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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G211 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 08/10/2015 |
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| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE 810 CARLYLE ST COLUMBIA CITY, IN 46725 |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaints #IN00178849 and #IN00179172.</p> <p>COMPLAINT #IN00178849: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W120, W122, W149, W153, W154, W240, and W331.</p> <p>COMPLAINT #IN00179172: Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W153, W154, W155 and W157.</p> <p>Dates of Survey: August 5, 6, 7, and 10, 2015.</p> <p>Facility Number: 000737 Provider Number: 15G211 AIM Number: 100243270</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> | W 0000 | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

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| W 0102 Bldg. 00 | 483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to provide oversight and direction to ensure implementation of policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The governing body failed to timely report 3 of 3 allegations of abuse and neglect involving clients A, B and C. The governing body failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The governing body failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The governing body failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from | W 0102 | W102 Condition of Participation Governing Body: The facility must ensure that specific governing body and management requirements are met. All facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. Management staff from the day program and the facility will meet to establish a protocol when the management of the facility needs to be contacted regarding possible neglect issues and vice versa All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An | 09/09/2015 |

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| | <p>neglect.</p> <p>Findings include:</p> <p>1. Please see W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to implement policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The governing body failed to timely report 3 of 3 allegations of abuse and neglect involving clients A, B and C. The governing body failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The governing body failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The governing body failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>2. Please see W104. The governing body failed to provide oversight and direction to ensure implementation of policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The governing body failed to provide oversight and direction</p> | | <p>investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| W 0104 | <p>to ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported. The governing body failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The governing body failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The governing body failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY</p> | | | |

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| Bldg. 00 | <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon record review and interview, the governing body failed to provide oversight and direction to ensure implementation of policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The governing body failed to provide oversight and direction to timely report 3 of 3 allegations of abuse and neglect involving clients A, B and C. The governing body failed to provide oversight and direction to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The governing body failed to provide oversight and direction to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The governing body failed to provide oversight and direction to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>Findings include:</p> <p>1. Please see W120. The governing body failed for 2 of 4 sampled clients (clients A and C) to provide oversight and direction to ensure outside services</p> | W 0104 | <p>W104: The governing body must exercise general policy, budget and operation direction over the facility. Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. Management staff from the day program and the facility will meet to establish a protocol when the management of the facility needs to be contacted regarding possible neglect issues and vice versa. A form has been developed and is being used to assure that each client is arriving at the day program in a clean manner. Any discrepancies will be reported to the facility management. Another form has been created that will address the following concerns while at the day program: behavior, toileting, medical, dignity and "other". The form will be reviewed by the SSA on a daily basis upon the clients' return from day program and the appropriate management staff (QIDP, nurse, RM) will be contacted regarding any concerns that arise at the day program. . The form will be forwarded to the Clinical Supervisor to assure that all follow up needed has been completed. All facility direct care and management staff have been retrained on the abuse neglect</p> | 09/09/2015 |

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| | <p>timely reported 1 of 3 allegations of abuse and neglect involving clients A and C.</p> <p>2. Please see W149. The governing body failed to provide oversight and direction to ensure implementation of policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The governing body failed to provide oversight and direction to ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported. The governing body failed to provide oversight and direction to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The governing body failed to provide oversight and direction to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The governing body failed to provide oversight and direction to implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>3. Please see W153. The governing body failed to provide oversight and direction to ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported to the administrator and the Bureau of Developmental Disabilities</p> | | <p>policy including: who to call, when to call and what constitutes an allegation. All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the non-reporting of an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on treatment of clients and cleanliness of the clients. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment and cleanliness of the clients. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | <p>Services (BDDS) in accordance with state law.</p> <p>4. Please see W154. The governing body failed to provide oversight and direction to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C.</p> <p>5. Please see W155. The governing body failed to provide oversight and direction to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse.</p> <p>6. Please see W157. The governing body failed to provide oversight and direction to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-1(a)</p> | | | |

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| W 0120 Bldg. 00 | <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients A and C) to ensure outside services timely reported 1 of 3 allegations of abuse and neglect involving clients A and C.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>BDDS reports dated 7/22/15 indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing. [Day services] has a communication system in place with ResCare group homes. Sometimes</p> | W 0120 | <p>W120: The facility must assure that outside services meet the needs of the client. Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. Management staff from the day program and the facility will meet to establish a protocol when the management of the facility needs to be contacted regarding possible neglect issues and vice versa. A form has been developed and is being used to assure that each client is arriving at the day program in a clean manner. Any discrepancies will be reported to the facility management. Another form has been created that will address the following concerns while at the day program: behavior, toileting, medical, dignity and "other". The form will be reviewed by the SSA on a daily basis upon the clients' return from day program and the appropriate management staff (QIDP, nurse, RM) will be contacted regarding any concerns that arise at the day program. The form will be forwarded to the</p> | 09/09/2015 |

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| | <p>there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run. Staff stated that they completed [client A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times when accidents happen on the way to workshop. ResCare will initiate a form</p> | | <p>Clinical Supervisor to assure that all follow up needed has been completed. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on treatment of clients and cleanliness of the clients. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment and cleanliness of the clients. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | <p>that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>An attached follow up report for client C dated 7/23/15 indicated "Staff indicated that they did not see any feces on [client C] or they would have cleaned him. Staff indicated that [client C] takes a shower at night. [Day services] staff indicated that on the 16th and on the 20th that [client C] had some feces on the inside of his pants and was not really noticeable and could have happened between the house and the workshop. She cleaned him and used the change of clothing that is there for accidents that he has frequently. She did not consider it neglectful or she would have contacted her program director....." The report indicated the same process as indicated in client A's follow up report would now be initiated to ensure clients arrived at the day services and at the group home in clean condition.</p> <p>An Investigative Summary dated 7/22/15-7/23/15 in regards to the allegations was reviewed on 8/5/15 at 2:45 PM. The investigation failed to indicate the documentation of clients A</p> | | | |

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| | <p>and C being found soiled with feces at day services indicated in the BDDS report was reviewed as part of the investigation.</p> <p>The MSGL (Manager of Supported Group Living) was interviewed on 8/5/15 at 2:45 PM. She indicated the BDDS coordinator had reviewed documentation at day services which had indicated feces had been found on the clients, but the investigation concluded the feces was fresh, inconspicuous and had most likely occurred during transport to the day services.</p> <p>The Day Services Coordinator was interviewed on 8/6/15 at 1:45 PM and indicated the incidents of clients A and C being found with feces had not been considered abuse or neglect and stated "We checked (clients) as soon as they got here, cleaned them up and they were fine." When asked about the feces on the clients, she indicated "It's an opinion as to whether it was dried or not. She (day services staff #1) should have gotten a second opinion." She indicated the day services staff provided the daily documentation regarding the clients being found with dried feces to the group home and the documentation had been provided to the Clinical Supervisor when she completed the investigation into the</p> | | | |

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| | <p>incident.</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified)"...There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff."</p> <p>Day services staff #1 who had completed the documentation for clients A and C on 7/16/15 and 7/20/15 was interviewed on 8/6/15 at 2:01 PM and indicated the feces found on clients A and C could have occurred during transport to day services. She indicated she had documented the condition of the clients to the best of her ability at the time of the incidents.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM. She stated, "What we were told is that it (feces on the clients) was fresh.</p> | | | |
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| W 0122 Bldg. 00 | <p>We didn't see this documentation." She indicated after reviewing the documentation that after clients A and C were found with dried feces by day services staff, it should have been considered as potential neglect and should have been reported to BDDS when discovered.</p> <p>This federal tag relates to complaint #IN00178849.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to implement policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The facility failed to timely report 3 of 3 allegations of abuse and neglect involving clients A, B and C.</p> | W 0122 | <p>W122: Condition: The facility must ensure that specific client protections requirements are met.</p> <p>All facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. All investigations will be</p> | 09/09/2015 |

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| | <p>The facility failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The facility failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>Findings include:</p> <p>1. Please see W149. The facility failed to implement policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The facility failed to timely report 3 of 3 allegations of abuse and neglect involving clients A, B and C. The facility failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The facility failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>2. Please see W153. The facility failed to</p> | | <p>reviewed by the Program manager and Executive Director to assure that they are thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. Management staff from the day program and the facility will meet to establish a protocol when the management of the facility needs to be contacted regarding possible neglect issues and vice versa. A form has been developed and is being used to assure that each client is arriving at the day program in a clean manner. Any discrepancies will be reported to the facility management. Another form has been created that will address the following concerns while at the day program: behavior, toileting, medical, dignity and "other". The form will be reviewed by the SSA on a daily basis upon the clients' return from day program and the appropriate management staff (QIDP, nurse, RM) will be contacted regarding any concerns that arise at the day program. The form will be forwarded to the Clinical Supervisor to assure that all follow up needed has been completed. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure.</p> | |

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| | <p>ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>3. Please see W154. The facility failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C.</p> <p>4. Please see W155. The facility failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse.</p> <p>5. Please see W157. The facility failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-2(a)</p> | | <p>The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations</p> | |

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| W 0149 Bldg. 00 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review and interview, the facility failed to implement policy and procedures which prohibited abuse and neglect to protect 3 of 4 sampled clients (clients A, B and C). The facility failed to ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported. The facility failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C. The facility failed to ensure protective measures were implemented after an allegation of abuse involving client B to prevent potential for further abuse. The facility failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 and</p> | W 0149 | <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. All facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. Management staff from the day program and the facility will meet to establish a protocol when the management of the facility needs to be contacted regarding possible neglect issues and vice versa. A form has been developed and is being used to assure that each client is arriving at the day program in a clean manner. Any discrepancies will be reported to the facility management. Another form has been created that will address the following concerns while at day program: behavior, toileting,</p> | 09/09/2015 |

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| | <p>reported to BDDS on 7/30/15 indicated the clinical supervisor was notified on 7/29/15 at 8:00 PM that client B was "pinned to his bed by another staff member...The staff member was suspended immediately pending the outcome of an investigation. [Client B] complained of shoulder pain and was taken to [medical facility] to be evaluated. A physical evaluation was completed and X-rays were taken....The complaint of shoulder pain was attributed to [client B's] arthritis, which had not worsened according to the x-rays. No additional abnormal findings were noted. [Client B] was offered emotional support from staff...."</p> <p>The Manager of Supported Group Living (MSGSL) was interviewed on 8/5/15 at 2:15 PM and indicated the investigation was completed, but had not been written in final form. The MSGSL indicated the incident had been substantiated.</p> <p>Staff #1 was interviewed on 8/5/15 at 4:50 PM. She indicated she had recently been trained on reporting abuse and neglect. When asked if she had witnessed abuse, she stated, "I did witness abuse-just recently." She stated staff #2 had become "upset" when asked to clean the bathroom and client B attempted to use the bathroom while staff #2 was</p> | | <p>medical, dignity and "other". The form will be reviewed by the SSA on a daily basis upon the clients' return from day program and the appropriate management staff (QIDP, nurse, RM) will be contacted regarding any concerns that arise at the day program. The form will be forwarded to the Clinical Supervisor to assure that all follow up needed has been completed. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | cleaning the bathroom. Staff #1 stated, "He (staff #2) kept telling him (client B) to go to his room. Staff #1 indicated she was working in the kitchen when she heard staff #2 take client B to his room. She stated she heard a sound as if client B laid "hard on the bed." Staff #2 indicated she went to client B's room and stated staff #2 "was holding him (client B) down," and stated staff #2 stated, "He's never going to learn." Staff #1 stated to staff #2, "I told him he couldn't do that. You can't put your hands on them (clients). It's abuse and not using YSIS (You're Safe, I'm Safe) (behavior management techniques)." She indicated client B had issues with urge incontinence and had difficulty controlling urination. She stated client B urinated in his room as she thought he was "afraid to go to the bathroom," and indicated client B did not normally urinate in his room. She stated "It wasn't good," and "I tried to call the RM (Residential Manager)," and indicated she was unable to reach her by phone. Staff #1 indicated staff #2 left work shortly after the incident at 10:00 PM. She stated "I witnessed that one with my own eyes (staff #2 holding client B down on the bed)." Staff #1 informed the house manager of the incident when the house manager arrived at work the following day at 1:30 PM. Staff #1 indicated the | | | |

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| | <p>following evening after notifying the house manager of the incident involving client B and staff #2, she worked with staff #2 and staff #3. She indicated the house manager had gone home for the evening and staff #1 indicated staff #2 was administering medications and she and staff #3 were completing documentation at the table. Staff #1 stated she heard a noise and client B "came running into his room." Staff #1 indicated she asked staff #2 what had happened, and staff #2 stated, client B "needs to get out of [client F's] chair. Staff #1 stated, "I went to [client B], and he said 'He hit me,' and he was pointing to [staff #2]." Staff #1 indicated she, staff #2 and staff #3 were the only staff working at the time of the incident when client B said staff #2 had hit him. She stated client B referred to staff #2 as "[name client B called staff #2]," and client B "doesn't tell stories." She indicated client B complained of shoulder pain and didn't normally complain of pain. Staff #1 indicated she called the RM and the MSGL and stated, "They made him (staff #2) leave work. He was going off when he was leaving." Staff #1 indicated staff #2 told her he was suspended and stated "It's probably because you told on me or [HM] that I hit [client B] in the head." Staff #1 indicated she asked staff #2 if he had hit client B in</p> | | | |

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| | <p>the head, and he stated, "I didn't hit him, I tapped him." Staff #1 indicated client B had complained about staff #2 hitting him in the head in the past prior to these two incidents and stated, "You'll have to ask [HM]." Staff #1 indicated client B went to the hospital in regards to his shoulder pain, and stated it was determined to be a "flare up of his arthritis."</p> <p>The HM was interviewed on 8/5/15 at 5:25 PM and indicated she had reported the incident reported to her by staff #1 involving staff #2 to the Clinical Supervisor (date unspecified) who then took action to suspend staff #2. The HM stated the day prior to the incident involving client B and staff #1 reported to her by staff #1, "I took a break and was smoking out front. I did hear [client B] yelling. He will become agitated and [client B] said 'He hit me,'" and client B stated to the HM "[name client B called staff #2]...had hit him in the side of the head." The HM stated client B called staff #2 "[name client B called staff #2]." The HM indicated she had checked client B for injuries and talked to staff #2 about the allegation by client B and staff #2 denied he had hit client B, and that client B had alleged client E had hit him. The HM then interviewed client E and client E indicated he had not hit client B. The</p> | | | |

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| | <p>HM indicated she had reported the allegation by client B to the Clinical Supervisor at the time client B said staff #2 hit him and again when staff #1 reported allegations staff #2 had pinned client B the day prior and client B had alleged staff #2 had hit him. She was uncertain of the days when the events occurred, but indicated staff #2 had been suspended on the day staff #1 reported client B alleged staff #2 had hit him. The HM indicated all staff had been retrained on the facility's policy and procedures in regards to abuse, neglect and mistreatment on 7/30/15. She stated she carried her phone fully charged at all times and was on call "24/7," and had not received a call or a missed call from staff #1 in regards to the allegation that staff #2 had held client B to his bed, and was unaware of the allegation until staff #1 brought it to her attention at 4:30 PM the day prior to the second allegation by staff #1 that staff #2 that client B reported to staff #1 and #3 that staff #2 had hit him. When asked if staff #2 had worked in the home after the allegations involving client B had been made and she stated, "Yes." When questioned why staff #2 had remained working in the home, she was uncertain, and indicated she had reported the allegation by client B made to her that staff #2 had hit him at the side of the day to the Clinical Supervisor and again when</p> | | | |

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| | <p>staff #1 reported the incident involving client B and staff #2 and indicated it was not within her job duties or authority to suspend staff.</p> <p>The HM was interviewed again on 8/7/15 at 4:25 PM. When asked again about the timeframe of when she reported the incidents involving staff #2 and client B to the clinical supervisor, she indicated after reviewing her phone records, she had reported the allegation made by staff #1 regarding client B's allegation of staff #2 on 7/28/15 at 4:27 PM via text message to the Clinical Supervisor and had received a response at 4:48 PM on 7/28/15 indicating "OK."</p> <p>The facility's Abuse and Neglect Detection, Prevention and Reporting (undated) training packet was reviewed on 8/5/15 at 5:35 PM and indicated staff were to call the MSGL if abuse or neglect was suspected.</p> <p>Staff #3 was interviewed on 8/5/15 at 5:45 PM and indicated she had been sitting at the dining room table with staff #1 while staff #2 had administered 8:00 PM medications. She stated, "We (staff #1 and staff #3) had heard a commotion-it's never been like that," and indicated client B stated, "He hit me." Staff #3 stated, "He doesn't make stuff</p> | | | |

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| | <p>up." Staff #3 indicated client B then went into his room and "acted like he was crying. Sometimes he will point at someone and say he hit me. My gut feeling was something had happened between the two of them." Staff #3 indicated staff #1 then reported the incident, but she was uncertain if staff #1 had called the MSGL or had called "the number we're all to call (when reporting abuse, neglect and mistreatment.)"</p> <p>The completed Investigative Summary completed by the Clinical Supervisor dated 7/29/15-8/1/15 in regards to the allegation was reviewed on 8/6/15 at 3:16 PM and indicated the following:</p> <p>Undated interview by staff #1 indicated she had worked with staff #2 on 7/28/15 and "it was approximately 10 pm when she was in the kitchen and had heard [client B] asking [staff #2] to go to the bathroom, and [staff #2] was telling him to go back to bed. She said that when she went around the corner to [client B's] room she saw [staff #2] pinning [client B] to his bed with his forearms on [client B's] forearms. She then told [client B] to stop and that he could not do that to any consumer. [Staff #1] said that [staff #2] said he (client B) is never going to learn and then after a couple of minutes [staff #2] stopped and left the room. At that</p> | | | |

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| | <p>point [staff #1] spoke with [staff #2] and told him that this was not appropriate and [staff #2] then got up and clocked out and left the home for the evening. She (staff #1) stated that on 7/29/15, [client B] had come walking fast from the living room upset, and went into his bedroom and was sitting in his rocking chair, she said that she asked [staff #2] what had happened and [staff #2] told her that he had [client B] get up from his roomates (sic) chair. [Staff #1] then told [staff #2] that [client B] was able to sit in the chair and that [client F] was in bed." Staff #1 indicated she asked client B what happened and " he said 'he hit me,' [staff #1] said, 'who hit you?' and [client B] replied "[name client B called staff #2]."</p> <p>Client B complained of pain in his shoulder, staff #1 called the nurse and was given instructions to take client B to the ER (emergency room).</p> <p>Undated interview by staff #3 indicated she had worked with staff #1 and #2 on 7/28/15 and 7/29/15. "That while at work" (date not indicated), client B had stated, "He hit me," and when asked who had hit him, named the name client B called staff #2. Staff #3 indicated in her statement she had witnessed client B keeping his distance from staff #2.</p> <p>Undated interview by client B indicated</p> | | | |

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| | <p>when asked by the investigator if someone had hit him, "he said 'yeah.' The investigator asked [client B] when he was hit, and could not identify a time frame. [Client B] was asked from the investigator if [staff #2] had hit him and he gave no answer. At that time the investigator pulled up a picture of [staff #2] on her cell phone and showed [client B] (sic) at this time [client B] flinched back in his chair and began biting on his hand and hitting himself in the head. When the investigator asked who it was in the picture [client B] stated [name client B called staff #2]. Investigator asked if [name client B called staff #2] hit him, he stated 'yeah' (sic) when asked where [client B] said 'stomach'...."</p> <p>Undated interview with staff #2 indicated "when asked about the use of the bathroom with [client B] he said that [client B] does have an enlarged prostate and does believe he has to use the restroom frequently (sic) but does not have to always end up urinating...." Staff #2 denied the allegations he had "pinned [client B] to his bed upon request (by client B) to use the bathroom," and indicated "if he ever has to redirect [client B] he will do so with a side arm hug." Staff #2 stated "that he would never hurt any individual he would hurt himself before hurting one of them."</p> | | | |

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| | <p>Summary of findings indicated in part, "Abuse/Neglect protocol was not followed (not otherwise specified), and "it was determined that the allegation was substantiated. Corrective action to prevent further occurrence (sic) [staff #2] was terminated from employment and all staff have been retrained on abuse/neglect policy."</p> <p>A review of the Daily Sign-in Log for the group home was reviewed on 8/10/15 at 9:03 AM and indicated staff #2 had worked in the group home on 7/26/15 from 9:56 PM until midnight, on 7/27/15 from 12:01 AM until 6:17 AM and again on 7/27/15 from 2:00 PM until 10:34 PM, on Tuesday 7/28/15 from 1:57 AM until 10:07 (AM or PM not defined), and on 7/29/15 from 1:59 PM until 8:15 PM.</p> <p>Client B's hospital records dated 7/29/15 were reviewed on 8/10/15 at 10:11 AM and indicated client B had been taken to the hospital and been diagnosed with "...an arthralgia (pain in a joint). This can come from many reasons including:</p> <ul style="list-style-type: none"> -Bruising the joint which causes soreness (inflammation) in the joint. -Wear and team on the joints which occur as we grow older (osteoarthritis). -Overusing the joint. | | | |

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| | <p>-Various forms of arthritis. -Infections of the joint...."</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated staff #1 should have called her per facility policy to report abuse, and staff #2 continued to work in the home after the allegations had been made by client B. She indicated the Clinical Supervisor had called her on 7/29/15 at 7:54 PM to report staff #2 had pinned client B's arms, and staff #2 was suspended immediately. The MSGL indicated staff #1 had attempted to call her on her office phone earlier on 7/29/15, but she was not in the office and the phone number was not the phone number to report abuse. The MSGL indicated the Clinical Supervisor had been suspended as the HM had reported to her after the surveyor's visit on 8/5/15 the first allegation made by client B, reported to the HM had been reported to the Clinical Supervisor by the HM. The MSGL indicated she was unaware of any of the allegations until she received a call from the Clinical Supervisor on 7/29/15. She indicated the investigation had not addressed the timelines of reporting of the abuse or identified the specific lack of protocol in regards to the facility's policy and procedures to prevent abuse and neglect.</p> | | | |

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| | <p>2. BDDS reports dated 7/22/15 indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing. [Day services] has a communication system in place with ResCare group homes. Sometimes there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run. Staff stated that they completed [client</p> | | | |

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| | <p>A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times when accidents happen on the way to workshop. ResCare will initiate a form that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>An attached follow up report for client C dated 7/23/15 indicated "Staff indicated that they did not see any feces on [client C] or they would have cleaned him. Staff indicated that [client C] takes a shower at night. [Day services] staff indicated that on the 16th and on the 20th that [client C] had some feces on the inside of his pants and was not really noticeable and could have happened between the house and the workshop. She cleaned him and used the change of clothing that is there for accidents that he has frequently. She did not consider it neglectful or she</p> | | | |

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| | <p>would have contacted her program director....." The report indicated the same process as indicated in client A's follow up report would now be initiated to ensure clients arrived at the day services and at the group home in clean condition.</p> <p>An Investigative Summary dated 7/22/15-7/23/15 in regards to the allegations was reviewed on 8/5/15 at 2:45 PM. The investigation failed to indicate the documentation of clients A and C being found soiled with feces at day services indicated in the BDDS report was reviewed as part of the investigation.</p> <p>The MSGL was interviewed on 8/5/15 at 2:45 PM. She indicated the BDDS coordinator had reviewed documentation at day services which had indicated feces had been found on the clients, but the investigation concluded the feces was fresh, inconspicuous and had most likely occurred during transport to the day services.</p> <p>The Day Services Coordinator was interviewed on 8/6/15 at 1:45 PM and indicated the incidents of clients A and C being found with feces had not been considered abuse or neglect and stated "We checked (clients) as soon as they got</p> | | | |

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| | <p>here, cleaned them up and they were fine." When asked about the feces on the clients, she indicated "It's an opinion as to whether it was dried or not. She (day services staff #1) should have gotten a second opinion." She indicated the day services staff provided the daily documentation regarding the clients being found with dried feces to the group home and the documentation had been provided to the Clinical Supervisor when she completed the investigation into the incident.</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified)"...There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff."</p> <p>Day services staff #1 who had completed</p> | | | |

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| | <p>the documentation for clients A and C on 7/16/15 and 7/20/15 was interviewed on 8/6/15 at 2:01 PM and indicated the feces found on clients A and C could have occurred during transport to day services. She indicated she had documented the condition of the clients to the best of her ability at the time of the incidents.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM. She stated, "What we were told is that it (feces on the clients) was fresh. We didn't see this documentation." She indicated after reviewing the documentation that it would have been considered potential neglect.</p> <p>The facility's Policy/Procedure for Reporting and Investigating Abuse/Neglect/Exploitation/Mistreatment of clients dated 6/2011 was reviewed on 8/10/15 at 9:13 AM and indicated "All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare Northern Region Indiana, local, state and federal guidelines...Procedures: 1. Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the Director of</p> | | | |

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| | Supported Group Living (group homes), then complete an Incident Report. The Director of Supported Group Living/Supported Living will then notify the Executive Director. This step should be done within 24 hours. The Director of the program (SGL or SL) or designee will report the suspected abuse, neglect or exploitation within 24 hours of the initial report to the appropriate contacts, which may include:...Bureau of Developmental Disabilities Service Coordinator...The Director of the Program (SGL or SL) will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures or investigations...One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected...An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Director of Supported Living or SGL, and a Human Resources representative." | | | |

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| | This federal tag relates to complaints #IN00178849 and #IN00179172. 9-3-2(a) | | | |
| W 0153 Bldg. 00 | 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations | | | |

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| | <p>of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based upon record review and interview, the facility failed to ensure 3 of 3 allegations of abuse and neglect involving clients A, B and C were timely reported to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 and reported to BDDS on 7/30/15 indicated the clinical supervisor was notified on 7/29/15 at 8:00 PM that client B was "pinned to his bed by another staff member...The staff member was suspended immediately pending the outcome of an investigation. [Client B] complained of shoulder pain and was taken to [medical facility] to be evaluated. A physical evaluation was completed and X-rays were taken....The complaint of shoulder pain was attributed</p> | W 0153 | <p>W 153: The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. All facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to</p> | 09/09/2015 |

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| | <p>to [client B's] arthritis, which had not worsened according to the x-rays. No additional abnormal findings were noted. [Client B] was offered emotional support from staff...."</p> <p>Staff #1 was interviewed on 8/5/15 at 4:50 PM. She indicated she had recently been trained on reporting abuse and neglect. When asked if she had witnessed abuse, she stated, "I did witness abuse-just recently." She stated staff #2 had become "upset" when asked to clean the bathroom and client B attempted to use the bathroom while staff #2 was cleaning the bathroom. Staff #1 stated, "He (staff #2) kept telling him (client B) to go to his room. Staff #1 indicated she was working in the kitchen when she heard staff #2 take client B to his room. She stated she heard a sound as if client B laid "hard on the bed." Staff #2 indicated she went to client B's room and stated staff #2 "was holding him (client B) down," and stated staff #2 stated, "He's never going to learn." Staff #1 stated to staff #2, "I told him he couldn't do that. You can't put your hands on them (clients). It's abuse and not using YSIS (You're Safe, I'm Safe) (behavior management techniques)." She indicated client B had issues with urge incontinence and had difficulty controlling urination. She stated client B</p> | | <p>include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | <p>urinated in his room as she thought he was "afraid to go to the bathroom," and indicated client B did not normally urinate in his room. She stated "It wasn't good," and "I tried to call the RM (Residential Manager)," and indicated she was unable to reach her by phone. Staff #1 indicated staff #2 left work shortly after the incident at 10:00 PM. She stated "I witnessed that one with my own eyes (staff #2 holding client B down on the bed)." Staff #1 informed the house manager of the incident when the house manager arrived at work the following day at 1:30 PM. Staff #1 indicated the following evening after notifying the house manager of the incident involving client B and staff #2, she worked with staff #2 and staff #3. She indicated the house manager had gone home for the evening and staff #1 indicated staff #2 was administering medications and she and staff #3 were completing documentation at the table. Staff #1 stated she heard a noise and client B "came running into his room." Staff #1 indicated she asked staff #2 what had happened, and staff #2 stated, client B "needs to get out of [client F's] chair. Staff #1 stated, "I went to [client B], and he said 'He hit me,' and he was pointing to [staff #2]." Staff #1 indicated she, staff #2 and staff #3 were the only staff working at the time of the incident when</p> | | | |

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| | <p>client B said staff #2 had hit him. She stated client B referred to staff #2 as "[name client B called staff #3]," and client B "doesn't tell stories." She indicated client B complained of shoulder pain and didn't normally complain of pain. Staff #1 indicated she called the RM and the MSGL and stated, "They made him (staff #2) leave work. He was going off when he was leaving." Staff #1 indicated staff #2 told her he was suspended and stated "It's probably because you told on me or [HM] that I hit [client B] in the head." Staff #1 indicated she asked staff #2 if he had hit client B in the head, and he stated, "I didn't hit him, I tapped him." Staff #1 indicated client B had complained about staff #2 hitting him in the head in the past prior to these two incidents and stated, "You'll have to ask [HM]."</p> <p>The HM was interviewed on 8/5/15 at 5:25 PM and indicated she had reported the incident reported to her by staff #1 involving staff #2 to the Clinical Supervisor (date unspecified) who then took action to suspend staff #2. The HM stated the day prior to the incident involving client B and staff #1 reported to her by staff #1, "I took a break and was smoking out front. I did hear [client B] yelling. He will become agitated and [client B] said 'He hit me,'" and client B</p> | | | |

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| | <p>stated to the HM "[name client B called staff #2]...had hit him in the side of the head." The HM stated client B called staff #2 "[name client B called staff #2]." The HM indicated she had checked client B for injuries and talked to staff #2 about the allegation by client B and staff #2 denied he had hit client B, and that client B had alleged client E had hit him. The HM then interviewed client E and client E indicated he had not hit client B. The HM indicated she had reported the allegation by client B to the Clinical Supervisor at the time client B said staff #2 hit him and again when staff #1 reported allegations staff #2 had pinned client B the day prior and client B had alleged staff #2 had hit him. She was uncertain of the days when the events occurred, but indicated staff #2 had been suspended on the day staff #1 reported client B alleged staff #2 had hit him. The HM indicated all staff had been retrained on the facility's policy and procedures in regards to abuse, neglect and mistreatment on 7/30/15. She stated she carried her phone fully charged at all times and was on call "24/7," and had not received a call or a missed call from staff #1 in regards to the allegation that staff #2 had held client B to his bed, and was unaware of the allegation until staff #1 brought it to her attention at 4:30 PM the day prior to the second allegation by staff</p> | | | |

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| | <p>#1 that staff #2 that client B reported to staff #1 and #3 that staff #2 had hit him. When asked if staff #2 had worked in the home after the allegations involving client B had been made and she stated, "Yes." When questioned why staff #2 had remained working in the home, she was uncertain, and indicated she had reported the allegation by client B made to her that staff #2 had hit him at the side of the day to the Clinical Supervisor and again when staff #1 reported the incident involving client B and staff #2 and indicated it was not within her job duties or authority to suspend staff.</p> <p>The HM was interviewed again on 8/7/15 at 4:25 PM. When asked again about the timeframe of when she reported the incidents involving staff #2 and client B to the clinical supervisor, she indicated after reviewing her phone records, she had reported the allegation made by staff #1 regarding client B's allegation of staff #2 on 7/28/15 at 4:27 PM via text message to the Clinical Supervisor and had received a response at 4:48 PM on 7/28/15 indicating "OK."</p> <p>The facility's Abuse and Neglect Detection, Prevention and Reporting (undated) training packet was reviewed on 8/5/15 at 5:35 PM and indicated staff were to call the MSGL if abuse or neglect</p> | | | |

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| | <p>was suspected.</p> <p>Staff #3 was interviewed on 8/5/15 at 5:45 PM and indicated she had been sitting at the dining room table with staff #1 while staff #2 had administered 8:00 PM medications. She stated, "We (staff #1 and staff #3) had heard a commotion-it's never been like that," and indicated client B stated, "He hit me." Staff #3 stated, "He doesn't make stuff up." Staff #3 indicated client B then went into his room and "acted like he was crying. Sometimes he will point at someone and say he hit me. My gut feeling was something had happened between the two of them." Staff #3 indicated staff #1 then reported the incident, but she was uncertain if staff #1 had called the MSGL or had called "the number we're all to call (when reporting abuse, neglect and mistreatment.)"</p> <p>The completed Investigative Summary completed by the Clinical Supervisor dated 7/29/15-8/1/15 in regards to the allegation was reviewed on 8/6/15 at 3:16 PM and indicated the following:</p> <p>Undated interview by staff #1 indicated she had worked with staff #2 on 7/28/15 and "it was approximately 10 pm when she was in the kitchen and had heard [client B] asking [staff #2] to go to the</p> | | | |

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| | <p>bathroom, and [staff #2] was telling him to go back to bed. She said that when she went around the corner to [client B's] room she saw [staff #2] pinning [client B] to his bed with his forearms on [client B's] forearms. She then told [client B] to stop and that he could not do that to any consumer. [Staff #1] said that [staff #2] said he (client B) is never going to learn and then after a couple of minutes [staff #2] stopped and left the room. At that point [staff #1] spoke with [staff #2] and told him that this was not appropriate and [staff #2] then got up and clocked out and left the home for the evening. She (staff #1) stated that on 7/29/15, [client B] had come walking fast from the living room upset, and went into his bedroom and was sitting in his rocking chair, she said that she asked [staff #2] what had happened and [staff #2] told her that he had [client B] get up from his roommates (sic) chair. [Staff #1] then told [staff #2] that [client B] was able to sit in the chair and that [client F] was in bed." Staff #1 indicated she asked client B what happened and " he said 'he hit me,' [staff #1] said, 'who hit you?' and [client B] replied "[name client B called staff #2]."</p> <p>Client B complained of pain in his shoulder, staff #1 called the nurse and was given instructions to take client B to the ER (emergency room).</p> | | | |

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| | <p>Undated interview by staff #3 indicated she had worked with staff #1 and #2 on 7/28/15 and 7/29/15. "That while at work" (date not indicated), client B had stated, "He hit me," and when asked who had hit him, named the name client B called staff #1. Staff #3 indicated in her statement she had witnessed client B keeping his distance from staff #2.</p> <p>Undated interview by client B indicated when asked by the investigator if someone had hit him, "he said 'yeah.' The investigator asked [client B] when he was hit, and could not identify a time frame. [Client B] was asked from the investigator if [staff #2] had hit him and he gave no answer. At that time the investigator pulled up a picture of [staff #2] on her cell phone and showed [client B] (sic) at this time [client B] flinched back in his chair and began biting on his hand and hitting himself in the head. When the investigator asked who it was in the picture [client B] stated [name client B called staff #2]. Investigator asked if [name client B called staff #2] hit him, he stated 'yeah' (sic) when asked where [client B] said 'stomach'...."</p> <p>Undated interview with staff #2 indicated "when asked about the use of the bathroom with [client B] he said that [client B] does have an enlarged prostate</p> | | | |

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| | <p>and does believe he has to use the restroom frequently (sic) but does not have to always end up urinating..." Staff #2 denied the allegations he had "pinned [client B] to his bed upon request (by client B) to use the bathroom," and indicated "if he ever has to redirect [client B] he will do so with a side arm hug." Staff #2 stated "that he would never hurt any individual he would hurt himself before hurting one of them."</p> <p>Summary of findings indicated in part, "Abuse/Neglect protocol was not followed (not otherwise specified), and "it was determined that the allegation was substantiated.</p> <p>Client B's hospital records dated 7/29/15 were reviewed on 8/10/15 at 10:11 AM and indicated client B had been taken to the hospital and been diagnosed with "...an arthralgia (pain in a joint). This can come from many reasons including:</p> <ul style="list-style-type: none"> -Bruising the joint which causes soreness (inflammation) in the joint. -Wear and team on the joints which occur as we grow older (osteoarthritis). -Overusing the joint. -Various forms of arthritis. -Infections of the joint...." <p>The MSGL was interviewed on 8/6/15 at</p> | | | |

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| | <p>3:45 PM and indicated staff #1 should have called her per facility policy to report abuse. She indicated the Clinical Supervisor had called her on 7/29/15 at 7:54 PM to report staff #2 had pinned client B's arms, and staff #2 was suspended immediately. The MSGL indicated staff #1 had attempted to call her on her office phone earlier on 7/29/15, but she was not in the office and the phone number was not the phone number to report abuse. The MSGL indicated the Clinical Supervisor had been suspended as the HM had reported to her after the surveyor's visit on 8/5/15 the first allegation made by client B, reported to the HM had been reported to the Clinical Supervisor by the HM. The MSGL indicated she was unaware of any of the allegations until she received a call from the Clinical Supervisor on 7/29/15.</p> <p>2. BDDS reports dated 7/22/15 for clients A and C indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing. [Day services] has a</p> | | | |

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| | <p>communication system in place with ResCare group homes. Sometimes there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run. Staff stated that they completed [client A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times</p> | | | |

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| | <p>when accidents happen on the way to workshop. ResCare will initiate a form that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>An attached follow up report for client C dated 7/23/15 indicated "Staff indicated that they did not see any feces on [client C] or they would have cleaned him. Staff indicated that [client C] takes a shower at night. [Day services] staff indicated that on the 16th and on the 20th that [client C] had some feces on the inside of his pants and was not really noticeable and could have happened between the house and the workshop. She cleaned him and used the change of clothing that is there for accidents that he has frequently. She did not consider it neglectful or she would have contacted her program director....." The report indicated the same process as indicated in client A's follow up report would now be initiated to ensure clients arrived at the day services and at the group home in clean condition.</p> <p>An Investigative Summary dated 7/22/15-7/23/15 in regards to the allegations was reviewed on 8/5/15 at</p> | | | |

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| | <p>2:45 PM. The investigation failed to indicate the documentation of clients A and C being found soiled with feces at day services indicated in the BDDS report was reviewed as part of the investigation.</p> <p>The MSGL was interviewed on 8/5/15 at 2:45 PM. She indicated the BDDS coordinator had reviewed documentation at day services which had indicated feces had been found on the clients, but the investigation concluded the feces was fresh, inconspicuous and had most likely occurred during transport to the day services.</p> <p>The Day Services Coordinator was interviewed on 8/6/15 at 1:45 PM and indicated the incidents of clients A and C being found with feces had not been considered abuse or neglect and stated "We checked (clients) as soon as they got here, cleaned them up and they were fine." When asked about the feces on the clients, she indicated "It's an opinion as to whether it was dried or not. She (day services staff #1) should have gotten a second opinion." She indicated the day services staff provided the daily documentation regarding the clients being found with dried feces to the group home and the documentation had been provided to the Clinical Supervisor when</p> | | | |

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| | <p>she completed the investigation into the incident.</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified) "...There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff."</p> <p>Day services staff #1 who had completed the documentation for clients A and C on 7/16/15 and 7/20/15 was interviewed on 8/6/15 at 2:01 PM and indicated the feces found on clients A and C could have occurred during transport to day services. She indicated she had documented the condition of the clients to the best of her ability at the time of the incidents.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM. She stated, "What we were told</p> | | | |

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| W 0154 Bldg. 00 | <p>is that it (feces on the clients) was fresh. We didn't see this documentation." She indicated after reviewing the documentation that it would have been considered potential neglect and was an incident that should have been reported to the BDDS office when discovered.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based upon record review and interview, the facility failed to complete a thorough investigation into 3 of 3 allegations of abuse involving clients A, B and C.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the</p> | W 0154 | <p>W154: The facility must have evidence that all alleged violations are thoroughly investigated. . Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. All investigations</p> | 09/09/2015 |

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| | <p>Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 and reported to BDDS on 7/30/15 indicated the clinical supervisor was notified on 7/29/15 at 8:00 PM that client B was "pinned to his bed by another staff member...The staff member was suspended immediately pending the outcome of an investigation. [Client B] complained of shoulder pain and was taken to [medical facility] to be evaluated. A physical evaluation was completed and X-rays were taken....The complaint of shoulder pain was attributed to [client B's] arthritis, which had not worsened according to the x-rays. No additional abnormal findings were noted. [Client B] was offered emotional support from staff...."</p> <p>The Manager of Supported Group Living (MSGSL) was interviewed on 8/5/15 at 2:15 PM and indicated the investigation was completed, but had not been written in final form. The MSGSL indicated the incident had been substantiated.</p> <p>Staff #1 was interviewed on 8/5/15 at 4:50 PM. She indicated she had recently been trained on reporting abuse and</p> | | <p>will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | neglect. When asked if she had witnessed abuse, she stated, "I did witness abuse-just recently." She stated staff #2 had become "upset" when asked to clean the bathroom and client B attempted to use the bathroom while staff #2 was cleaning the bathroom. Staff #1 stated, "He (staff #2) kept telling him (client B) to go to his room. Staff #1 indicated she was working in the kitchen when she heard staff #2 take client B to his room. She stated she heard a sound as if client B laid "hard on the bed." Staff #2 indicated she went to client B's room and stated staff #2 "was holding him (client B) down," and stated staff #2 stated, "He's never going to learn." Staff #1 stated to staff #2, "I told him he couldn't do that. You can't put your hands on them (clients). It's abuse and not using YSIS (You're Safe, I'm Safe) (behavior management techniques)." She indicated client B had issues with urge incontinence and had difficulty controlling urination. She stated client B urinated in his room as she thought he was "afraid to go to the bathroom," and indicated client B did not normally urinate in his room. She stated "It wasn't good," and "I tried to call the RM (Residential Manager)," and indicated she was unable to reach her by phone. Staff #1 indicated staff #2 left work shortly after the incident at 10:00 PM. | | | |

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| | <p>She stated "I witnessed that one with my own eyes (staff #2 holding client B down on the bed)." Staff #1 informed the house manager of the incident when the house manager arrived at work the following day at 1:30 PM. Staff #1 indicated the following evening after notifying the house manager of the incident involving client B and staff #2, she worked with staff #2 and staff #3. She indicated the house manager had gone home for the evening and staff #1 indicated staff #2 was administering medications and she and staff #3 were completing documentation at the table. Staff #1 stated she heard a noise and client B "came running into his room." Staff #1 indicated she asked staff #2 what had happened, and staff #2 stated, client B "needs to get out of [client F's] chair. Staff #1 stated, "I went to [client B], and he said 'He hit me,' and he was pointing to [staff #2]." Staff #1 indicated she, staff #2 and staff #3 were the only staff working at the time of the incident when client B said staff #2 had hit him. She stated client B referred to staff #2 as "[name client B called staff #2]," and client B "doesn't tell stories." She indicated client B complained of shoulder pain and didn't normally complain of pain. Staff #1 indicated she called the RM and the MSGL and stated, "They made him (staff #2) leave work. He was</p> | | | |

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| | <p>going off when he was leaving." Staff #1 indicated staff #2 told her he was suspended and stated "It's probably because you told on me or [HM] that I hit [client B] in the head." Staff #1 indicated she asked staff #2 if he had hit client B in the head, and he stated, "I didn't hit him, I tapped him." Staff #1 indicated client B had complained about staff #2 hitting him in the head in the past prior to these two incidents and stated, "You'll have to ask [HM]." Staff #1 indicated client B went to the hospital in regards to his shoulder pain, and stated it was determined to be a "flare up of his arthritis."</p> <p>The HM was interviewed on 8/5/15 at 5:25 PM and indicated she had reported the incident reported to her by staff #1 involving staff #2 to the Clinical Supervisor (date unspecified) who then took action to suspend staff #2. The HM stated the day prior to the incident involving client B and staff #1 reported to her by staff #1, "I took a break and was smoking out front. I did hear [client B] yelling. He will become agitated and [client B] said 'He hit me,'" and client B stated to the HM "[name client B called staff #2]...had hit him in the side of the head." The HM stated client B called staff #2 "[name client B called staff #2]." The HM indicated she had checked client</p> | | | |

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| | B for injuries and talked to staff #2 about the allegation by client B and staff #2 denied he had hit client B, and that client B had alleged client E had hit him. The HM then interviewed client E and client E indicated he had not hit client B. The HM indicated she had reported the allegation by client B to the Clinical Supervisor at the time client B said staff #2 hit him and again when staff #1 reported allegations staff #2 had pinned client B the day prior and client B had alleged staff #2 had hit him. She was uncertain of the days when the events occurred, but indicated staff #2 had been suspended on the day staff #1 reported client B alleged staff #2 had hit him. The HM indicated all staff had been retrained on the facility's policy and procedures in regards to abuse, neglect and mistreatment on 7/30/15. She stated she carried her phone fully charged at all times and was on call "24/7," and had not received a call or a missed call from staff #1 in regards to the allegation that staff #2 had held client B to his bed, and was unaware of the allegation until staff #1 brought it to her attention at 4:30 PM the day prior to the second allegation by staff #1 that staff #2 that client B reported to staff #1 and #3 that staff #2 had hit him. When asked if staff #2 had worked in the home after the allegations involving client B had been made and she stated, | | | |

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| | <p>"Yes." When questioned why staff #2 had remained working in the home, she was uncertain, and indicated she had reported the allegation by client B made to her that staff #2 had hit him at the side of the day to the Clinical Supervisor and again when staff #1 reported the incident involving client B and staff #2 and indicated it was not within her job duties or authority to suspend staff.</p> <p>The HM was interviewed again on 8/7/15 at 4:25 PM. When asked again about the timeframe of when she reported the incidents involving staff #2 and client B to the clinical supervisor, she indicated after reviewing her phone records, she had reported the allegation made by staff #1 regarding client B's allegation of staff #2 on 7/28/15 at 4:27 PM via text message to the Clinical Supervisor and had received a response at 4:48 PM on 7/28/15 indicating "OK."</p> <p>The facility's Abuse and Neglect Detection, Prevention and Reporting (undated) training packet was reviewed on 8/5/15 at 5:35 PM and indicated staff were to call the MSGL if abuse or neglect was suspected.</p> <p>Staff #3 was interviewed on 8/5/15 at 5:45 PM and indicated she had been sitting at the dining room table with staff</p> | | | |

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| | <p>#1 while staff #2 had administered 8:00 PM medications. She stated, "We (staff #1 and staff #3) had heard a commotion-it's never been like that," and indicated client B stated, "He hit me." Staff #3 stated, "He doesn't make stuff up." Staff #3 indicated client B then went into his room and "acted like he was crying. Sometimes he will point at someone and say he hit me. My gut feeling was something had happened between the two of them." Staff #3 indicated staff #1 then reported the incident, but she was uncertain if staff #1 had called the MSGL or had called "the number we're all to call (when reporting abuse, neglect and mistreatment.)"</p> <p>The completed Investigative Summary completed by the Clinical Supervisor dated 7/29/15-8/1/15 in regards to the allegation was reviewed on 8/6/15 at 3:16 PM and indicated the following:</p> <p>Undated interview by staff #1 indicated she had worked with staff #2 on 7/28/15 and "it was approximately 10 pm when she was in the kitchen and had heard [client B] asking [staff #2] to go to the bathroom, and [staff #2] was telling him to go back to bed. She said that when she went around the corner to [client B's] room she saw [staff #2] pinning [client B] to his bed with his forearms on [client</p> | | | |

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| | <p>B's] forearms. She then told [client B] to stop and that he could not do that to any consumer. [Staff #1] said that [staff #2] said he (client B) is never going to learn and then after a couple of minutes [staff #2] stopped and left the room. At that point [staff #1] spoke with [staff #2] and told him that this was not appropriate and [staff #2] then got up and clocked out and left the home for the evening. She (staff #1) stated that on 7/29/15, [client B] had come walking fast from the living room upset, and went into his bedroom and was sitting in his rocking chair, she said that she asked [staff #2] what had happened and [staff #2] told her that he had [client B] get up from his roomates (sic) chair. [Staff #1] then told [staff #2] that [client B] was able to sit in the chair and that [client F] was in bed." Staff #1 indicated she asked client B what happened and " he said 'he hit me,' [staff #1] said, 'who hit you?' and [client B] replied "[name client B called staff #2]." Client B complained of pain in his shoulder, staff #1 called the nurse and was given instructions to take client B to the ER (emergency room).</p> <p>Undated interview by staff #3 indicated she had worked with staff #1 and #3 on 7/28/15 and 7/29/15. "That while at work" (date not indicated), client B had stated, "He hit me," and when asked who</p> | | | |

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| | <p>had hit him, named the name client B called staff #2. Staff #3 indicated in her statement she had witnessed client B keeping his distance from staff #2.</p> <p>Undated interview by client B indicated when asked by the investigator if someone had hit him, "he said 'yeah.' The investigator asked [client B] when he was hit, and could not identify a time frame. [Client B] was asked from the investigator if [staff #2] had hit him and he gave no answer. At that time the investigator pulled up a picture of [staff #2] on her cell phone and showed [client B] (sic) at this time [client B] flinched back in his chair and began biting on his hand and hitting himself in the head. When the investigator asked who it was in the picture [client B] stated [name client B called staff #2]. Investigator asked if [name client B called staff #2] hit him, he stated 'yeah' (sic) when asked where [client B] said 'stomach'...."</p> <p>Undated interview with staff #2 indicated "when asked about the use of the bathroom with [client B] he said that [client B] does have an enlarged prostate and does believe he has to use the restroom frequently (sic) but does not have to always end up urinating...." Staff #2 denied the allegations he had "pinned [client B] to his bed upon request (by</p> | | | |

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| | <p>client B) to use the bathroom," and indicated "if he ever has to redirect [client B] he will do so with a side arm hug." Staff #2 stated "that he would never hurt any individual he would hurt himself before hurting one of them."</p> <p>Summary of findings indicated in part, "Abuse/Neglect protocol was not followed (not otherwise specified), and "it was determined that the allegation was substantiated. Corrective action to prevent further occurrence (sic) [staff #2] was terminated from employment and all staff have been retrained on abuse/neglect policy."</p> <p>Client B's hospital records dated 7/29/15 were reviewed on 8/10/15 at 10:11 AM and indicated client B had been taken to the hospital and been diagnosed with "...an arthralgia (pain in a joint). This can come from many reasons including:</p> <ul style="list-style-type: none"> -Bruising the joint which causes soreness (inflammation) in the joint. -Wear and team on the joints which occur as we grow older (osteoarthritis). -Overusing the joint. -Various forms of arthritis. -Infections of the joint...." <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated staff #1 should</p> | | | |

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| | <p>have called her per facility policy to report abuse, and staff #2 continued to work in the home after the allegations had been made by client B. She indicated the Clinical Supervisor had called her on 7/29/15 at 7:54 PM to report staff #2 had pinned client B's arms, and staff #2 was suspended immediately. The MSGL indicated staff #1 had attempted to call her on her office phone earlier on 7/29/15, but she was not in the office and the phone number was not the phone number to report abuse. The MSGL indicated the Clinical Supervisor had been suspended as the HM had reported to her after the surveyor's visit on 8/5/15 the first allegation made by client B, reported to the HM had been reported to the Clinical Supervisor by the HM. The MSGL indicated she was unaware of any of the allegations until she received a call from the Clinical Supervisor on 7/29/15. She indicated the investigation had not addressed the timelines of reporting of the abuse or identified the specific lack of protocol in regards to the facility's policy and procedures to prevent abuse and neglect.</p> <p>2. BDDS reports dated 7/22/15 indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]</p> | | | |

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| | <p>....it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing. [Day services] has a communication system in place with ResCare group homes. Sometimes there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run. Staff stated that they completed [client A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of</p> | | | |

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| | <p>urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times when accidents happen on the way to workshop. ResCare will initiate a form that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>An attached follow up report for client C dated 7/23/15 indicated "Staff indicated that they did not see any feces on [client C] or they would have cleaned him. Staff indicated that [client C] takes a shower at night. [Day services] staff indicated that on the 16th and on the 20th that [client C] had some feces on the inside of his pants and was not really noticeable and could have happened between the house and the workshop. She cleaned him and used the change of clothing that is there for accidents that he has frequently. She did not consider it neglectful or she would have contacted her program director....." The report indicated the same process as indicated in client A's follow up report would now be initiated to ensure clients arrived at the day</p> | | | |

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| | <p>services and at the group home in clean condition.</p> <p>An Investigative Summary dated 7/22/15-7/23/15 in regards to the allegations was reviewed on 8/5/15 at 2:45 PM. The investigation failed to indicate the documentation of clients A and C being found soiled with feces at day services indicated in the BDDS report was reviewed as part of the investigation.</p> <p>The MSGL was interviewed on 8/5/15 at 2:45 PM. She indicated the BDDS coordinator had reviewed documentation at day services which had indicated feces had been found on the clients, but the investigation concluded the feces was fresh, inconspicuous and had most likely occurred during transport to the day services.</p> <p>The Day Services Coordinator was interviewed on 8/6/15 at 1:45 PM and indicated the incidents of clients A and C being found with feces had not been considered abuse or neglect and stated "We checked (clients) as soon as they got here, cleaned them up and they were fine." When asked about the feces on the clients, she indicated "It's an opinion as to whether it was dried or not. She (day services staff #1) should have gotten a</p> | | | |

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| | <p>second opinion." She indicated the day services staff provided the daily documentation regarding the clients being found with dried feces to the group home and the documentation had been provided to the Clinical Supervisor when she completed the investigation into the incident.</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified)..."There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff."</p> <p>Day services staff #1 who had completed the documentation for clients A and C on 7/16/15 and 7/20/15 was interviewed on 8/6/15 at 2:01 PM and indicated the feces found on clients A and C could have occurred during transport to day services.</p> | | | |

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| W 0155 Bldg. 00 | <p>She indicated she had documented the condition of the clients to the best of her ability at the time of the incidents.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM. She stated, "What we were told is that it (feces on the clients) was fresh. We didn't see this documentation." She indicated after reviewing the documentation regarding the dried feces found on clients A and C that it would have been considered potential neglect and should have been considered as part of the investigation.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based upon record review and interview, the facility failed to ensure protective measures were implemented after an</p> | W 0155 | W155: The facility must prevent further potential abuse while the investigation is in progress. All | 09/09/2015 |

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| | <p>allegation of abuse involving client B to prevent potential for further abuse.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 and reported to BDDS on 7/30/15 indicated the clinical supervisor was notified on 7/29/15 at 8:00 PM that client B was "pinned to his bed by another staff member...The staff member was suspended immediately pending the outcome of an investigation. [Client B] complained of shoulder pain and was taken to [medical facility] to be evaluated. A physical evaluation was completed and X-rays were taken....The complaint of shoulder pain was attributed to [client B's] arthritis, which had not worsened according to the x-rays. No additional abnormal findings were noted. [Client B] was offered emotional support from staff...."</p> <p>The Manager of Supported Group Living (MSGSL) was interviewed on 8/5/15 at 2:15 PM and indicated the investigation was completed, but had not been written</p> | | <p>facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. Management staff who conduct investigations will be trained on reviewing all possible documents to assure that a thorough investigation is completed. All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, or Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | <p>in final form. The MSGL indicated the incident had been substantiated.</p> <p>Staff #1 was interviewed on 8/5/15 at 4:50 PM. She indicated she had recently been trained on reporting abuse and neglect. When asked if she had witnessed abuse, she stated, "I did witness abuse-just recently." She stated staff #2 had become "upset" when asked to clean the bathroom and client B attempted to use the bathroom while staff #2 was cleaning the bathroom. Staff #1 stated, "He (staff #2) kept telling him (client B) to go to his room. Staff #1 indicated she was working in the kitchen when she heard staff #2 take client B to his room. She stated she heard a sound as if client B laid "hard on the bed." Staff #2 indicated she went to client B's room and stated staff #2 "was holding him (client B) down," and stated staff #2 stated, "He's never going to learn." Staff #1 stated to staff #2, "I told him he couldn't do that. You can't put your hands on them (clients). It's abuse and not using YSIS (You're Safe, I'm Safe) (behavior management techniques)." She indicated client B had issues with urge incontinence and had difficulty controlling urination. She stated client B urinated in his room as she thought he was "afraid to go to the bathroom," and indicated client B did not normally</p> | | | |

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| | <p>urinate in his room. She stated "It wasn't good," and "I tried to call the RM (Residential Manager)," and indicated she was unable to reach her by phone. Staff #1 indicated staff #2 left work shortly after the incident at 10:00 PM. She stated "I witnessed that one with my own eyes (staff #2 holding client B down on the bed)." Staff #1 informed the house manager of the incident when the house manager arrived at work the following day at 1:30 PM. Staff #1 indicated the following evening after notifying the house manager of the incident involving client B and staff #2, she worked with staff #2 and staff #3. She indicated the house manager had gone home for the evening and staff #1 indicated staff #2 was administering medications and she and staff #3 were completing documentation at the table. Staff #1 stated she heard a noise and client B "came running into his room." Staff #1 indicated she asked staff #2 what had happened, and staff #2 stated, client B "needs to get out of [client F's] chair. Staff #1 stated, "I went to [client B], and he said 'He hit me,' and he was pointing to [staff #2]." Staff #1 indicated she, staff #2 and staff #3 were the only staff working at the time of the incident when client B said staff #2 had hit him. She stated client B referred to staff #2 as "[name client B called staff #2]," and</p> | | | |

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| | <p>client B "doesn't tell stories." She indicated client B complained of shoulder pain and didn't normally complain of pain. Staff #1 indicated she called the RM and the MSGL and stated, "They made him (staff #2) leave work. He was going off when he was leaving." Staff #1 indicated staff #2 told her he was suspended and stated "It's probably because you told on me or [HM] that I hit [client B] in the head." Staff #1 indicated she asked staff #2 if he had hit client B in the head, and he stated, "I didn't hit him, I tapped him." Staff #1 indicated client B had complained about staff #2 hitting him in the head in the past prior to these two incidents and stated, "You'll have to ask [HM]." Staff #1 indicated client B went to the hospital in regards to his shoulder pain, and stated it was determined to be a "flare up of his arthritis."</p> <p>The HM was interviewed on 8/5/15 at 5:25 PM and indicated she had reported the incident reported to her by staff #1 involving staff #2 to the Clinical Supervisor (date unspecified) who then took action to suspend staff #2. The HM stated the day prior to the incident involving client B and staff #1 reported to her by staff #1, "I took a break and was smoking out front. I did hear [client B] yelling. He will become agitated and</p> | | | |

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| | [client B] said "He hit me," and client B stated to the HM "[name client B called staff #2]...had hit him in the side of the head." The HM stated client B called staff #2 "[name client B called staff #2]." The HM indicated she had checked client B for injuries and talked to staff #2 about the allegation by client B and staff #2 denied he had hit client B, and that client B had alleged client E had hit him. The HM then interviewed client E and client E indicated he had not hit client B. The HM indicated she had reported the allegation by client B to the Clinical Supervisor at the time client B said staff #2 hit him and again when staff #1 reported allegations staff #2 had pinned client B the day prior and client B had alleged staff #2 had hit him. She was uncertain of the days when the events occurred, but indicated staff #2 had been suspended on the day staff #1 reported client B alleged staff #2 had hit him. The HM indicated all staff had been retrained on the facility's policy and procedures in regards to abuse, neglect and mistreatment on 7/30/15. She stated she carried her phone fully charged at all times and was on call "24/7," and had not received a call or a missed call from staff #1 in regards to the allegation that staff #2 had held client B to his bed, and was unaware of the allegation until staff #1 brought it to her attention at 4:30 PM the | | | |

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| | <p>day prior to the second allegation by staff #1 that staff #2 that client B reported to staff #1 and #3 that staff #2 had hit him. When asked if staff #2 had worked in the home after the allegations involving client B had been made and she stated, "Yes." When questioned why staff #2 had remained working in the home, she was uncertain, and indicated she had reported the allegation by client B made to her that staff #2 had hit him at the side of the day to the Clinical Supervisor and again when staff #1 reported the incident involving client B and staff #2 and indicated it was not within her job duties or authority to suspend staff.</p> <p>The HM was interviewed again on 8/7/15 at 4:25 PM. When asked again about the timeframe of when she reported the incidents involving staff #2 and client B to the clinical supervisor, she indicated after reviewing her phone records, she had reported the allegation made by staff #1 regarding client B's allegation of staff #2 on 7/28/15 at 4:27 PM via text message to the Clinical Supervisor and had received a response at 4:48 PM on 7/28/15 indicating "OK."</p> <p>The facility's Abuse and Neglect Detection, Prevention and Reporting (undated) training packet was reviewed on 8/5/15 at 5:35 PM and indicated staff</p> | | | |

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| | <p>were to call the MSGL if abuse or neglect was suspected.</p> <p>Staff #3 was interviewed on 8/5/15 at 5:45 PM and indicated she had been sitting at the dining room table with staff #1 while staff #2 had administered 8:00 PM medications. She stated, "We (staff #1 and staff #3) had heard a commotion-it's never been like that," and indicated client B stated, "He hit me." Staff #3 stated, "He doesn't make stuff up." Staff #3 indicated client B then went into his room and "acted like he was crying. Sometimes he will point at someone and say he hit me. My gut feeling was something had happened between the two of them."</p> <p>The completed Investigative Summary completed by the Clinical Supervisor dated 7/29/15-8/1/15 in regards to the allegation was reviewed on 8/6/15 at 3:16 PM and indicated the following:</p> <p>Undated interview by staff #1 indicated she had worked with staff #2 on 7/28/15 and "it was approximately 10 pm when she was in the kitchen and had heard [client B] asking [staff #2] to go to the bathroom, and [staff #2] was telling him to go back to bed. She said that when she went around the corner to [client B's] room she saw [staff #2] pinning [client</p> | | | |

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| | <p>B] to his bed with his forearms on [client B's] forearms. She then told [client B] to stop and that he could not do that to any consumer. [Staff #1] said that [staff #2] said he (client B) is never going to learn and then after a couple of minutes [staff #2] stopped and left the room. At that point [staff #1] spoke with [staff #2] and told him that this was not appropriate and [staff #2] then got up and clocked out and left the home for the evening. She (staff #1) stated that on 7/29/15, [client B] had come walking fast from the living room upset, and went into his bedroom and was sitting in his rocking chair, she said that she asked [staff #2] what had happened and [staff #2] told her that he had [client B] get up from his roomates (sic) chair. [Staff #1] then told [staff #2] that [client B] was able to sit in the chair and that [client F] was in bed." Staff #1 indicated she asked client B what happened and " he said 'he hit me,' [staff #1] said, 'who hit you?' and [client B] replied "[name client B called staff #2]." Client B complained of pain in his shoulder, staff #1 called the nurse and was given instructions to take client B to the ER (emergency room).</p> <p>Undated interview by staff #3 indicated she had worked with staff #1 and #2 on 7/28/15 and 7/29/15. "That while at work" (date not indicated), client B had</p> | | | |

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| | <p>stated, "He hit me," and when asked who had hit him, named the name client B called staff #2. Staff #3 indicated in her statement she had witnessed client B keeping his distance from staff #2.</p> <p>Undated interview by client B indicated when asked by the investigator if someone had hit him, "he said 'yeah.' The investigator asked [client B] when he was hit, and could not identify a time frame. [Client B] was asked from the investigator if [staff #2] had hit him and he gave no answer. At that time the investigator pulled up a picture of [staff #2] on her cell phone and showed [client B] (sic) at this time [client B] flinched back in his chair and began biting on his hand and hitting himself in the head. When the investigator asked who it was in the picture [client B] stated [name client B called staff #2]. Investigator asked if [name client B called staff #2] hit him, he stated 'yeah' (sic) when asked where [client B] said 'stomach'...."</p> <p>Undated interview with staff #2 indicated "when asked about the use of the bathroom with [client B] he said that [client B] does have an enlarged prostate and does believe he has to use the restroom frequently (sic) but does not have to always end up urinating...." Staff #2 denied the allegations he had "pinned</p> | | | |

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| | <p>[client B] to his bed upon request (by client B) to use the bathroom," and indicated "if he ever has to redirect [client B] he will do so with a side arm hug." Staff #2 stated "that he would never hurt any individual he would hurt himself before hurting one of them."</p> <p>Summary of findings indicated in part, "Abuse/Neglect protocol was not followed (not otherwise specified), and "it was determined that the allegation was substantiated. Corrective action to prevent further occurrence (sic) [staff #2] was terminated from employment and all staff have been retrained on abuse/neglect policy."</p> <p>A review of the Daily Sign-in Log for the group home was reviewed on 8/10/15 at 9:03 AM and indicated staff #2 had worked in the group home on 7/26/15 from 9:56 PM until midnight, on 7/27/15 from 12:01 AM until 6:17 AM and again on 7/27/15 from 2:00 PM until 10:34 PM, on Tuesday 7/28/15 from 1:57 AM until 10:07 (AM or PM not defined), and on 7/29/15 from 1:59 PM until 8:15 PM.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated staff #1 should have called her per facility policy to report abuse, and staff #2 continued to work in the home after the allegations</p> | | | |

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| W 0157 Bldg. 00 | <p>had been made by client B. The MSGL indicated she was unaware of any of the allegations until she received a call from the Clinical Supervisor on 7/29/15 at which time staff #2 was suspended immediately.</p> <p>This federal tag relates to complaint #IN00179172.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon record review and interview, the facility failed to develop and implement effective corrective action to protect client B from abuse and to protect clients A and C from neglect.</p> <p>Findings include: The facility's reportable incidents to the</p> | W 0157 | W157 If the violations is verified, appropriate corrective action must be taken. All facility direct care and management staff have been retrained on the abuse neglect policy including: who to call, when to call and what constitutes an allegation. Management staff who conduct investigations will be trained on reviewing all possible | 09/09/2015 |

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| | <p>Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>1. A BDDS report dated 7/29/15 and reported to BDDS on 7/30/15 indicated the clinical supervisor was notified on 7/29/15 at 8:00 PM that client B was "pinned to his bed by another staff member...The staff member was suspended immediately pending the outcome of an investigation. [Client B] complained of shoulder pain and was taken to [medical facility] to be evaluated. A physical evaluation was completed and X-rays were taken....The complaint of shoulder pain was attributed to [client B's] arthritis, which had not worsened according to the x-rays. No additional abnormal findings were noted. [Client B] was offered emotional support from staff...."</p> <p>The Manager of Supported Group Living (MSGSL) was interviewed on 8/5/15 at 2:15 PM and indicated the investigation was completed, but had not been written in final form. The MSGSL indicated the incident had been substantiated.</p> <p>Staff #1 was interviewed on 8/5/15 at 4:50 PM. She indicated she had recently been trained on reporting abuse and</p> | | <p>documents to assure that a thorough investigation is completed. All investigations will be reviewed by the Program manager and Executive Director to assure that it is thorough. An investigation into the failure to report an allegation of abuse was completed and appropriate corrective action was taken. The RM will be in the home at least 5 days per week and will complete habilitation observations to include documentation on the treatment of clients, the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. The QIDP will do habilitation observations 3 times per week to include documentation on the treatment of clients the cleanliness of the clients and asking staff about the abuse/neglect policy/procedure. A member of the Operations Team (Executive Director, Program Manager, and Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | neglect. When asked if she had witnessed abuse, she stated, "I did witness abuse-just recently." She stated staff #2 had become "upset" when asked to clean the bathroom and client B attempted to use the bathroom while staff #2 was cleaning the bathroom. Staff #1 stated, "He (staff #2) kept telling him (client B) to go to his room. Staff #1 indicated she was working in the kitchen when she heard staff #2 take client B to his room. She stated she heard a sound as if client B laid "hard on the bed." Staff #2 indicated she went to client B's room and stated staff #2 "was holding him (client B) down," and stated staff #2 stated, "He's never going to learn." Staff #1 stated to staff #2, "I told him he couldn't do that. You can't put your hands on them (clients). It's abuse and not using YSIS (You're Safe, I'm Safe) (behavior management techniques)." She indicated client B had issues with urge incontinence and had difficulty controlling urination. She stated client B urinated in his room as she thought he was "afraid to go to the bathroom," and indicated client B did not normally urinate in his room. She stated "It wasn't good," and "I tried to call the RM (Residential Manager)," and indicated she was unable to reach her by phone. Staff #1 indicated staff #2 left work shortly after the incident at 10:00 PM. | | | |

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| | <p>She stated "I witnessed that one with my own eyes (staff #2 holding client B down on the bed)." Staff #1 informed the house manager of the incident when the house manager arrived at work the following day at 1:30 PM. Staff #1 indicated the following evening after notifying the house manager of the incident involving client B and staff #2, she worked with staff #2 and staff #3. She indicated the house manager had gone home for the evening and staff #1 indicated staff #2 was administering medications and she and staff #3 were completing documentation at the table. Staff #1 stated she heard a noise and client B "came running into his room." Staff #1 indicated she asked staff #2 what had happened, and staff #2 stated, client B "needs to get out of [client F's] chair. Staff #1 stated, "I went to [client B], and he said 'He hit me,' and he was pointing to [staff #2]." Staff #1 indicated she, staff #2 and staff #3 were the only staff working at the time of the incident when client B said staff #2 had hit him. She stated client B referred to staff #2 as "[name client B called staff #2]," and client B "doesn't tell stories." She indicated client B complained of shoulder pain and didn't normally complain of pain. Staff #1 indicated she called the RM and the MSGL and stated, "They made him (staff #2) leave work. He was</p> | | | |

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| | <p>going off when he was leaving." Staff #1 indicated staff #2 told her he was suspended and stated "It's probably because you told on me or [HM] that I hit [client B] in the head." Staff #1 indicated she asked staff #2 if he had hit client B in the head, and he stated, "I didn't hit him, I tapped him." Staff #1 indicated client B had complained about staff #2 hitting him in the head in the past prior to these two incidents and stated, "You'll have to ask [HM]." Staff #1 indicated client B went to the hospital in regards to his shoulder pain, and stated it was determined to be a "flare up of his arthritis."</p> <p>The HM was interviewed on 8/5/15 at 5:25 PM and indicated she had reported the incident reported to her by staff #1 involving staff #2 to the Clinical Supervisor (date unspecified) who then took action to suspend staff #2. The HM stated the day prior to the incident involving client B and staff #1 reported to her by staff #1, "I took a break and was smoking out front. I did hear [client B] yelling. He will become agitated and [client B] said 'He hit me,'" and client B stated to the HM "[name client B called staff #2]...had hit him in the side of the head." The HM stated client B called staff #2 "[name client B called staff #2]." The HM indicated she had checked client</p> | | | |

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| | B for injuries and talked to staff #2 about the allegation by client B and staff #2 denied he had hit client B, and that client B had alleged client E had hit him. The HM then interviewed client E and client E indicated he had not hit client B. The HM indicated she had reported the allegation by client B to the Clinical Supervisor at the time client B said staff #2 hit him and again when staff #1 reported allegations staff #2 had pinned client B the day prior and client B had alleged staff #2 had hit him. She was uncertain of the days when the events occurred, but indicated staff #2 had been suspended on the day staff #1 reported client B alleged staff #2 had hit him. The HM indicated all staff had been retrained on the facility's policy and procedures in regards to abuse, neglect and mistreatment on 7/30/15. She stated she carried her phone fully charged at all times and was on call "24/7," and had not received a call or a missed call from staff #1 in regards to the allegation that staff #2 had held client B to his bed, and was unaware of the allegation until staff #1 brought it to her attention at 4:30 PM the day prior to the second allegation by staff #1 that staff #2 that client B reported to staff #1 and #3 that staff #2 had hit him. When asked if staff #2 had worked in the home after the allegations involving client B had been made and she stated, | | | |

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| | <p>"Yes." When questioned why staff #2 had remained working in the home, she was uncertain, and indicated she had reported the allegation by client B made to her that staff #2 had hit him at the side of the day to the Clinical Supervisor and again when staff #1 reported the incident involving client B and staff #2 and indicated it was not within her job duties or authority to suspend staff.</p> <p>The HM was interviewed again on 8/7/15 at 4:25 PM. When asked again about the timeframe of when she reported the incidents involving staff #2 and client B to the clinical supervisor, she indicated after reviewing her phone records, she had reported the allegation made by staff #1 regarding client B's allegation of staff #2 on 7/28/15 at 4:27 PM via text message to the Clinical Supervisor and had received a response at 4:48 PM on 7/28/15 indicating "OK."</p> <p>The facility's Abuse and Neglect Detection, Prevention and Reporting (undated) training packet was reviewed on 8/5/15 at 5:35 PM and indicated staff were to call the MSGL if abuse or neglect was suspected.</p> <p>Staff #3 was interviewed on 8/5/15 at 5:45 PM and indicated she had been sitting at the dining room table with staff</p> | | | | | | |

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| | <p>#1 while staff #2 had administered 8:00 PM medications. She stated, "We (staff #1 and staff #3) had heard a commotion-it's never been like that," and indicated client B stated, "He hit me." Staff #3 stated, "He doesn't make stuff up." Staff #3 indicated client B then went into his room and "acted like he was crying. Sometimes he will point at someone and say he hit me. My gut feeling was something had happened between the two of them."</p> <p>The completed Investigative Summary completed by the Clinical Supervisor dated 7/29/15-8/1/15 in regards to the allegation was reviewed on 8/6/15 at 3:16 PM and indicated the following:</p> <p>Undated interview by staff #1 indicated she had worked with staff #2 on 7/28/15 and "it was approximately 10 pm when she was in the kitchen and had heard [client B] asking [staff #2] to go to the bathroom, and [staff #2] was telling him to go back to bed. She said that when she went around the corner to [client B's] room she saw [staff #2] pinning [client B] to his bed with his forearms on [client B's] forearms. She then told [client B] to stop and that he could not do that to any consumer. [Staff #1] said that [staff #2] said he (client B) is never going to learn and then after a couple of minutes [staff</p> | | | |

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| | <p>#2] stopped and left the room. At that point [staff #1] spoke with [staff #2] and told him that this was not appropriate and [staff #2] then got up and clocked out and left the home for the evening. She (staff #1) stated that on 7/29/15, [client B] had come walking fast from the living room upset, and went into his bedroom and was sitting in his rocking chair, she said that she asked [staff #2] what had happened and [staff #2] told her that he had [client B] get up from his roommates (sic) chair. [Staff #1] then told [staff #2] that [client B] was able to sit in the chair and that [client F] was in bed." Staff #1 indicated she asked client B what happened and " he said 'he hit me,' [staff #1] said, 'who hit you?' and [client B] replied "[name client B called staff #2]." Client B complained of pain in his shoulder, staff #1 called the nurse and was given instructions to take client B to the ER (emergency room).</p> <p>Undated interview by staff #3 indicated she had worked with staff #1 and #2 on 7/28/15 and 7/29/15. "That while at work" (date not indicated), client B had stated, "He hit me," and when asked who had hit him, named the name client B called staff #2. Staff #3 indicated in her statement she had witnessed client B keeping his distance from staff #2.</p> | | | |

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| | <p>Undated interview by client B indicated when asked by the investigator if someone had hit him, "he said 'yeah.' The investigator asked [client B] when he was hit, and could not identify a time frame. [Client B] was asked from the investigator if [staff #2] had hit him and he gave no answer. At that time the investigator pulled up a picture of [staff #2] on her cell phone and showed [client B] (sic) at this time [client B] flinched back in his chair and began biting on his hand and hitting himself in the head. When the investigator asked who it was in the picture [client B] stated [name client B called staff #2]. Investigator asked if [name client B called staff #2] hit him, he stated 'yeah' (sic) when asked where [client B] said 'stomach'...."</p> <p>Undated interview with staff #2 indicated "when asked about the use of the bathroom with [client B] he said that [client B] does have an enlarged prostate and does believe he has to use the restroom frequently (sic) but does not have to always end up urinating...." Staff #2 denied the allegations he had "pinned [client B] to his bed upon request (by client B) to use the bathroom," and indicated "if he ever has to redirect [client B] he will do so with a side arm hug." Staff #2 stated "that he would never hurt any individual he would hurt himself</p> | | | |

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| | <p>before hurting one of them."</p> <p>Summary of findings indicated in part, "Abuse/Neglect protocol was not followed (not otherwise specified), and "it was determined that the allegation was substantiated. Corrective action to prevent further occurrence (sic) [staff #2] was terminated from employment and all staff have been retrained on abuse/neglect policy."</p> <p>A review of the Daily Sign-in Log for the group home was reviewed on 8/10/15 at 9:03 AM and indicated staff #2 had worked in the group home on 7/26/15 from 9:56 PM until midnight, on 7/27/15 from 12:01 AM until 6:17 AM and again on 7/27/15 from 2:00 PM until 10:34 PM, on Tuesday 7/28/15 from 1:57 AM until 10:07 (AM or PM not defined), and on 7/29/15 from 1:59 PM until 8:15 PM.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated staff #1 should have called her per facility policy to report abuse, and staff #2 continued to work in the home after the allegations had been made by client B. The MSGL indicated she was unaware of any of the allegations until she received a call from the Clinical Supervisor on 7/29/15 at which time staff #2 was suspended immediately.</p> | | | |

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| | <p>2. BDDS reports dated 7/22/15 indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing. [Day services] has a communication system in place with ResCare group homes. Sometimes there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run.</p> | | | |

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| | <p>Staff stated that they completed [client A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times when accidents happen on the way to workshop. ResCare will initiate a form that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>An attached follow up report for client C dated 7/23/15 indicated "Staff indicated that they did not see any feces on [client C] or they would have cleaned him. Staff indicated that [client C] takes a shower at night. [Day services] staff indicated that on the 16th and on the 20th that [client C] had some feces on the inside of his pants and was not really noticeable and could have happened between the house and the workshop. She cleaned him and used the change of clothing that is there for accidents that he has frequently. She</p> | | | |

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| | <p>did not consider it neglectful or she would have contacted her program director....." The report indicated the same process as indicated in client A's follow up report would now be initiated to ensure clients arrived at the day services and at the group home in clean condition.</p> <p>The MSGL was interviewed on 8/5/15 at 2:45 PM. She indicated the BDDS coordinator had reviewed documentation at day services which had indicated feces had been found on the clients, but the investigation concluded the feces was fresh, inconspicuous and had most likely occurred during transport to the day services.</p> <p>The Day Services Coordinator was interviewed on 8/6/15 at 1:45 PM and indicated the incidents of clients A and C being found with feces had not been considered abuse or neglect and stated "We checked (clients) as soon as they got here, cleaned them up and they were fine." When asked about the feces on the clients, she indicated "It's an opinion as to whether it was dried or not. She (day services staff #1) should have gotten a second opinion." She indicated the day services staff provided the daily documentation regarding the clients being found with dried feces to the group</p> | | | |

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| | <p>home and the documentation had been provided to the Clinical Supervisor when she completed the investigation into the incident.</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified) "...There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff."</p> <p>Day services staff #1 who had completed the documentation for clients A and C on 7/16/15 and 7/20/15 was interviewed on 8/6/15 at 2:01 PM and indicated the feces found on clients A and C could have occurred during transport to day services. She indicated she had documented the condition of the clients to the best of her ability at the time of the incidents.</p> | | | |

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| W 0240 Bldg. 00 | <p>The MSGL was interviewed on 8/6/15 at 3:45 PM. She stated, "What we were told is that it (feces on the clients) was fresh. We didn't see this documentation." She indicated after reviewing the documentation that it would have been considered potential neglect.</p> <p>This federal tag relates to complaints #IN00178849 and #IN00179172.</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview, for 2 of 4 sampled clients (clients A and C), the facility failed to identify specific instructions in the clients' ISP (Individual Support Plan) to address incontinence.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the</p> | W 0240 | W240: The individual program plan must describe relevant interventions to support the individual toward independence. The IDT has included an objective for Client A and C for their incontinence. All staff will be trained on the new objectives and documentation of them on 8/31/15. The Day program will receive a copy | 09/09/2015 |

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| | <p>Bureau of Developmental Disabilities Services (BDDS) were reviewed on 8/5/15 at 2:20 PM and indicated the following:</p> <p>BDDS reports dated 7/22/15 indicated "In a recent review of documentation for health and safety purposes, it was found on 7/16/15 [client A] had feces on his bottom when he arrived at [day services]it was found on 7/16/15 and 7/20/15 [client C] had feces on his body and clothing when he arrived at [day services]. " Corrective action indicated "Staff immediately cleaned [client A] up and changed his clothing....[Day services] has a communication system in place with ResCare group homes. Sometimes there are accidents in the vans on the way to day program and when the clients arrive we clean them up and/or change their clothing. We then follow up with a phone call or a written note in the communication book so that residential staff and managers are aware of the incident. [Day services] and ResCare will continue to use this system of communication to work as a team in providing safe and healthy care for our clients."</p> <p>An attached follow up report for client A dated 7/23/15 indicated "The investigation has concluded and the</p> | | <p>of the objectives and be expected to complete the data while the clients are in their care. The clients' risk plans will be updated to include the toileting schedules and the documentation required by staff. QIDP will initially review the objectives on a weekly basis to assure that staff are documenting on the new objectives. A member of the Operations Team (Executive Director, Program Manager, and Clinical Supervisor) will be in the home 2 times per week to do habilitation observations.</p> | |

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| | <p>allegation was unsubstantiated. The two ResCare staff stated that they send the individuals to the bathroom and check consumers prior for leaving for van run. Staff stated that they completed [client A's] hygiene. Staff indicated that [client A] takes a shower at night. They also indicated that [client A] usually will use the toilet on his own when he has a BM (bowel movement), but is incontinent of urine. [Day Services] staff indicated that on the 16th that [client A] had a little bit of feces on his bottom, and cleaned him. She did not consider it neglectful or she would have contacted her program director. She indicated there are times when accidents happen on the way to workshop. ResCare will initiate a form that is to be completed by staff prior to taking consumers to the workshop that indicates that the individuals are clean when leaving the home and arriving at day program; it will be initialed by the receiving staff at the day program...."</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer</p> | | | |

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| | <p>not identified) incontinent urine 9:15 BM, Other: There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>For client A on 7/16/15 (writer not identified) "[Client A] had dried feces on his bottom-cleaned as well as possible by this staff," and indicated client A was incontinent once.</p> <p>Additional documentation at day services was reviewed on 8/10/15 at 9:14 AM and included the following:</p> <p>Client A was incontinent of urine once on 7/8/15, twice on 7/9/15, once on 7/14/15, 7/15 and 7/20/15. Client A was "wet" twice on 7/24/15 and had a "large diarrhea," "wet" on 7/28/15, "wet" twice on 7/30/15, "wet" three times on 7/31/15 and "wet" twice on 8/3/15.</p> <p>Client C was incontinent of urine and had diarrhea twice on 7/7/15, once on 7/8/15, twice on 7/9/15, wet twice and had "large diarrhea" on 7/24/15, "wet" twice and "large diarrhea" on 7/28/15, "wet" twice with "large diarrhea" on 7/30/15, "wet" three times and "large amount of diarrhea" on 7/31/15, "wet" three times and one "diarrhea" on 8/3/15, "wet" three times on 8/4/15 and "large very soft very</p> | | | |

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| | <p>loose (sic)" B.M. (bowel movement), "wet" twice on 8/5/15 and in the section to record B.M. "xx Large 4-flusher!."</p> <p>Client A's record was reviewed on 8/6/15 at 3:28 PM. Client A's Lifestyle Plan dated 7/7/15 indicated he had been diagnosed with "nocturnal enuresis (involuntary urination at night) and constipation." Client A's ISP (Individual Support Plan) dated 7/7/15 did not address client A's incontinence or needs for toileting. A Risk Plan dated 7/7/15 to address nocturnal enuresis indicated staff were to assist client A "with cleansing after incontinence with notification to the nurse of any open, irritated or reddened areas." A urinary incontinence risk plan date 7/7/15 indicated staff were to prompt client A to use the bathroom every 2 hours and assist as needed with peri-care. There were no other instructions as to how staff were to address client A's incontinence or to document client A's toileting schedule as indicated in his risk plan.</p> <p>Client A's Medication Administration Record (MAR) and input/output records for client A's intake of food and fluids and his urination/bowel movement records for July, 2015 were reviewed on 8/10/15 at 9:02 AM and did not include documentation of client A's toileting</p> | | | |

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| | <p>schedule.</p> <p>Client C's record was reviewed on 8/6/15 at 3:31 PM. Client C's Lifestyle Plan dated 4/21/15 indicated he was "incontinent of bowel and bladder, and needs assistances (sic) with thorough peri care...[client C] wears briefs for incontinent of bowels and bladder, and needs assistance to complete thorough peri care." Client C's ISP objectives did not address his needs for toileting. A risk plan for incontinence dated 4/1/15 did not address steps staff were to take to address client C's incontinence, but indicated "Staff will be trained in importance of cleansing after incontinence episodes. A risk plan for constipation dated 4/1/15 indicated "Staff will know the s/s (signs and symptoms) of constipation:...abnormal fatigue, diarrhea that is watery in consistency...Staff will be trained on when to call the nurse..." There were no specific instructions to indicate what staff were to do if client C had diarrhea. A risk plan for skin integrity and intermittent incontinence indicated "Staff are to be training to assist [client C] to the toilet every 2 hours routinely and on an as needed basis."</p> <p>Client C's MAR and input/output records for client C's intake of food and fluids</p> | | | |

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| | <p>and his urination/bowel movement records for July, 2015 were reviewed on 8/10/15 at 9:02 AM and did not include documentation of client C's toileting schedule. A section of the MAR indicated "Staff to assist to toilet every 2 hours and as needed" was blank of documentation.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated she would look for documentation of client A and C's toileting schedules, but did not think there was a plan to address their needs in toileting beyond the risk plans or that documentation of staff completing assistance for toileting every 2 hours was being completed.</p> <p>No further evidence of a plan with specific instructions or documentation of client A and C's needs for toileting was provided.</p> <p>This federal tag relates to complaint #IN00178849.</p> <p>9-3-4(a)</p> | | | |

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| W 0331 Bldg. 00 | <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client C) to ensure client C's health status was addressed.</p> <p>Findings include:</p> <p>Documentation at the day services was reviewed on 8/6/15 at 1:42 PM and indicated the following:</p> <p>For client C on 7/16/15 (writer not identified) "[Client C] had dried feces on his body and socks and inside of his pants-was cleaned as well as possible and changed by this staff." On 7/20/15 (writer not identified) incontinent urine 9:15 BM, Other: There was feces on the inside of [client C's] pants when he was changed this morning (sic) This staff cleaned him up and changed him."</p> <p>Additional documentation at day services was reviewed on 8/10/15 at 9:14 AM and included the following:</p> | W 0331 | <p>W331: The facility must provide clients with nursing services in accordance with their needs. The IDT has included an objective for Client A and C for their incontinence. All staff will be trained on the new objectives and documentation of them on 8/31/15. The Day program will receive a copy of the objectives and be expected to complete the data while the clients are in their care. The client's risk plans will be updated to include the toileting schedules and the documentation required by staff. QIDP will initially review the objectives on a weekly basis to assure that staff are documenting on the new objectives. A form has been created that will address the following concerns while at the day program: behavior, toileting, medical, dignity and "other". The form will be reviewed by the SSA on a daily basis when the clients' return from day program and the appropriate management staff (QIDP, Nurse, and RM) will be contacted regarding any concerns in their area that arise at the day program. Forms will be forwarded to the Clinical</p> | 09/09/2015 |

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| | <p>Client C was incontinent of urine and had diarrhea twice on 7/7/15, once on 7/8/15, twice on 7/9/15, wet twice and had "large diarrhea" on 7/24/15, "wet" twice and "large diarrhea" on 7/28/15, "wet" twice with "large diarrhea" on 7/30/15, "wet" three times and "large amount of diarrhea" on 7/31/15, "wet" three times and one "diarrhea" on 8/3/15, "wet" three times on 8/4/15 and "large very soft very loose (sic)" B.M. (bowel movement), "wet" twice on 8/5/15 and in the section to record B.M. "xx Large 4-flusher!."</p> <p>Client C's record was reviewed on 8/16/15 at 3:31 PM. Client C's Lifestyle Plan dated 4/21/15 indicated he was "incontinent of bowel and bladder, and needs assistances (sic) with thorough peri care...[client C] wears briefs for incontinent of bowels and bladder, and needs assistance to complete thorough peri care." A risk plan for incontinence dated 4/1/15 indicated "Staff will be trained in importance of cleansing after incontinence episodes. A risk plan for constipation dated 4/1/15 indicated "Staff will know the s/s (signs and symptoms) of constipation:...abnormal fatigue, diarrhea that is watery in consistency...Staff will be trained on when to call the nurse...." A risk plan for skin integrity and intermittent incontinence indicated "Staff are to be</p> | | Supervisor to assure that any follow up needed has been completed. A member of the Operations Team (Executive Director, Program Manager, and Clinical Supervisor) will be in the home 2 times per week to do habilitation observations | |

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| | <p>training to assist [client C] to the toilet every 2 hours routinely and on an as needed basis."</p> <p>Client C's MAR and input/output records for client C's intake of food and fluids and his urination/bowel movement records for July, 2015 were reviewed on 8/10/15 at 9:02 AM and did not include documentation of client C's toileting schedule. A section of the MAR indicated "Staff to assist to toilet every 2 hours and as needed" was blank of documentation.</p> <p>The MSGL was interviewed on 8/6/15 at 3:45 PM and indicated she would check to see if client C's diarrhea had been communicated to the nurse.</p> <p>The group home nurse indicated on 8/10/15 at 7:51 AM that there had not been reports of client C having diarrhea in the group home and indicated she had been notified of only one instance of diarrhea for client C while he was a the day services.</p> <p>This federal tag relates to complaint #IN00178849.</p> <p>9-3-6(a)</p> | | | |

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