor client E's pain and discomfort.</p> <p>-An 10/13/15 Follow up BDDS report indicated "the CT scan revealed the location of the foreign body...Foreign Body Ingestion...[Client E] had surgery to remove the foreign body on 10/9/15 and was subsequently admitted to the hospital...scheduled to be discharged today 10/13/15...The [hospital] nurse reported no special instructions or orders would be provided. He is to return in</p>			

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	<p>approximately 3 weeks in order to have his staples removed." No nursing guidelines were developed to monitor for signs/symptoms of infection, vital signs, temperature, staples, and abdominal pain.</p> <p>-An 10/24/15 BDDS report for an incident on 10/23/15 at 11:45pm indicated client E was seen at the ER (Emergency Room) and was admitted to the hospital.</p> <p>-An 10/29/15 Follow up BDDS report indicated client E was admitted to the hospital on 10/25/15, then transferred to the nursing home on 10/26/15 for IV antibiotics and outpatient Urology.</p> <p>-An 10/30/15 Follow up BDDS report indicated client E was admitted to the hospital before the Nursing Home with a diagnosis of "Cellulitis of the Abdominal wall at site of previous surgery."</p> <p>-An 10/26/15 BDDS report for an incident on 10/26/15 at 3:00pm indicated client E was admitted to the Nursing Home due to a procedure at the hospital from his previous surgery.</p> <p>Client E's 10/26/15 Hospital Record was reviewed on 12/23/15 at 12:20pm. Client E's admitting diagnosis was "Cellulitis of Abdominal Wall, Foreign Body</p>			

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	<p>Alimentary tract, Urinary Retention." Client E's hospital record indicated he was "admitted after the emergency room on 10/24/15 with abdominal pain. The patient underwent exploratory laparotomy (a surgical procedure entering the stomach/abdominal areas of the body) on 10/9/15 for removal of plastic fork which the patient swallowed in a group home. The patient woke up on 10/23/15 with abdominal pain associated with nausea and vomiting...."</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/23/15 ISP (Individual Support Plan) indicated client E had communication deficits and communicated by broken words partially spoken and identifying what he wanted by pointing. Client E's 12/15, 10/26/15, 9/13/15, 6/17/15, and 4/23/15 "Nursing Assessments" did not indicate the client E's recent bowel and stomach surgery and Cellulitis of the abdominal wall. Client E had no nursing protocols for monitoring and recording vital signs after client E's surgery and emergency room visits for his monitoring of bowels, pain, surgical site, staples, and general health. Client E's 9/21/15 "Health Visit Report" indicated client E was seen by his physician for "stomach pain and feeling ill." Client E's undated dining plan indicated he was to have his food cut into</p>			

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	<p>bite size pieces by the facility staff and monitored/supervised during meals.</p> <p>Client E's record indicated he had been prescribed by his physician on 12/3/15 "Tramadol 50mg twice a day for pain and Acetaminophen 325mg three times a day for pain" and no pain assessment was available for review to determine if the medication was effective, how staff were to monitor client E's pain, and/or when client E had breakthrough pain.</p> <p>-Client E's record indicated an 10/9/15 "Discharge Information" from the hospital indicated "Swallowed a Foreign Body...any pain or vomiting, breathing difficulty...should be checked right away, X-rays are usually done to make sure that the object is present inside the GI (Gastric Intestinal) tract and is not lodged in the esophagus. You should watch for the foreign body in the stool....Notify your doctor right away or return to the emergency department immediately in case of the following: abdominal pain, vomiting, or fever. You have not seen the object in the stools within 2 days of the last examination...Proper care of the incision site. This will help to prevent an infection...During the first two weeks, rest, and avoid lifting...To promote healing eat a diet rich in fruits and vegetables...After you leave the hospital, contact your doctor if any of the</p>			

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	<p>following occurs: Fever or chills; redness, swelling, increasing pain; excessive bleeding, or any discharge from the incision site; increasing pain or pain does not go away; your abdomen becomes swollen or hard to the touch; bright red or black stools; nausea and vomiting; cough, shortness of breath or chest pain; pain or difficulty with urination; swelling, redness, or pain in your leg."</p> <p>On 12/31/15 at 11:56am, the DRS indicated she conducted the investigation in regard to client E's ingestion of a plastic prong from a fork. The DRS indicated the nurse was sent an email of the incident reports. The DRS indicated staff should have recorded client E's hospital recommendations to monitor his vital signs, pain, and surgical site. The DRS stated "I'm sure we did that." The DRS indicated no further documentation was available for review. The DRS indicated client E's dining plan was updated after the incident to restrict him from using plastic forks to eat with. The DRS indicated client E's dining plan documented the need for staff to supervise him during dining and for his food to be cut into bite size pieces before the incident. The DRS indicated she was unsure if client E had a pain assessment and/or a pain management plan</p>			

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W 0382 Bldg. 00	<p>developed.</p> <p>This federal tag relates to complaint #IN00185576.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 1 of 1 medication which required refrigeration (client A), the facility failed to keep medications locked when not being administered.</p> <p>Findings include:</p> <p>Observations and interviews were conducted at the group home on 12/22/15 from 3:15pm until 5:30pm and on 12/23/15 from 6:05am until 7:45am, clients A, B, C, D, E, and F were observed at the group home. During both observation periods clients A, B, C, D, E, and F were observed to open and close the kitchen refrigerator to access items inside. During both observation periods a metal box was inside the refrigerator stored on a shelf, was unlocked, and inside was client A's "Florajen3/Probiotic</p>	W 0382	<p>W382 Peak Community Services is committed to ensuring the facility must keep all drugs and biologicals locked except when being prepared for administration. Group home staff will be retrained on proper locking of refrigerated medications when not being administered. Client A's medication has been locked in the refrigerator; staff are required to obtain the key prior to administering and re-locking after administering the medication. A formal training will be completed by 01-30-16. Systemically, staff will receive retraining on medication administration at two group home meetings per year in each Peak Community Service group home. It will be documented in the minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor</p>	01/30/2016	

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	<p>(for digestive aid), 1 cap 1 time a day" and 19 tablets were in the medication card.</p> <p>On 12/29/15 at 10:55am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated medications should be kept secured when not administered. The QIDP indicated the facility followed Core A/Core B medication administration training.</p> <p>On 12/31/15 at 11:56am, an interview with the DRS (Director of Residential Services) was conducted. The DRS indicated medications should be kept secured when not administered. The DRS indicated the facility followed Core A/Core B Living in the Community for medication administration and medication security. The DRS indicated clients A, B, C, D, E, and F had access to client A's unsecured medication inside the refrigerator.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 12/16/15 Physician's Order indicated "Florajen3/Probiotic (for digestive aid), 1 cap 1 time a day."</p> <p>On 12/23/15 at 11:00am, a record review of the facility's undated "Living in the</p>		<p>the minutes for these trainings. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>	

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W 0426 Bldg. 00	<p>Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be secured when not administered.</p> <p>9-3-6(a)</p> <p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 3 sampled clients (clients A, B, and C) and 3 additional clients (clients D, E, and F), to ensure the temperature of the water did not exceed 110 degrees Fahrenheit.</p> <p>Findings include:</p> <p>Observations and interviews were conducted at the group home on 12/22/15 from 3:15pm until 5:30pm and on 12/23/15 from 6:05am until 7:45am, clients A, B, C, D, E, and F were observed at the group home and facility staff adjusted the water temperature in the faucets to the kitchen and bathroom sinks for the clients. During the</p>	W 0426	<p>W426 Peak Community Services is committed to ensuring the facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. The facilities staff have already adjusted the temperature setting to be a maximum of 110 degree in this group home. Daily maintenance is kept by Group Home staff testing the water and logging on the Water Temperature Log. These logs are turned into the Residential Manager at Logansport and the Director of Residential and Day Services at Winamac. This will be the source to monitor that</p>	01/30/2016

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	<p>observation periods the temperature of the water was observed with the Residential Manager (RM). At 3:15pm, the kitchen sink hot water temperature was in excess of 115 degrees Fahrenheit. At 3:40pm, the bathroom water temperature for clients A and B was 114.7 degrees Fahrenheit. At 5:10pm, the kitchen sink hot water temperature was in excess of 115 degrees Fahrenheit. On 12/23/15 at 7:00am, the RM took the hot water temperature in the kitchen sink and the water temperature varied from 114.7 to in excess of 115 degrees Fahrenheit. The RM stated the water temperature was "too hot" for clients. The RM indicated clients A, B, C, D, E, and F took their own showers.</p> <p>On 12/23/15 at 11:00am, clients A, B, C, D, E, and F's undated Hot Water Mixing assessments were requested and indicated the clients needed an antiscald device to control the temperature below 110 degrees Fahrenheit. No information was available for review to determine if clients could mix their own hot water independently.</p> <p>On 12/29/15 at 10:55am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated he thought clients A, B, C, D, E, and F could independently</p>		<p>thisis occurring in each Peak Community Services home. Persons Responsible: Treasa Benner, House Coordinator Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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W 0436 Bldg. 00	<p>mix their own hot water. The QIDP indicated clients A, B, C, D, E, and F's records indicated the clients needed an antiscald device to control the hot water temperature below 110 degrees Fahrenheit.</p> <p>On 12/31/15 at 11:56am, an interview with the DRS (Director of Residential Services) was conducted. The DRS indicated she was unsure if clients A, B, C, D, E, and F could independently mix their own hot water. The DRS indicated clients A, B, C, D, E, and F's records indicated the clients needed an antiscald device to control the hot water temperature below 110 degrees Fahrenheit.</p> <p>9-3-7(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 2 of 3 sampled clients (clients A and B) and 1 additional client (client E) with adaptive equipment, the facility failed to encourage clients A, B</p>	W 0436	<p>W436 Peak Community Services is committed to ensuring the facility mustfurnish, maintain in good repair, and teach clients to use and to make informedchoices about the use of dentures,</p>	01/30/2016

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	<p>and E to wear prescribed eye glasses when opportunities existed and failed to encourage client E used his letter board/picture board to communicate.</p> <p>Findings include:</p> <p>1. During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am, clients A, B and E were at the group home and did not wear their prescribed eye glasses and were not prompted to do so by staff. At 7:10am client B was in his bedroom looking at his trophies on his desk. His glasses were laying on his desk at this time. During observations on 12/22/15 from 12:20pm until 1:22pm, clients A, B and E were at day services and did not wear their prescribed eye glasses.</p> <p>Client A's record was reviewed on 12/23/15 at 10:15am. Client A's 2/16/15 ISP (Individual Support Plan) did not indicate an objective/goal to wear his prescribed eye glasses. Client A's 6/23/15 visual examination indicated client A wore prescribed eye glasses and was evaluated yearly for his visual needs.</p> <p>Client B's record was reviewed on 12/23/15 at 9:19am. Client B's 6/18/15 ISP did not indicate the use of eye glasses. Client B's 7/17/15 eye exam</p>		<p>eyeglasses, hearing and other communicationsaids, braces and other devices identified by the interdisciplinary team asneeded by the client. Regarding Client E having no Communication Goal: There is aCommunication goal in Client E's ISP for Pre Vocational Services where Client Eis to explore ways to utilize a word and letter board. He's to be provided withitems that work best for him and use the chosen communication method when he isnot understood. Any strategy that is successful in the workshop is to be usedin the home and community. There is noSupervised Group Living communication goal, however, the ISP just started in01-16, so it was hoped that the Workshop goal would expand to be included intothe home and community, as the goal states. QIDP will add a residential communication goal to the ISP. Client E will have the opportunity to use acouple of laminated letter and communication boards which will be madeavailable to group home and day program. QIDP will create goals for wearing glasses for Client A, B and E by01-30-16. Staff will be trained toencourage these gentlemen to wear their glasses when appropriate. House Coordinator will monitor that thesegoals are regularly run. Persons Responsible: Treasa Benner, House Coordinator QIDP, Courtney Glasson</p>		

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	<p>indicated client B had new glasses ordered at this appointment.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 11/6/2014 visual examination indicated client E wore prescribed eye glasses. Client E's 12/23/15 ISP did not indicate a goal/objective to wear his prescribed eye glasses.</p> <p>Interview with Client B was conducted on 12/23/15 at 7:10am. When asked whose glasses were laying on his desk client B stated "Those are mine." When asked when he should wear them client B stated "I should wear them all the time but sometimes I don't. I can put them on now if that makes you happy."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated clients A, B, and E should wear their glasses at all times. QIDP #1 indicated staff should be prompting clients A, B, and E to wear their glasses.</p> <p>2. During observations on 12/22/15 from 3:15pm until 5:08pm and on 12/23/15 from 6:30am until 7:25am, client E used noises, partial words, and responded by smiling when the staff pointed or said</p>			

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	<p>what client E wanted. Client E did not use a letter board. No letter board or picture board was observed available at the group home.</p> <p>Client E's record was reviewed on 12/23/15 at 9:00am. Client E's 12/22/15 ISP (Individual Support Plan) indicated client E had communication needs and was difficult to understand. Client E's 4/24/15 "ISP Team Meeting Notice" indicated client E "has an ISP meeting (scheduled date)...Goal suggestion for 2015-16: [client E] will communicate more effectively with others by using written communication or by using letter/word board." Client E's 12/23/15 ISP did not indicate a goal/objective to use a communication letter board and/or picture board to increase his communication.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 stated that client E "should" communicate his wants/needs to staff. QIDP #1 stated staff should prompt client E to use "any type" of way to communicate his wants/needs. QIDP #1 indicated client E had the recommendation for the picture board/letter board from the Nursing Home where client E had stayed for a</p>						

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W 0454 Bldg. 00	<p>short term illness.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (Clients A, B and C) and 3 additional clients (clients D, E, and F), the facility failed to teach and encourage sanitary methods before eating supper for clients A, B, C, D, E, and F to wash the dining room table.</p> <p>Findings include:</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm, in the group home clients A, B, C, D, E, and F walked throughout the group home and sat at the dining room table. During the observation period the following was observed: client F cleaned his shoes on the dining room table top and clients A, B, C, D, and E counted coins, read the newspaper, cleaned out their used lunch boxes, ate their snacks, read their mail, and sorted laundry. From 3:15pm until 5:08pm, the staff failed to prompt the clients to clean the table before setting</p>	W 0454	<p>W454 Peak Community Services is committed to ensuring the facility must provide a sanitary environment to avoid sources and transmission of infections. Staff will encourage clients to wash hands before and after meals and wash table before and after meals. As part of Universal Precautions training, all group home staff will be re-trained in January 2016 at each group home meeting. This will be carried out in a second meeting later in the year for staff in each group home. It will be documented in the meeting minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>	01/30/2016

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W 0455	<p>the table for supper at 5:08pm. From 5:08pm until 5:30pm, clients A, B, C, D, E, and F were observed to set the dining room table without cleaning it and consumed their supper meal at the dining room table. At 5:30pm, Clients A, B, C, D, E, and F laid their hamburger bread on the bare table before being prompted by the facility staff to set their bread on their plates.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated clients should be encouraged to wash the dining room table before and after meals. QIDP #1 indicated the facility followed Universal Precautions for teaching sanitary methods.</p> <p>Interview with the DRS (Director of Residential Services) was conducted on 12/31/15 at 11:56am. The DRS indicated clients A, B, C, D, E, and F should have been taught and encouraged to use sanitary methods to wash the dining room table and to follow Universal Precautions.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTIOUS DISEASE CONTROL</p>			

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Bldg. 00	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview for 1 of 3 sampled clients (Client C) the facility failed to encourage client C to wash his hands before setting the table or eating dinner.</p> <p>Findings include:</p> <p>During observations on 12/22/15 from 3:15pm until 5:08pm, in the group home client C went into his bedroom and laid on his bed. He began to masturbate with the door to his bedroom open. He was not prompted by staff at this time to close his door. At 4:41pm, GHS (Group Home Staff) #2 asked client C if he wanted to come help set the table while he was still laying on his bed masturbating. Client C was not prompted to wash his hands by GHS #2 before assisting with table setting or before eating his meal.</p> <p>Client C's record was reviewed on 12/28/15 at 1:00pm. Client C's 8/21/15 ISP (Individualized Support Plan) indicated client C had an objective to wash his hands on a regular basis. Client C's objective indicated "[Client C] will be expected to wash his hands regularly in order to maintain proper hygiene practices. He will be provided with clear</p>	W 0455	<p>W455 Peak Community Services is committed to ensuring that there must be an active program for the prevention, control, and investigation of infection and communicable diseases. QIDP will retrain group home staff on hand washing goal for Client #3 to wash his hands before setting the table and eating dinner. Staff will encourage clients to wash hands before and after meals and wash table before and after meals. As part of Universal Precautions training, all group home staff will be re-trained in January 2016 at each group home meeting. This will be carried out in a second meeting later in the year for staff in each group home. It will be documented in the meeting minutes. The Residential Manager in Logansport and the Director of Residential and Day Services in Winamac will monitor the minutes for these trainings. Persons Responsible: Alison Harris, Nurse Treasa Benner, House Coordinator QIDP, Courtney Glasson All QIDPs Heather DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>	01/30/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G626	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/31/2015
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 19TH ST LOGANSPORT, IN 46947		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>instructions for washing his hands before or after activities such using the bathroom, preparing food, and taking out the trash. [Client C] will be provided with as few prompts as necessary in order to wash his hands when appropriate and provide verbal praise when he does so independently."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 was conducted on 12/29/15 at 10:58am. QIDP #1 indicated client C should be encourage to wash his hands before setting the table and eating and after masturbating.</p> <p>9-3-7(a)</p>				