STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G518	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	8217 LIEBER RD INDIANAPOLIS, IN 46260

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W 0000 Bldg. 00	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: January 7, 8, 13, 14 and 15, 2016. Facility Number: 001032 Provider Number: 15G518 AIM Number: 100245240 These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/25/16.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's rights were not restricted without assessed need in regard	W 0104	**CORRECTION:** *The Governing body must exercise general policy, budget and operating direction over the facility.* Specifically: Through assessment, the team	02/14/2016

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

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

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	to locking the knives. The governing body failed to exercise general policy, budget, and operating direction over the facility to prevent the neglect of client #2 in regard to failure to provide adequate supervision and to prevent the exploitation of client #1 in regard to the theft of her television. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the Qualified Intellectual Disabilities Professional (QIDP) integrated, coordinated and monitored the clients' active treatment programs. Findings include: 1. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the clients' rights were not restricted without assessed need in regard to the locking of knives within the home for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W125. 2. The governing body failed to exercise general policy, budget, and operating direction over the facility to prevent the neglect of client #2 in regard to failure to provide adequate supervision and to		has determined that the clients whose behavior necessitated the use of door alarms and the use of locked closets to protect housemates' personal belongings no longer reside at the facility. Therefore the sharp knives will no longer be secured. **PERVENTION:** The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assessing clients' need for restrictive programs and their ability to give informed consent. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents and perform visual assessments of the facility	

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	prevent the theft of client #1's television. Please see W149. 3. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored the clients' active treatment programs. Please see W159. 9-3-1(a)		no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring unnecessary rights restrictions are not in place and that rights restrictions are implemented only after appropriate due process. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Operations Team	
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients' rights were not restricted without assessed need in regard to the locking of sharp knives within the	W 0125	**CORRECTION:** *The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility,*	02/14/2016

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	home. Findings include: Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 1/7/16 between 4 PM and 6:15 PM. At 4:57 PM client #1 was in the kitchen preparing a salad independently for the evening meal. Client #1 was asked if she was restricted from anything in the home. Client #1 stated, "Yep, the sharp knives. We have to ask if we want to use a knife to cook with." Client #1 indicated the knives were locked because client #2 had threatened to hurt the staff. Staff #2 was also in the kitchen and was asked if the sharp knives were locked. Staff #2 stated client #2 had "some behaviors a few weeks ago and the knives have been locked ever since." Staff #2 indicated all sharp knives were locked in the medication room and all clients living in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8) had to ask the staff to get the knives out of the medication room for them if needed. The facility reportable and investigative records were reviewed on 1/7/16 at 2 PM and on 1/13/16 at 11 AM. The reports indicated no reportable incidents involving sharp knives for clients #1, #2,		*and as citizens of the United States, including the right to file complaints, and the right to due process.* Specifically, through assessment, the team has determined that the clients whose behavior necessitated the use of door alarms and the use of locked closets to protect housemates' personal belongings no longer reside at the facility. Therefore the sharp knives will no longer be secured. **PERVENTION:** The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assessing clients' need for restrictive programs and their ability to give informed consent. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager,	

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	#3, #4, #5, #6, #7 and #8. Client #1's record was reviewed on 1/13/16 at 12 PM. Client #1's record indicated no assessment and/or program plan requiring the sharp knives to be locked. Client #2's record was reviewed on 1/13/16 at 1 PM. Client #2's record indicated no assessment and/or program plan requiring the sharp knives to be locked. Client #3's record was reviewed on 1/13/16 at 10 AM. Client #3's record indicated no assessment and/or program plan requiring the sharp knives to be locked. Client #4's record was reviewed on 1/13/16 at 11 AM. Client #4's record indicated no assessment and/or program plan requiring the sharp knives to be locked. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 1 PM, the QIDP: __Indicated she was not aware the sharp knives were locked within the home. __Indicated no assessed need to lock the knives within the home for clients #1, #2, #3, #4, #5, #6, #7 and #8.		Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents and perform visual assessments of the facility no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring unnecessary rights restrictions are not in place and that rights restrictions are implemented only after appropriate due process. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Operations Team	

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	9-3-2(a)			
W 0149 Bldg. 00	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 observations, record review and interview for 2 of 4 sampled clients (#1 and #2), the facility failed to implement its policy and procedures to prevent the neglect of client #2 in regard to supervision and failed to prevent the exploitation of client #1's television. Findings include: 1. Observations were conducted at the group home on 1/7/16 between 4 PM and 6:15 PM and on 1/8/16 between 5:35 AM and 8 AM. During both observation periods client #2 stayed mostly in her bedroom and freely used her mobile phone and electronic devices. The staff did not check on client #2 every 35 minutes and/or monitor client #2 while using her electronic devices. The facility reportable and investigative records were reviewed on 1/7/16 at 2 PM and on 1/13/16 at 11 AM.	W 0149	**CORRECTION:** *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.* Specifically: The Governing Body will develop a specific inventory and monitoring process to assure items purchased during spend downs are secure and protected from theft. Specifically for Client #2, the interdisciplinary team has assessed that Client #2 requires 24-hour supervision to ensure health and safety and her alone time has been suspended. Additionally, the IDT has assessed that Client #2 can only access social media safely under	02/14/2016

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	The 10/20/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/19/15 "While using interdisciplinary team approved alone time, [client #2] had a male companion from her previous provider visit her home which is our [name of group home] service site. [Client #2] has been assessed to have alone time and also has been assessed as being able to give informed consent for intimate sexual activity but was not known to be sexually active. [Client #2] is emancipated and has a health care representative [name of representative] who has been notified as well as the administration team and facility nurse. [Client #2] also informed her Residential Manager (RM) that she had consensual intercourse and she invited her male companion to visit during her alone time.... Plan to Resolve (Immediate and Long Term): Team has met and there is a temporary removal of alone time for 30 days while client #2 is re-assessed. Residential Manager is setting up a professional sexual education class to insure that [client #2] is always practicing safe intercourse. Residential Manager will also look into additional counseling for [client #2]. It has been explained to [client #2] that she is allowed visitors but ResCare will insure her safety by having a staff present during		direct supervision and her Behavior Support Plan will be modified accordingly. **PREVENTION:** The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment and interdisciplinary input, to assure client safety and freedom from neglect. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents and perform visual assessments of the facility no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring appropriate assessment occurs as required and appropriate supports and interventions are developed accordingly to ensure that adequate protective oversight is	

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	all visits. The circumstances of the incident are under investigation." Review of the 10/20/15 investigative statements indicated: __The maintenance staff had stopped by the group home earlier in the day on 10/19/15, no bicycle was seen in front of the home at that time and the RM and client #2 were in the home. __The maintenance staff and the RM left the home at approximately 12:45 PM, leaving client #2 home alone. __The maintenance staff and the Qualified Intellectual Disabilities Professional (QIDP) arrived at the home around 1:45 PM and upon entering the home no staff were present, client #2 was home alone and in her bedroom. An unknown male was found in client #2's bedroom sitting on the floor in client #2's closet attempting to hide from the QIDP and the maintenance staff. __The unidentified male indicated he had gotten client #2's phone number from client #2 and the two had been texting and talking back and forth on social media. __Client #2 had invited the male to come to her home and admitted to having consensual sexual relations with the male. The 12/11/15 BDDS report indicated on		in place to provide for the health and safety of all clients. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	12/10/15 at 1:10 PM the RM received a photo from client #2's HCR (Health Care Representative). The photo was of client #2 with her top off and the client was covering her breasts with her hands. The report indicated "According to [name of HCR] that picture was sent to her from a family friend that is on [name of social media web site]. Plan to Resolve (Immediate and Long Term): The team will meet to discuss ways to ensure safety of social media to [client #2]." The 12/13/15 BDDS report indicated on 12/12/15 at 10 PM "[Client #2] told staff she was stepping outside to look at the stars. Staff went out to check on her after 5 minutes and saw an unfamiliar car in the driveway and approached. Staff observed [client #2] and an unidentified male with their clothes off. [Client #2] was redirected into the house and the male left in his vehicle. [Client #2] said she engaged in protected sex with the man. [Client #2] is an (sic) emancipated and is assessed as being able to give informed consent for intimate sexual activity. When a supervisor came to the home to arrange to take [client #2] to the hospital to rule out exposure to sexually transmitted diseases, [client #2] said she wanted to sign herself out of ResCare services and threatened to kill herself and assault staff and housemates. Based on			

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	her history, the supervisor called police to arrange for an emergency psychiatric detention. [Client #2] was transported to the [name of hospital] Emergency Department, and from there was transferred to the [name of stress center]. Stress center personnel evaluated [client #2], determined that she did not meet the criteria for admission and released her to ResCare staff.... Plan to Resolve (Immediate and Long Term): Staff are providing [client #2] with ongoing verbal emotional support. [Client #2] will receive one to one line of sight observation during waking hours and 15 minute checks while asleep for 24 hours and the interdisciplinary team will meet to assess the level of ongoing enhanced supervision [client #2] requires." Client #2's record was reviewed on 1/13/16 at 12 PM. Client #2's updated Behavior Support Plan (BSP) dated 12/15/15 indicated: __Target behaviors of verbal aggression, physical aggression and non compliance. __Client #2 was under the age of 21 years of age and had transferred into the current ResCare group home on 8/19/15. __"When angry [client #2] has frequently attempted to run away, make suicidal threats or becomes aggressive towards others. She has a history of depression which she would demonstrate depressive			

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	symptoms for several days. [Client #2's] three hour alone time was taken away due to inappropriate behaviors while on her alone time. [Client #2] has a history of meeting random guys on social media and at times will participate in sexual activities with the random male. The team has agreed that [client #2] is competent enough to make the willing decision of having intercourse with the males but makes unhealthy choices by putting herself in danger. Due to inappropriate activity on her cell phone and [name of social media], [client #2] is on a 35 minute room check and a phone check by a senior staff on each shift. When [client #2] wants to meet her male friend, she is to inform her House Manager and the manager will set up a time and date where they can meet. She is able to meet her male friend twice a week. The staff is to be present at all times. The manager and staff are to ensure [client #2] has one consistent male friend. Due to [client #2's] recent threats to hurt others when she can't get her way, YSIS (You're Safe, I'm Safe, a restraint technique used to control behaviors) was implemented into her behavioral support plan." Client #2's IDT (Interdisciplinary Team Meeting) notes indicated: __9/23/15 "June 12th was the initial date			

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	of elopement and she has since been transferred to [name of group home].... She has been respectful to staff and others consumers. Shows ability to have and know her strong supports. Three months on 15 minute checks and has not displayed any signs of elopement.... Set up schedule to have time with her boyfriend...." The note indicated client #2 would transition from 15 minute checks to being allowed two hours of alone time. __10/19/15 "[Client #2's] alone time will be temporarily suspended pending assessment. RM will contact [name of agency] to educate the consumer of safe practices. [Client #2] understands that she can have visitors but she needs to be respectful and let staff know so they can insure safety. Staff will monitor visitations. Team will meet with [client #2] in 30 days to review alone time." Client #2's record indicated no IDT review within 30 days of 10/19/15. __12/15/15 "The team has agreed that [client #2] will visit [name of agency] once a month.... She will be on 35 minute checks if she is in her room. Staff is to knock on the door and wait for a response. If they do not hear a response, they can enter the room. Staff will take [client #2] to visit her male friend two times a week with supervision. If her friend comes to visit the home his staff and her staff will have to be present. Staff			

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	will ensure that she has one consistent male friend. The team will revise her plans in 30 days and decide on alone time. The team has agreed that her manager or SR (Senior Residential) staff will be able to monitor her phone on each shift. The staff will continue to follow her BSP." During telephone interview with staff #2 on 1/14/16 at 9:50 AM, staff #2 indicated the staff were to monitor client #2 while using her mobile phone. When asked how the staff were to monitor client #2 while using her electronic devices, staff #2 stated, "I just check in on her about every 30 minutes or so to see what she's doing." During telephone interview with client #2 on 1/14/16 at 10 AM, client #2: __Indicated she had a mobile phone, a tablet and a laptop computer. __Indicated she kept all of her electronic devices in her bedroom. __Indicated she had replaced the broken cord to her laptop computer on 1/11/16 but it did not work properly and she was going to have to replace it again. __Indicated she used her electronic devices freely and was not supervised/monitored by staff while using them.			

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	During interview with the QIDP on 1/13/16 at 2 PM, the QIDP: __Indicated no specific documentation for review in regard to how and when client #2 was to use her "alone time" other than the IDT notes. __Indicated client #2 was allowed three hours of alone time to do what she wanted. __Indicated since client #2's incident on 12/15/15, client #2 was restricted from any use of "alone time." __Indicated client #2 had a mobile phone, a tablet and a laptop computer. __Indicated client #2's laptop computer did not function because the power cord was broken. __Indicated she was not aware client #2 had replaced the cord on her laptop computer. __Indicated client #2 was to be supervised while using her mobile phone. __When asked how the staff was to supervise client #2 while using her laptop or tablet, the QIDP stated, "She just uses her phone to get on line." During interview with the Program Director (PD) on 1/13/16 at 4 PM, the PD: __Stated on 10/19/15 client #2 had requested alone time and "probably pre-arranged" a meeting with a male friend at the home when client #2 knew			

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	the staff would be out of the house. __Indicated alone time was given out to promote the client's independence and the amount of the alone time was to be predetermined by the IDT (Interdisciplinary Team). __Stated we use alone time "in a lot of our more independent homes to help the clients transition to a less restrictive environment." __When asked if the staff were to leave any of the clients home alone unsupervised, the PD stated, "If they have approved alone time and for a short time while they (the staff) maybe went on a van run or errand. I guess would be acceptable." __Indicated client #2 was left home alone unsupervised by staff on 10/19/15. 2. The 12/11/15 BDDS report indicated on 12/10/15 the facility staff had purchased a 32 inch flat screen television with client #1's spend down money at the request of client #1's guardian. The guardian had requested the facility wait until Christmas to give the TV to client #1. The television was stored in an unlocked vacant room at another facility home until Christmas. While checking the room the television was supposed to be in, the RM found the television was missing. The 12/11/15 Investigative report indicated the television was "most			

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	likely stolen." During interview with the Program Director (PD) on 1/13/16 at 4 PM: the PD: __Indicated client #1's television should have been secured at the facility office and not stored at one of the homes. __Client #1's television had been replaced. The facility's policies and procedures were reviewed on 1/13/16 at 11 AM. The 9/14/07 facility policy entitled "Abuse, Neglect, Exploitation" indicated: __"Adept employees actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare, and local, state and federal guidelines." __"Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment." __"Exploitation: an act that deprives an			

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	individual of real or personal property by fraudulent or illegal means." 9-3-2(a)			
W 0159 Bldg. 00	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, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) integrated, coordinated and monitored the clients' active treatment programs. __The QIDP failed to review and revise client #1's, #2's, #3's and #4's objectives for completion and/or the need for change. __The QIDP failed to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 were not restricted from the sharp knives in the home. __The QIDP failed to ensure client #1 was in need of active treatment services. __The QIDP failed to ensure a Comprehensive Functional Assessment	W 0159	**CORRECTION:** *Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.* Specifically, Specifically for Clients #1 - #4, the QIDP will review and revise prioritized learning objectives based on current status. A review of facility support documents indicated this deficient practice also affected Clients #5 - #8 and therefore the QIDP will review and revise their prioritized learning objectives as well.	02/14/2016

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	(CFA) of client #4's basic needs and abilities was completed. __The QIDP failed to ensure client #2's Individualized Support Plan (ISP) and/or Behavior Support Plan (BSP) included a specific plan or protocol in regard to the use of alone time and to ensure client #2's ISP/BSP included how the staff were to monitor client #2 in regard to access to public media and all electronic devices available to her. __The QIDP failed to ensure the facility's HRC (Human Rights Committee) reviewed and approved client #2's restrictive BSP (Behavior Support Plan) that included the use of behavior modification medications and restrictive measures to control behavior. __The QIDP failed to ensure written informed consent from the clients and/or the client's legal representative for the clients' restrictive program plans prior to implementation for clients #2 and #4. __The QIDP failed to ensure clients #1 and #4 were provided an annual Pap test for pre-cancerous screening. __The QIDP failed to ensure the housing environment met client #2's functional level, active treatment needs, social skills, and ability to promote independence and learning. Findings include:		Through assessment, the team has determined that the clients whose behavior necessitated the use of door alarms and the use of locked closets to protect housemates' personal belongings no longer reside at the facility. Therefore the sharp knives will no longer be secured. Regarding Client #1, with assistance from the facility, the client and his family are exploring providers, roommates and housing for Supported Living. The QIDP will direct the interdisciplinary team in completing a comprehensive functional assessment (CFA) for Client #4. A review of facility support documents indicated that this deficient practice did not affect any additional clients After a review of recent incidents, the interdisciplinary team has assessed that Client #2 requires 24-hour supervision to ensure health and safety and her alone time has been suspended. Additionally, the IDT has assessed that Client #2 can only access social media safely under	

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	1. Client #1's record was reviewed on 1/13/16 at 12 PM. Client #1's ISP dated 4/12/15 indicated client #1 had the following objectives: __To search for a job in the community three days a week. __To respect others by communicating in a positive note. __To use her six hours of alone time in a responsible manner. __To count her spending money accurately. __To communicate her wants and needs when angry. __To exercise three times a week at [name of community fitness center]. Client #1's record indicated the QIDP had not reviewed and/or revised client #1's objectives for completion or change since August 2015. Client #2's record was reviewed on 1/13/16 at 1 PM. Client #2's ISP dated 9/19/15 indicated client #2 had the following objectives: __To participate in a leisure activity of her choice. __To identify the results of her Lamotrigine (a behavior modification medication). __To use her weekly spending money of $10.00 on something of her choice. __To prepare a meal.		direct supervision and her Behavior Support Plan will be modified accordingly. A review of facility support documents demonstrated that this deficient practice also affected Client #1 and therefore the team has developed and implemented a specific plan for structuring and monitoring Client #1's alone time. The QIDP will obtain Human rights Committee approval for the use of Client #2's behavior controlling medications. Through review of facility documentation, the governing body has determined that in this deficient practice did not affect additional clients. The facility will obtain written informed consent for Client #2 and Client #4's restrictive programs. The facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients #1 and #4, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 2 additional	

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	__To choose and complete an exercise in fifteen minutes. __To look for employment in the community three times a week. Client #2's record indicated the QIDP had not reviewed and/or revised client #2's objectives for completion or change since the client's admission in February 2015. Client #3's record was reviewed on 1/13/16 at 10 AM. Client #3's ISP dated 5/23/15 indicated client #3 had the following objectives: __To regulate the water temperature. __To use a communication book to express his needs and wants. __To assist at meal time by folding the napkins and putting them on the table. __To bathe in the proper order with hand over hand assistance from the staff. Client #3's record indicated no reviews of client #3's objectives by the QIDP for 2015. Client #4's record was reviewed on 1/13/16 at 11 AM. Client #4's record indicated client #4 was admitted to the facility in May 2015. Client #4's ISP dated 6/9/15 indicated client #1 had the following objectives: __To regulate the water temperature. __To use her communication book to		clients and the facility will also obtain the records for their annual early detection cancer screenings. The interdisciplinary team has informed the Bureau of Developmental Disability Services of the need to locate a residential setting that meets Client #2's developmental and behavioral needs with an appropriately matched peer group. **PREVENTION:** The Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring. The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. The facility will continue to work with the client, family members and the Bureau of Developmental	

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	identify two out of five pictures. __To assist at meal time by placing her cup on the table. __To wear her undergarments. __To wash her body with hand over hand assistance from the staff. Client #4's record indicated no reviews of client #4's objectives by the QIDP for 2015. During interview with the QIDP on 1/13/16 at 2 PM, the QIDP: __Indicated the clients' objectives were to be reviewed and revised monthly. __Indicated she had been functioning as the QIDP in the home for three weeks. __Indicated she could not locate any further reviews from the previous QIDP for clients #1, #2, #3 and #4. 2. The QIDP failed to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 were not restricted from the sharp knives. Please see W125. 3. The QIDP failed to ensure client #1 was in need of active treatment services. Please see W198. 4. The QIDP failed to ensure a CFA of client #4's basic needs and abilities was conducted within 30 days after admission to the facility. Please see W210.		Disability Services until such time that a provider has been determined and the transition process for Client #1 has been completed. The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment and interdisciplinary input. The QIDP will be retrained regarding the need to assure that the Human Rights Committee engages in a dialog to reach decisions regarding restrictive programs for all clients. The QIDP, facility nurse and Human Rights Committee liaison will each maintain copies of Human rights Committee approval forms to assure the ability to reproduce copies of HRC records for surveyors upon request. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Professional staff will be retrained	

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	5. The QIDP failed to ensure client #2's ISP and/or BSP included a specific plan or protocol in regard to the use of alone time, to ensure the plan/protocol included how and when the client was to use her specified alone time, how frequently the alone time was to be provided and how the staff were to monitor and document the client's provided alone time for client #2. The QIDP failed to ensure client #2's ISP/BSP included how the staff were to monitor client #2 in regard to access to public media and posting pictures on the Internet in regard to all electronic devices available to her at home and in the community. Please see W240. 6. The QIDP failed to ensure the facility's HRC (Human Rights Committee) reviewed and approved client #2's restrictive Behavior Support Plan that included the use of behavior modification medications and restrictive measures to control behaviors. Please see W262. 7. The QIDP failed to ensure written informed consent from the clients and/or the client's legal representative for the clients' restrictive program plans prior to implementation for clients #2 and #4. Please see W263. 8. The QIDP failed to ensure clients #1		regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Additionally, the Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assuring prior written informed consent is obtained for all restrictive programs. The facility nurse responsible for the deficient practice no longer works for the company. The	

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	and #4 were provided an annual Pap test for pre-cancerous screening. Please see W322. 9. The QIDP failed to ensure the housing environment met client #2's functional level, active treatment needs, social skills, and ability to promote independence and learning. Please see W407. 9-3-3(a)		nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained, and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, occur within required time frames. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate medical chart reviews into a period of intensive administrative oversight at the facility –weekly for the next 30 days and twice monthly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. At that time, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly. Administrative monitoring will include:	

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			1. Assuring unnecessary rights restrictions are not in place and that rights restrictions are implemented only after appropriate due process. 2. Assuring the QIDP reviews and revises prioritized client learning objectives for completion and/or the need for change. 3. Assuring appropriate assessment occurs as required and appropriate supports and interventions are developed accordingly. 4. Review of Human Rights Committee records to assure appropriate approvals have been obtained. 5. Assuring prior written informed consent is obtained for all restrictive programs. 6. Assuring that routine medical assessments, including but not limited to early detection cancer screenings, occur as required. The agency has developed referral assessment materials to include evaluation of how prospective housemates relate socially and developmentally to	

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			the individuals already living in SGL facilities. The Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will continue to monitor and oversee the referral process to assure that clients are placed in a socially and developmentally appropriate environment. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0198 Bldg. 00	483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the client was in need of active treatment services. Findings include: Observations were conducted at the group home on 1/7/16 between 4 PM and 6:15 PM. During this observation period the following was observed:	W 0198	**CORRECTION**: *Clients who are admitted by the facility must be in need of and receiving active treatment services.* Specifically regarding client #1, with assistance from the facility, the client and his family are exploring providers, roommates and housing for Supported Living. **PREVENTION:** The facility will continue to work with the client, family members and the Bureau of Developmental Disability	08/14/2016

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	__Client #1 was a young adult female. __At 4:20 PM client #1 was in her bedroom with her roommate (client #5). Both clients sat on client #1's bed while client #1 painted client #5's fingernails. Client #5 was an elderly female that required staff assistance for most of her daily adult living skills and was difficult to understand while talking. Client #1 stated, "I call her MaMa." Client #1 indicated she enjoyed sharing a room with client #5 and enjoyed looking after and helping client #5 when she could. Client #1 stated, "She's a lot lower functioning than me and I like taking care of her." __At 4:50 PM client #1 came to the kitchen and independently began preparing the evening meal. Client #1 independently diced and cut up vegetables, prepared a complete salad, turned on the oven to preheat, removed pizzas from the freezer, placed the pizzas in the oven and prepared a pitcher of flavored drink. Client #1 then assisted other clients in setting the table. __Client #1 independently served her self and assisted client #6 occasionally with prompting him with his meal. Observations were conducted at the group home on 1/8/16 between 5:35 AM and 8 AM. During this observation period client #1 independently showered,		Services until such time that a provider has been determined and the transition process for Client #1 has been completed. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Operations Team **CORRECTIONS COMPLETED BY:** 8/14/16	

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	dressed and served herself her morning meal of cereal, a breakfast bar and juice. After eating, client #1 independently washed her dishes. Client #1 self directed all of her activities throughout both observation periods. Client #1's record was reviewed on 1/13/16 at 12 PM. Client #1's CFA (Comprehensive Functional Assessment) dated 9/1/15 indicated: __Client #1 was independent with eating, toileting, dressing, caring for her clothing, using a washer and dryer and doing her own laundry. __Client #1 was independent in ordering complete meals when going out to eat and could independently prepare a meal at home and clear the table once the meal was completed. __Client #1 could independently leave the home and walk several blocks away from the facility safely without getting lost, could obey the traffic signals and could use community transportation independently. __Client #1 was aware of safety issues in the community and home and was able to deal with simple injuries and to call for medical assistance and/or an appointment if needed.			

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	__Client #1 "Makes change correctly, but does not use banking facilities" and was able to "make minor purchases without help." __Client #1 was "A careful worker-avoids accident to self and others, looks after tools and equipment, works steadily and productively and is neat and accurate." __Client #1 independent with taking medications. __Client #1 was assessed at the highest level in language development. __Client #1 was assessed at the highest levels in independent functioning and physical development. Client #1's record did not contain a BSP (Behavior Support Plan). Client #1's ISP (Individual Support Plan) dated 4/12/15 indicated the following training objectives: __Will look for work consistently at least 75% of the time for three consecutive months. __Will independently use her alone time 75% of the time for three consecutive months. __Will count her spending money daily throughout the week without error for 80% of the time for three consecutive months. __Will communicate and express her			

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	wants and needs when she is angry by using a calm voice 85% of the time for three consecutive months. __Will go to the gym and utilize her membership daily at least for 20 minutes or walk in the neighborhood for at least 20 minutes for 80% of the time for three consecutive months. Client #1's ISP indicated "[Client #1] currently works at her mother's restaurant two days a week part time were (sic) she does prep work as well as waitress's (sic). [Client #1] really enjoys working their (sic) and is looking currently for another part time job to make some extra money." Client #1's ISP indicated client #1 could recognize the various denominations required to total $20.00 or budget or save money for things she would like to purchase or places she would like to go throughout the week. [Client #1] has been noted in using her own money to purchase things for friends and then don't (sic) have anything left for her self which can pose a possibility of the potential of be (sic) exploited." During interview with client #1 on 1/7/16 at 4:20 PM, client #1: __Indicated she was independent with bathing, dressing, hygiene, preparing meals, cleaning the home and doing laundry.			

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	__Indicated she was able to take care of her finances and money independently and stated, "In here they control my money for me." __Indicated she wanted to leave the group home setting and go to a waiver home or get her own apartment to be in a less restrictive environment. __Indicated she currently was using her alone time to find another job. During telephone interview with staff #2 on 1/14/16 at 9:50 AM, staff #2 indicated: __Client #1 was independent in all activities. __Indicated client #1 had held different jobs in the community and had recently lost a position because she was chewing gum. __Indicated client #1 was clean and organized and independently kept her room clean and helped with the chores in the home. __Indicated client #1 could independently prepare meals and required no prompting and/or assistance with bathing, hygiene and doing her laundry. __Client #1 would do well in a less restrictive environment. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 2 PM, the QIDP:			

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	__Indicated client #1 was independent with eating, toileting, dressing, caring for her clothing, using a washer and dryer, doing her own laundry, preparing a meal and household chores. __Indicated client #1 had held jobs in the community and was currently searching for a job. __Indicated client #1 was independent in her activities at the home. __Stated client #1 was "high functioning" and would do well in a less restrictive environment. 9-3-4(a)			
W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure a Comprehensive Functional Assessment (CFA) of client #4's basic needs and abilities was conducted within 30 days after admission to the facility. Findings include: Client #4's record was reviewed on	W 0210	**CORRECTION:** *Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.* Specifically, the QIDP will direct the interdisciplinary team in completing a comprehensive functional	02/14/2016

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	1/13/16 at 11 AM. The client's record indicated: __Client #4 was admitted to the facility in May, 2015. __Client #4's record indicated no CFA of client #4's basic needs and abilities. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 2 PM, the QIDP indicated client #4's CFA should have been conducted within 30 days after admission to the facility. The QIDP indicated she could not provide a CFA for review for client #4. 9-3-4(a)		assessment (CFA) for Client #4. A review of facility support documents indicated that this deficient practice did not affect any additional clients. **PERVENTION:** The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Quality Assurance Manager will assist the QIDP with developing a schedule to assure that all necessary assessments occur. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations	

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			Team	
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the client's Individualized Support Plan (ISP) and/or Behavior Support Plan (BSP) failed to include a specific plan or protocol in regard to the use of alone time, to ensure the plan/protocol included how and when the client was to use her specified alone time, how frequently the alone time was to be provided and how the staff were to monitor and document client #2's provided alone time. Client #2's ISP/BSP failed to include how the staff were to monitor client #2 in regard to access to public media and the posting of pictures on the Internet in regard to the use of all electronic devices available to her at home and in the community. Findings include: Observations were conducted at the group home on 1/7/16 between 4 PM and 6:15 PM. At 4:50 PM while doing an	W 0240	**CORRECTION:** *The individual program plan must describe relevant interventions to support the individual toward independence.* Specifically, the after a review of recent incidents, the interdisciplinary team has assessed that Client #2 requires 24-hour supervision to ensure health and safety and her alone time has been suspended. Additionally, the IDT has assessed that Client #2 can only access social media safely under direct supervision and her Behavior Support Plan will be modified accordingly. A review of facility support documents demonstrated that this deficient practice also affected Client #1 and therefore the team has developed and implemented a specific plan for structuring and monitoring Client #1's alone time. **PREVENTION:**	02/14/2016

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	observation of the medication pass in the medication room, client #2 came into the medication room and retrieved her laptop computer from under the desk and took it back to her room. During this observation period client #2 was observed using her mobile phone at liberty. During this observation period the staff did not directly supervise and/or monitor client #2 while using her electronic devices. The facility reportable and investigative records were reviewed on 1/7/16 at 2 PM and on 1/13/16 at 11 AM. The 10/20/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/19/15 "While using interdisciplinary team approved alone time, [client #2] had a male companion from her previous provider visit her home which is our [name of group home] service site. [Client #2] has been assessed to have alone time and also has been assessed as being able to give informed consent for intimate sexual activity but was not known to be sexually active. [Client #2] is emancipated and has a health care representative [name of representative] who has been notified as well as the administration team and facility nurse. [Client #2] also informed her Residential Manager that she had consensual intercourse and she invited		The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment and interdisciplinary input. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents and perform visual assessments of the facility no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Administrative support will include assuring appropriate assessment occurs as required and appropriate supports and interventions are developed accordingly. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	her male companion to visit during her alone time.... Plan to Resolve (Immediate and Long Term): Team has met and there is a temporary removal of alone time for 30 days while client #2 is re-assessed. Residential Manager is setting up a professional sexual education class to insure that [client #2] is always practicing safe intercourse. Residential Manager will also look into additional counseling for [client #2]. It has been explained to [client #2] that she is allowed visitors but ResCare will insure her safety by having a staff present during all visits." The 12/11/15 BDDS report indicated on 12/10/15 at 1:10 PM the Residential Manager received a picture from client #2's HCR with her top off and covering her breasts with her hands. The report indicated "According to [name of HCR] that picture was sent to her from a family friend that is on [name of social media web site]. Plan to Resolve (Immediate and Long Term): The team will meet to discuss ways to ensure safety of social media to [client #2]." The 12/13/15 BDDS report indicated on 12/12/15 at 10 PM "[Client #2] told staff she was stepping outside to look at the stars. Staff went out to check on her after 5 minutes and saw an unfamiliar car in the driveway and approached. Staff			

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	observed [client #2] and an unidentified male with their clothes off. [Client #2] was redirected into the house and the male left in his vehicle. [Client #2] said she engaged in protected sex with the man. [Client #2] is an (sic) emancipated and is assessed as being able to give informed consent for intimate sexual activity. When a supervisor came to the home to arrange to take [client #2] to the hospital to rule out exposure to sexually transmitted diseases, [client #2] said she wanted to sign herself out of ResCare services and threatened to kill herself and assault staff and housemates. Based on her history, the supervisor called police to arrange for an emergency psychiatric detention. [Client #2] was transported to the [name of hospital] Emergency Department, and from there was transferred to the [name of stress center]. Stress center personnel evaluated [client #2], determined that she did not meet the criteria for admission and released her to ResCare staff.... Plan to Resolve (Immediate and Long Term): Staff are providing [client #2] with ongoing verbal emotional support. [Client #2] will receive one to one line of sight observation during waking hours and 15 minute checks while asleep for 24 hours and the interdisciplinary team will meet to assess the level of ongoing enhanced supervision [client #2] requires."			

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	Client #2's record was reviewed on 1/13/16 at 12 PM. Client #2's ISP dated 9/19/15 indicated no information in regard to the use of alone time. Client #2's updated BSP dated 12/15/15 indicated target behaviors of verbal aggression, physical aggression and non compliance. The BSP indicated client #2 was under the age of 21 years of age and had transferred into the current ResCare group home on 8/19/15. The BSP indicated "When angry [client #2] has frequently attempted to run away, make suicidal threats or becomes aggressive towards others. She has a history of depression which she would demonstrate depressive symptoms for several days. [Client #2's] three hour alone time was taken away due to inappropriate behaviors while on her alone time. [Client #2] has a history of meeting random guys on social media and at times will participate in sexual activities with the random male. The team has agreed that [client #2's] is competent enough to make the willing decision of having intercourse with the males but makes unhealthy choices by putting herself in danger. Due to inappropriate activity on her cell phone and [name of social media], [client #2] is on a 35 minute room check and a phone check by a			

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	senior staff on each shift. When [client #2] wants to meet her male friend, she is to inform her House Manager and the manager will set up a time and date where they can meet. She is able to meet her male friend twice a week. The staff is to be present at all times. The manager and staff are to ensure [client #2] has one consistent male friend. Due to [client #2's] recent threats to hurt others when she can't get her way, YSIS (You're Safe, I'm Safe) was implemented into her behavioral support plan. Client #2's IDT (Interdisciplinary Team Meeting) notes indicated: __9/23/15 "June 12th was the initial date of elopement and she has since been transferred to [name of group home].... She has been respectful to staff and others consumers. Shows ability to have and know her strong supports. Three months on 15 minute checks and has not displayed any signs of elopement.... Set up schedule to have time with her boyfriend...." The note indicated client #2 would transition from 15 minute checks to being allowed two hours of alone time. __10/19/15 "[Client #2's] alone time will be temporarily suspended pending assessment. RM (Residential Manager) will contact [name of agency] to educate the consumer of safe practices. [Client #2] understands that she can have visitors			

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	but she needs to be respectful and let staff know so they can insure safety. Staff will monitor visitations. Team will meet with [client #2] in 30 days to review alone time." __12/14/15 "On 12/13/15 [client #2's] RM (Residential Manager) was informed by her healthcare Rep (Representative) that [client #2] possibly wasn't taking her medication. The team has agreed that after she is given her meds, staff will double check to make sure that she has taken her meds/swallow them." __12/15/15 "The team has agreed that [client #2] will visit [name of agency] once a month.... She will be on 35 minute checks if she is in her room. Staff is to knock on the door and wait for a response. If they do not hear a response, they can enter the room. Staff will take [client #2] to visit her male friend two times a week with supervision. If her friend comes to visit the home his staff and her staff will have to be present. Staff will ensure that she has one consistent male friend. The team will revise her plans in 30 days and decide on alone time. The team has agreed that her manager or SR (Senior Residential) staff will be able to monitor her phone on each shift. The staff will continue to follow her BSP." Client #2's ISP/BSP did not include a			

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	specific plan or protocol in regard to alone time, how and when client #2 could use her specified alone time, how much she was to use at one time, where she could use it and/or how the staff were to monitor and document client #2's alone time. Client #2's ISP/BSP did not include specific directives of how the staff were to supervise and monitor while using all of her electronic devices and/or electronic devices accessed in the community. During telephone interview with staff #2 on 1/14/16 at 9:50 AM, staff #2 indicated the staff were to monitor client #2 while using her mobile phone. When asked how the staff were to monitor client #2 while using her electronic devices, staff #2 stated, "I just check in on her about every 30 minutes or so to see what she's doing." During telephone interview with client #2 on 1/14/16 at 10 AM, client #2: __Indicated she had a mobile phone, a tablet and a laptop computer. __Indicated she had replaced the broken cord to her laptop computer on 1/11/16 but it did not work properly and she was going to have to replace it again. __Indicated she used her electronic devices freely and was not			

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	supervised/monitored by staff while using them. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 2 PM, the QIDP: __Indicated no specific documentation for review in regard to client #2's use of alone time, how the alone time was provided by the staff, how much the client used at one time and/or where the client was when she took her alone time. __Indicated client #2's ISP/BSP indicated no specific plan and/or protocol in regard to alone time, how and when client #2 could use her specified alone time, how much alone time she was to use at one time, where she could use her alone time and/or how the staff were to monitor and document the alone time used. __Indicated client #2 had a cell phone, a tablet and a laptop computer and stated "But her computer doesn't work. The power cord is broken." __Indicated she was not aware client #2 had replaced or was trying to replace the power cord for her laptop. __Indicated the staff were to monitor client #2 while using her cell phone. __Indicated client #2's ISP/BSP did not include how the staff were to monitor client #2 while using all of her electronic devices and/or the devices in the community in regard to access to public			

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	media and posting pictures on the Internet. During interview with the Program Director (PD) on 1/13/16 at 4 PM, the PD: __Stated on 10/19/15 client #2 had requested alone time and "probably pre-arranged" a meeting with a male friend at the home when client #2 knew the staff would be out of the house. __Indicated alone time was given to promote the client's independence. __Indicated the amount of the alone time was to be predetermined by the IDT. __Stated we use alone time "in a lot of our more independent homes." __Indicated the clients could be home for one to two hours or out in the community to use their alone time. __Indicated no facility protocol in regard to the use of alone time. __Indicated the client's program plan should indicate the specific directives of how and when the alone time was to be used. __Indicated there should be a log for each client that receives alone time and the log should include when the clients used their alone time and where they were. __Indicated client #2's ISP/BSP should include how the staff were to monitor client #2 in regard to all public social media and electronic devices.			

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	9-3-4(a)			
W 0262 Bldg. 00	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 1 of 4 sampled clients (#2), the facility's HRC (Human Rights Committee) failed to review and approve the clients' restrictive BSP (Behavior Support Plan) that included the use of behavior modification medications and restrictive measures to control behavior. Findings include: Client #2's record was reviewed on 1/13/16 at 12 PM. Client #2's 11/20/15 physician's orders indicated client #2 was taking Fluoxetine 10 mg (milligrams) a day and Lamotrigine 25 mg twice a day for behavior modification. Client #2's revised BSP dated 12/15/15 included the use of Lamotrigine and Fluoxetine for behavior modification and	W 0262	**CORRECTION:** *The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.* Specifically, the QIDP will obtain Human rights Committee approval for the use of Client #2's behavior controlling medications. Through review of facility documentation, the governing body has determined that in this deficient practice did not affect additional clients. **PREVENTION:** The QIDP will be retrained	02/14/2016

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	the use of YSIS (You're Safe I'm Safe) physical restraint. Client #2's record indicated no HRC review and/or approval for client #2's restrictive BSP for the use of behavior modification medications and restrictive measures to control behavior. During interview with the PD (Program Director) on 1/13/16 at 4:15 PM, the PD indicated no evidence of HRC review and/or approval of client #2's revised restrictive BSP dated 12/15/15. 9-3-4(a)		regarding the need to assure that the Human Rights Committee engages in a dialog to reach decisions regarding restrictive programs for all clients. The QIDP, facility nurse and Human Rights Committee liaison will each maintain copies of Human rights Committee approval forms to assure the ability to reproduce copies of HRC records for surveyors upon request. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will incorporate audits of support documents into visits to the facility weekly for the next 30 days and twice monthly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative documentation reviews will include review of Human Rights Committee records to assure	

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			appropriate approvals have been obtained. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 2 of 4 sampled clients (#2 and #4) with restrictive programs, the facility failed to ensure written informed consent from the client and/or the client's legal representative for the clients' restrictive programs prior to implementation. Findings include: 1. Client #2's record was reviewed on 1/13/16 at 12 PM. __Client #2's revised Behavior Support Plan (BSP) dated 12/15/15 indicated client #2 had targeted behaviors of verbal aggression, physical aggression and non-compliance.	W 0263	**CORRECTION:** *The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.* Specifically the facility will obtain written informed consent for Client #2 and Client #4's restrictive programs. **PREVENTION:** Professional staff will be retrained regarding the need to obtain prior written informed consent from	02/14/2016

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	__Client #2's BSP indicated client #2 received daily doses of Fluoxetine and Lamotrigine for behavior modification. __Client #2's record indicated the use of YSIS (You're Safe I'm Safe) physical restraint for control of aggressive behaviors. __Client #2's record indicated client #2 was emancipated and able to give informed consent. __Client #2's record indicated no written informed consent from client #2 for the restrictive BSP including the use of Fluoxetine and Lamotrigine for behavior modification and the use of physical restraint for aggressive behaviors. During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 2 PM, the QIDP indicated she could not locate documentation of written informed consent from client #2 for the client's restrictive program plan (BSP) that included the use of Fluoxetine and Lamotrigine for behavior modification and the use of physical restraint for aggressive behaviors. 2. Client #4's record was reviewed on 1/13/16 at 11 AM. __Client #4's BSP dated 6/9/15 indicated client #4 had targeted behaviors of self injurious behaviors, PICA (an eating		guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Additionally, the Governing Body has reduced the QIDP caseload by 30 percent to assist the QIDP with focusing on support plan development and monitoring, including but not limited to assuring prior written informed consent is obtained for all restrictive programs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	disorder), physical aggression, agitation, property misuse/destruction and stripping in public. __Client #4's BSP indicated client #4 received daily doses of Divalproex and Risperidone for behavior modification. __Client #4's record indicated client #4's mother served as client #4's legal representative/health care representative (HCR). __Client #4's record indicated the facility failed to obtain written informed consent from client #4's legal representative for the restrictive BSP including the use of Divalproex and Risperidone. During interview with the QIDP on 1/13/16 at 2 PM, the QIDP: __Indicated client #4 could not give an informed consent and required assistance for all restrictive measures including medications. __Indicated client #4's mother represented client #4 as a legal representative. __Indicated the facility had not obtained written informed consent from client #4's legal representative for the client's restrictive program plans. 9-3-4(a)			

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W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 2 of 2 sampled female clients between the ages of 21 and 65 (clients #1 and #4), the facility failed to ensure the clients were provided an annual Pap test for pre-cancerous screening. Findings include: Client #1's record was reviewed on 1/13/16 at 12 PM. The client's record indicated: __Client #1 was admitted to the facility in April, 2015. __Client #1 was over 21 years of age. __No evidence client #1 was provided a Pap test since her admission to the facility and/or a record of previous PAP tests prior to admission. Client #4's record was reviewed on 1/13/16 at 11 AM. The client's record indicated: __Client #4 was admitted to the facility in May, 2015. __Client #4 was over 21 years of age. __No evidence client #4 was provided a Pap test since her admission to the facility and/or a record of previous PAP tests prior to admission.	W 0322	**CORRECTION:** The facility must provide or obtain preventive and general medical care. Specifically, the facility has obtained records of PAP and Mammogram screenings performed during the past calendar year for Clients #1 and #4, from the gynecologist. A review of facility medical records indicated that this deficient practice affected 2 additional clients and the facility will also obtain the records for their annual early detection cancer screenings. **PREVENTION:** The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired and trained, and she will maintain a tracking grid for all clients to assure that routine medical assessments, including but not limited to early detection cancer screenings, occur within required time	02/14/2016

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	During interview with the facility's LPN on 1/13/16 at 2 PM, the LPN indicated she was unable to locate any documented evidence to indicate clients #1 and #4 had been provided a PAP test prior to their admission and/or since their admission. 9-3-6(a)		frames. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will incorporate medical chart reviews into a period of intensive administrative oversight at the facility –weekly for the next 30 days and twice monthly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. At that time, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that routine medical assessments, including but not limited to early detection cancer screenings, occur as required. **RESPONSIBLE PARTIES:** Health Services Team, QIDP, Residential Manager, Direct Support Staff, Operations Team	
W 0331	483.460(c)			

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Bldg. 00	NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1), the facility's nursing services failed to address the recommendations from client #1's physician for follow up testing due to gynecological issues and to address the recommendations of diet changes from the dietician with client #1's physician. Findings include: Client #1's record was reviewed on 1/13/16 at 12 PM. Client #1's 2015 physician's orders indicated no specific diet orders. Client #1's nutritional review from the dietician dated 8/17/15 indicated a recommendation for client #1's diet orders to include no extra portions, sugar free beverages and skim milk with meals due to the need for weight loss. The review indicated client #1 weighed 168 pounds with an ideal body weight of 94 to 115 pounds and client #1 was "obese." Client #1's nutritional review from the dietician dated 11/20/15 indicated no diet orders from the client's physician. The review indicated a recommendation for client #1's diet to be Living Lite, NEP	W 0331	**CORRECTION:** *The facility must provide clients with nursing services in accordance with their needs.* Specifically: The facility nurse will be retrained regarding the need to develop risk plans for all relevant medical conditions. Specifically for Client #1, the nurse will assure follow-up testing from Client #1's gynecologist occurs and that the dietician's recommendations are addressed with Client #1's primary care physician.. A review of current diagnostic information and risk plans indicated this deficient practice did not affect additional clients. **PERVENTION:** The facility nurse responsible for the deficient practice no longer works for the company. The nurse Manager/RN will oversee the facility's healthcare needs directly until a new qualified nurse has been hired. The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and	02/14/2016

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	(No Extra Portions), encourage SF (Sugar Free)/calorie free beverages. Client #1's record indicated the recommendations of the dietician of 8/17/15 and 11/20/15 were not addressed with client #1's physician. Client #1's ROV (Record Of Visit) dated 10/13/15 indicated client #1's physician conducted a pelvic ultrasound due to abnormal uterine bleeding and pelvic/abdominal pain. The ROV indicated the physician recommended client #1 have a Dilation and Curettage (D&C) a procedure to remove tissue from the inside of the uterus, Hysteroscopy Laparoscopy (a procedure that allows the doctor to look inside the uterus in order to diagnose and treat causes of abnormal bleeding). Client #1's record indicated the recommendation for the D&C with a Hysteroscopy Laparoscopy was not addressed with the client or the client's legal representative. During interview with the facility's LPN on 1/13/16 at 2 PM, the LPN: __Indicated the dietary recommendations had not been addressed with client #1's physician. __Indicated the recommendation for		modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to recommended medical follow-up. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis. Members of the Operations Team (including Clinical Supervisors, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into visits to the facility weekly for the next 30 days and twice monthly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. These administrative documentation reviews will include review of healthcare records to assure appropriate medical follow-up occurs.	

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	client #1 to have a D&C with a Hysteroscopy Laparoscopy was not addressed with the client and/or the client's legal representative. 9-3-6(a)		**RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team	
W 0407 Bldg. 00	483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together. Based on observation, record review and interview for 1 of 4 sample clients (client #2), the facility failed to ensure the housing environment met client #2's functional level, active treatment needs, social skills, and ability to promote independence and learning. Findings include: Observations were conducted at the group home on 1/7/16 between 4 PM and 6:15 PM and on 1/8/16 between 5:35 AM and 8 AM. __Client #2 was a young female that stayed mostly to her self using her mobile phone. __Clients #3 and #4 were elderly, non	W 0407	**CORRECTION:** *The facility must not house clients of grossly different ages, developmental levels and social needs in close physical or social proximity unless the housing is planned to promote the development of all those housed together.* Specifically the interdisciplinary team has informed the Bureau of Developmental Disability Services of the need to locate a residential setting that meets Client #2's developmental and behavioral needs with an appropriately matched peer group.	02/14/2016

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	verbal and required staff assistance for all ADLs (Adult Daily Living Skills __Clients #5 and #7 were elderly, difficult to understand and required staff assistance with most of their ADLs. __During both observation periods client #2 stayed mostly to herself and did not socialize much with her housemates. The facility reportable and investigative records were reviewed on 1/7/16 at 2 PM and on 1/13/16 at 11 AM. The 10/20/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/19/15 "While using interdisciplinary team approved alone time, [client #2] had a male companion from her previous provider visit her home which is our [name of group home] service site. [Client #2] has been assessed to have alone time and also has been assessed as being able to give informed consent for intimate sexual activity but was not known to be sexually active. [Client #2] is emancipated and has a health care representative [name of representative] who has been notified as well as the administration team and facility nurse. [Client #2] also informed her Residential Manager (RM) that she had consensual intercourse and she invited her male companion to visit during her alone time.... Plan to Resolve		**PREVENTION:** The agency has developed referral assessment materials to include evaluation of how prospective housemates relate socially and developmentally to the individuals already living in SGL facilities. The Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will continue to monitor and oversee the referral process to assure that clients are placed in a socially and developmentally appropriate environment. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team	

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	(Immediate and Long Term): Team has met and there is a temporary removal of alone time for 30 days while client #2 is re-assessed. Residential Manager is setting up a professional sexual education class to insure that [client #2] is always practicing safe intercourse. Residential Manager will also look into additional counseling for [client #2]. It has been explained to [client #2] that she is allowed visitors but ResCare will insure her safety by having a staff present during all visits. The circumstances of the incident are under investigation." Review of the 10/20/15 investigative statements indicated: __The maintenance staff had stopped by the group home earlier in the day on 10/19/15, no bicycle was seen in front of the home at that time and the RM and client #2 were in the home. __The maintenance staff and the RM left the home at approximately 12:45 PM, leaving client #2 home alone. __The maintenance staff and the Qualified Intellectual Disabilities Professional (QIDP) arrived at the home around 1:45 PM and upon entering the home no staff were present, client #2 was home alone and in her bedroom. An unknown male was found in client #2's bedroom sitting on the floor in client #2's closet attempting to hide from the QIDP			

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	and the maintenance staff. __The unidentified male indicated he had gotten client #2's phone number from client #2 and the two had been texting and talking back and forth on social media. __Client #2 had invited the male to come to her home and admitted to having consensual sexual relations with the male. The 12/11/15 BDDS report indicated on 12/10/15 at 1:10 PM the RM received a photo from client #2's HCR (Health Care Representative). The photo was of client #2 with her top off and the client was covering her breasts with her hands. The report indicated "According to [name of HCR] that picture was sent to her from a family friend that is on [name of social media web site]. Plan to Resolve (Immediate and Long Term): The team will meet to discuss ways to ensure safety of social media to [client #2]." The 12/13/15 BDDS report indicated on 12/12/15 at 10 PM "[Client #2] told staff she was stepping outside to look at the stars. Staff went out to check on her after 5 minutes and saw an unfamiliar car in the driveway and approached. Staff observed [client #2] and an unidentified male with their clothes off. [Client #2] was redirected into the house and the			

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	male left in his vehicle. [Client #2] said she engaged in protected sex with the man. [Client #2] is an (sic) emancipated and is assessed as being able to give informed consent for intimate sexual activity. When a supervisor came to the home to arrange to take [client #2] to the hospital to rule out exposure to sexually transmitted diseases, [client #2] said she wanted to sign herself out of ResCare services and threatened to kill herself and assault staff and housemates. Based on her history, the supervisor called police to arrange for an emergency psychiatric detention. [Client #2] was transported to the [name of hospital] Emergency Department, and from there was transferred to the [name of stress center]. Stress center personnel evaluated [client #2], determined that she did not meet the criteria for admission and released her to ResCare staff.... Plan to Resolve (Immediate and Long Term): Staff are providing [client #2] with ongoing verbal emotional support. [Client #2] will receive one to one line of sight observation during waking hours and 15 minute checks while asleep for 24 hours and the interdisciplinary team will meet to assess the level of ongoing enhanced supervision [client #2] requires." Client #2's record was reviewed on 1/13/16 at 12 PM. Client #2's record			

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	indicated client #2 was an emancipated adult. Client #2's CFA (Comprehensive Functional Assessment) dated 9/9/15 indicated: __Client #2 was independent with eating, toileting, dressing, caring for her clothing, using a washer and dryer and doing her own laundry. __Client #2 could set the table and prepare simple meals. __Client #2 attempts to do household cleaning but did not do a thorough job. __Client #2 could perform simple work tasks such as mopping, cleaning erasers, gardening, etc. and was careful to avoid accidents while working. __Client #2 required encouragement to complete tasks. __Client #2 could identify all coins and bills and was able to shop and make a purchase without assistance. Client #2's ISP (Individual Support Plan) dated 9/19/15 indicated the following training objectives: __To participate in a leisure activity 50% of the time for three consecutive months. __To identify the side effects of her Lamotrigine (for behavior modification) 50% of the time for three consecutive months. __To use her weekly spending to pay for			

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	items that she wants to purchase 80% of the time for three consecutive months. __To prepare her meal any time she is ready to eat 50% of the time for three consecutive months. __To choose and complete an exercise for 15 minutes 50% of the time for three consecutive months. Client #2's ISP indicated client #2 "would like to go to work and school to learn Culinary Arts at [name of college]." Client #2's updated Behavior Support Plan (BSP) dated 12/15/15 indicated target behaviors of verbal aggression, physical aggression and non compliance. The BSP indicated client #2 was under the age of 21 years of age and had transferred into the current ResCare group home on 8/19/15. The BSP indicated "When angry [client #2] has frequently attempted to run away, make suicidal threats or becomes aggressive towards others. She has a history of depression which she would demonstrate depressive symptoms for several days. [Client #2's] three hour alone time was taken away due to inappropriate behaviors while on her alone time. [Client #2] has a history of meeting random guys on social media and at times will participate in sexual activities with the random male. The team has agreed			

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	that [client #2] is competent enough to make the willing decision of having intercourse with the males but makes unhealthy choices by putting herself in danger. Due to inappropriate activity on her cell phone and [name of social media], [client #2] is on a 35 minute room check and a phone check by a senior staff on each shift. When [client #2] wants to meet her male friend, she is to inform her House Manager and the manager will set up a time and date where they can meet. She is able to meet her male friend twice a week. The staff is to be present at all times. The manager and staff are to ensure the [client #2] has one consistent male friend. Due to [client #2's] recent threats to hurt others when she can't get her way, YSIS (You're Safe, I'm Safe) was implemented into her behavioral support plan." Client #2's IDT (Interdisciplinary Team Meeting) notes indicated: __9/23/15 "June 12th was the initial date of elopement and she has since been transferred to [name of group home].... She has been respectful to staff and others consumers. Shows ability to have and know her strong supports. Three months on 15 minute checks and has not displayed any signs of elopement.... Set up schedule to have time with her boyfriend...." The note indicated client #2			

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	would transition from 15 minute checks to being allowed two hours of alone time. __10/19/15 "[Client #2's] alone time will be temporarily suspended pending assessment. RM (Residential Manager) will contact [name of agency] to educate the consumer of safe practices. [Client #2] understands that she can have visitors but she needs to be respectful and let staff know so they can insure safety. Staff will monitor visitations. Team will meet with [client #2] in 30 days to review alone time." __12/15/15 "The team has agreed that [client #2] will visit [name of agency] once a month.... She will be on 35 minute checks if she is in her room. Staff is to knock on the door and wait for a response. If they do not hear a response, they can enter the room. Staff will take [client #2] to visit her male friend two times a week with supervision. If her friend comes to visit the home his staff and her staff will have to be present. Staff will ensure that she has one consistent male friend. The team will revise her plans in 30 days and decide on alone time. The team has agreed that her manager or SR (Senior Residential) staff will be able to monitor her phone on each shift. The staff will continue to follow her BSP." During interview with client #1 on 1/7/16			

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	at 4:20 PM, client #1 indicated she did not like client #2. Client #1 stated, "She's always having guys over here and having sex everywhere, that's just not right." Client #1 indicated she avoided being around and/or spending time with client #2. Client #1 stated, "Nobody likes her because of the way she acts." During telephone interview with staff #2 on 1/14/16 at 9:50 AM, staff #2: __Indicated client #2 could independently bathe, dress, take care of her hygiene, do laundry and household chores and prepare a simple meal but required prompting to clean her room, do household chores and laundry and stated, "It's not that she can't do it, it's more like she just doesn't want to." __Indicated client #2 did not like to go out and look for a job and stated, "She says she wants to go to college and doesn't want to get a job." __Stated, "She wants her freedom to do what she wants when she wants." __Indicated no other clients in the home were sexually active. During telephone interview with client #2 on 1/14/16 at 10 AM, client #2: __Indicated she was unhappy living at the group home and wanted to sign herself out, to get her own apartment and to go to college.			

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	__Indicated she had worked in the community at retail store as a stock person in the past and was currently seeking employment but her main goal was to go to college. __Indicated she was independent with bathing, dressing, hygiene, laundry and maintaining her personal space. __Indicated she could prepare simple meals and dine out independently. __Indicated she knew how to take her medications and could financially take care of herself. __Indicated she received $733.00 a month from Social Security and would be able to get a small apartment but would have to find a job. __Indicated she owned a mobile phone, a tablet and a laptop computer and was able to search the Internet and use social media independently. __Indicated at the present time the Internet was how she was looking for a job and had just applied to two fast food restaurants last evening. __Indicated she understood what having safe sex meant and was able to understand the consequences of her sexual decisions. __Indicated she would continue having sexual relations. __Indicated she did not like all of the restrictions at group home and desired to have more freedom.			

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	__When asked what the facility was doing for her in regard to training, client #2 stated, "Nothing." During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 1/13/16 at 2 PM, the QIDP: __Indicated client #2 was emancipated and able to give informed written consent on her own. __Indicated client #2 was capable of taking care of herself but required supervision and prompting to make the right choices and to stay on track. __Indicated four of client #2's housemates were 30 plus years older than client #2 and three of her housemates were middle aged females that were not sexually active. During interview with the Program Director (PD) on 1/13/16 at 4 PM, the PD: __Stated client #2 was a "higher functioning" individual as compared to some of her other housemates. __Indicated client #2 was emancipated, able to give an informed consent on her own and wanted to go to college. __Indicated client #2 was unhappy in the home and wanted to sign herself out. __Stated on 10/19/15 client #2 had requested alone time and "probably pre-arranged" a meeting with a male			

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	friend at the home when client #2 knew the staff would be out of the house. __Indicated alone time was given to promote the clients' independence and stated we use alone time "in a lot of our more independent homes to help the clients transition to a less restrictive environment." __Indicated client #2 had a history of living on the streets and would more than likely return to that lifestyle if not supervised. __Stated client #2 had a history of elopement and would "more than likely start running if she doesn't get her way." __Stated client #2 "Might do better in a less restrictive environment" but would continue to need supervision and guidance to make the right choices. 9-3-7(a)			