

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/03/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546
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W000000	<p>This visit was for the investigation of complaint #IN00140398.</p> <p>Complaint #IN00140398 - Substantiated. Federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W153, W156, W186 and W210.</p> <p>Dates of Survey: December 18, 19, 20, 27, 2013 and January 3, 2014</p> <p>Facility Number: 000734 Provider Number: 15G206 AIMS Number: 100234100</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/15/14 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on interview and record review for 1 of 3 sampled clients (client A), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to implement policies and procedures which prohibit neglect of clients. The governing body failed to provide supervision to prevent the client to client physical assault of client A by clients F and G and neglected to prevent a second physical assault of client A by clients F and G. The governing body failed to deploy sufficient staff to prevent both physical assaults of client A. The governing body failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A and failed to ensure the investigative results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Findings include:</p> <p>Please see W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to implement policies and procedures which prohibit</p>	W000102	<p>W102: The facility must ensure that specific governing body and management requirements are met. Corrective Action: (Specific): All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. How others will be identified: (Systemic) The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Measures to be put in place: All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting</p>	02/02/2014

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	<p>neglect of clients (client A). The governing body failed to prevent 2 client to client physical assaults of client A by clients F and G. The governing body failed to ensure staff were deployed in the home to prevent 2 physical assaults of client A. The governing body failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A and to ensure investigation results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Please see W104. The governing body failed to exercise operating direction over the facility to implement policies and procedures which prohibit neglect of clients (client A). The governing body failed to exercise operating direction over the facility to prevent 2 client to client physical assaults of client A by clients F and G. The governing body failed to exercise operating direction over the facility to ensure staff were deployed in the home to prevent 2 physical assaults of client A. The governing body failed to exercise operating direction over the facility to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A and to ensure</p>		<p>incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. Monitoring of Corrective Action: The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Completion date: 02/02/2014</p>				

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W000104	<p>investigation results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 3 sampled clients (client A), the governing body failed to exercise operating direction over the facility to implement policies and procedures which prohibit neglect of clients (client A). The governing body failed to exercise operating direction over the facility to prevent 2 client to client physical assaults of client A by clients F and G. The governing body failed to ensure staff were deployed in the home</p>	W000104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility. Corrective Action: (Specific): All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are</p>	02/02/2014

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	<p>to prevent 2 physical assaults of client A. The governing body failed to exercise operating direction over the facility to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A and to ensure investigation of results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Findings include:</p> <p>Please see W149. The governing body neglected to implement policies and procedures which prohibit neglect of clients (client A). The governing body neglected to prevent 2 client to client physical assaults of client A by clients F and G.</p> <p>Please see W153. The governing body failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A in accordance with state law.</p> <p>Please see W156. The governing body failed to ensure investigation results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Please see W186. The governing body</p>		<p>provided according to the schedule. How others will be identified: (Systemic) The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Measures to be put in place: All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. Monitoring of Corrective Action: The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make</p>				

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W000122	<p>failed to ensure staff were deployed in the home to prevent 2 physical assaults of client A by clients F and G.</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review for 1 of 3 sampled clients (client A), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement policies and procedures which prohibit neglect of clients (client A). The facility failed to prevent 2 client to client physical assaults of client A by clients F and G. The facility failed to ensure staff were deployed in the home to prevent 2 physical assaults of client A. The facility failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities</p>			W000122	<p>visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Completion date: 02/02/2014</p> <p>W122: The facility must ensure that specific client protection requirements are met. Corrective Action: (Specific): All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. How others will be identified: (Systemic) The Program</p>		02/02/2014

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	<p>Services (BDDS) for client A and failed to ensure investigative results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Findings include:</p> <p>Please see W149. The facility neglected to implement policies and procedures which prohibit neglect of clients (client A). The facility failed to prevent 2 client to client physical assaults of client A by client F and G.</p> <p>Please see W153. The facility failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) for client A in accordance with state law.</p> <p>Please see W156. The facility failed to ensure the investigative results were reported to the administrator in 5 working days (clients A, F and G).</p> <p>Please see W186. The facility failed to ensure staff were deployed in the home to prevent 2 physical assaults of client A by clients F and G.</p> <p>This federal tag relates to complaint #IN00140398.</p>		<p>Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Measures to be put in place: All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. Monitoring of Corrective Action: The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the</p>		

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W000149	<p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (client A), the facility neglected to implement their Abuse/Neglect/Exploitation Policy and Procedure in regard to 2 physical assaults of client A by clients F and G.</p> <p>Findings include:</p> <p>The facility internal incident reports were reviewed on 12/18/13 at 11:30 AM. The internal incident report with date of incident on 11/16/13 and a date reported on 11/16/13 indicated the following:</p> <p>"Staff was in kitchen, [client F and client G both no longer living in the home] were in [client F's] room. [Client F and client G] left [client F's] room. 5 min. (minutes) later staff walked to other side of the home and heard [client A] yelling for help. Staff immediately went to</p>	W000149	<p>home matches what is scheduled. Completion date: 02/02/2014</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. How others will be identified: (Systemic) The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make</p>	02/02/2014	

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	[client A's] room. Upon walking into the room staff saw [client A] on his bed on his side with pants and underwear pulled down to his knees. [Client F] was about to put the object (knife sharpener) in [client A's] rectum, while also hitting him with a metal pipe. [Client G] was taping [client A's] legs together. [Clients F and G] had already put a plastic bag and tape round [client A's] mouth, along with his hands taped together. Staff immediately had [clients F and G] leave the room. Staff helped [client A] get untaped. [Client A] got out of bed and [client A] pulled his pants and underwear up. Staff then had [client A] sit in living room, while staff went to check on [client F]. [Client F] was not in his room. While staff was in [client F's] room, he heard [client A] yelling for help again. Staff ran to [client A's] room and saw [client G] trying to take his pants off again (his legs were already taped again). [Client F] had metal pipe in one hand and knife sharpener in other, staff witnessed [client F] strike [client A] once with metal pipe, did not put knife sharpener anywhere, [client A's] pants were still up. Staff had [clients F and client G] leave room and sit separately [client G - living room, client F - bedroom] staff talked with [client A]."		visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Measures to be put in place: All staff has been in-serviced on the Abuse Neglect Policy and Procedure. QA has been in-serviced on reporting incidents to BDDS within 24 hours and the completion of investigations in 5 working days. Client's F and G no longer reside at the home. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. Monitoring of Corrective Action: The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame and review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Completion date: 02/02/2014				

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	<p>The BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed on 12/18/13 at 2:00 PM. The BDDS report with the submitted date of 11/18/13 indicated the following for the incident on 11/16/13 for client A:</p> <p>"[Client A] was in his room that he shares with [client G-no longer living in the home]. [Clients F-no longer living in the home and G] were in [client F's] room. [Clients F and G] went into [client G's] and [client A's] room. A few minutes later, staff heard [client A] call for them. Staff went into [client G and A's] room and saw that [clients F and client G] had used yarn to tie around [client A's] feet and hands and hit him on the back with a small piece of the television stand. Staff immediately verbally redirected [clients F and G] and assisted [client A]. [Client A] and staff removed the yarn and staff assessed [client A] for injury. There was a small red mark noted on [client A's] back and [client A] complained that his left index finger hurt. As an immediate preventative measure, [client A] was transported to urgent care for evaluation and [clients F and G] were placed in line of sight of staff. [Client A] was assessed by the physician at urgent care, no bruising, swelling or redness were noted. [Client A] was diagnosed with soft tissue trauma to his back and left</p>			

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	<p>index finger. [Client A] was released with no restrictions and orders for Ibuprofen 400 mg (milligram) twice daily with food for 5 days. [Client A] was transported back home and is resting with no further complaints. Once [client A] arrived back at the home, he spoke to his grandmother. [Client A] contacted the police and requested to press charges on [clients F and G] for the incident. The police arrived at the home, questioned [clients F, G and A]. [Clients F and G] told the police what they had done and [clients F and G] were arrested for Battery and Criminal Mischief."</p> <p>The Abuse/Neglect/Exploitation Policy and Procedure dated 8/1/07 with a revised date of 7/2/12 was reviewed on 12/18/13 at 2:00 PM. The policy was as follows: "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation. All employees receive training upon hire and annually thereafter regarding the definition of different types of abuse, neglect and exploitation, The Elder Justice Act, how</p>				

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	<p>to identify abuse, neglect and exploitation and what to expect from an investigation."</p> <p>Interview with administrative staff #2 on 12/19/13 at 3:30 PM indicated clients F and G never came back to the home after the arrest and have been transferred to other homes. Staff #2 indicated the investigation of the incident was not completed until 11/27/13.</p> <p>Administrative staff #2 indicated they did not have client A checked for sexual assault until after he made the allegation of the pipe being inserted in his rectum on 11/18/13.</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-2(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to immediately report an allegation of physical abuse to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>The record review of reportable incidents was conducted on 12/18/13 at 1:22 PM. The reportable incidents included the BDDS (Bureau of Developmental Disability Services) report with an incident date of 11/16/13, knowledge date of 11/16/13 and reported date of 11/18/13. The BDDS report was as follows:</p> <p>"[Client A] was in his room that he shares with [client F-no longer living in home]. [Clients F and G - both no</p>	W000153	<p>W153: 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. Corrective Action: (Specific): QA will be in-serviced on reporting incidents to BDDS and other required outside agencies within 24 hours of the incident. How others will be identified: (Systemic) The Program Manager will meet with QA at least weekly to review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident.</p> <p>Measures to be put in place: QA will be in-serviced on reporting incidents to BDDS and other required outside agencies within 24 hours of the incident. Monitoring of Corrective</p>	02/02/2014
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	longer living in the home] were in [Client G's] room. [Clients F and G] went into [client F] and [client A's] room. A few minutes later, staff heard [client A] call for them. Staff went into [clients F and A's] room and saw that [client F and G] had used yarn to tie around [client A's] feet and hands and hit him on the back with a small piece of the television stand. Staff immediately verbally redirected [clients F and G] and assisted [client A]. [Client A] and staff removed the yarn and staff assessed [client A] for injury. There was a small red mark noted on [client A's] back and [client A] complained that his left index finger hurt. As an immediate preventative measure, [client A] was transported to urgent care for evaluation and [clients F and G] were placed in line of sight of staff. [Client A] was assessed by the physician at urgent care, no bruising, swelling or redness were noted. [Client A] was diagnosed with soft tissue trauma to his back and left index finger. [Client A] was released with no restrictions and orders for Ibuprofen 400 mg (milligram) twice daily with food for 5 days. [Client A] was transported back home and is resting with no further complaints. Once [client A] arrived back at the home, he spoke to his grandmother. [Client A] contacted the police and		Action: The Program Manager will meet with QA at least weekly to review incident reports to ensure that all BDDS reportable incidents are submitted to state agencies within 24 hours of the incident. Completion date: 02/02/2014				

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W000156	<p>requested to press charges on [clients F and G] for the incident. The police arrived at the home, questioned [clients F, G and A]. [Clients F and G] told the police what they had done and [clients F and G] were arrested for Battery and Criminal Mischief."</p> <p>Interview with administrative staff #5 on 12/18/13 at 2:00 PM stated "The incident occurred on a Saturday and the BDDS report wasn't submitted until Monday, 11/18 /13."</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 3 sampled clients (client A) and</p>	W000156	W156: The results of all investigations must be reported to	02/02/2014			

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	<p>1 of 7 investigations reviewed, the facility failed to ensure the investigation of client abuse (clients A, F, and G) was completed and reported to the administrator within five working days of the incident.</p> <p>Findings include:</p> <p>The record review of the investigative summaries were conducted on 12/18/13 at 3:00 PM. The investigative summary for the incident occurring on 11/16/13 between client A and clients F and G (no longer in the home) indicated the following: "It was reported that [clients F and G both no longer living in the home] had tied [client A] up with yarn and tape and hit him with a pipe. [Clients F and G] were arrested and charged with battery. [Client A] was transported to the urgent care for evaluation. [Client A] remained in the home while [clients F and G] were incarcerated. [Clients F and G] will remain in jail until they can find alternative placement." The investigative summary indicated the dates of investigation were 11/16/13 - 11/27/13.</p> <p>Interview with administrative staff #5 on 12/19/13 at 1:30 PM indicated the investigation included the incident of</p>		<p>the administrator or designates representative or to other officials in accordance with State law within five working days of the incident. Corrective Action: (Specific): QA will be in-serviced on the completion of all investigations within five working days after the investigation is initiated. How others will be identified: (Systemic) The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame</p> <p>Measures to be put in place: QA will be in-serviced on the completion of all investigations within five working days after the investigation is initiated. Monitoring of Corrective Action: The Program Manager will meet with QA at least weekly to review all investigations to ensure that they are being completed within the 5 working day time frame Completion date: 02/02/2014</p>				

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W000186	<p>client to client abuse on 11/16/13 and the allegation made by client A on 11/18/13 of being penetrated with a foreign body.</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on interview and record review for 1 of 3 sampled clients (client A), the facility failed to ensure staff were deployed in the home to provide</p>	W000186	W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Corrective	02/02/2014

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	<p>sufficient supervision to prevent 2 physical assaults of client A by clients F and G.</p> <p>Findings include:</p> <p>The facility internal incident reports were reviewed on 12/18/13 at 11:30 AM. The internal incident report with date of incident on 11/16/13 and a date reported on 11/16/13 indicated the following:</p> <p>"Staff was in kitchen, [client F and client G both no longer living in the home] were in [client F's] room. [Client F and client G] left [client F's] room. 5 min. (minutes) later staff walked to other side of the home and heard [client A] yelling for help. Staff immediately went to [client A's] room. Upon walking into the room staff saw [client A] on his bed on his side with pants and underwear pulled down to his knees. [Client F] was about to put the object (knife sharpener) in [client A's] rectum, while also hitting him with a metal pipe. [Client G] was taping [client A's] legs together. [Clients F and G] had already put a plastic bag and tape round [client A's] mouth, along with his hands taped together. Staff immediately had [clients F and G] leave the room. Staff helped [client A] get untaped. [Client A] got</p>		<p>Action: (Specific) All staff has been in-serviced on the Abuse Neglect Policy and Procedure. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. How others will be identified: (Systemic) The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Measures to be put in place: All staff has been in-serviced on the Abuse Neglect Policy and Procedure. The Residential Manager has been in-serviced on ensuring that staffing levels are provided according to the schedule. Monitoring of Corrective Action: The Program Manager will make visits to the home at least twice weekly at varying times/shifts to ensure that the staffing in the home matches what is scheduled. Completion Date: 02/02/2014</p>				

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	<p>out of bed and [client A] pulled his pants and underwear up. Staff then had [client A] sit in living room, while staff went to check on [client F]. [Client F] was not in his room. While staff was in [client F's] room, he heard [client A] yelling for help again. Staff ran to [client A's] room and saw [client G] trying to take his pants off again (his legs were already taped again). [Client F] had metal pipe in one hand and knife sharpener in other, staff witnessed [client F] strike [client A] once with metal pipe, did not put knife sharpener anywhere, [client A's] pants were still up. Staff had [clients F and client G] leave room and sit separately [client G - living room, client F - bedroom] staff talked with [client A]."</p> <p>The BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed on 12/18/13 at 2:00 PM. The BDDS report with the submitted date of 11/18/13 indicated the following for the incident on 11/16/13 for client A: "[Client A] was in his room that he shares with [client G-no longer living in the home]. [Clients F-no longer living in the home and G] were in [client F's] room. [Clients F and G] went into [client G's] and [client A's] room. A few minutes later, staff heard [client A] call for them. Staff went into [client G and</p>			

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	A's] room and saw that [clients F and client G] had used yarn to tie around [client A's] feet and hands and hit him on the back with a small piece of the television stand. Staff immediately verbally redirected [clients F and G] and assisted [client A]. [Client A] and staff removed the yarn and staff assessed [client A] for injury. There was a small red mark noted on [client A's] back and [client A] complained that his left index finger hurt. As an immediate preventative measure, [client A] was transported to urgent care for evaluation and [clients F and G] were placed in line of sight of staff. [Client A] was assessed by the physician at urgent care, no bruising, swelling or redness were noted. [Client A] was diagnosed with soft tissue trauma to his back and left index finger. [Client A] was released with no restrictions and orders for Ibuprofen 400 mg (milligram) twice daily with food for 5 days. [Client A] was transported back home and is resting with no further complaints. Once [client A] arrived back at the home, he spoke to his grandmother. [Client A] contacted the police and requested to press charges on [clients F and G] for the incident. The police arrived at the home, questioned [clients F, G and A]. [Clients F and G] told the police what they had done and [clients F						

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	<p>and G] were arrested for Battery and Criminal Mischief."</p> <p>The investigative report dated 11/27/13 was reviewed on 12/18/13 at 3:00 PM. The investigative report indicated the scope of the investigation was as follows: "[Client A] being penetrated by a foreign body. [Client A] being hit with an object. [Client A] being tied up by [clients F and G - both no longer living in the home]." The investigative report indicated staff #6 was in the kitchen trying to prepare dinner when the 2 incidents of abuse occurred. Staff #7 indicated he was at the desk in the office area.</p> <p>The record review of the facility time cards was conducted on 12/19/13 at 4:30 PM. The time cards indicated the facility had two staff on duty the evening of 11/16/13.</p> <p>Interview with administrative staff #2 on 12/19/13 at 3:30 PM indicated the home is supposed to have two staff working at the time of the incident. Staff #2 indicated it was not unusual for clients F and G to play video games together. Clients A and G shared a room and it was not unusual for client F to go to their room to play video games. Administrative staff #2 stated "They</p>						

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W000210	<p>(clients A, F and G) should have been separated after the first incident."</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 5 sampled clients (client C), the facility failed to provide completed comprehensive assessments.</p> <p>Findings include:</p> <p>The record review for client C was conducted on 12/19/13 at 3:00 PM. The record indicated the assessments had been started but the forms were not completed. The sexual awareness assessment and human development assessment were not completed.</p>	W000210	<p>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. . Corrective Action: (Specific) The Residential Manager has been in-serviced on the completion of assessments within 30 days after admission, annually and as needed for all clients. The assessments for all clients have been completed. How others will be identified: (Systemic) The Program Manager will complete observations at the home at least</p>	02/02/2014			

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	<p>Interview with Administrative staff #1 on 12/19/13 at 3:15 PM stated "The assessments should have been completed. I don't know why they were not done."</p> <p>This federal tag relates to complaint #IN00140398.</p> <p>9-3-4(a)</p>		<p>weekly to ensure that all client assessments are being completed within 30 days of admission, annually and as needed. Measures to be put in place: The Residential Manager has been in-serviced on the completion of assessments within 30 days after admission, annually and as needed for all clients. The assessments for all clients have been completed Monitoring of Corrective Action: The Program Manager will complete observations at the home at least weekly to ensure that all client assessments are being completed within 30 days of admission, annually and as needed. Completion date: 02/02/2014</p>		