

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G236	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2014
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 5990 E 500 N CHURUBUSCO, IN 46723
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W000000	<p>This visit was for the post-certification revisit survey (PCR) to the recertification and state licensure survey and to the investigation of complaint #IN00149563 completed on 6/17/14.</p> <p>This visit was in conjunction with the investigation of Complaint #IN00154262.</p> <p>Complaint #IN00149563: Not Corrected.</p> <p>Dates of Survey: 8/25, 8/26, 8/29, 9/5, and 9/12/2014</p> <p>Facility number: 000759 Provider number: 15G236 AIM number: 100243290</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/19/14 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. Based on observation, record review, and</p>	W000104		10/12/2014

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>interview, the governing body failed to provide administrative oversight of workshop services, failed to ensure the facility implemented the agency's policy and procedures to protect 2 of 3 sampled clients (clients E and H) and 1 additional client (client G) from abuse, neglect, and/or mistreatment, to thoroughly investigate, and implement effective corrective action for 2 of 2 allegations (for client H) of abuse, neglect, and/or mistreatment, and clients E, G, and H's continued medication errors.</p> <p>Findings include:</p> <p>Please refer to W120. The governing body failed to ensure the outside services met client H's identified needs of supervision and failed to protect client H from further abuse, neglect, and/or mistreatment for 1 of 3 sampled clients (client H).</p> <p>Please refer to W149. The governing body neglected to implement policy and procedures to protect 2 of 3 sampled clients (clients E and H) and 1 additional client (client G) from abuse, neglect, and/or mistreatment, neglected to document a thorough investigation of 2 of 2 allegations (for client H) of abuse, neglect, and/or mistreatment, and failed to implement effective corrective action</p>		<p>The governing body will exercise general policy, budget, and operating direct over the facility. When the facility receives a BDDS report or an investigation for an incident from an outside service, an internal review of that investigation/report will be completed to ensure that outside services meet the clients identified needs of supervision and to prevent clients from further abuse, neglect and/or mistreatment. The Operations team met with the outside services on 10/1/14 to discuss communication between the two agencies to define how investigations will be conducted and reviewed by both agencies to assure that all clients are protected from abuse, neglect and/or mistreatment. When there is an allegation of abuse, neglect and/or mistreatment of a client at an outside service, outside services administration will contact the Clinical Supervisor to participate in the investigation. Additionally, administrators from both agencies will meet on a monthly basis for three months and quarterly thereafter to review and discuss any concerns. Investigation training has been scheduled for 10/10/14 for all staff that may be involved in an allegation.</p>	

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W000120	<p>to address allegations of abuse/neglect for client H and clients E, G, and H's medication errors.</p> <p>Please refer to W154. The governing body failed to document a thorough investigation for 2 of 2 allegations (for client H) of abuse, neglect, and/or mistreatment.</p> <p>Please refer to W157. The governing body failed for 2 of 3 sampled clients (clients E and H) and 1 additional client (client G), to complete effective corrective action to address allegations of abuse/neglect for client H and clients E, G, and H's medication errors.</p> <p>This deficiency was cited on 6/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00149563.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p>				

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	<p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client H), the outside services failed to meet client H's identified needs of supervision and failed to protect client H from further abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/25/14 at 11:20am and included the following:</p> <p>An 8/7/14 BDDS report for an incident on 8/6/14 at 1:45pm, indicated client H was at the outside day services program. The report indicated client H "was found...to have a folder she had taken from one of the classrooms. It was a folder that contained paperwork for staff to complete daily documentation" at the day program. The report indicated client H's "ISP (Individual Support Plan) objective (was followed and the reports indicated) [client H] was redirected by staff that this was not her folder and that [client H] needed to return it to staff. [Client H] refused to return the folder, and immediately became verbally aggressive toward [Workshop Staff #1 (WKS)]. [Client H] was yelling and</p>	W000120	<p>The facility will assure that outside services meet the needs of each client. The governing body will exercise general policy, budget, and operating direct over the facility. When the facility receives a BDDS report or an investigation for an incident from an outside service, an internal review of that investigation/report will be completed by the Clinical Supervisor and the Program Manager to ensure that outside services meet the clients identified needs of supervision and to prevent clients from further abuse, neglect and/or mistreatment. The Operations team met with the outside services on 10/1/14 to discuss communication between the two agencies to define how investigations will be conducted and reviewed by both agencies to assure that all clients are protected from abuse, neglect and/or mistreatment. When an investigation is warranted, outside services administration will contact the Clinical Supervisor to participate in the investigation. Additionally, administrators from both agencies will meet on a monthly basis for three months and quarterly thereafter to review and discuss any concerns. The ISP/BSP for client H has been revised to include YSIS and CPI techniques. Staff at the workshop and in the home will be retrained on the revised ISP/BSP. All residential staff have been retrained</p>	10/12/2014

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	<p>swearing...[client H's] verbal aggression then led to her becoming physically aggressive...." The report indicated "When questioned, [WKS #1] stated that [WKS #1] was blocking [client H's] physical aggression by putting [WKS #1's] hands up to block [client H] from hitting her. [WKS #1] also said that [client H] has a history of hitting her head when she is upset, so [WKS #1] was trying to prevent [client H] from banging her head and also blocking her from hitting other staff or peers." The report indicated "At one point [WKS #1] stated she grabbed [client H's] upper left arm at the bicep area to prevent her from hitting the other staff member and [client H's] arm slipped out of her grab (sic)...[WKS #1] had placed her hand on [client H's] forehead to block her from banging her head." The report indicated WKS #1 had removed client H's glasses during the altercation, redirected client H to "another area", and had requested additional staff to come and assist WKS #1 during the incident. The report indicated "Another staff [WKS #2 and WKS #3] had overheard [client H's] outburst and came to assist" and WKS #1 stepped away. The report indicated WKS #2 and WKS #3 both talked to client H to calm her after the incident and "noticed...a small red area at [client H's] nostril area. Initially staff thought [client</p>		<p>on YSIS techniques and all workshop staff have been retrained on CPI techniques. The QIDP will meet weekly with the Clinical Supervisor to review incident documentation and completed investigations to assure they have been completed thoroughly and include a plan of correction to prevent recurrence. The RM and/or the QIDP will complete weekly outside day service observations. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p>	

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	<p>H's] nose was bleeding from inside. Therefore, neurological checks were begun. Upon further investigation, [client H] was found to have a small cut on her nose that had slight bleeding."</p> <p>The 8/7/14 BDDS report indicated "Plan to Resolve: Staff notified [Name of Day Services administrator] immediately," staff witness statements were obtained, and client H was interviewed. The information indicated client H expressed conflicting statements for the cause of how her nose was bleeding. The information indicated "The result of this investigation indicates that [WKS #1] was not physically abusive to [client H]. Emergency physical restraints was (sic) used to prevent [client H] from hurting herself or others. According to [the facility's Group Home Manager (GHM)] [client H's] behavior support plan is already in the process of being revised to include physical restraint as needed. [WKS #1] will receive corrective action as per [workshop name] Policy. Additionally [WKS #1] will participate in a one-on-one retraining session with Passages CPI (Crisis Physical Intervention) instructor to review this incident to clarify proper CPI techniques to be used if needed in the future."</p> <p>On 8/25/14 at 12:00pm, client H's record</p>			
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	<p>was reviewed. Client H's 9/17/13 ISP (Individual Support Plan) and 10/1/13 BSP (Behavior Support Plan) both indicated targeted behaviors of "Social Behavior of touching, personal space, and stealing and Self abusive behavior defined as picking at skin." The plan did not include any type of physical redirection such as CPI or YSIS (You're Safe/I'm Safe). Client H's 10/1/13 BSP indicated client H will not obsess and "will practice good coping strategies to perform rather than resorting to repetitive questioning...will decrease the number of episodes of Inappropriate Social Behavior to no more than 40 episodes per month...Self Injurious Behavior defined as skin picking, head banging...will decrease the number of episodes of Self Abusive Behavior as a result of a decreased ability to cope with the immediate environment...to no more than 5 episodes per month...." Client H's plan was updated 7/22/14 to include "Physical Aggression with Mood Disorder...YSIS (You're Safe I'm Safe) approved two person standing and/or sitting restraint to assist [Client H] in calming herself..." Client H's plans did not include physical restraints of CPI and did not include restraining Client H's head and/or arms. No evidence was available for review to indicate the workshop staff had received documented training on Client H's plans.</p>			

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	<p>On 8/25/14 from 7:00am until 8:25am, observation and interviews were conducted at the group home with Client H, Group Home Staff (GHS) #1, GHS #2, and GHS #3. From 7:00am until 8:25am, Client H carried a stack of folders from room to room. At 7:50am, GHS #2 and GHS #3 both indicated Client H was verbally redirected by staff and responded to verbal redirection. Both staff indicated Client H had not required physical interventions because Client H's behaviors could be redirected verbally. At 8:00am, GHS #1 spoke to Client H and asked her to select one or two folders to take to work with her instead of the stack of folders. At 8:00am, GHS #1 stated Client H "obsessed over folders" and would collect folders or "anything" that was left laying as Client H's own. GHS #1 stated Client H was "easily redirected" verbally and "we never put our hands on her" because Client H "escalates when the redirection turned to control."</p> <p>On 8/25/14 from 9:05am until 10:35am, observation and interviews at the outside day service site #1 was conducted. From 9:05am until 10:35am, Client H was observed in the classroom. At 9:35am, Workshop staff (WKS) #4 was in the classroom with Client H. A folder laid in</p>			

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	<p>the middle of the table with workshop paperwork inside the folder and Client H asked WKS #4 "Can I have that" pointing to the folder on the table. WKS #4 stated "No, I need that folder, I only have a few" and thanked Client H for asking. At 9:35am, WKS #4 stated the staff at the workshop "never used physical restraints or put our hands on her" because Client H would bang her head when physical restraints were used. WKS #4 stated Client H "can be easily verbally redirected" and indicated Client H was offered activities to replace her behaviors.</p> <p>On 8/25/14 at 9:50am, an interview was conducted with WKS #1. WKS #1 stated she was trained "most recently in CPI in February, 2014" and indicated she did not know what YSIS interventions were. WKS #1 stated on 8/6/14 in the classroom "I was working alone, [Client H] went bonkers and I was working alone. I thought she was going to bang her head on the table and I put my hand on her forehead." WKS #1 stated Client H "had tilted her head back, like she was winding up to bash it on the table, I put my hand hard on her forehead and held it back so she would not hit her head." WKS #1 stated the incident was over a "folder" and stated "I took it away from [Client H] because she had stolen it from</p>			

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	<p>another classroom, after I took it away from [Client H], that was when she went bonkers." WKS #1 stated "No, [Client H] had not" demonstrated self injurious behavior before WKS #1 "restrained her forehead." WKS #1 indicated the pressure she applied to Client H's forehead pulled Client H's head backward and WKS #1 had been standing over Client H who was sitting at a table. WKS #1 indicated she was suspended for one day and then asked to return to work. WKS #1 stated "I would hold her head again, I would not change one action I did that day." WKS #1 indicated Client H had not demonstrated Self Injurious Behavior before WKS #1 applied the physical restraints. WKS #1 indicated Client H remained seated at the table throughout the incident on 8/6/14 when physical restraints had been applied to Client H's left arm and forehead. WKS #1 stated she had not been retrained after the incident in YSIS or CPI interventions.</p> <p>On 8/25/14 at 10:25am, a review of the outside workshop investigation included WKS #1's witness statement: -WKS #1's 8/6/14 witness statement indicated Client H "had a notebook that didn't belong to her and she needed to give it back. I was trying to get the folder back and [Client H] was hitting me.. [WKS #1] grabbed [Client H's] left arm</p>			
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	<p>to keep her from hitting the other staff... [Client H] slipped out of her grasp. When asked if she put her hands on [Client H], [WKS #1] replied that she put her hand on [Client H's] forehead and then removed [Client H's] glasses so she wouldn't hurt herself from them. [WKS #1] went on to tell this writer that [Client H] steals things from the classrooms and that difficult clients get away with their behavior when staff let them get away with things. [Signed by the workshop investigator]."</p> <p>On 8/25/14 at 10:25am, WKS #1's personnel record was reviewed and indicated training for CPI was completed 4/2014. WKS #1's record indicated an 8/13/14 at 6:15pm narrative statement on company letterhead that WKS #1 "completed retraining on CPI techniques and counseled on the following: Maintaining professionalism during a crisis situation, retaining and maintaining professionalism after a crisis situation, proper tension reduction/therapeutic rapport techniques, and gave information regarding seeking out HR (Human Resources) assistance for continued assistance." The outside workshop's implemented corrective measures did not include WKS #1's retraining for the prevention of abuse/neglect/and/or mistreatment, the use of specific physical</p>				

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	<p>restraint CPI holds, or retraining on client H's ISP/BSP plans.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Group Home Manager (GHM). The GHM indicated Client H was not picked up early on 8/6/14 from the outside day program. The GHM indicated the outside day program called the home to say an incident had occurred with Client H, Client H's nose was scratched, and the scratched area bled on 8/6/14. The GHM stated the outside workshop coordinator told the GHM that the incident investigation was determined as "unsubstantiated abuse" and indicated no details of the incident were shared with her.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Program Director (PD), the Clinical Supervisor (CS), and the Supported Group Living Manager (SGLM). The PD, the CS, and the SGLM indicated they had not provided administrative oversight over client H's allegation of physical abuse at the workshop on 8/6/14. The SGLM indicated the agency did not review allegations made at the workshop and did not review investigations of abuse, neglect, and/or mistreatment completed at the workshop. The CS and the SGLM</p>			

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	<p>both stated they were "not aware" of Client H's allegation of abuse, neglect, and/or mistreatment at the workshop on 8/6/14. The PD indicated she was aware of the scratch on Client H's nose and that Client H had behaviors after taking a folder which did not belong to Client H. The PD stated staff "were not to put their hands on [Client H] to physically restrain her." The SGLM and the CS both indicated the agency did not use CPI interventions and that no physical interventions were reviewed or approved by the agency's Human Rights Committee. The three administrative staff indicated Client H's ISP and BSP plans did not include physical interventions. The three administrative staff indicated the agency used YSIS (You're Safe I'm Safe) which were not physical restraint holds. When asked what administrative oversight the agency provided at the workshop on abuse, neglect, and/or mistreatment, the SGLM indicated no corrective measures had been completed to ensure clients who attended the outside day service site #1 were protected from abuse, neglect, and/or mistreatment.</p> <p>This deficiency was cited on 6/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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W000149	<p>This federal tag relates to complaint #IN00149563.</p> <p>9-3-1(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 observation, record review, and interview, the facility neglected to implement policy and procedures to protect 2 of 3 sampled clients (clients E and H) and 1 additional client (client G) from abuse, neglect, and/or mistreatment, neglected to document a thorough investigation for 2 of 2 allegations (for client H) of abuse, neglect, and/or mistreatment, and failed to implement effective corrective action to address allegations of abuse/neglect for client H and clients E, G, and H's medication errors.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/25/14 at 11:20am and included the following:</p>	W000149	<p>The facility will implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. . When the facility receives a BDDS report or an investigation for an incident from an outside service, an internal review of that investigation/report will be completed by the Clinical Supervisor and Program Manager to ensure that outside services meet the clients identified needs of supervision and to prevent clients from further abuse, neglect and/or mistreatment. The Operations team met with the outside services on 10/1/14 to discuss communication between the two agencies to define how investigations will be conducted and reviewed by both agencies to assure that all clients are protected from abuse, neglect and/or mistreatment. When an investigation is warranted, outside services administration will contact the Clinical Supervisor to participate</p>	10/12/2014

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	<p>1. An 8/7/14 BDDS report for an incident on 8/6/14 at 1:45pm, indicated client H was at the facility outside day services program. The report indicated client H "was found...to have a folder she had taken from one of the classrooms. It was a folder that contained paperwork for staff to complete daily documentation" at the day program. The report indicated client H's "ISP (Individual Support Plan) objective (was implemented and) [client H] was redirected by staff that this was not her folder and that [client H] needed to return it to staff. [Client H] refused to return the folder, and immediately became verbally aggressive toward [Workshop Staff #1 (WKS)]. [Client H] was yelling and swearing...[client H's] verbal aggression then led to her becoming physically aggressive....." The report indicated "When questioned, [WKS #1] stated that [WKS #1] was blocking [client H's] physical aggression by putting [WKS #1's] hands up to block [client H] from hitting her. [WKS #1] also said that [client H] has a history of hitting her head when she is upset, so [WKS #1] was trying to prevent [client H] from banging her head and also blocking her from hitting other staff or peers." The report indicated "At one point [WKS #1] stated she grabbed [client H's] upper left arm at the bicep area to prevent her from hitting the other</p>		<p>in the investigation. Additionally, administrators will meet on a monthly basis for three months and quarterly thereafter to review and discuss any concerns. The ISP/BSP for client H has been revised to include YSIS and CPI techniques. Staff at the workshop and in the home will be retrained on the revised ISP/BSP. All residential staff have been retrained on YSIS techniques and all workshop staff have been retrained on CPI techniques. The QIDP will meet weekly with the Clinical Supervisor to review incident documentation and completed investigations to assure they have been completed thoroughly and include a plan of correction to prevent recurrence. All staff were retrained on medication administration policies and procedures. The Residential Manager and/or the QIDP will complete weekly outside day service observations. The Residential Manager and QIDP each will complete one med pass observation weekly. The agency nurse will complete medication pass observations once monthly. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p>	

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	<p>staff member and [client H's] arm slipped out of her grab (sic)...[WKS #1] had placed her hand on [client H's] forehead to block her from banging her head." The report indicated WKS #1 had removed client H's glasses during the altercation, redirected client H to "another area", and had requested additional staff to come and assist WKS #1 during the incident. The report indicated "Another staff [WKS #2 and WKS #3] had overheard [client H's] outburst and came to assist" and WKS #1 stepped away. The report indicated WKS #2 and WKS #3 both talked to client H to calm her down and "noticed...a small red area at [client H's] nostril area. Initially staff thought [client H's] nose was bleeding from inside. Therefore, neurological checks were begun. Upon further investigation, [client H] was found to have a small cut on her nose that had slight bleeding."</p> <p>The 8/7/14 BDDS report indicated "Plan to Resolve: Staff notified [Name of Day Services administrator] immediately," staff witness statements were obtained, and client H was interviewed. The information indicated client H expressed conflicting statements for the cause of how her nose was bleeding. The information indicated "The result of this investigation indicates that [WKS #1]</p>			

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	<p>was not physically abusive to [client H]. Emergency physical restraints was (sic) used to prevent [client H] from hurting herself or others. According to [the facility's Group Home Manager (GHM)] [client H's] behavior support plan is already in the process of being revised to include physical restraint as needed. [WKS #1] will receive corrective action as per [workshop name] Policy. Additionally [WKS #1] will participate in a one-on-one retraining session with Passages CPI (Crisis Physical Intervention) instructor to review this incident to clarify proper CPI techniques to be used if needed in the future."</p> <p>On 8/25/14 at 12:00pm, client H's record was reviewed. Client H's 9/17/13 ISP (Individual Support Plan) and 10/1/13 BSP (Behavior Support Plan) both indicated targeted behaviors of "Social Behavior of touching, personal space, and stealing and Self abusive behavior defined as picking at skin." The plan did not include any type of physical redirection such as CPI or YSIS (You're Safe/I'm Safe). Client H's 10/1/13 BSP indicated client H will not obsess and "will practice good coping strategies to perform rather than resorting to repetitive questioning...will decrease the number of episodes of Inappropriate Social Behavior to no more than 40 episodes per</p>			

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	<p>month...Self Injurious Behavior defined as skin picking, head banging...will decrease the number of episodes of Self Abusive Behavior as a result of a decreased ability to cope with the immediate environment...to no more than 5 episodes per month...." Client H's plan was updated 7/22/14 to include "Physical Aggression with Mood Disorder... YSIS (You're Safe I'm Safe) approved two person standing and/or sitting restraint to assist [Client H] in calming herself..." Client H's plans did not include physical restraints of CPI and did not include restraining Client H's head and/or arms. No evidence was available for review to indicate the workshop staff had received documented training on Client H's plans.</p> <p>On 8/25/14 from 7:00am until 8:25am, observation and interviews were conducted at the group home with Client H, Group Home Staff (GHS) #1, GHS #2, and GHS #3. From 7:00am until 8:25am, Client H carried a stack of folders from room to room. At 7:50am, GHS #2 and GHS #3 both indicated Client H was verbally redirected by staff and responded to verbal redirection. Both staff indicated Client H had not required physical interventions because Client H's behaviors could be redirected verbally. At 8:00am, GHS #1 spoke to Client H and asked her to select one or</p>			
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	<p>two folders to take to work with her instead of the stack of folders. At 8:00am, GHS #1 stated Client H "obsessed over folders" and would collect folders or "anything" that was left laying as Client H's own. GHS #1 stated Client H was "easily redirected" verbally and "we never put our hands on her" because Client H "escalates when the redirection turned to control."</p> <p>On 8/25/14 from 9:05am until 10:35am, observation and interviews at the facility's outside day service site #1 was conducted. From 9:05am until 10:35am, Client H was observed in the classroom. At 9:35am, Workshop staff (WKS) #4 was in the classroom with Client H. A folder laid in the middle of the table with workshop paperwork inside the folder and Client H asked WKS #4 "Can I have that" pointing to the folder on the table. WKS #4 stated "No, I need that folder, I only have a few" and thanked Client H for asking. At 9:35am, WKS #4 stated the staff at the workshop "never used physical restraints or put our hands on her" because Client H would bang her head when physical restraints were used. WKS #4 stated Client H "can be easily verbally redirected" and indicated Client H was offered activities to replace her behaviors.</p>			

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	<p>On 8/25/14 at 9:50am, an interview was conducted with WKS #1. WKS #1 stated she was trained "most recently in CPI in February, 2014" and indicated she did not know what YSIS interventions were. WKS #1 stated on 8/6/14 in the classroom "I was working alone, [Client H] went bonkers and I was working alone. I thought she was going to bang her head on the table and I put my hand on her forehead." WKS #1 stated Client H "had tilted her head back, like she was winding up to bash it on the table, I put my hand hard on her forehead and held it back so she would not hit her head." WKS #1 stated the incident was over a "folder" and stated "I took it away from [Client H] because she had stolen it from another classroom, after I took it away from [Client H], that was when she went bonkers." WKS #1 stated "No, [Client H] had not" demonstrated self injurious behavior before WKS #1 "restrained her forehead." WKS #1 indicated the pressure she applied to Client H's forehead pulled Client H's head backward and WKS #1 had been standing over Client H who was sitting at a table. WKS #1 indicated she was suspended for one day and then asked to return to work. WKS #1 stated "I would hold her head again, I would not change one action I did that day." WKS #1 indicated Client H had not demonstrated Self Injurious</p>						

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	<p>Behavior before WKS #1 applied the physical restraints. WKS #1 indicated Client H remained seated at the table throughout the incident on 8/6/14 when physical restraints had been applied to Client H's left arm and forehead. WKS #1 indicated she had not been restrained after the incident in YSIS or CPI interventions.</p> <p>On 8/25/14 at 10:25am, a review of the outside workshop investigation included WKS #1's witness statement: -WKS #1's 8/6/14 witness statement indicated Client H "had a notebook that didn't belong to her and she needed to give it back. I was trying to get the folder back and [Client H] was hitting me... [WKS #1] grabbed [Client H's] left arm to keep her from hitting the other staff... [Client H] slipped out of her grasp. When asked if she put her hands on [Client H], [WKS #1] replied that she put her hand on [Client H's] forehead and then removed [Client H's] glasses so she wouldn't hurt herself from them. [WKS #1] went on to tell this writer that [Client H] steals things from the classrooms and that difficult clients get away with their behavior when staff let them get away with things. [Signed by the workshop investigator]."</p> <p>On 8/25/14 at 10:25am, WKS #1's</p>						

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	<p>personnel record was reviewed and indicated training for CPI was completed 4/2014. WKS #1's record indicated an 8/13/14 at 6:15pm narrative statement on company letterhead that WKS #1 "completed retraining on CPI techniques and counseled on the following: Maintaining professionalism during a crisis situation, retaining and maintaining professionalism after a crisis situation, proper tension reduction/therapeutic rapport techniques, and gave information regarding seeking out HR (Human Resources) assistance for continued assistance." WKS #1's retraining did not indicate retraining for the prevention of abuse/neglect/and/or mistreatment, the use of specific physical restraint CPI holds, or retraining on client H's ISP/BSP plans.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Group Home Manager (GHM). The GHM indicated Client H was not picked up early on 8/6/14 from the outside day program. The GHM indicated the outside day program called the home to say an incident had occurred with Client H, Client H's nose was scratched, and the scratched area bled on 8/6/14. The GHM stated the outside workshop coordinator told the GHM that the incident investigation was determined as</p>			

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	<p>"unsubstantiated abuse" and indicated no details of the incident were shared with her.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Program Director (PD), the Clinical Supervisor (CS), and the Supported Group Living Manager (SGLM). The PD, the CS, and the SGLM indicated they had not provided administrative oversight on Client H's allegation of physical abuse at the workshop on 8/6/14. The SGLM indicated the agency did not review allegations made at the workshop and did not review investigations of abuse, neglect, and/or mistreatment completed at the workshop. The CS and the SGLM both stated they were "not aware" of Client H's allegation of abuse, neglect, and/or mistreatment at the workshop on 8/6/14. The PD indicated she was aware of the scratch on Client H's nose and that Client H had behaviors after taking a folder which did not belong to Client H. The PD stated staff "were not to put their hands on [Client H] to physically restrain her." The SGLM and the CS both indicated the agency did not use CPI interventions and that no physical interventions were reviewed or approved by the agency's Human Rights Committee. The three administrative staff indicated Client H's ISP and BSP</p>			

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	<p>plans did not include physical interventions. The three administrative staff indicated the agency used YSIS (You're Safe I'm Safe) which were not physical restraint holds. When asked what administrative oversight the agency provided at the workshop on abuse, neglect, and/or mistreatment, the SGLM indicated no corrective measures had been completed to ensure clients who attended the outside day service site #1 were protected from abuse, neglect, and/or mistreatment.</p> <p>2. An 7/29/14 BDDS report for an incident on 7/28/14 at 8:00pm, indicated Client H was sent to the emergency room and admitted after receiving client C's medications. The report indicated Client H's "heart rate was low and it was decided to keep [Client H] overnight for observation."</p> <p>-On 8/25/14 at 12:25pm, an investigation into Client H's 7/28/14 incident was reviewed. The investigation indicated Client H received client C's medications during medication administration. Discharged Staff #10 stated "she had gotten [client C's] medication ready and [client C] was in the shower, so [Discharged Staff #10] called [Client H] in to administer her meds (medications). [Discharged Staff #10] then proceeded to</p>			

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	<p>give [Client H] all of [client C's] medication." No witness statements were available for review.</p> <p>-On 8/25/14 at 11:45am, client C's record review was conducted. Client C's 5/28/14 Physician's Order indicated the following: "Alendronate 70mg (milligrams) (for bone health), Calcium with D 600mg (for nutritional health), Docusate Sodium (for constipation) 100mg, Ferrous Sulfate 325mg (for constipation), Furosemide 20mg (for edema), Invega 1.5mg (for behaviors), Invega 3mg, Lamictal 200mg (for seizures), Lamictal 50mg (for seizures), Prilosec 20mg (for stomach upset), On-Fi 20mg (for seizures), On-Fi 5mg (for seizures), and Vimpat 100mg (for seizures)."</p> <p>-An 8/1/14 BDDS report for an incident on 8/1/14 at 7:00am, indicated client G "was not given her 7:00am dose of Dilantin (for seizures)" medication. The report indicated staff had omitted the dose during medication administration and staff's medication passing privileges were suspended until staff was retrained and observed by the nurse.</p> <p>On 8/25/14 at 12:20pm, client G's 5/28/14 "Physician's Order" indicated "Dilantin" for seizures medication.</p>						

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	<p>-A 6/23/14 BDDS report for an incident on 6/22/14 at 7:00pm, indicated client E "did not receive her 8:00pm dose of Clozapine (for schizophrenia) 200mg from 6/14/14 to 6/21/14. [Client E] receives 200mg three times a day."</p> <p>On 8/25/14 at 12:15pm, client E's 5/28/14 "Physician's Order" indicated "Clozapine 200mg" three times a day.</p> <p>On 8/25/14 at 12:35pm, an interview was conducted with the SGLM. The SGLM indicated the facility did not need to obtain witness statements because Discharged Staff #10 admitted she had pre set client C's medications. Discharged Staff #10 stated she handed the pre set medications for client C to client H. The SGLM indicated Discharged Staff #10 immediately reported her error and Discharged Staff #10 was instructed to take client H to the emergency room at the hospital. The SGLM indicated Discharged Staff #10 was terminated from employment because of this incident. The SGLM indicated the new PD was present in the group home, hired after the incident occurred and indicated there had not been other corrective actions taken to monitor staff to client medication administration.</p>						

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	<p>On 8/25/14 at 12:30pm, a review was completed of the 10/2005 "Bureau of Developmental Disability Services Policy and Guidelines." The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to: facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility policy indicated the facility would thoroughly investigate allegations of abuse, neglect, and mistreatment of clients.</p> <p>On 8/25/14 at 12:30pm, a review of the facility's 6/2011 "Operations Standard. Reporting and Investigating abuse/neglect/exploitation/mistreatment," indicated "ResCare Northern Region Indiana staff actively advocate for the rights and safety of all individuals...ResCare strictly prohibits abuse/neglect/exploitation. All allegations or occurrences of abuse/neglect/exploitation/mistreatment..."</p>						

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W000154	<p>will be thoroughly investigated under the policies of ResCare Northern Region Indiana...."</p> <p>On 8/25/14 at 12:30pm, the facility's 6/2011 Operations Standard Reporting Abuse, Neglect, Exploitation, and/or Mistreatment indicated in part, "ResCare strictly prohibits abuse/neglect/exploitation/mistreatment." All incident reports are used as a basis for examining individual safety, are tracked through a database and reviewed by ResCare Northern Region Indiana management team, support team and safety committee. The database allows for examination of trends in incidents per home, individual, location, type of injury, etc. The safety committee will make recommendations to the management team to improve the quality of services provided to individual (sic)....."</p> <p>This deficiency was cited on 6/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00149563.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p>						

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	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review, and interview, the facility failed to document a thorough investigation for 2 of 2 allegations (for client H) of abuse, neglect, and/or mistreatment.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/25/14 at 11:20am and included the following:</p> <ol style="list-style-type: none"> 1. An 8/7/14 BDDS report for an incident on 8/6/14 at 1:45pm, indicated client H was at the outside day services program. The report indicated client H "was found...to have a folder she had taken from one of the classrooms. It was a folder that contained paperwork for staff to complete daily documentation" at the day program. The report indicated client H's "ISP (Individual Support Plan) objective (were implemented and) [client H] was redirected by staff that this was not her folder and that [client H] needed to return it to staff. [Client H] refused to return the folder, and immediately became verbally aggressive toward [Workshop Staff #1 (WKS)]. [Client H] 	W000154	<p>The facility will have evidence that all alleged violations are thoroughly investigated. The governing body will exercise general policy, budget, and operating direct over the facility. When the facility receives a BDDS report or an investigation for an incident from an outside service, an internal review of that investigation/report will be completed by the Clinical Supervisor and Program Manager to ensure that outside services meet the clients identified needs of supervision and to prevent clients from further abuse, neglect and/or mistreatment. The Operations team met with the outside services on 10/1/14 to discuss communication between the two agencies to define how investigations will be conducted and reviewed by both agencies to assure that all clients are protected from abuse, neglect and/or mistreatment. When an investigation is warranted, outside services administration will contact the Clinical Supervisor to participate in the investigation. Additionally, administrators from both agencies will meet on a monthly basis for three months and quarterly thereafter to review and discuss any concerns. . The ISP/BSP for client H has been revised to include YSIS and CPI techniques. All residential staff</p>	10/12/2014

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	<p>was yelling and swearing...[client H's] verbal aggression then led to her becoming physically aggressive....." The report indicated "When questioned, [WKS #1] stated that [WKS #1] was blocking [client H's] physical aggression by putting [WKS #1's] hands up to block [client H] from hitting her. [WKS #1] also said that [client H] has a history of hitting her head when she is upset, so [WKS #1] was trying to prevent [client H] from banging her head and also blocking her from hitting other staff or peers." The report indicated "At one point [WKS #1] stated she grabbed [client H's] upper left arm at the bicep area to prevent her from hitting the other staff member and [client H's] arm slipped out of her grab (sic)...[WKS #1] had placed her hand on [client H's] forehead to block her from banging her head." The report indicated WKS #1 had removed client H's glasses during the altercation, redirected client H to "another area", and had requested additional staff to come and assist WKS #1 during the incident. The report indicated "Another staff [WKS #2 and WKS #3] had overheard [client H's] outburst and came to assist" and WKS #1 stepped away. The report indicated WKS #2 and WKS #3 both talked to client H to calm her down and "noticed...a small red area at [client H's] nostril area. Initially</p>		<p>have been retrained on YSIS techniques and all workshop staff have been retrained on CPI techniques. The QIDP will meet weekly with the Clinical Supervisor to review incident documentation and completed investigations to assure they have been completed thoroughly. All staff were retrained on medication administration policies and procedures. The Residential Manager and/or the QIDP will complete weekly outside day service observations. The Residential Manager and QIDP each will complete one med pass observation weekly. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed. The agency nurse will complete medication pass observations once monthly.</p>	

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	<p>staff thought [client H's] nose was bleeding from inside. Therefore, neurological checks were begun. Upon further investigation, [client H] was found to have a small cut on her nose that had slight bleeding."</p> <p>The 8/7/14 BDDS report indicated "Plan to Resolve: Staff notified [Name of Day Services administrator] immediately," staff witness statements were obtained, and client H was interviewed. The information indicated client H expressed conflicting statements for the cause of how her nose was bleeding. The information indicated "The result of this investigation indicates that [WKS #1] was not physically abusive to [client H]. Emergency physical restraints was (sic) used to prevent [client H] from hurting herself or others. According to [the facility's Group Home Manager (GHM)] [client H's] behavior support plan is already in the process of being revised to include physical restraint as needed. [WKS #1] will receive corrective action as per [workshop name] Policy. Additionally [WKS #1] will participate in a one-on-one retraining session with Passages CPI (Crisis Physical Intervention) instructor to review this incident to clarify proper CPI techniques to be used if needed in the future."</p>			

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	<p>On 8/25/14 at 12:00pm, client H's record was reviewed. Client H's 9/17/13 ISP (Individual Support Plan) and 10/1/13 BSP (Behavior Support Plan) both indicated targeted behaviors of "Social Behavior of touching, personal space, and stealing and Self abusive behavior defined as picking at skin." The plan did not include any type of physical redirection such as CPI or YSIS (You're Safe/I'm Safe). Client H's 10/1/13 BSP indicated client H will not obsess and "will practice good coping strategies to perform rather than resorting to repetitive questioning...will decrease the number of episodes of Inappropriate Social Behavior to no more than 40 episodes per month...Self Injurious Behavior defined as skin picking, head banging...will decrease the number of episodes of Self Abusive Behavior as a result of a decreased ability to cope with the immediate environment...to no more than 5 episodes per month...." Client H's plan was updated 7/22/14 to include "Physical Aggression with Mood Disorder...YSIS (You're Safe I'm Safe) approved two person standing and/or sitting restraint to assist [Client H] in calming herself...." Client H's plans did not include physical restraints of CPI and did not include restraining Client H's head and arms. No evidence was available for review to indicate the workshop staff had received</p>			

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	<p>documented training on Client H's plans.</p> <p>On 8/25/14 from 7:00am until 8:25am, observation and interviews were conducted at the group home with Client H, Group Home Staff (GHS) #1, GHS #2, and GHS #3. From 7:00am until 8:25am, Client H carried a stack of folders from room to room. At 7:50am, GHS #2 and GHS #3 both indicated Client H was verbally redirected by staff and responded to verbal redirection. Both staff indicated Client H had not required physical interventions because Client H's behaviors could be redirected verbally. At 8:00am, GHS #1 spoke to Client H and asked her to select one or two folders to take to work with her instead of the stack of folders. At 8:00am, GHS #1 stated Client H "obsessed over folders" and would collect folders or "anything" that was left laying as Client H's own. GHS #1 stated Client H was "easily redirected" verbally and "we never put our hands on her" because Client H "escalates when the redirection turned to control."</p> <p>On 8/25/14 from 9:05am until 10:35am, observation and interviews at the facility's outside day service site #1 was conducted. From 9:05am until 10:35am, Client H was observed in the classroom. At 9:35am, Workshop staff (WKS) #4</p>						

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	<p>was in the classroom with Client H. A folder laid in the middle of the table with workshop paperwork inside the folder and Client H asked WKS #4 "Can I have that" pointing to the folder on the table. WKS #4 stated "No, I need that folder, I only have a few" and thanked Client H for asking. At 9:35am, WKS #4 stated the staff at the workshop "never used physical restraints or put our hands on her" because Client H would bang her head when physical restraints were used. WKS #4 stated Client H "can be easily verbally redirected" and indicated Client H was offered activities to replace her behaviors.</p> <p>On 8/25/14 at 9:50am, an interview was conducted with WKS #1. WKS #1 stated she was trained "most recently in CPI in February, 2014" and indicated she did not know what YSIS interventions were. WKS #1 stated on 8/6/14 in the classroom "I was working alone, [Client H] went bonkers and I was working alone. I thought she was going to bang her head on the table and I put my hand on her forehead." WKS #1 stated Client H "had tilted her head back, like she was winding up to bash it on the table, I put my hand hard on her forehead and held it back so she would not hit her head." WKS #1 stated the incident was over a "folder" and stated "I took it away from</p>			

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	<p>[Client H] because she had stolen it from another classroom, after I took it away from [Client H], that was when she went bonkers." WKS #1 stated "No, [Client H] had not" demonstrated self injurious behavior before WKS #1 "restrained her forehead." WKS #1 indicated the pressure she applied to Client H's forehead pulled Client H's head backward and WKS #1 had been standing over Client H who was sitting at a table. WKS #1 indicated she was suspended for one day and then asked to return to work. WKS #1 stated "I would hold her head again, I would not change one action I did that day." WKS #1 indicated Client H had not demonstrated Self Injurious Behavior before WKS #1 applied the physical restraints. WKS #1 indicated Client H remained seated at the table throughout the incident on 8/6/14 when physical restraints had been applied to Client H's left arm and forehead. WKS #1 indicated she had not been retrained after the incident in YSIS or CPI interventions.</p> <p>On 8/25/14 at 10:25am, a review of the outside workshop investigation included WKS #1's witness statement: -WKS #1's 8/6/14 witness statement indicated Client H "had a notebook that didn't belong to her and she needed to give it back. I was trying to get the folder</p>			

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	<p>back and [Client H] was hitting me... [WKS #1] grabbed [Client H's] left arm to keep her from hitting the other staff... [Client H] slipped out of her grasp. When asked if she put her hands on [Client H], [WKS #1] replied that she put her hand on [Client H's] forehead and then removed [Client H's] glasses so she wouldn't hurt herself from them. [WKS #1] went on to tell this writer that [Client H] steals things from the classrooms and that difficult clients get away with their behavior when staff let them get away with things. [Signed by the workshop investigator]."</p> <p>On 8/25/14 at 10:25am, WKS #1's personnel record was reviewed and indicated training for CPI was completed 4/2014. WKS #1's record indicated an 8/13/14 at 6:15pm narrative statement on company letterhead that WKS #1 "completed retraining on CPI techniques and counseled on the following: Maintaining professionalism during a crisis situation, retaining and maintaining professionalism after a crisis situation, proper tension reduction/therapeutic rapport techniques, and gave information regarding seeking out HR (Human Resources) assistance for continued assistance." WKS #1's retraining did not indicate retraining for the prevention of abuse/neglect/and/or mistreatment, the</p>			
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	<p>use of specific physical restraint CPI holds, or retraining on client H's ISP/BSP plans.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Group Home Manager (GHM). The GHM indicated Client H was not picked up early on 8/6/14 from the outside day program. The GHM indicated the outside day program called the home to say an incident had occurred with Client H, Client H's nose was scratched, and the scratched area bled on 8/6/14. The GHM stated the outside workshop coordinator told the GHM that the incident investigation was determined as "unsubstantiated abuse" and indicated no details of the incident were shared with her.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Program Director (PD), the Clinical Supervisor (CS), and the Supported Group Living Manager (SGLM). The PD, the CS, and the SGLM indicated they had not provided administrative oversight on Client H's allegation of physical abuse at the workshop on 8/6/14. The SGLM indicated the agency did not review allegations made at the workshop and did not review investigations of abuse, neglect, and/or mistreatment completed</p>						

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	<p>at the workshop. The CS and the SGLM both stated they were "not aware" of Client H's allegation of abuse, neglect, and/or mistreatment at the workshop on 8/6/14. The PD indicated she was aware of the scratch on Client H's nose and that Client H had behaviors after taking a folder which did not belong to Client H. The PD stated staff "were not to put their hands on [Client H] to physically restrain her." The SGLM and the CS both indicated the agency did not use CPI interventions and that no physical interventions were reviewed nor approved by the agency's Human Rights Committee. The three administrative staff indicated Client H's ISP and BSP plans did not include physical interventions. The three administrative staff indicated the agency used YSIS (You're Safe I'm Safe) which were not physical restraint holds. When asked what administrative oversight the agency provided at the workshop on abuse, neglect, and/or mistreatment, the SGLM indicated no corrective measures had been completed to ensure clients who attended the outside day service site #1 were protected from abuse, neglect, and/or mistreatment.</p> <p>2. A 7/29/14 BDDS report for an incident on 7/28/14 at 8:00pm, indicated Client H was sent to the emergency room</p>			

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	<p>and admitted after receiving client C's medications. The report indicated Client H's "heart rate was low and it was decided to keep [Client H] overnight for observation."</p> <p>-On 8/25/14 at 12:25pm, an investigation into Client H's 7/28/14 incident was reviewed. The investigation indicated Client H received client C's medications during medication administration. Discharged Staff #10 stated "she had gotten [client C's] medication ready and [client C] was in the shower, so [Discharged Staff #10] called [Client H] in to administer her meds (medications). [Discharged Staff #10] then proceeded to give [Client H] all of [client C's] medication." No witness statements were available for review.</p> <p>-On 8/25/14 at 11:45am, client C's record review was conducted. Client C's 5/28/14 Physician's Order indicated the following: "Alendronate 70mg (milligrams) (for bone health), Calcium with D 600mg (for nutritional health), Docusate Sodium (for constipation) 100mg, Ferrous Sulfate 325mg (for constipation), Furosemide 20mg (for edema), Invega 1.5mg (for behaviors), Invega 3mg, Lamictal 200mg (for seizures), Lamictal 50mg (for seizures), Prilosec 20mg (for stomach upset), On-Fi</p>				

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	<p>20mg (for seizures), On-Fi 5mg (for seizures), and Vimpat 100mg (for seizures)."</p> <p>On 8/25/14 at 12:35pm, an interview was conducted with the SGLM. The SGLM indicated the facility did not need to obtain witness statements because Discharged Staff #10 admitted she had pre set client C's medications. Discharged Staff #10 stated she handed the pre set medications for client C to client H. The SGLM indicated Discharged Staff #10 immediately reported her error and Discharged Staff #10 was instructed to take client H to the emergency room at the hospital. The SGLM indicated Discharged Staff #10 was terminated from employment because of this incident. The SGLM indicated the new PD was present in the group home hired after the incident occurred and indicated there had not been other corrective actions taken to monitor staff to client medication administration.</p> <p>This deficiency was cited on 6/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00149563.</p> <p>9-3-2(a)</p>						

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, for 2 of 3 sampled clients (clients E and H) and 1 additional client (client G), the facility failed to complete effective corrective action to address allegations of abuse/neglect for client H and clients E, G, and H's medication errors.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/25/14 at 11:20am and included the following:</p> <p>1. An 8/7/14 BDDS report for an incident on 8/6/14 at 1:45pm, indicated client H was at the facility outside day services program. The report indicated client H "was found...to have a folder she had taken from one of the classrooms. It was a folder that contained paperwork for staff to complete daily documentation" at the day program. The report indicated client H's "ISP (Individual Support Plan) objective (were implemented and) [client</p>	W000157	<p>The facility will have evidence that all alleged violations are thoroughly investigated. The governing body will exercise general policy, budget, and operating direct over the facility. When the facility receives a BDDS report or an investigation for an incident from an outside service, an internal review of that investigation/report will be completed by the Clinical Supervisor and Program Manager to ensure that outside services meet the clients identified needs of supervision and to prevent clients from further abuse, neglect and/or mistreatment. The Operations team met with the outside services on 10/1/14 to discuss communication between the two agencies to define how investigations will be conducted and reviewed by both agencies to assure that all clients are protected from abuse, neglect and/or mistreatment. When an investigation is warranted, outside services administration will contact the Clinical Supervisor to participate in the investigation. Additionally, administrators will meet on a monthly basis for three months and quarterly thereafter to review and</p>	10/12/2014

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	<p>H] was redirected by staff that this was not her folder and that [client H] needed to return it to staff. [client H] refused to return the folder, and immediately became verbally aggressive toward [Workshop Staff #1 (WKS)]. [Client H] was yelling and swearing...[Client H's] verbal aggression then led to her becoming physically aggressive...." The report indicated "When questioned, [WKS #1] stated that [WKS #1] was blocking [client H's] physical aggression by putting [WKS #1's] hands up to block [client H] from hitting her. [WKS #1] also said that [client H] has a history of hitting her head when she is upset, so [WKS #1] was trying to prevent [client H] from banging her head and also blocking her from hitting other staff or peers." The report indicated "At one point [WKS #1] stated she grabbed [client H's] upper left arm at the bicep area to prevent her from hitting the other staff member and [client H's] arm slipped out of her grab (sic)...[WKS #1] had placed her hand on [client H's] forehead to block her from banging her head." The report indicated WKS #1 had removed client H's glasses during the altercation, redirected client H to "another area", and had requested additional staff to come and assist WKS #1 during the incident. The report indicated "Another staff [WKS #2 and</p>		<p>discuss any concerns. The ISP/BSP for client H has been revised to include YSIS and CPI techniques. All residential staff have been retrained on YSIS techniques and all workshop staff have been retrained on CPI techniques. The QIDP will meet weekly with the Clinical Supervisor to review incident documentation and completed investigations to assure they have been completed thoroughly. All staff were retrained on medication administration policies and procedures. The Residential Manager and/or the QIDP will complete weekly outside day service observations. The Residential Manager and QIDP each will complete one med pass observation weekly. The Residential Manager and QIDP will complete medication pass observations weekly. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed. The agency nurse will complete medication pass observations once monthly.</p>	

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	<p>WKS #3] had overheard [client H's] outburst and came to assist" and WKS #1 stepped away. The report indicated WKS #2 and WKS #3 both talked to client H to calm her down and "noticed...a small red area at [client H's] nostril area. Initially staff thought [client H's] nose was bleeding from inside. Therefore, neurological checks were begun. Upon further investigation, [client H] was found to have a small cut on her nose that had slight bleeding."</p> <p>The 8/7/14 BDDS report indicated "Plan to Resolve: Staff notified [Name of Day Services administrator] immediately," staff witness statements were obtained, and client H was interviewed. The information indicated client H expressed conflicting statements for the cause of how her nose was bleeding. The information indicated "The result of this investigation indicates that [WKS #1] was not physically abusive to [client H]. Emergency physical restraints was (sic) used to prevent [client H] from hurting herself or others. According to [the facility's Group Home Manager (GHM)] [client H's] behavior support plan is already in the process of being revised to include physical restraint as needed. [WKS #1] will receive corrective action as per [workshop name] Policy. Additionally [WKS #1] will participate in</p>						

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	<p>a one-on-one retraining session with Passages CPI (Crisis Physical Intervention) instructor to review this incident to clarify proper CPI techniques to be used if needed in the future."</p> <p>On 8/25/14 at 12:00pm, client H's record was reviewed. Client H's 9/17/13 ISP (Individual Support Plan) and 10/1/13 BSP (Behavior Support Plan) both indicated targeted behaviors of "Social Behavior of touching, personal space, and stealing and Self abusive behavior defined as picking at skin." The plan did not include any type of physical redirection such as CPI or YSIS (You're Safe/I'm Safe). Client H's 10/1/13 BSP indicated client H will not obsess and "will practice good coping strategies to perform rather than resorting to repetitive questioning...will decrease the number of episodes of Inappropriate Social Behavior to no more than 40 episodes per month...Self Injurious Behavior defined as skin picking, head banging...will decrease the number of episodes of Self Abusive Behavior as a result of a decreased ability to cope with the immediate environment...to no more than 5 episodes per month...." Client H's plan was updated 7/22/14 to include "Physical Aggression with Mood Disorder...YSIS (You're Safe I'm Safe) approved two person standing and/or sitting restraint to</p>				

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	<p>assist [Client H] in calming herself..."</p> <p>Client H's plans did not include physical restraints of CPI, did not include restraining Client H's head or arms. No evidence was available for review to indicate that the workshop staff had received documented training on Client H's plans.</p> <p>On 8/25/14 from 7:00am until 8:25am, observation and interviews were conducted at the group home with Client H, Group Home Staff (GHS) #1, GHS #2, and GHS #3. From 7:00am until 8:25am, Client H carried a stack of folders from room to room. At 7:50am, GHS #2 and GHS #3 both indicated Client H was verbally redirected by staff and responded to verbal redirection. Both staff indicated Client H had not required physical interventions because Client H's behaviors could be redirected verbally. At 8:00am, GHS #1 spoke to Client H and asked her to select one or two folders to take to work with her instead of the stack of folders. At 8:00am, GHS #1 stated Client H "obsessed over folders" and would collect folders or "anything" that was left laying as Client H's own. GHS #1 stated Client H was "easily redirected" verbally and "we never put our hands on her" because Client H "escalates when the redirection turned to control."</p>			

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	<p>On 8/25/14 from 9:05am until 10:35am, observation and interviews at the facility's outside day service site #1 was conducted. From 9:05am until 10:35am, Client H was observed in the classroom. At 9:35am, Workshop staff (WKS) #4 was in the classroom with Client H. A folder laid in the middle of the table with workshop paperwork inside the folder and Client H asked WKS #4 "Can I have that" pointing to the folder on the table. WKS #4 stated "No, I need that folder, I only have a few" and thanked Client H for asking. At 9:35am, WKS #4 stated the staff at the workshop "never used physical restraints or put our hands on her" because Client H would bang her head when physical restraints were used. WKS #4 stated Client H "can be easily verbally redirected" and indicated Client H was offered activities to replace her behaviors.</p> <p>On 8/25/14 at 9:50am, an interview was conducted with WKS #1. WKS #1 stated she was trained "most recently in CPI in February, 2014" and indicated she did not know what YSIS interventions were. WKS #1 stated on 8/6/14 in the classroom "I was working alone, [Client H] went bonkers and I was working alone. I thought she was going to bang her head on the table and I put my hand</p>						

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	<p>on her forehead." WKS #1 stated Client H "had tilted her head back, like she was winding up to bash it on the table, I put my hand hard on her forehead and held it back so she would not hit her head."</p> <p>WKS #1 stated the incident was over a "folder" and stated "I took it away from [Client H] because she had stolen it from another classroom, after I took it away from [Client H], that was when she went bonkers." WKS #1 stated "No, [Client H] had not" demonstrated self injurious behavior before WKS #1 "restrained her forehead." WKS #1 indicated the pressure she applied to Client H's forehead pulled Client H's head backward and WKS #1 had been standing over Client H who was sitting at a table.</p> <p>WKS #1 indicated she was suspended for one day and then asked to return to work. WKS #1 stated "I would hold her head again, I would not change one action I did that day." WKS #1 indicated Client H had not demonstrated Self Injurious Behavior before WKS #1 applied the physical restraints. WKS #1 indicated Client H remained seated at the table throughout the incident on 8/6/14 when physical restraints had been applied to Client H's left arm and forehead. WKS #1 indicated she had not been restrained after the incident in YSIS nor CPI interventions.</p>			

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	<p>On 8/25/14 at 10:25am, a review of the outside services investigation included WKS #1's witness statement: -WKS #1's 8/6/14 witness statement indicated Client H "had a notebook that didn't belong to her and she needed to give it back. I was trying to get the folder back and [Client H] was hitting me... [WKS #1] grabbed [Client H's] left arm to keep her from hitting the other staff... [Client H] slipped out of her grasp. When asked if she put her hands on [Client H], [WKS #1] replied that she put her hand on [Client H's] forehead and then removed [Client H's] glasses so she wouldn't hurt herself from them. [WKS #1] went on to tell this writer that [Client H] steals things from the classrooms and that difficult clients get away with their behavior when staff let them get away with things. [Signed by the workshop investigator]."</p> <p>On 8/25/14 at 10:25am, WKS #1's personnel record was reviewed and indicated training for CPI was completed 4/2014. WKS #1's record indicated an 8/13/14 at 6:15pm narrative statement on company letterhead that WKS #1 "completed retraining on CPI techniques and counseled on the following: Maintaining professionalism during a crisis situation, retaining and maintaining professionalism after a crisis situation,</p>						

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	<p>proper tension reduction/therapeutic rapport techniques, and gave information regarding seeking out HR (Human Resources) assistance for continued assistance." WKS #1's retraining did not indicate retraining for the prevention of abuse/neglect/and/or mistreatment and the use of specific physical restraint CPI holds, or retraining on client H's ISP/BSP plans.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Group Home Manager (GHM). The GHM indicated Client H was not picked up early on 8/6/14 from the outside day program. The GHM indicated the outside day program called the home to say an incident had occurred with Client H, Client H's nose was scratched, and the scratched area bled on 8/6/14. The GHM stated the outside workshop coordinator told the GHM that the incident investigation was determined as "unsubstantiated abuse" and indicated no details of the incident were shared with her.</p> <p>On 8/25/14 at 11:20am, an interview was conducted with the Program Director (PD), the Clinical Supervisor (CS), and the Supported Group Living Manager (SGLM). The PD, the CS, and the SGLM indicated they had not provided</p>						

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	<p>administrative oversight on Client H's allegation of physical abuse at the workshop on 8/6/14. The SGLM indicated the agency did not review allegations made at the workshop and did not review investigations of abuse, neglect, and/or mistreatment completed at the workshop. The CS and the SGLM both stated they were "not aware" of Client H's allegation of abuse, neglect, and/or mistreatment at the workshop on 8/6/14. The PD indicated she was aware of the scratch on Client H's nose and that Client H had behaviors after taking a folder which did not belong to Client H. The PD stated staff "were not to put their hands on [Client H] to physically restrain her." The SGLM and the CS both indicated the agency did not use CPI interventions and that no physical interventions were reviewed or approved by the agency's Human Rights Committee. The three administrative staff indicated Client H's ISP and BSP plans did not include physical interventions. The three administrative staff indicated the agency used YSIS (You're Safe I'm Safe) which were not physical restraint holds. When asked what administrative oversight the agency provided at the workshop on abuse, neglect, and/or mistreatment, the SGLM indicated no corrective measures had been completed to ensure clients who</p>			
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	<p>attended the outside day service site #1 were protected from abuse, neglect, and/or mistreatment.</p> <p>2. An 7/29/14 BDDS report for an incident on 7/28/14 at 8:00pm, indicated Client H was sent to the emergency room and admitted after receiving client C's medications. The report indicated Client H's "heart rate was low and it was decided to keep [Client H] overnight for observation."</p> <p>-On 8/25/14 at 12:25pm, an investigation into Client H's 7/28/14 incident was reviewed. The investigation indicated Client H received client C's medications during medication administration. Discharged Staff #10 stated "she had gotten [client C's] medication ready and [client C] was in the shower, so [Discharged Staff #10] called [Client H] in to administer her meds (medications). [Discharged Staff #10] then proceeded to give [Client H] all of [client C's] medication." No corrective measures were available for review.</p> <p>-On 8/25/14 at 11:45am, client C's record review was conducted. Client C's 5/28/14 Physician's Order indicated the following: "Alendronate 70mg (milligrams) (for bone health), Calcium with D 600mg (for nutritional health),</p>			

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	<p>Docusate Sodium (for constipation) 100mg, Ferrous Sulfate 325mg (for constipation), Furosemide 20mg (for edema), Invega 1.5mg (for behaviors), Invega 3mg, Lamictal 200mg (for seizures), Lamictal 50mg (for seizures), Prilosec 20mg (for stomach upset), On-Fi 20mg (for seizures), On-Fi 5mg (for seizures), and Vimpat 100mg (for seizures)."</p> <p>-An 8/1/14 BDDS report for an incident on 8/1/14 at 7:00am, indicated client G "was not given her 7:00am dose of Dilantin (for seizures)" medication. The report indicated staff had omitted the dose during medication administration and staff's medication passing privileges were suspended until staff was retrained and observed by the nurse. No corrective measures were available for review.</p> <p>On 8/25/14 at 12:20pm, client G's 5/28/14 "Physician's Order" indicated "Dilantin" for seizures medication.</p> <p>-A 6/23/14 BDDS report for an incident on 6/22/14 at 7:00pm, indicated client E "did not receive her 8:00pm dose of Clozapine (for schizophrenia) 200mg from 6/14/14 to 6/21/14. [Client E] receives 200mg three times a day." No corrective measures were available for review.</p>						

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	<p>On 8/25/14 at 12:15pm, client E's 5/28/14 "Physician's Order" indicated "Clozapine 200mg" three times a day.</p> <p>On 8/25/14 at 12:35pm, an interview was conducted with the SGLM. The SGLM indicated the facility did not need to obtain witness statements because Discharged Staff #10 admitted she had pre set client C's medications. Discharged Staff #10 stated she handed the pre set medications for client C to client H. The SGLM indicated Discharged Staff #10 immediately reported her error and Discharged Staff #10 was instructed to take client H to the emergency room at the hospital. The SGLM indicated Discharged Staff #10 was terminated from employment because of this incident. The SGLM indicated the new PD was present in the group home, hired after the incident occurred, and indicated there had not been other corrective actions taken to monitor staff to client medication administration.</p> <p>This deficiency was cited on 6/17/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00149563.</p>						

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W000368	<p>9-3-2(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review, and interview, the facility failed to administer medications according to physician's orders for 2 of 3 sampled clients (clients E and H) and 1 additional client (client G).</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/25/14 at 11:20am and included the following:</p> <p>1. A 7/29/14 BDDS report for an incident on 7/28/14 at 8:00pm, indicated Client H was sent to the emergency room and admitted after receiving client C's medications. The report indicated Client H's "heart rate was low and it was decided to keep [Client H] overnight for observation."</p> <p>-On 8/25/14 at 12:25pm, an investigation</p>	W000368	<p>The system for drug administration will assure that all drugs are administered in compliance with the physician's orders. All staff were retrained on medication administration policies and procedures. To prevent future occurrences of medication errors, the Residential Manager and QIDP each will complete one med pass observation weekly. The agency nurse will complete medication pass observations once monthly.</p>	10/12/2014

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>into Client H's 7/28/14 incident was reviewed. The investigation indicated Client H received client C's medications during medication administration. Discharged Staff #10 stated "she had gotten [client C's] medication ready and [client C] was in the shower, so [Discharged Staff #10] called [Client H] in to administer her meds (medications). [Discharged Staff #10] then proceeded to give [Client H] all of [client C's] medication." No witness statements were available for review.</p> <p>-On 8/25/14 at 11:45am, client C's record review was conducted. Client C's 5/28/14 Physician's Order indicated the following: "Alendronate 70mg (milligrams) (for bone health), Calcium with D 600mg (for nutritional health), Docusate Sodium (for constipation) 100mg, Ferrous Sulfate 325mg (for constipation), Furosemide 20mg (for edema), Invega 1.5mg (for behaviors), Invega 3mg, Lamictal 200mg (for seizures), Lamictal 50mg (for seizures), Prilosec 20mg (for stomach upset), On-Fi 20mg (for seizures), On-Fi 5mg (for seizures), and Vimpat 100mg (for seizures)."</p> <p>2. An 8/1/14 BDDS report for an incident on 8/1/14 at 7:00am, indicated client G "was not given her 7:00am dose</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G236		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/12/2014	
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	<p>of Dilantin (for seizures)" medication. The report indicated staff had omitted the dose during medication administration and staff's medication passing privileges were suspended until staff was retrained and observed by the nurse.</p> <p>On 8/25/14 at 12:20pm, client G's 5/28/14 "Physician's Order" indicated "Dilantin" for seizures medication.</p> <p>3. A 6/23/14 BDDS report for an incident on 6/22/14 at 7:00pm, indicated client E "did not receive her 8:00pm dose of Clozapine (for schizophrenia) 200mg from 6/14/14 to 6/21/14. [Client E] receives 200mg three times a day."</p> <p>On 8/25/14 at 12:15pm, client E's 5/28/14 "Physician's Order" indicated "Clozapine 200mg" three times a day.</p> <p>On 8/25/14 at 12:35pm, an interview was conducted with the SGLM. The SGLM indicated the facility did not need to obtain witness statements because Discharged Staff #10 admitted she had pre set client C's medications. Discharged Staff #10 stated she handed the pre set medications for client C to client H. The SGLM indicated Discharged Staff #10 immediately reported her error and Discharged Staff #10 was instructed to take client H to the</p>						

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	emergency room at the hospital. The SGLM indicated Discharged Staff #10 was terminated from employment because of this incident. The SGLM indicated client medications should be administered according to physician's orders. 9-3-6(a)				