

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6613 AVALON FOREST DR INDIANAPOLIS, IN 46250
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W000000	<p>This visit was for the investigation of complaint #IN00148808.</p> <p>Complaint #IN00148808: Substantiated, federal and state deficiencies related to the allegations are cited at: W104, W149, W156, W159, W186 and W240.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 5/20/14, 5/21/14, 5/22/14 and 5/23/14.</p> <p>Facility Number: 000911 Provider Number: 15G397 AIMS Number: 100244420</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/2/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p>			

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

TITLE

(X6) DATE

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

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	<p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client A's active treatment program by failing to ensure client A's BSP (Behavior Support Plan)/ISP (Individual Support Plan) included client A's current behavior and supervision supports and by failing to ensure there were adequate staff levels in the group home to monitor and implement programming for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client A's active treatment program by failing to ensure client A's BSP/ISP included client A's current behavior and supervision supports. Please see W159. The governing body failed to exercise general policy, budget and operating direction over the facility by failing to 	W000104	<p>CORRECTION: <i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the governing body has provided direction and oversight to assure that:</i></p> <p>The interdisciplinary team, including Client A's guardian, has agreed to the following modifications to Client A's Behavior Support Plan: -Access to Client A's bicycle will be restricted. -Unsupervised time will be reduced to no more than two hours daily. -Visits between Client A and his brother will take place only with staff supervision at a mutually chosen location away from the facility.</p> <p>Additionally, the Governing Body has directed the facility to add additional staff to assure that no less than two direct support staff are on duty during the overnight hours through morning transport to work and day programming. The enhanced staffing level will be maintained until, based on ongoing assessment and incident tracking, the interdisciplinary team determines that standard intensive training staffing levels can provide sufficient supervision to ensure the safety of all clients. The need for enhanced staffing will be reviewed quarterly.</p>	06/22/2014

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	<p>ensure there were adequate staff levels in the group home to monitor and implement programming for clients A, B, C, D, E, F, G and H. Please see W186.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-1(a)</p>		<p>PREVENTION: The QIDP will receive training regarding the need to develop specific supports to address safety and behavioral needs as assessed by the interdisciplinary team. Members of the Operations Team will conduct active treatment observations and reviews of support documents at the facility on a bi-monthly basis for the next 90 days to assure Behavior Support Plans meet the needs of all clients and are implemented as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. The observations will be designed to assure that training programs and interventions are in place to support health, safety and dignity. These observations will include interviews with direct support staff to assess and address as needed competency and knowledge of updated behavior supports.</p> <p>The Clinical Supervisor will submit schedule revisions to the Program Manager for approval prior to implementation. Additionally, the governing body has developed Recruitment and Retention Committee comprised of supervisory, administrative and direct support staff to devise strategies for development of a stable employee base at all levels</p>		

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W000149	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 3 of 14 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure two separate incidents of elopement were investigated within 5 business days for client A, and to ensure an allegation of sexual abuse regarding client B was thoroughly investigated with results reported to the	W000149	of the operation. The Operations Team will monitor weekly staffing hour reports and a Clinical Supervisor will perform daily checks of facility time and attendance records to assure actual staffing matches the weekly staff schedule for the next 30 days. After one month, the Clinical Supervisor will continue to perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Operations Team CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i> The QIDP will submit copies of completed investigation to the clinical supervisor for review and distribution to all required parties and the administrator will receive and sign off on completed investigations which will be	06/22/2014	

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	<p>administrator within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/20/14 at 2:22 PM. The review indicated the following:</p> <p>-BDDS report dated 5/5/14 indicated on 5/4/14, "[Client A] has a history of elopement. [Client A] has a visit at his supported group living residence, with his brother, who is currently homeless. [Client A's] brother encouraged him to leave the home and live with him. [Client A] exited the home with his brother through the home's unlocked front door and ran down the street out of staff's line of sight. Two staff were on duty at the time of the incident. [DSP (Direct Support Professional) #1] called 911 due to concerns for [client A's] safety and the police located [client A] after one hour and brought him home." The 5/5/14 BDDS report indicated, "The team is investigating the circumstances of the incident."</p> <p>-Elopement/Missing Person Investigation Summary (undated) indicated the facility had conducted an investigation regarding client A's 5/4/14 elopement. The undated</p>		<p>retained for compliance review as required.</p> <p>The Operations Team met with Noble of Indiana administrative staff and reviewed the components of a thorough investigation, specifically that the complete scope of the investigation must be identifies and resolved and that all potential witnesses must be interviewed and all relevant documents reviewed.</p> <p>PREVENTION: The Clinical Supervisor will track open investigations and provide daily follow-up to senior management and front line supervisors as appropriate to assure that investigations are conducted with required time lines, with the results being reported to the administrator and other designated officials.</p> <p>The QIDP will turn in copies of completed investigations, including those conducted by outside services, to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the QIDP as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly.</p> <p>RESPONSIBLE PARTIES:</p>	

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	<p>investigation did not indicate a date of completion. The undated investigation did not indicate documentation of the facility administrator being notified regarding the conclusion of the investigation findings.</p> <p>-BDDS report dated 5/5/14 indicated, "[DSP #2] was loading individuals into the van and [client A] rode his bicycle out of the garage and was quickly out of staff's line of sight. Staff called 911 per the elopement protocols in [client A's] BSP (Behavior Support Plan). One staff was on duty at the time, per the home's budgeted staffing hours. Police located [client A] and brought him home after approximately 50 minutes. [Client A] said that he was trying to get to a mission in downtown [name of city] to be with his brother."</p> <p>-Elopement/Missing Person Investigation Summary (undated) indicated the facility had conducted an investigation regarding client A's 5/5/14 elopement. The undated investigation did not indicate a date of completion. The undated investigation did not indicate documentation of the facility administrator being notified regarding the conclusion of the investigation findings.</p> <p>-BDDS report dated 5/7/14 indicated,</p>		QIDP, Direct Support Staff, Operations Team				

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	<p>"[Client B] reported that a co-worker (non-agency client) touched his genitals while he was in the bathroom at his workshop.... [Client B], who is considered a reliable reporter, said that no additional sexual contact occurred. A police report was filed and [client B] was seen by the [hospital] sexual assault team. Forensic evidence was collected and no injuries were noted. The incident is under investigation and [agency] will meet with [day service] administrators to discuss measures to assure the safety of individuals supported by [agency] at the workshop."</p> <p>-investigation form (undated) indicated the day services provider had completed an investigation regarding client B's 5/2/14 allegation of sexual abuse. The undated investigation did not indicate documentation of day service staff being interviewed or other day service participants who may have been in the area. The undated investigation indicated documentation of a verbal statement which was taken from another unnamed/identified person and did not identify if this was a client or staff. The undated investigation did not indicate documentation of determination if day service staff appropriately supervised client B before the alleged incident or actions after the allegation was made.</p>						

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	<p>CS (Clinical Supervisor) #1 was interviewed on 5/20/14 at 3:10 PM. CS #1 indicated the facility's abuse and neglect policy should be implemented. CS #1 indicated investigations should be thorough and completed within 5 business days.</p> <p>CS #2 was interviewed on 5/21/14 at 2:00 PM. CS #2 indicated the client B's undated investigation regarding the 5/2/14 allegation of sexual abuse was not thoroughly investigated.</p> <p>The facility's policy and procedures were reviewed on 5/22/14 at 11:51 AM. The facility's Reporting and Investigating Abuse/Neglect/Exploitation policy dated 6/1/13 indicated, "ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines. Although ResCare staff are instructed and encouraged to use the internal reporting system outlined below, any staff has the right to contact APS (Adult Protective Services) directly,</p>						

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	<p>should they suspect abuse/neglect, exploitation/mistreatment. ResCare strictly prohibits abuse/neglect/exploitation/mistreatment. All employees receive training upon hire regarding definitions/caused of different types of abuse/neglect/exploitation/mistreatment, how to identify abuse/neglect/exploitation/mistreatment, how to report abuse/neglect/exploitation/mistreatment, and what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation must immediately notify the PM (Program Manager) or QAM (Quality Assurance Manager), then complete an Incident Report. The PM will immediately notify the ED (Executive Director). 2. QAM or designee will report the suspected abuse, neglect, or exploitation within 24 hours of the initial report to the appropriate contacts, which may include;... (e.) BDDS coordinator.... 3. Any staff person who is suspected of abuse/neglect/exploitation/mistreatment toward an individual will be immediately suspended until the allegation can be 			

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W000154	<p>fully investigated.</p> <p>4. The QAM will assign an investigative team. A full investigation will be conducted by investigators who have received training on ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse/neglect/exploitation, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete {a} detailed investigation case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. All investigations will be conducted within 5 business days of the reported incident.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for</p>	W000154	CORRECTION: <i>The facility must have evidence</i>	06/22/2014			

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	<p>1 of 14 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure an allegation of sexual abuse regarding client B was thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/20/14 at 2:22 PM. The review indicated the following:</p> <p>-BDDS report dated 5/7/14 indicated, "[Client B] reported that a co-worker (non-agency client) touched his genitals while he was in the bathroom at his workshop.... [Client B], who is considered a reliable reporter, said that no additional sexual contact occurred. A police report was filed and [client B] was seen by the [hospital] sexual assault team. Forensic evidence was collected and no injuries were noted. The incident is under investigation and [agency] will meet with [day service] administrators to discuss measures to assure the safety of individuals supported by [agency] at the workshop."</p> <p>-investigation form (undated) indicated the day services provider had completed</p>		<p><i>that all alleged violations are thoroughly investigated.</i></p> <p>Specifically, the Operations Team met with Noble of Indiana administrative staff and reviewed the components of a thorough investigation, specifically that the complete scope of the investigation must be identifies and resolved and that all potential witnesses must be interviewed and all relevant documents reviewed.</p> <p>PREVENTION: The QIDP will turn in copies of completed investigations, including those conducted by outside services, to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the QIDP as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Operations Team</p>	

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W000156	<p>an investigation regarding client B's 5/2/14 allegation of sexual abuse. The undated investigation did not indicate documentation of day service staff being interviewed or other day service participants who may have been in the area. The undated investigation indicated documentation of a verbal statement which was taken from another unnamed/identified person and did not identify if this was a client or staff. The undated investigation did not indicate documentation of determination if day service staff appropriately supervised client B before the alleged incident or actions after the allegation was made.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/20/14 at 3:10 PM. CS #1 indicated investigations should be thorough.</p> <p>CS #2 was interviewed on 5/21/14 at 2:00 PM. CS #2 indicated the client B's undated investigation regarding the 5/2/14 allegation of sexual abuse was not thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be</p>						

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	<p>reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 3 of 14 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the results of the investigations of two separate incidents of elopement were reported to the administrator within 5 business days for client A, and the results of the investigation of an allegation of sexual abuse regarding client B were reported to the administrator within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/20/14 at 2:22 PM. The review indicated the following:</p> <p>-BDDS report dated 5/5/14 indicated on 5/4/14, "[Client A] has a history of elopement. [Client A] has a visit at his supported group living residence, with his brother, who is currently homeless. [Client A's] brother encouraged him to leave the home and live with him. [Client A] exited the home with his brother through the home's unlocked front door and ran down the street out of staff's line</p>	W000156	<p>CORRECTION: <i>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. Specifically, the QIDP will submit copies of completed investigation to the clinical supervisor for review and distribution to all required parties and the administrator will receive and sign off on completed investigations which will be retained for compliance review as required.</i></p> <p>PREVENTION: The Clinical Supervisor will track open investigations and provide daily follow-up to senior management and front line supervisors as appropriate to assure that investigations are conducted with required time lines, with the results being reported to the administrator and other designated officials.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Operations Team</p>	06/22/2014			

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	<p>of sight. Two staff were on duty at the time of the incident. [DSP (Direct Support Professional) #1] called 911 due to concerns for [client A's] safety and the police located [client A] after one hour and brought him home." The 5/5/14 BDDS report indicated, "The team is investigating the circumstances of the incident."</p> <p>-Elopement/Missing Person Investigation Summary (undated) indicated the facility had conducted an investigation regarding client A's 5/4/14 elopement. The undated investigation did not indicate a date of completion. The undated investigation did not indicate documentation of the facility administrator being notified regarding the conclusion of the investigation findings.</p> <p>-BDDS report dated 5/5/14 indicated, "[DSP #2] was loading individuals into the van and [client A] rode his bicycle out of the garage and was quickly out of staff's line of sight. Staff called 911 per the elopement protocols in [client A's] BSP (Behavior Support Plan). One staff was on duty at the time, per the home's budgeted staffing hours. Police located [client A] and brought him home after approximately 50 minutes. [Client A] said that he was trying to get to a mission in downtown [name of city] to be with</p>			

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	<p>his brother."</p> <p>-Elopement/Missing Person Investigation Summary (undated) indicated the facility had conducted an investigation regarding client A's 5/5/14 elopement. The undated investigation did not indicate a date of completion. The undated investigation did not indicate documentation of the facility administrator being notified regarding the conclusion of the investigation findings.</p> <p>-BDDS report dated 5/7/14 indicated, "[Client B] reported that a co-worker (non-agency client) touched his genitals while he was in the bathroom at his workshop.... [Client B], who is considered a reliable reporter, said that no additional sexual contact occurred. A police report was filed and [client B] was seen by the [hospital] sexual assault team. Forensic evidence was collected and no injuries were noted. The incident is under investigation and [agency] will meet with [day service] administrators to discuss measures to assure the safety of individuals supported by [agency] at the workshop."</p> <p>-investigation form undated indicated the day services provider had completed an investigation regarding client B's 5/2/14 allegation of sexual abuse. The undated</p>			

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W000159	<p>investigation did not indicate documentation of the facility administrator being notified regarding the conclusion of the investigation findings.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/20/14 at 3:10 PM. CS #1 indicated investigations should be completed and results reported within 5 business days.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 4 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A's BSP (Behavior Support Plan)/ISP (Individual Support Plan) included client A's current behavior and supervision supports.</p> <p>Findings include:</p>	W000159	<p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QIDP has brought all elements of the interdisciplinary team, including Client A's guardian, together to develop the following modifications to Client A's Behavior Support Plan:</i></p> <p>-Access to Client A's bicycle will</p>	06/22/2014

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	<p>The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure client A's BSP/ISP included client A's current behavior and supervision supports. Please see W240.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-3(a)</p>		<p>be restricted.</p> <p>-Unsupervised time will be reduced to no more than two hours daily.</p> <p>-Visits between Client A and his brother will take place only with staff supervision at a mutually chosen location away from the facility.</p> <p>PREVENTION: The QIDP will receive training regarding the need to develop specific supports to address safety and behavioral needs as assessed by the interdisciplinary team. Members of the Operations Team will conduct active treatment observations and reviews of support documents at the facility on a bi-monthly basis for the next 90 days to assure Behavior Support Plans meet the needs of all clients and are implemented as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. The observations will be designed to assure that training programs and interventions are in place to support health, safety and dignity. These observations will include interviews with direct support staff to assess and address as needed competency and knowledge of updated behavior supports.</p> <p>RESPONSIBLE PARTIES:</p>		

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W000186	<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 record review and interview for 2 of 4 sampled clients (A, C), the facility failed to ensure there were adequate staff levels in the group home to monitor and implement programming for clients A and C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/20/14 at 2:22 PM. The review indicated the following:</p> <p>-BDDS report dated 5/5/14 indicated, "[DSP (Direct Support Professional) #2] was loading individuals into the van and [client A] rode his bicycle out of the garage and was quickly out of staff's line of sight. Staff called 911 per the elopement protocols in [client A's] BSP (Behavior Support Plan). One staff was</p>	W000186	<p>QIDP, Operations Team</p> <p>CORRECTION: <i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the Governing Body has directed the facility to add additional staff to assure that no less than two direct support staff are on duty during the overnight hours through morning transport to work and day programming. The enhanced staffing level will be maintained until, based on ongoing assessment and incident tracking, the interdisciplinary team determines that standard intensive training staffing levels can provide sufficient supervision to ensure the safety of all clients. The need for enhanced staffing will be reviewed quarterly.</i></p> <p>PREVENTION: The Clinical Supervisor will submit schedule revisions to the Program Manager for approval prior to implementation.</p>	06/22/2014

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	<p>on duty at the time, per the home's budgeted staffing hours. Police located [client A] and brought him home after approximately 50 minutes. [Client A] said that he was trying to get to a mission in downtown [name of city] to be with his brother."</p> <p>DSP (Direct Support Professional) #2 was interviewed on 5/21/14 at 7:30 AM. DSP #2 stated, "I worked the overnight shift that night. When I got here one of the other clients, [client F] told me that [client A] had the police here, so I was watching [client A]. I kept trying to get [client A] to get up, get ready for work but he refused. I ended up calling [former HM (Home Manager) #1] and [QIDP #1 (Qualified Intellectual Disabilities Professional)], because [client A] kept saying he was not going to work. [Client A] went back to his room and then I saw him go into the garage. It's not unusual for him to go into the garage, he keeps things out there and goes out there a lot. So, I was helping load the other clients into the van with [DSP #3], who came in at 8:00 AM. The next thing I saw was [client A] coming out of the garage on his bicycle. I took off running after him but he was to the end of the cul de sac and was on the road." DSP #2 indicated her normal shift was 12:00 AM through 8:00 AM. DSP #2 indicated she was the only</p>		<p>Additionally, the governing body has developed Recruitment and Retention Committee comprised of supervisory, administrative and direct support staff to devise strategies for development of a stable employee base at all levels of the operation. The Operations Team will monitor weekly staffing hour reports and a Clinical Supervisor will perform daily checks of facility time and attendance records to assure actual staffing matches the weekly staff schedule for the next 30 days. After one month, the Clinical Supervisor will continue to perform periodic spot checks of attendance records to assure ongoing compliance. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>staff on duty from 12:00 AM until 8:00 AM. DSP #2 indicated the clients begin waking for the day at 6:30 AM. DSP #2 indicated the morning medication administration was conducted in the basement of the group home in the medication administration room. DSP #2 indicated the morning programming included personal hygiene and meal actives and was conducted on the main/first floor of the home. When asked if one staff was able to monitor and assist the clients during the morning hours, DSP #2 stated, "I try to stagger my medication pass so I can go back upstairs to see the guys. It's kind of difficult with the medications down here in the basement. We used to have a staff that would come in at 7:00 AM. That helped a lot." DSP #2 indicated clients A and C were both on 15 minute checks.</p> <p>1. Client A's record was reviewed on 5/21/14 at 9:00 AM. Client A's BSP (Behavior Support Plan) dated 9/20/13 indicated client A's targeted behaviors included "Leaves Assigned Area: occurs when [client A] leaves an assigned area including areas inside or outside the home or areas where the group (defines as the staff that are with him in the community) is at without staff knowledge or approval. This includes walking out of the house to the front yard, the back yard,</p>						

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	<p>the garage or down the street without staff knowledge as well as exiting the van in order to leave the area." Client A's BSP dated 9/20/13 included the following preventative procedures to address client A's targeted behaviors:</p> <p>- "Provide [client A] with your undivided attention. Maintain eye contact with him and speak with him in a calm voice. Maintain positive body language."</p> <p>- "[Client A] requires your full attention. Staff must stop what they are doing and give full attention to [client A] unless doing so will present a health or safety hazard."</p> <p>2. Client C's record was reviewed on 5/21/14 at 9:40 AM. Client C's BSP dated 9/8/13 indicated client C's targeted behaviors included elopement, self injurious behavior and eating non food items. Client C's Immediate Protective Measures form dated 10/23/13 indicated the following:</p> <p>- "Monitor [client C] closely to prevent him from swallowing non food objects."</p> <p>- "When [client C] is in common areas of the house, keep him in line of sight."</p> <p>CS (Clinical Supervisor) #1 was</p>			

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W000240	<p>interviewed on 5/21/14 at 9:06 AM. When asked if one staff should be working during the mornings at the group home, CS #1 stated, "No. That's probably 'cause I did the schedule for [MC (Medication Coach) #1], he's new. I just did the schedule for 8:00 AM instead of 7:00 AM. We usually do have someone in at 7:00 AM with [DSP #2]."</p> <p>The facility's Timecard print out forms from 4/21/14 through 5/20/14 were reviewed on 5/22/14 at 1:51 PM. The review indicated documentation of one staff working between the hours of 12:00 AM through 8:00 AM on 4/21/14, 4/22/14, 4/23/14, 4/26/14, 4/27/14, 4/28/14, 5/3/14, 5/4/14, 5/5/14, 5/6/14, 5/7/14, 5/10/14, 5/11/14, 5/12/14, 5/13/14, 5/17/14, 5/18/14, 5/19/14 and 5/20/14.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-3(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 record review, interview and</p>	W000240	CORRECTION: <i>The individual program plan must describe</i>	06/22/2014			

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	<p>observation for 1 of 4 sampled clients (A), the facility failed to ensure client A's BSP (Behavior Support Plan)/ISP (Individual Support Plan) included client A's current behavior and supervision supports.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/20/14 at 2:22 PM. The review indicated the following:</p> <p>-BDDS report dated 5/5/14 indicated on 5/4/14, "[Client A] has a history of elopement. [Client A] has a visit at his supported group living residence, with his brother, who is currently homeless. [Client A's] brother encouraged him to leave the home and live with him. [Client A] exited the home with his brother through the home's unlocked front door and ran down the street out of staff's line of sight. Two staff were on duty at the time of the incident. [DSP (Direct Support Professional) #1] called 911 due to concerns for [client A's] safety and the police located [client A] after one hour and brought him home." The 5/5/14 BDDS report indicated, "The team is investigating the circumstances of the incident."</p>		<p><i>relevant interventions to support the individual toward independence.</i> Specifically, the interdisciplinary team, including Client A's guardian, has agreed to the following modifications to Client A's Behavior Support Plan: -Access to Client A's bicycle will be restricted. -Unsupervised time will be reduced to no more than two hours daily. -Visits between Client A and his brother will take place only with staff supervision at a mutually chosen location away from the facility. A review of support plans and incident documentation indicated this deficient practice did not affect additional clients. PREVENTION: The QIDP will receive training regarding the need to develop specific supports to address safety and behavioral needs as assessed by the interdisciplinary team. Members of the Operations Team will conduct active treatment observations and reviews of support documents at the facility on a bi-monthly basis for the next 90 days to assure Behavior Support Plans meet the needs of all clients and are implemented as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. The observations will be designed to assure that training programs and interventions are in place to</p>	

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	<p>-BDDS report dated 5/5/14 indicated, "[DSP #2] was loading individuals into the van and [client A] rode his bicycle out of the garage and was quickly out of staff's line of sight. Staff called 911 per the elopement protocols in [client A's] BSP (Behavior Support Plan). One staff was on duty at the time, per the home's budgeted staffing hours. Police located [client A] and brought him home after approximately 50 minutes. [Client A] said that he was trying to get to a mission in downtown [name of city] to be with his brother."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/20/14 at 3:10 PM. CS #1 indicated the client A's 5/4/14 and 5/5/14 incidents of elopement should not have been reported to the police. CS #1 indicated client A had unsupervised time in the community and was not eloping from the group home. When asked if client A's unsupervised time in community was included in client A's BSP/ISP, CS #1 stated "Yes, its in his plan."</p> <p>Client A's record was reviewed on 5/21/14 at 9:00 AM. Client A's IDT (Interdisciplinary Team Meeting) form dated 1/22/14 indicated, "Staff will keep [client A] in line of sight at all time (sic)"</p>		<p>support health, safety and dignity. These observations will include interviews with direct support staff to assess and address as needed competency and knowledge of updated behavior supports. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>when he is awake."</p> <p>Client A's IDT form dated 2/2/14 indicated, "[Client A] will be placed on 15 minute checks to ensure staff knows where he is at all times to ensure his safety."</p> <p>Client A's IDT form dated 3/6/14 indicated, "[Client A] will have two hours of cool down time to access the community to help him calm and reduce risks of him leaving assigned area. [Client A] will also need to; (1.) Sign in and out; (2.) Call staff every hour while in the community; (3.) Also, have a drop off point and pick up point. This must happen anytime [client A's] in the community One hundred percent of the time (sic) his two hour cool down period. Team will review in 90 days."</p> <p>Client A's BSP (Behavior Support Plan) dated 9/20/13 indicated the following:</p> <p>-"Leaves Assigned Area: occurs when [client A] leaves an assigned area including areas inside or outside the home or areas where the group (defined as the staff that are with him in the community) is at without staff knowledge or approval. This includes walking out of the house to the front yard, the back yard, the garage or down the street without</p>						

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	<p>staff knowledge as well as exiting the van in order to leave the area."</p> <p>-"One staff will follow [client A] and initially keep a bit of distance between him and themselves (no more than 10 feet). If possible, the second staff will use the van to follow."</p> <p>-"If [client A] is no longer in staff's line of sight, 911 is to be called."</p> <p>Client A's 9/30/13 BSP did not indicate review or revision to include documentation of the use of 15 minute checks, line of sight supervision or unsupervised time for client A. Client A's record did not indicate documentation of review/removal of 15 minute checks, line of sight supervision or client A's unsupervised community cool down program.</p> <p>Observations were conducted at the group home on 5/20/14 from 4:00 PM through 5:00 PM. QIDP #1 indicated client A was on 15 minute checks. A binder located on the group home's kitchen counter indicated documentation of staff performing 15 minute status checks on client A.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>			

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	<p>5/20/14 at 4:50 PM. QIDP #1 indicated client A was on 15 minute checks. QIDP #1 indicated client A could have up to 2 hours of unsupervised time alone in the community. When asked how client A could have 15 minute checks and be on unsupervised community time, QIDP #1 stated, "Yeah, it is kind of confusing. I've been wondering about it myself. He's on 15 minute checks here because of his diabetes. He sneaks food at all times of the night. The overnight staff have found things in his room at night. Things like frozen meat or just strange things that he really couldn't eat. He eats stuff and gets his blood sugar up to like 500."</p> <p>CS #1 was interviewed on 5/21/14 at 1:45 PM. CS #1 indicated client A's 15 minute checks should not be completed and had been discontinued. CS #1 indicated client A was considered to be eloping if he did not sign out from the group home, agree to a drop off and pick up point and call staff once an hour. CS #1 indicated client A's BSP/ISP had not been updated to include the most current interventions that staff should follow when working with client A.</p> <p>This federal tag relates to complaint #IN00148808.</p> <p>9-3-4(a)</p>						

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G397	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/23/2014
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