STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G466	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	1926 W 75TH PL INDIANAPOLIS, IN 46260

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W 0000 Bldg. 00	This visit was for a 23 day revisit to remove an IMMEDIATE JEOPARDY identified during the investigation of complaint #IN00176248 on 7/1/2015. The IMMEDIATE JEOPARDY was removed on 7/16/2015. Date of Survey: 7/16/2015. Facility Number: 000980 Provider Number: 15G466 AIMS Number: 100244620 The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review, and interview, for 3 of 3 sampled clients (clients A, B, and C), the facility failed to meet the Condition of Participation: Client Protections for clients A, B, and C. The facility failed to implement its policy and procedures to ensure the system to prohibit abuse, neglect, mistreatment and/or sexual exploitation of clients was	W 0122	**1.Please refer to W149** 1.The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed and that all	08/06/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	implemented. The facility failed to ensure completion of thorough investigations and initiate sufficient corrective action to address client A, B, and C's elopement behaviors. The facility failed to protect client A from elopement after a history of elopement behaviors was identified which resulted in sexual assault, substance abuse, and personal injury. The facility failed to ensure staff were available and competent to supervise and to implement client A, B, and C's ISP (Individual Support Plan), BSP (Behavior Support Plan), and Risk Plan. The facility failed to develop further safeguards after clients A, B, and C continued their elopement behaviors. This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 6/17/2015. The Immediate Jeopardy was identified on 6/24/2015 at 12:55 PM. The Agency's Area Director (AD) and the Qualified Intellectual Disabilities Professional/Program Director (QIDP/PD) were notified of the Immediate Jeopardy on 6/24/2015 at 1:00pm regarding the facility's systemic		information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and that recommendations are implemented to prevent future incidents from occurring. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. The QIDP had a copy of the IDT notes in an off-site office file for Client A stating when the 1:1 staffing supervision was changed after a prior incident. The QIDP will receive retraining on ensuring that all IDT notes are available for review in client's program books.	

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	failure to ensure implementation of the agency's policy and procedure to prohibit abuse, neglect, mistreatment, and/or exploitation for client A. The facility neglected to protect client A from elopement after a history of elopement behaviors was identified which resulted in sexual assault, substance abuse, and personal injury. The facility neglected to ensure staff were available and competent to supervise and implement client A's ISP, BSP, and Risk Plan. The facility failed to develop further safeguards and corrective measures regarding client A continued elopement behaviors. The facility submitted a 6/26/15 letter of "Plan for Removal of Immediate Jeopardy-Addendum" on 6/26/15 at 3:53 PM. The facility's plan of action indicated the following: -"The following actions and protective measures are in place or are in process to abate the immediate jeopardy in regards to client protections for [Client A]." -"A 1:1 (one on one) protocol has been developed for [Client A] and will be immediately implemented upon her return to the group home for client protection. IDT (Interdisciplinary Team) will review and update ISP (Individual Support Plan), RMAP (Risk Management		Client A's ISP and BSP have been updated to include elopement as a targeted behavior. Included in the plans are strategies for staff to use to know how and when to intervene to ensure Client A's safety regarding elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. QIDP has developed a goal for Client A to teach her about personal safety. Client A ISP and Risk plan have been updated to reflect the new goal/objectives. QIDP will receive retraining on ensuring that client specific goals/objectives are developed after a need has been identified to assist consumers in working towards independence. Client A Behavior Support Plan has been updated to include the use of Physical Intervention Alternative (PIA) techniques and	

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	Plan), and Behavior Support Plan (BSP), develop alternative activities and alternative plans for behavior prevention. IDT will meet weekly for a minimum of one month once [Client A] returns to determine if any changes need to be made to any of the above stated plans and determine if any other supports need to be put into place for [Client A]. After the first month, the IDT will determine the frequency of ongoing meetings." -"Area Director (AD) has requested from the Behavior Specialist Supervisor to provide additional hours of Behavior Consultation to the QIDP (Qualified Intellectual Disabilities Professional) to assist with Behavior Plan development and strategies to reduce elopement behaviors." -"Each staff responsible for the implementation of the 1:1 protocol will be trained prior to assuming that responsibility." -"Staff will be retrained on [Client A's] Behavior Support Plan, alternative activities and protective measures that may be determined during IDT meeting. Staff training will also include providing emotional support to [Client A] as needed."		what specific techniques to use with Client A to prevent future elopement behaviors. Client A Individual Support Plan (ISP) and Risk Plans have been updated to include changes made regarding PIA in Client A Behavior Support Plan. All direct care staff will receive retraining on the changes made to Client A Behavior Support plan regarding the specific PIA techniques to use with Client A to prevent future elopement behaviors. The QIDP will complete an audit of all other consumers Behavior Support Plans to ensure that if the use of PIA is recommended for use to prevent targeted behaviors that specifics of what techniques are recommended are outlined in consumers Behavior Support Plans. If PIA is identified in consumers Behavior Support Plans the QIDP will update the consumers ISP and Risk plans to reflect any changes. QIDP will receive retraining to include ensuring that if use of PIA techniques is recommended to prevent targeted behaviors that the specific of what techniques to use are outlined in consumers Behavior Support Plans, ISP and Risk plans. QIDP has developed a goal for Client A to teach her about	

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	-"Once a date is identified by [Client A's] mom/guardian for return, the IDT including the Home Manager, QIDP, Area Director, Quality Assurance manager and Program Nurse will convene to review [Client A's] current medical status and changes in medications. In addition, appointments with [Client A's] PCP and/or Gynecologist will be scheduled if needed. Per hospital discharge recommendations, the number for [name] (a) sexual assault advocacy (organization) was given to mom. Mom gave the number to QIDP and an initial call has been made for a referral. Once a date is established for [Client A] to return to the group home an appointment will be scheduled as soon as possible to provide additional emotional support to [Client A]. [Client A's] current therapist has been notified of the incident and once a date is established for [Client A] to return to the group home an appointment will be scheduled as soon as possible to provide additional emotional support to [Client A]." -"A new goal has been developed for [Client A] and will be added to her ISP for staff to: daily, upon arrival home from her day program [Client A] will talk to a staff about how her day went and how she is feeling about the day. This goal will be implemented upon [Client A's]		personal safety. Client A ISP and Risk plan have been updated to reflect the new goal/objectives. QIDP will receive retraining on ensuring that client specific goals/objectives are developed after a need has been identified to assist consumers in working towards independence. 1.All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. QIDP will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the QIDP so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed. Ongoing, the Home Manager	

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	return to the group home and her day service program in an attempt to assess if she is having feelings or concerns that might lead her to feel she would want to elope from the home." -"The QIDP will facilitate IDT meetings to review and update ISP, RMAP, and Behavior Development plan, develop alternative activities and alternative plans for behavior prevention for the other two consumers in the home, [clients B and C], which also have a history of elopement." -"All direct care staff will receive retraining on all consumers' Behavior Support plans, ISP and Risk plans. Training will focus on specifics for preventing targeted behaviors and strategies for what to do when a targeted behavior occurs. Special emphasis will be placed on the consumers that have elopement behaviors in their plan and what should happen if a consumer threatens or attempts to elope. Staff retraining will also include ensuring that all staff are aware of what situations are required to be reported to the HM, QIDP or on call manager and the time line in which they are to be reported." -"Weekly house meetings with all consumers will be held for a minimum of		and/or QIDP will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or QIDP will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed (including all clients present at the home at the time of the incident) and that all information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and	

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	4 weeks to address any concerns consumers have and provide training opportunities for safe practices. After the 4 weeks the QIDP and Area Director will determine the frequency that the house meetings will continue. Ongoing, the house meetings with all consumers will occur a minimum of monthly and will continue to include training opportunities for safe practices in the community. Addendum: All clients were interviewed individually on 6/26/15 to assess if they had any questions or concerns they wanted management to look into. No concerns were brought up during these interviews. The first scheduled 'house meeting' will occur on Monday June 29th at 4:30 PM. The QIDP and Home Manager will conduct these meetings. Ongoing the weekly meetings will occur every Monday at 4:30 PM." -"Home Manager, QIDP and Area Director will review the staffing schedule to determine that adequate staffing are scheduled as needed in order to ensure the consumers' needs are (sic) being met. The Home Manager and QIDP will meet a minimum of weekly to review the scheduled community activities and ensure additional staffing is provided as needed to ensure all consumers' health and safety needs are being met. QIDP and Home Manager will receive retraining to		that recommendations are implemented to prevent future incidents from occurring. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. 1.Client B BSP has been updated to include the target behavior of elopement, including a description of Client B elopement behavior and has identified client specific strategies for staff to use to prevent future elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the	

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	include ensuring that adequate staffing is provided in the home to ensure all consumers health and safety needs are being met. Addendum: For those clients identified with an elopement risk, adequate staffing will include a minimum of 2 trained staff. This will allow one staff to provide 1:1 supervision in the event that a client elopes and a staff to provide supervision to the other clients. In the future, if clients engage in elopement behavior during sleeping hours, Indiana MENTOR will provide additional staff during sleeping hours until the IDT determines it can be removed." -"Addendum: In addition to the 1:1 supervision to be provided to [client A]. Staff will be scheduled as follows to meet the needs of the 2 other clients identified with elopement risk. CLIENT1 & CLIENT2 (sic) at the group home at least 2 trained staff will be present; CLIENT1 (sic) is in the home and CLIENT2 (sic) is in the community with no other clients, 2 trained staff will be scheduled at the home and 1 trained staff to be in the community with CLIENT2; CLIENT1 (sic) is home and CLIENT2 (sic) is in the community with other clients at least 2 trained staff will be provided at the home and 2 trained staff will be provided at the community activity; CLIENT1 &		plans and strategies for how staff should address and prevent targeted behaviors. 1.Client C's BSP has been updated to include specific instructions for when staff are to utilize the police or other emergency service personnel to intervene regarding Client C SIB, Physical aggression and/or elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans are comprehensive and include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support	

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	CLIENT2 (sic) are in the community together with no other clients each will be provided with a 1:1 staff; CLIENT1 & CLIENT2 (sic) are in the community with other clients at least 2 trained staff will be provided. This will allow one staff to provide 1:1 supervision in the event that a client elopes and a staff to provide supervision to the other clients. If Client1 or Client2 (sic) elopes or threatens to elope an additional staff will be provided during the overnight hours until the IDT determines it is no longer necessary. Additionally, if at any time staff feel there is an identified risk based on their observation or the expressed needs from clients or outside parties i.e. Day Service Provider, Counselor, Parents, etc. an additional staff will be added for the overnight hours and then assess again the next day." -"QIDP will be retrained on review of QIDP responsibilities related to recognizing behavioral and medical patterns and ensuring effective corrective action is taken to prevent future occurrences. Training will also include ensuring that IDT's are held as soon as possible after an incident that requires immediate protective measures to be put in place. The IDT should determine if the immediate protective measures are appropriate to continue and if any		Plans, ISPs and risk plans as needed. For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans. Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans. Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director. **1.Please refer to W153** All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which	

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	changes need to be made. QIDP will update and revise ISP, RMAP, Behavior Support Plan, etc. as needed. QIDP will ensure all staff are trained on any updates to any of the above documents. QIDP retraining will also include ensuring that documentation of IDT meetings and topics discussed is completed and available in client charts for review. Addendum: Area Director will meet with QIDP weekly for 4 weeks to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After the first 4 weeks, the Area Director will meet with the QIDP at least twice monthly to review any incidents that have occurred in the home, the effectiveness of protective measures that have been put into place and recommendations from any IDT meetings that have occurred. After 8 weeks the Area Director the frequency of ongoing meetings." -"Observations for the implementation of plan as prescribed by Indiana MENTOR Administrative staff will occur as follows: 5 days per week on week 1; 4 days a week on week 2; 3 days per week on week 3; 2 days per week on week 4; until we have reached 1 day observation. Assessment by the Area Director will		incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents. QIDP will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident. The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the QIDP so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed. Ongoing, the Home Manager and/or QIDP will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or QIDP will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all	

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	occur at the end of each week to determine if further observations are needed. Ongoing, Home Manager and/or QIDP will complete observations routinely. Addendum: Effective 6/26/15 daily observations by Indiana MENTOR management staff will occur to provide monitoring and direction as needed to the direct support professionals. Management staff that will complete observations includes the Home Manager, QIDP, Area Director, Regional Director, Quality Assurance Specialist, and other Home Managers/QIDP's or Area Directors that have been trained on the needs of the home. Observations on work days will take place after 4:30 PM and before 9:30 PM. On weekends and /or holidays observations will take place during waking hours. After the first 7 days, observations will occur at least 6 days per week for week 2, at least 5 days per week for week 3, at least 4 days per week for week 4, at least 3 days per week for week 5. After week 5 and ongoing observations will occur at least 2 times per week." -"Area Director will review monthly all BDDS reports and complete analysis and make recommendations for trends/patterns or repeated incidents." Based on observation, interview and review of the facility's 6/26/15 letter of		incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, QIDP and/or Area Director within the designated reporting guidelines. Responsible Party: Home Manager, QIDP, Area Director **1.Please refer to W154** The QIDP will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed (including all clients present at the home at the time of the incident) and that all information regarding the incident (for example if Behavior Support plans were followed or PIA was used) is included in the investigation and so that a thorough investigation can be completed. In addition, the QIDP will ensure that recommendations are made for what staff should do to prevent future incidents. The QIDP will ensure that staff are trained on recommendations and that recommendations are implemented to prevent future incidents from occurring. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be	

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	removal, it was determined the facility's plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because the facility's letter of removal did not indicate how the facility was going to ensure sufficient staffing to meet the needs of clients. The Immediate Jeopardy continued because the facility needed to continue to implement its letter of compliance, development and implementation of each client's program revisions, staff re training, and to ensure sufficient staffing levels could be maintained in the group home. During the 6/23/15 observation period from 3:50 PM until 5:45 PM, 6/24/15 observation period from 6:30 AM until 8:10 AM, 6/25/15 observation period from 6:50 AM until 7:50 AM, 6/26/15 observation period from 6:05 AM until 7:25 AM, 6/29/15 observation period from 4:55 PM until 5:35 PM, 6/30/15 from 12:30 PM until 12:45 PM, and 7/1/15 from 3:10 PM until 4:30 PM, client A was not present at the group home and was at her mother's home. During the 6/29/15 observation period from 4:50 PM until 5:35 PM, two staff were on duty and the House Manager with five (5) clients (clients B, D, E, G, and H) in the group home. Client A was		completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area Director. **1.Please refer to W157** *1.Client A* 1.The QIDP had a copy of the IDT notes in an off-site office file for Client A stating when the 1:1 staffing supervision was changed after a prior incident. The QIDP will receive retraining on ensuring that all IDT notes are available for review in client's program books. 1.Client A's ISP and BSP have been updated to include elopement as a targeted behavior. Included in the plans are strategies for staff to use to know how and when to intervene to ensure Client A's safety regarding elopement behaviors. QIDP will receive retraining to include ensuring that all	

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	on a home visit with her mother/guardian since being located, client C was on an outing in the community, and client F was on a home visit. On 6/26/15 from 6:05 AM until 7:18 AM, one staff was on duty with seven clients (clients B, C, D, E, F, G, and H) in the group home. On 6/26/15 from 7:18 AM until 7:25 AM, two staff were on duty with seven clients (clients B, C, D, E, F, G, and H) in the group home. Client A was not in the group home. On 6/25/15 from 6:50 AM until 7:50 AM, three staff were on duty with seven clients (clients B, C, D, E, F, G, and H) in the group home. On 6/24/15 from 6:30 AM until 6:45 AM, one staff was on duty with seven clients in the group home. From 6:45 AM until 7:00 AM, one staff and the House Manager were on duty in the group home. From 7:00 AM until 8:10 AM, two staff and the House Manager were on duty in the group home. During the observation periods staff on duty indicated they had not received re training on: elopement behaviors, ISP's, BSP's, and interventions to be used to prevent elopement behaviors. During all observation periods clients and staff indicated there had not been client meetings held. Staff re training to implement agency elopement procedures and client A, B, and C's ISP, BSP, and		consumers Behavior Support Plans include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. 1.QIDP has developed a goal for Client A to teach her about personal safety. Client A ISP and Risk plan have been updated to reflect the new goal/objectives. QIDP will receive retraining on ensuring that client specific goals/objectives are developed after a need has been identified to assist consumers in working towards independence. *1.Client B* Client B BSP has been updated to include the target behavior of elopement, including a description of Client B elopement behavior and has identified client specific strategies for staff to use to prevent future elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans include all identified targeted behaviors and also	

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	Risk plan were not initiated until 6/30/2015. No client program revisions were available for review during all observation periods. Documented administrative oversight, implementation of the agency's Immediate Jeopardy Plan, and monitoring of the group home was not documented until 6/30/15. Review of the facility's staffing schedule on 6/29/15 at 5:30 PM for the week of 6/29/15 indicated in the morning (day shift) two (2) shift staff worked from 7:00 AM until 3:00 PM, in the evening two (2) shift staff worked from 2:00 PM to 10:00 PM, and one (1) shift staff worked from 10:00 PM to 8:30 AM. From previous observation periods on 6/25 and 6/26/15, clients B, C, D, E, F, G, and H arrived home from the workshop at 3:50 PM. On 6/29/15 at 5:30 PM, an interview with the House Manager (HM) indicated there were supposed to be 2 staff working the evening shift daily and 1 staff working during the overnight periods. The Immediate Jeopardy was not removed. Findings include: Observations were completed at the group home on 7/16/15 from 5:00 PM until 6:00 PM. Client A was not present in the group home. Clients B, C, D, E, F,		include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. *1.Client C* Client C's BSP has been updated to include specific instructions for when staff are to utilize the police or other emergency service personnel to intervene regarding Client C SIB, Physical aggression and/or elopement behaviors. QIDP will receive retraining to include ensuring that all consumers Behavior Support Plans are comprehensive and include all identified targeted behaviors and also include strategies for how staff are to address targeted behaviors and prevent future occurrences. A review of all consumers Behavior Support plans will be done to ensure all targeted behaviors are identified in the plans and strategies for how staff should address and prevent targeted behaviors. Area Director will complete an audit of all consumers Behavior Support Plans, ISPs and Risk	

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	G, and H ate supper, cleared their dishes independently, completed household cleaning, talked about the events during their day to one another, and smiled. Client B complained her left ankle hurt from walking and went to bed after supper. Clients C, D, E, F, G, and H cleaned the kitchen, swept the floor, client D cleaned out the facility van with Group Home Staff #1, and clients E and F made personal phone calls from the group home telephone. Client D stated she was "happier" in the group home "since things" had calmed down. Client F indicated she was happy in group home and stated "I get to go out more with my staff" in the community. On 7/16/15 at 3:30pm, a review of client A's record was conducted. Client A's 7/1/15 "Core Discharge Census Form" indicated client A was discharged to her mother's care on 7/1/15 and reason for discharge: "Mom removed from service without notice." Client A's record indicated the following: 5/4/15 ISP was not revised, 6/25/15 BSP was not revised, and 5/4/15 Risk Plan was not revised. On 7/16/15 at 4:30pm, a review of client B's record was conducted. Client B's record indicated the following revisions: 7/10/15 ISP, 7/10/15 BSP, and 7/10/15 Risk Plan. Client B's 7/10/15 "Goal		plans to ensure that specifics of what PIA techniques to use to prevent consumers targeted behaviors and when police or emergency personnel are to be called to intervene with behaviors are specifically outlined in consumers Behavior Support Plans, ISPs and risk plans as needed. For the next three months, the Area Director will review all changes or annual updates made to any consumers Behavior Support plans completed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans. Ongoing after the three months, the Area Director will complete a random audit of a minimum of 2 consumers per month BSP, ISP and Risk plans developed by the QIDP to ensure that specific PIA techniques recommended to use to prevent consumers targeted behaviors and when staff are to utilize emergency personnel to intervene with behaviors is specifically outlined in their BSP, ISP and Risk plans. Responsible Party: Home Manager, QIDP, Regional Quality Assurance Specialist, Area	

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	Tracking Sheet" indicated a newly developed goal for three (3) times a week, client B "will identify safe places with staff assistance." On 7/16/15 at 4:05pm, a review of client C's record was conducted. Client C's record indicated the following revisions: 7/10/15 ISP, 7/10/15 BSP, and 5/4/15 Risk Plan. Client C's 7/10/15 "Goal Tracking Sheet" indicated a newly developed goal for three (3) times a week, client C "will identify safe places with staff assistance." On 7/16/15 at 3:31pm, a review of the facility's records indicated: -Group Home Staff (GHS) were re trained on 6/30/15 and 7/2/15 on the following: Abuse/Neglect/and Exploitation policy and Reporting incidents, medication administration, documentation of client events, Upper Management Response and Monitoring, and clients A, B, C, D, E, F, G, and H's ISP (Individual Support Plan), BSP (Behavior Support Plan), and Risk Plans. -The facility's tracking documentation of Community Outings and Schedule, and Safety Goals for clients A, B, and C. -The facility's "Weekly Meetings" with clients B, C, D, E, F, G, and H, and IDT		Director. **#5.** A 1:1 staffing protocol has been developed for Client A and will be immediately implemented upon her return to the group home for client protections. Each staff responsible for the implementation of the 1:1 protocol will be trained prior to assuming responsibility. At this point Client A has not returned to the Group home so this 1:1 protocol has not been put into place. Home Manager, QIDP and Area Director have met to review the current staffing schedule and identify the staffing needs of the home. It has been identified that the staffing ratio in the home will consist of a minimum of 2 staff during waking hours, so that if one consumer elopes one staff is able to follow that consumer while the other staff can stay with the remaining clients and call the Home Manager, QIDP or emergency personnel for assistance as needed. At this time, increased staffing during overnight hours has not been a determined need on an ongoing basis, however if a situation occurs where there is an identified risk of the potential for elopement based on observations or expressed needs of the consumers or outside parties,	

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	(Interdisciplinary Team) notes. -The facility had an undated general information guidelines "Physical Aggression-Prevention and Safety Tips" and an undated "How to Prevent & React to Elopements" available for staff to use. -The facility's 7/14/15 "Additional Staffing Protocol" indicated "Based on the needs of the clients [name of Group Home #1], [another name of agency owned Group Home #2] are being trained on all clients in the event that additional staffing is needed at [current Group Home #1]. [Group Home #2 name] has been identified as the best option due to its close proximity in location to [Group Home #1]. [Group Home #2 name] staff will be expected to assist at Elopements or High Behavior times by leaving their shift at [Group Home #2's name] and driving to [Group Home #1] within 15 minute notification. This will be at the direction of a Program Coordinator, Program Director, or Area Director. That staff member will then complete the remainder of their shift at [Group Home #1's name]." No staff training for clients A, B, C, D, E, F, G, and H's ISP, BSP, and/or risk plan for group home #2's staff was available for review. -The facility's Administrative Oversight		including Day Service providers, therapists, parents/guardians, etc., additional staffing will be assigned for overnight hours. Need for ongoing additional overnight staffing will be assessed by QIDP and Area Director on a daily basis. When the consumers are scheduled to be out of the house for community activities, additional staffing will be assigned to accompany consumers so that if any elopements are attempted one staff will be able to follow the eloping consumer and implement Behavior Plan strategies and the other staff can remain with the other consumers. Since there are two consumers remaining in the home that have identified target behaviors of elopement, each will be provided with 1:1 staffing in the community in case elopements are attempted. The Home Manager and QIDP will meet minimum of weekly to review the scheduled community activities and adjust the schedule accordingly to assign additional staffing to ensure all consumers health and safety needs are being met. All direct care staff have received training on necessary staffing ratios while in the group home and out on community outings. Training included that if any situation occur that these staffing ratios are not able to be	

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	schedule for 7/2015 for daily observations completed of the group home by the administrative staff. The completed Administrative Oversight visits to the group home: Monitoring completed by the House Manager (HM) on 6/26, 6/27, 6/28, 6/29, 6/30, 7/4, and 7/5/15. Monitoring completed by designated unidentified administrative staff on 7/8/15. Monitoring completed by a Program Director (PD), Area Director (AD), Behavior Consultant, and/or the Site Director (SD) on 6/30, 7/1, 7/2, 7/3, 7/5, 7/6, 7/7, 7/8, 7/9, 7/10, 7/11, 7/12, 7/13, 7/15/2015. The facility's monitoring had two visits on 7/10 and 7/15/15 completed after 8:00am to 9:00am without clients present at the group home. The facility's Administrative monitoring visits had no visits completed before 4:00 PM with clients present in the group home. The facility's Administrative Monitoring had no monitoring visits after 8:30 PM. The Immediate Jeopardy was identified for Elopement Behaviors which had occurred throughout the hours of the day including after 8:30 PM at night. The Area Director (AD) was interviewed on 7/16/15 at 3:00pm. The AD indicated the group home staff had been retrained on 6/30/15 and 7/2/15 regarding the plan to remove the Immediate Jeopardy. The		met for some reason (one client elopes, a staff is late to a shift, etc.) they are to notify the Home Manager and/or QIDP immediately so that the Home Manager and/or QIDP can arrange for additional staffing support as soon as possible so that consumers health and safety needs are being met. Another group home is located nearby that can be used as an option for additional staffing support quickly in the event that a consumers elopes or staffing situation occurs that prevents the assigned staffing ratios from being implemented until the Home Manager and/or QIDP is able to secure additional staffing or get to the site themselves. Management observations will be completed a minimum of daily for 6 weeks to ensure that assigned staffing ratios are being provided and Behavior Support plans are being implemented as written. Identified managers that are able to complete daily observations include QIDP, Area Director, Regional Director, Quality Assurance Manager, Behavior Specialist and any other QIDP or Area Directors that have been trained on the needs of the home. Home Managers are able to complete additional observations to ensure that assigned staffing ratios are being provided and Behavior Support plans are being implemented as	

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	AD stated the administrative oversight to complete monitoring of the group home was "still being implemented." At 3:31pm, the AD indicated client A had been discharged from the agency's program and was no longer a client in the agency's service. The AD indicated the purpose of the monitoring visits to the home were to observe staff to client interactions and to ensure adherence to client plans. The AD indicated all staff assigned working in the group home on the regular schedule had received training in regards to each clients' plans. The IMMEDIATE JEOPARDY was removed on 7/16/15 at 6:05 PM based upon observation of the plan's implementation in the group home. The condition remains out of compliance to ensure the implementation of the facility's plan to protect clients from Elopement Behaviors was effective over a period of time. The facility's Administrative oversight failed to include monitoring before 4:00 PM and after 8:00 PM. The facility's plan to train staff at Group Home #2 for clients B, C, D, E, F, G, and H's ISP, BSP, and risk plans needs to be completed. This federal tag relates to complaint #IN00176248.		written but Home Manager observations will not replace daily upper management observations. Any of the above designated managers that are completing observations will complete an observation checklist that designates if appropriate staffing levels are being maintained, if Behavior plans are being implemented as written and will review that documentation is being completed. If any issues are noted, the Management observer will immediately notify the assigned homes QIDP or Area Director so that immediate corrective measures can be put into place. The Area Director or Regional Director will review all observation checklists to ensure that appropriate staffing levels are being maintained, Behavior plans are being implemented as written and will review that documentation is being completed. After the 6 weeks, a team of the QIDP, Area Director, Regional Director and Quality assurance manager will meet to review observation results and develop plan for frequency that ongoing upper management observations will occur. Client A, B and C Behavior plans, Risk plans and ISP have all been updated to reflect what level of supervision above clients need while in the group home, on community outings and in the event that an elopement occurs	

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	9-3-2(a)		and after a client is returned home after an elopement behavior occurs. QIDP will receive retraining to include ensuring that supervision levels of all consumers are identified in their individual ISP, BSP and risk plans. Training will also include ensuring that Home Manger and QIDP are meeting weekly to review the scheduled community activities and adjust the schedule accordingly to assign additional staffing to ensure all consumers health and safety needs are being met.	